TERRE DES HOMMES NETHERLANDS

HARMFUL SEXUAL BEHAVIOURS (HSBs) RESEARCH REPORT

Terre des Hommes Netherlands

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AUTHOR
Paris Newman

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EXECUTIVE SUMMARY

BACKGROUND

Harmful sexual behaviours (HSBs) are unwanted, exploitative or violent sexual acts by one child towards another, including technology-assisted harmful sexual behaviours (TA-HSBs), which are HSBs that occur in online spaces or are facilitated by technological devices.

Despite common misconceptions that their impacts are less severe than abuse perpetrated by adults, HSBs and TA-HSBs can cause serious physical, emotional and mental harms to children.

By conducting a systematic literature review of 104 sources on HSBs and TA-HSBs, including academic articles and grey literature such as policy papers, webpages, and reports by non-governmental organisations (NGOs) and governments, this report aims to expand understanding on this critical child rights and safety issue and advocate for urgent action to better protect children's well-being and development.

Findings

Terminology of (TA-)HSBs

This paper uses '*HSBs*' instead of terms such as '*juvenile sex offending*' or '*youth sexual abuse*', to minimise stigmatising, pathologising language in relation to children. '*TA-HSBs*' is used instead of '*online HSBs*' to reflect that technology often facilitates offline contact between children who already interact in person.

(TA-)HSBs differ from adult sexual offences, as children are still socially, sexually and cognitively developing. Terms such as '*perpetrator*' or '*paedophile*' should be replaced with children described as '*displaying*' or '*exhibiting*' (TA-)HSBs.

Not all sexual behaviours among children are a cause for concern. Sexual exploration and experimentation is a healthy part of child and adolescent development, with technology offering new ways to explore and express their sexual identities. Childhood sexual behaviour should be viewed on a continuum from 'normal' to inappropriate, abusive or violent.

Nature of (TA-)HSBs

HSBs and TA-HSBs often overlap, with children combining in-person and online behaviours to force or coerce other children (often those they already know) into inappropriate, abusive or violent sexual acts or conversations.

Key examples of in-person HSBs include:

- Non-consensual sexual touching
- Harassing or persuading a child into sexual conversation or acts
- Public masturbation or genital exposure in front of other children
- Use of inappropriate, violent sexual language in front of another child.

Examples of TA-HSBs that can be considered inappropriate, depending on age and maturity, include:

- Viewing pornography
- Sending intimate, nude photos, videos or messages
- Livestreaming or participating in sexual acts via webcam.

Examples of more exploitative, abusive TA-HSBs include:

- Non-consensual sharing of intimate images, videos or messages of another child
- Sending unsolicited sexual materials to another child
- Pressuring another child to send intimate, nude content
- Using Artificial Intelligence (AI) to create hyper realistic materials of another child ('deepfakes')
- Using sexual content taken by a child, or deepfakes of a child, to sexually extort the child depicted to meet certain offline or online demands
- Pressuring another child to view pornography on a device, or sending a child such sexual content without consent
- Sexually harassing or bullying another child via private message or public online forums/groups.

PREVALENCE OF (TA-)HSBs

~ 1/3
child sexual abuse cases actually involve HSBs.

32,452
police reports of HSBs in England & Wales (2012-16).

30-60%
of abuse cases in Australia involve HSBs.

+177%
rise in UK teens seeking help for TA-HSBs (2019–21).

16%
of U.S. youth experienced TA-HSBs before age 18.

TA-HSBs are evidently harder to address than in-person HSBs, due to increased anonymity, impunity, reduced visibility and the easy spread of content across online spaces.

Prevalence and the importance of responding to (TA-)HSBs

HSBs are extremely prevalent, with roughly a third of reported child sexual abuse found to actually involve children enacting HSBs. While more difficult to quantify, research suggests TA-HSBs are similarly prevalent.

Children who survive (TA-)HSBs may suffer physical injuries, mental health issues such as depression, anxiety, trauma, suicidal ideations and feelings of anger, shame, sadness and self-blame. Those displaying (TA-)HSBs may experience shame, stigma, depression, anxiety and trauma.

Given the prevalence and harms of (TA-)HSBs, urgent action is needed that shifts away from punitive approaches that frame children as adult offenders, towards more child-focused responses.

Key risk factors

Individual, family and community/societal factors can influence a child's likelihood to display (TA-)HSBs. Yet not all children exposed to such risk factors will develop (TA-)HSBs, as highly contextual and individual protective factors can increase resilience and mitigate these risks.

Individual risk factors

1. AGE OF ADOLESCENT DEVELOPMENT

(TA-)HSBs increase from age 12, peak at 14, and are most common at 14–17, driven by puberty, hormonal changes, sexual identity formation and impulsive behaviours.

2. GENDER

Boys are more likely to display (TA-)HSBs, with girls as primary targets, reflecting broader societal patterns of misogyny and gender-based violence. Yet boys and children with diverse gender and sexuality identities are also targets, and there are girls who display such behaviours.

3. HISTORY OF ABUSE AND TRAUMA

Experiencing physical, sexual, psychological or emotional abuse can influence a child to develop and enact (TA-)HSBs as a coping mechanism or emulate the treatment they have endured. However, research shows this may be less likely for TA-HSBs.

4. MENTAL HEALTH ISSUES

Anxiety, depression and unmet needs for love, connection and support can lead a child to display (TA-)HSBs.

5. LEARNING AND COGNITIVE DISABILITIES AND ABLEISM

Children with learning, language or cognitive conditions are at higher risk of displaying HSBs, and being targets for (TA-)HSBs, due to ableism that dominates society, excluding and discriminating against children with

disabilities, and leading to their increased isolation, low self-esteem and need for connection.

6. ONLINE PORNOGRAPHY EXPOSURE

Mainstream pornography's violent, misogynistic themes and lack of consent can shape children's sexual attitudes, desires and behaviours.

7. SEXUAL INTEREST IN CHILDREN

Neurobiological attraction to children (that often becomes known to the child at 12–15 years old) may trigger the enactment of (TA-)HSBs.

Family risk factors

1. UNSTABLE AND/OR VIOLENT HOUSEHOLD ENVIRONMENTS

Poor parental relationships and supervision, parental incarceration and domestic violence can cause family instability, trauma from witnessing or directly experiencing abuse, and a lack of positive role models, which can raise the risk of (TA-)HSBs. However, this risk factor may be less relevant for TA-HSBs.

2. NEGATIVE FAMILIAL INFLUENCE

Parents/carers, siblings or other relatives may influence the (TA-)HSBs to develop, by modelling or normalising harmful behaviours, such as using objectifying sexual language, showing them violent, misogynistic pornography, bringing sex workers home or exhibiting inappropriate, non-consensual sexual behaviours towards others.

3. ADULT AND/OR PEER INFLUENCE OR COERCION

There may be an adult relative, friend or acquaintance influencing, coercing or forcing a child to display TA-HSBs.

Community/societal risk factors

1. LACK OF SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND CONSENT EDUCATION

Insufficient education about consent, respectful relationships and sexual conduct can increase a child's risk of developing (TA-)HSBs.

2. INSTITUTIONAL SETTINGS

Exposure to out-of-home care, child protection, youth detention or boarding schools can raise the risk of (TA-)HSBs, due to reduced supervision, insufficient safeguarding policies and practices, a lack of stable relationships, inconsistent or no schooling, and common prior exposure to harmful family dynamics.

3. NEGATIVE PEER GROUP DYNAMICS

Peer groups that condone or reward inappropriate or violent behaviours can drive a child to display (TA-)HSBs, often as an attempt to gain social acceptance or popularity. This risk factor is more pertinent to boys in light of gender norms that encourage and expect male violence.

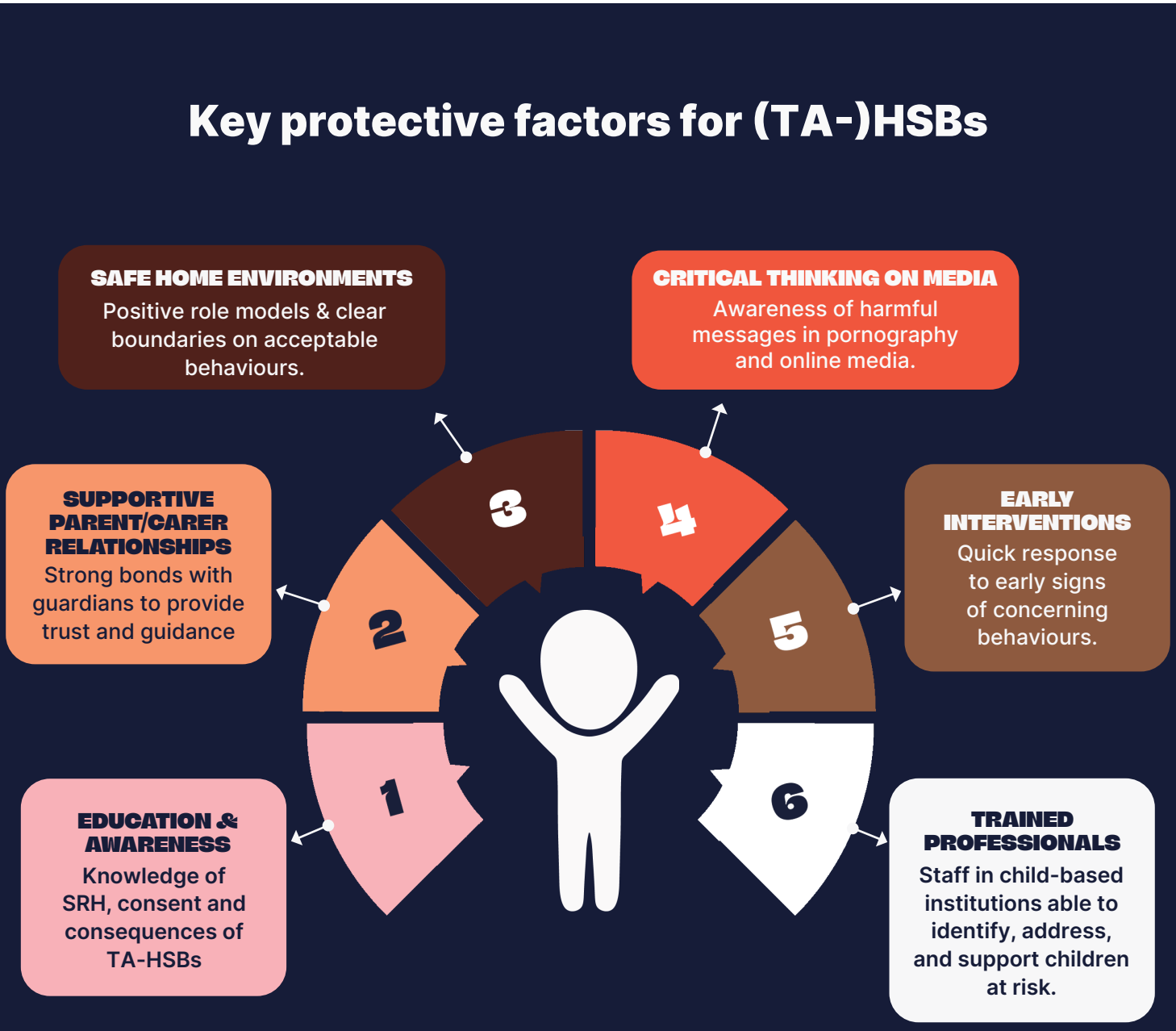
4. HEGEMONIC MASCULINITY GENDER NORMS

Expectations of male dominance, especially over women, girls and people with diverse gender and sexuality identities, explain the over-representation of boys displaying (TA-)HSBs, as well as of girl and homosexual boy victims.

Protective factors

Factors that may mitigate the development and display of (TA-)HSBs include:

- Increased awareness and education around SRH, consent and consequences of (TA-)HSBs
- Strong, supportive relationships with parental/ carers
- Safe home environments with positive role models
- Critical thinking education about violent, sexist portrayals in pornography
- Timely interventions to respond to inappropriate behaviours or warning signs of such behaviours
- Trained staff in child-based institutions, to identify and respond to (TA-)HSBs.



Recommendations

Principles for effective prevention and response to (TA-)HSBs

1 **CHILD-FOCUSED**

Interventions should be specific for children and guided by their distinctive perspectives and needs.

2 **STRENGTHS-BASED**

Responses should build on the skills of children, parents, families, and staff in child-based institutions.

3 **NON-JUDGEMENTAL**

Children displaying (TA-)HSBs should not be pathologised as 'abusers', to avoid them internalising this as part of their identity and hindering potential behaviour change.

4 **INTERSECTIONAL**

Interventions should be inclusive, non-discriminatory and responsive to children's diverse identities and needs, considering age, gender, sexuality, ability, religion and ethnicity.

5 **AVOID 'ONE-SIZE-FITS-ALL'**

Responses must be varied and tailored to children's diverse needs, experiences and identities.

6 **SEX-POSITIVE**

Children's right to sexual information, exploration and expression should be prioritised, while still protecting them from sexual harms.

7 **TRAUMA-INFORMED**

Responses must be sensitive to traumas children may have experienced, or still be enduring, prevent further harm, ensure safety and empower children to seek support when needed.

8 **ECOLOGICAL**

(TA-)HSBs should be addressed and assessed in ways that consider a child's individual identity, and their interpersonal, familial, and broader community and societal context,

involving parents, carers, peers, siblings, professionals at child-based institutions and/or other key people in the child's life where appropriate.

9

WHOLE-OF-SOCIETY

Addressing (TA-)HSBs requires multiple agencies and stakeholders across education, child protection, youth health care and child rights, including government, NGOs, civil society, academia and (where appropriate) private sector actors, and their collaboration and partnership to strengthen efforts and avoid duplication.

10

GOVERNMENT ACCOUNTABILITY & LEADERSHIP

Government commitment, multi-agency collaboration and increased funding are vital for a coordinated, effective response to (TA-)HSBs.

11

TECHNOLOGY COMPANIES' ACCOUNTABILITY

Tech companies must take responsibility and respond to TA-HSBs that occur on and/or are facilitated through their platforms and services.

Interventions to address HSBs and TA-HSBs

Prevention strategies

This level of response aims to broadly target society, expanding awareness and education about consent, gender-based violence, child abuse and (TA-)HSBs.

INCREASED SRH, CONSENT AND ONLINE SAFETY EDUCATION

All children should have access to age-appropriate education on their online and offline rights, SRH (including teaching on consent, respectful relationships and gender equality), (TA-)HSBs and how to seek help around unwanted sexual experiences or concerns about their own sexual urges or behaviours.

INCREASED PARENTAL, CARER AND COMMUNITY (TA-)HSBS EDUCATION

Parents, carers and adults in the broader community need training to support and communicate with children about their sexual behaviour, recognise and respond to (TA-)HSBs and model appropriate behaviour around sexuality.

PUBLIC CAMPAIGNS TO ADDRESS VIOLENCE AGAINST WOMEN AND CHILDREN

Raising awareness and advocating to transform harmful norms and practices, including gender norms around violent masculinity, are crucial to address (TA-)HSBs.

INCREASED ACCOUNTABILITY OF DIGITAL CORPORATIONS

Platforms must protect child users from sexual exploitation, abuse and TA-HSBs that occur on their services. This could include improved detection, educational pop-ups and support referrals, age verification and assurance, and removing sexually violent content.

Early intervention strategies

This level of response involves interventions to more specifically target children at increased risk of developing (TA-)HSBs.

TRAINING FOR STAFF IN CHILD-BASED INSTITUTIONS

Professionals working with children, such as teachers, social/youth workers, child health-care professionals and youth justice officers working across schools, child protection, residential care, youth health care and youth justice facilities, should be equipped with knowledge and skills to identify, prevent and respond to (TA-)HSBs.

IMPROVED POLICIES AND PROCEDURES IN CHILD-BASED INSTITUTIONS

Such institutions need safeguarding policies and practice frameworks, with prevention measures and clear reporting mechanisms to address (TA-)HSBs effectively.

NATIONAL STRATEGY AND POLICIES

Governments must create national strategies with strong policies and legal frameworks, collaborating with and facilitating partnerships across key agencies, and allocating adequate funding and resources to such agencies, to help coordinate effective responses to (TA-)HSBs.

Response strategies

This level of response focuses on treatment of children who have displayed (TA-)HSBs, after they have occurred.

EFFECTIVE ASSESSMENT AND REFERRAL PATHWAYS

This requires evidence-based models to gather information on a child's behaviour and social context, child psychology and rights, input from safety experts, parental/carer involvement when appropriate, and transparency with the child to ensure appropriate responses.

INCREASED THERAPEUTIC INTERVENTIONS

Interventions, such as psycho-educational programmes, individual or family therapy sessions, are essential to address (TA-)HSBs, fostering accountability, exploring root causes, discussing consequences and promoting behaviour change.

INTERDISCIPLINARY, MULTI-AGENCY AND CHILD-FRIENDLY JUSTICE INTERVENTIONS

Responses that bring together multiple psychological, legal, health-care and police agencies under one system are needed, to ensure children receive comprehensive, coordinated support, without the burden of navigating multiple agencies themselves.

INTRODUCTION

In recent years, academics and practitioners from child rights organisations have become more keenly focused on preventing and protecting children from child sexual abuse online and offline, as a key violation of children's rights, given the impact on their emotional, psychological, physical and social well-being and development.

Yet there has been comparatively limited attention to prevent and protect children from unwanted, exploitative or violent sexual acts enacted by one child towards another child, termed harmful sexual behaviours (HSBs). This also includes HSBs that occur in online environments or are facilitated by technological devices, known as technology-assisted harmful sexual behaviours (TA-HSBs).

Work in this area has largely been neglected, given the taboo nature of the topic and widespread assumptions that the impacts and consequences of such behaviours are not as detrimental as child sexual abuse enacted by adults. As will be explored in more detail in this paper, such assumptions are unfounded, with research demonstrating that HSBs and TA-HSBs have various adverse physical, emotional and mental health consequences for the children involved, akin to child sexual abuse. Therefore, it is clear that HSBs and TA-HSBs require increased attention across child rights and safety sectors, organisations and practitioners, to better protect children's well-being and development.

This research report seeks to elevate key literature and data pertaining to HSBs and TA-HSBs, to expand understanding around this multifaceted, important child rights and safety issue, and to correspondingly advocate for urgent, increased action in this area. To do so, a systematic desk review was conducted to explore all known dimensions of this issue, from prevalence to key risk and protective factors, prevention and response.

This report will begin by briefly explaining the methodology adopted for this review, and corresponding limitations to note. Next, it will explain the key terminology, significance and nature of HSBs and TA-HSBs in more detail. The prevalence of HSBs and TA-HSBs will then be explored, followed by an exploration in greater depth of why this is an important issue that requires immediate attention. Key risk factors will subsequently be discussed, along with some protective factors noted across the literature. Finally, the report will explore prevention and response in relation to HSBs and TA-HSBs, looking at key principles for effective action, some policy and practice intervention recommendations, the current response situation in the Netherlands and some key examples of interventions from across the globe, to inspire similar action in the Netherlands and around the world.

METHODOLOGY

The methodology adopted for this report was a systematic desk review. Conducting this methodology involved identifying and synthesising existing research on this topic, to provide a comprehensive overview of the nature and prevalence of HSBs and TA-HSBs, key risk and protective factors, and recommendations for and examples of prevention and response to this issue. Some key research gaps and areas that require further investigation around this topic are also noted throughout the paper.

A total of 104 sources were reviewed for this report, including both academic and grey literature, such as reports from NGOs and governments, and policy documents and webpages of relevant services and resources responding to HSBs. Google Scholar, JSTOR and EBSCO were used as databases to find academic literature, while the general Google search engine was used to find grey literature.

The following key terms were used to search for sources: '*harmful sexual behaviours*', '*transgressive sexual behaviours*', '*problematic sexual behaviours*' and '*peer-on-peer sexual abuse*'. Each of these terms was searched individually, as well as with '*technology-assisted*' and '*online*', respectively, at the beginning of each term. These terms were also searched in combination with '*among minors*', '*children*', '*youth*' and '*young people*' to narrow the search when needed. However, as will be discussed in more detail in Section 1, this paper does not align with many of these key terms. Yet these terms were used as part of the search strategy, as such language has been used across many studies on this topic. Therefore, it was important to still use these terms in the search, to avoid omitting any key research on this topic, and to ensure the quality and comprehensiveness of this review.

The method of backward snowballing was also implemented as part of the search strategy. This entailed looking at the bibliographies of key sources found that discuss other literature on this topic, and then bibliographies of those sources, and so on.

FINDINGS

1. The Terminology and Significance of (TA-)HSBs

Given the sensitivity and complexity of this topic, there have been extensive dilemmas and debate around agreed terminology and definitions in relation to sexual discretions among minors (Allardyce et al. 2014; Hackett 2004). Correspondingly, there is a range of different terminology that has arisen across the literature to denote such behaviours, including '*juvenile sex offending*', '*peer-on-peer sexual abuse*', '*youth sexual abuse*', '*problematic sexual behaviours*' and '*transgressive sexual behaviours*' (Allardyce et al. 2021; Branigan et al. 2016).

This paper chooses to utilise the term ***'harmful sexual behaviours' ('HSBs')*** instead of the other available alternatives, to minimise the stigmatising, pathologising and stereotyping language in relation to children, young people and their families. Instead, the term '*HSBs*' locates the issue with the behaviour, not the child (Green et al. 2024). The preference for '*harmful*' over '*problematic*' or '*transgressive*' also aims to avoid implying that the nature and intention behind the behaviour are innately immoral or corrupt, and rather focuses on the impact of such behaviours ultimately causing harm for all children and young people involved (Government of Western Australia 2022).

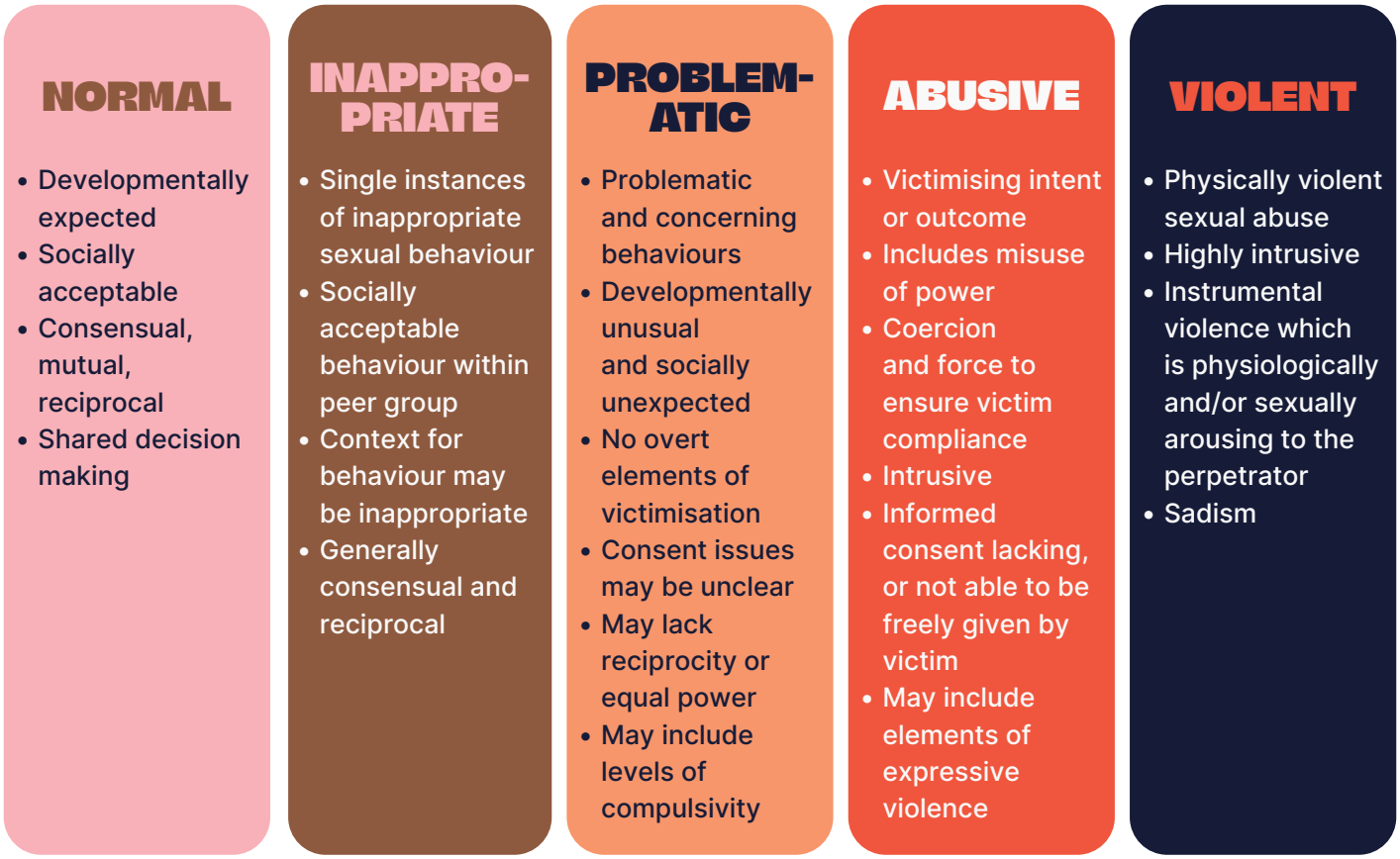
It is important that HSBs among children and young people are differentiated from adult sexual offences. Children and young people are, by their very nature, still developing their identities, understandings of the world and how they relate to others, which includes their sexual identity, preferences, and general understanding around sexuality and sexual behaviour (Allardyce et al. 2014; Government of Western Australia 2022). They are socially, sexually and cognitively dissimilar to adults, with extreme physical and hormonal changes occurring at different stages. As the neurological capacity of children and adolescents under 18 years of age is still developing in the frontal lobe, their reasoning, problem-solving and impulse control are not fully formed (Government of Western Australia 2022). This can lead to increased risk-taking behaviours, a lack of awareness around the impacts and consequences of their actions, reduced ability to consider the future, and a higher likelihood of being impacted by peer pressure (Government of Western Australia 2022; Project deSHAME (Childnet, Save the Children Denmark, Kek Vonal and UCLan) 2019). Such clear distinctions indicate the need to perceive and treat HSBs among children differently from adult sexual crimes. Therefore, terms such as '*predator*', '*perpetrator*' and '*paedophile*' in relation to children and young people should be avoided. Instead, it is more appropriate to denote a child or young person '*with*', '*displaying*' or *exhibiting*' HSBs (Government of Western Australia 2022).

HSBs have been defined across the literature as a continuum of sexual behaviours exhibited by children under 18 years old that can be harmful towards other minors and themselves (Allardyce et al. 2022; Branigan et al. 2016; Deerfield et al. 2019; Hackett 2014; Project deSHAME 2019). It is important to note that **not all sexual behaviours among children are a cause for concern**. Sexual experimentation and exploration are regular, expected parts of child and adolescent development, and contribute to the shaping of one's sexual identity (Project deSHAME 2019). It is critical to distinguish between '*normal*', healthy and experimental childhood sexual behaviour and that which is developmentally inappropriate or abusive (Government of Western Australia 2022; Project deSHAME 2019). Moreover, making such developmentally appropriate distinctions is

a highly complex task and requires practitioners who have an in-depth understanding of healthy sexual behaviours among minors and issues around informed consent, exploitation and power imbalances (Project deSHAME 2019). Further, what is considered '*developmentally appropriate*' can differ based on the social and cultural context and the diverse identity of the child, including their sexual orientation, gender identity and expression and sex characteristics (SOGIESC), race, religion, ethnicity, ability and so on.

Hackett (2010) proposes a **continuum** to depict the diverse types of sexual behaviours displayed by children and young people, ranging from what can be considered '*normal*' to '*inappropriate*' and '*violent*' with varied, escalated cause for concern and responses. This continuum is displayed in Figure 1.

Figure 1: Hackett's (2010) HSBs continuum (Branigan et al. 2016).

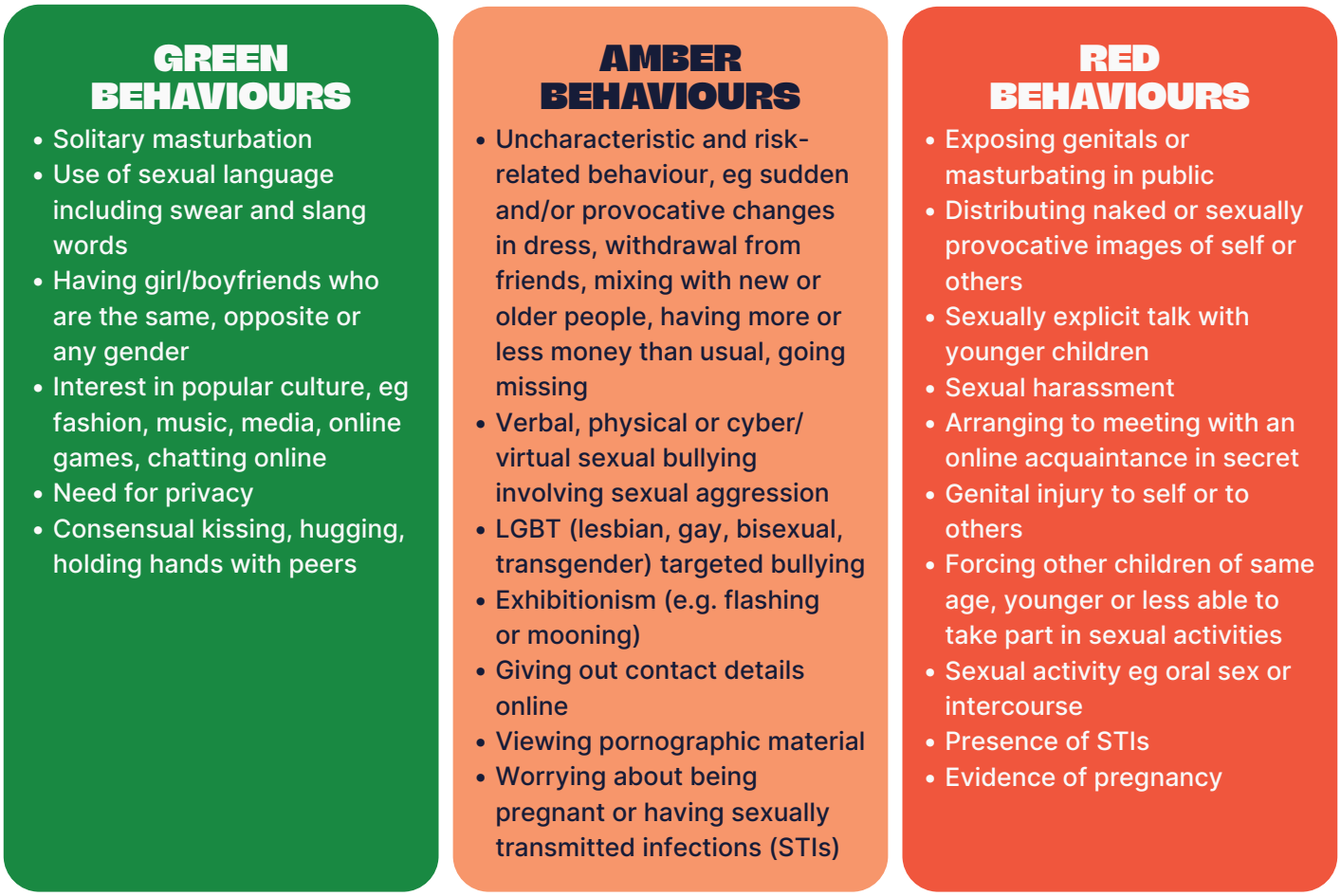


There are additional features that have been posited to determine whether a child's sexual behaviour is a cause for concern. According to Chaffin and colleagues (2002), and Allardyce and colleagues (2021), these include if the child's sexual behaviour in question:

- Occurs more frequently than is deemed appropriate and expected for this age group
- Interferes with the child's development
- Causes and is associated with emotional, psychological distress
- Occurs between children of different ages and developmental abilities
- Repeatedly occurs in secrecy, even after caregivers have intervened.

The UK-based sexual health and well-being NGO Brook developed a traffic light tool to help clarify and highlight which sexual behaviours in children and young people are appropriate (green), a cause for concern (amber) or indicate harm (red), contingent on age and developmental ability (Branigan et al. 2016; Brook 2024). **Green behaviours** are mutual, consensual, light-hearted, curious and appropriate for the child's age and development (Brook 2024). **Amber behaviours** are frequent, persistent, intense, entail health and safety risks for a child, involve an inequality in age, power and developmental ability and include unusual changes in a child's behaviour (Brook 2024). Lastly, **red behaviours** are forceful, excessive, compulsive, threatening and degrading, abusive, aggressive, inappropriate for the child's age and developmental stage, secretive or manipulative, involve bribery, coercion and trickery and entail a significant difference in age, developmental ability and/or power between children involved (Brook 2024). Figure 2 demonstrates some examples of sexual behaviour using the Brook traffic light tool, specific to children aged 9–13.

Figure 2: Brook's traffic light tool for children aged 9–13 (Branigan et al. 2016).



CHILDREN'S ONLINE BEHAVIOUR & TECHNOLOGY USE

97%
of children **aged 3–17** are online.

87%
of children **aged 3–4** are online.

Children **aged 8–12** spend an average of
5.5 h/day online.

Children **aged 13–18** spend an average of
8.5 h/day online.

23%
of children **aged 8-11**

74%
of children **aged 12-15**

have social media accounts.

HSBs among children have been further complicated and escalated by the intensification of technology and the internet, especially social media (Allardyce et al. 2022; Belton and Hollis 2017; Project deSHAME 2019). There is an exponentially expanding population of children and young people online, with recent global research indicating 97% of children aged 3–17 are online, with those aged 3–4 within this group only falling slightly behind at 87% (Ofcom 2023). Additionally, children aged 8–12 are found to spend on average 5.5 hours online a day, and those aged 13–18 to spend around 8.5 hours a day (Mann et al. 2021). Around 23% of children aged 8–11 have known social media profiles, and 74% of those aged 12–15 (Ofcom 2017). A study conducted by ECPAT International, Eurochild and Terre des Hommes Netherlands (TdH NL) in 2024 with 483 children aged 11–17 from 15 countries also found that these participants spent on average 4.8 hours on social media alone.

While such increased internet connectivity among children has opened up important social, creative, learning and recreational opportunities, it has likewise facilitated a new space for HSBs to transpire, including a vast new range of HSBs specific to online environments, with an added dimension of increased anonymity and impunity provided by the internet. This has led to the establishment of the term '***technology-assisted harmful sexual behaviours***' **(TA-HSBs)** to describe the wide range of activities, where technology is used by one or more children to engage in sexual discussions or acts that are deemed inappropriate and/or harmful in light of their age and developmental stage (Belton and Hollis 2017; Branigan et al. 2019). TA-HSBs is used instead of '*online harmful sexual behaviours*', as this latter term implies there is no direct contact between children offline. This would be inaccurate terminology to use, as technology is often used to facilitate offline sexual contact and often occurs between children who already have contact offline (Branigan et al. 2016).

Similarly to in-person HSBs, TA-HSBs must be understood in relation to the continuum discussed above. Again, not all sexual activities and discussion online among children and young people are harmful. Technology plays a fundamental part in how children develop their sense of sexuality and provides new environments for adolescents to explore and express their sexual identities, individually and intimately with peers (Allardyce et al. 2022). Moreover, what constitutes as TA-HSBs that are a cause for concern will be further explored in the following section.

2. The Nature of (TA-)HSBs

This section will delve further into the nature of HSBs and TA-HSBs, respectively. Yet it is important to highlight that **HSBs and TA-HSBs often overlap and co-occur** (Project deSHAME 2019). Children displaying HSBs often combine elements of in-person HSBs and TA-HSBs, forcing, manipulating, coercing or intimidating another child to engage in inappropriate, degrading, abusive and/or non-consensual sexual acts and conversations, either offline or online (Belton and Hollis 2017).

For instance, a child might non-consensually send another child sexually explicit content online, then bully this child in person, threatening to disclose the conversation they had online if they do not engage in some form of sexual activity. Therefore, it is important to consider HSBs and TA-HSBs as intertwined in many ways, given the increased expansion of technology across society, especially among younger generations (Ofcom 2017).

2.1 In-person harmful sexual behaviours (HSBs)

As touched on in the previous section, HSBs can include a wide variety of acts and degrees of concern depending on the frequency, age and developmental stage of the children involved. However, some key examples of in-person HSBs include:

- Non-consensual sexual touching or fondling of another child (Child Exploitation and Online Protection Command (CEOP) 2024; Upstream 2024)
- Engaging in sexual conversation with a much younger child (Upstream 2024)
- Bullying, harassing and/or persuading another child to engage in sexual conversation, activities or sexual extortion (Brook 2024)
- Public masturbation or genital exposure in front of other children (Allardyce et al. 2021; Brook 2024)
- Using inappropriate, objectifying sexual language in front of another (especially younger) child (Stop It Now! 2024).

For the vast majority of in-person HSBs, the child displaying HSBs and the victim of such behaviour are often already acquainted. For instance, a large-scale inquiry involving public hearings and interviews across Australia with 1,129 survivors of HSBs found that most victims knew the child who had displayed HSBs towards them (Commonwealth of Australia 2017). Additionally, in a study involving 402 alleged incidents of HSBs among minors in the UK, purportedly only 3% involved strangers (Taylor 2003). While this often involves peers in school or other youth institutions or community settings, a significant proportion of HSBs take place in the domestic space, with the most common pattern involving an older brother enacting HSBs towards a younger sister (Allardyce et al. 2021; Green et al. 2024). A study based on key data from the National Incident Based Reporting System (NIBRS) in the USA found that 69% of children who had displayed HSBs did so within their homes (Chaffin et al. 2009). The aforementioned inquiry into HSBs in Australia had participants disclose that they were sexually abused by their biological siblings within an institutional context (Commonwealth of Australia 2017). In a survey with 116 adolescent boys in Canada undergoing therapeutic treatment for their HSBs, 52.1% of participants had displayed HSBs in familiar contexts, commonly while babysitting younger siblings or relatives (Leclerc and Felson 2016).

Incidents of HSBs also often involve children displaying such behaviours in groups towards another child, in schools or other youth institutions or community settings, commonly facilitated by peer pressure (Chaffin et al. 2009). Additionally, accounts of in-person HSBs **commonly entail physical violence** towards another child (Branigan et al. 2016; Brook 2024). For instance, survivors of HSBs engaged in the Australian inquiry mentioned above frequently stated that physical violence was a key part of their experiences (Commonwealth of Australia 2017).

Across the literature, it has predominantly been argued that **sexual recidivism among children displaying HSBs – meaning continued acts of sexual offences against others into adulthood – is rather low** (Branigan et al. 2016; Cladwell 2016; Green et al. 2024; Cale et al. 2022). For instance, in a UK interview study with 69 adults (64 men, 5 women) who displayed HSBs between the ages of 8 and 18, the vast majority had not reoffended in adulthood: only 3 participants had been convicted for sexual assault, and 1 for making and distributing child sexual abuse materials (CSAM), giving a sexual recidivism rate of 6% (Balfe et al. 2024). Further, a systematic review of 78 global studies found that sexual recidivism rates among adolescents who displayed HSBs generally hover around 8–12% (Cale et al. 2022). While overall this is a small proportion, it is still a notable amount that should not be overlooked. Evidently, more long-term research is needed to better understand the trajectories of children who display HSBs, into adulthood, and the likelihood of sexual recidivism among this group (Green et al. 2024).

2.2 Technology-assisted harmful sexual behaviours (TA-HSBs)

TA-HSBs can also entail various acts that range from inappropriate, depending on the age and developmental stage of children involved, to more exploitative and abusive behaviours. The majority of such TA-HSBs occur across a wide range of popular online platforms, including Facebook, Snapchat, WhatsApp, Instagram, Google Hangouts/ Meet, TikTok, Twitter ('X'), Messenger and Youtube (Brown and Tregidga 2023; Copeland et al. 2022). Moreover, the eSafety Commissioner (2020) defined certain examples of TA-HSBs that can be considered inappropriate at very young ages, and more exploitative, abusive TA-HSBs that are causes for concern, as listed below. However, specific age groups for which certain TA-HSBs may be appropriate, or when they are inappropriate, are not noted in the literature.

TA-HSBs that are considered inappropriate at very young, early developmental stages:

- Viewing pornography
- Sending intimate, nude photos and/or videos
- Participating in sexualised conversations online
- Livestreaming or participating in sexual acts via webcam.

TA-HSBs that are considered more harmful, exploitative and/or abusive:

- Non-consensual sharing of intimate images, videos or messages of another child
- Sending unsolicited sexual images, videos or messages to another child
- Requesting or pressuring another child to send intimate, nude images, videos or messages without consent
- Using Artificial Intelligence (AI) to create hyper realistic sexual images or videos of another child ('deepfakes'), and using these to sexually extort the child depicted
- Using sexual content taken by a child, or deepfakes of a child, to sexually extort the child depicted, entailing a form of blackmail, threatening to share intimate images, videos or messages of another child if they do not fulfil certain demands, such as sending money, creating and sending more sexual content online or engaging in sexual activities in person
- When a child pressures another child to view pornographic materials on a device, or sends another child such content, without consent
- Sexually harassing and bullying another child via private message or public forums and groups online.

Project deSHAME (2019) further categorised four key types of TA-HSBs to consider, broken down into key instances of such behaviours. Such behaviours can occur and be experienced simultaneously, and likewise may overlap with offline bullying, harassment, stalking and other in-person HSBs. Figure 3 demonstrates these key categories and examples.

Figure 3: Four categories of TA-HSBs (Project deSHAME 2019)

1 Non-consensual sharing of intimate images and videos

A person's sexual images and videos being shared without their consent or taken without their consent.

- Sexual images/videos taken without consent ('*creep shots*'/'*upskirting*').
- Sexual images/videos taken consensually but shared without consent ('*revenge porn*').
- Non-consensual sexual acts (e.g. rape) recorded digitally (and potentially shared).

2 Exploitation, coercion and threats

A person receiving sexual threats, being coerced to participate in sexual behaviour online, or blackmailed with sexual content.

- Harassing or pressuring someone online to share sexual images of themselves or engage in sexual behaviour online (or offline).
- Using the threat of publishing sexual content (images, videos, rumours) to threaten, coerce or blackmail someone ('*sextortion*').
- Online threats of a sexual nature (e.g. rape threats).
- Inciting others online to commit sexual violence.
- Inciting someone to participate in sexual behaviour and the sharing evidence of it.

3 Sexualised bullying

A person being targeted by, and systematically excluded from, a group or community with the use of sexual content that humiliates, upsets or discriminates against them.

- Gossip, rumours or lies about sexual behaviour posted online either naming someone directly or indirectly alluding to someone.
- Offensive or discriminatory sexual language and name-calling online.
- Impersonating someone and damaging their reputation by sharing sexual content or sexually harassing others.
- Personal information shared non-consensually online to encourage sexual harassment ('*doxing*').
- Being bullied because of actual or perceived gender and/or sexual orientation.
- Body shaming.
- Sexualised body shaming.
- '*Outing*' someone where the individual's sexuality or gender identity is publicly announced online without their consent.

4 Unwanted sexualisation

A person receiving unwelcome sexual requests, comments and content.

- Sexualised comments (e.g. on photos)
- Sexualised viral campaigns that pressurise people to participate.
- Sending someone sexual content (images, emojis, messages) without them consenting.
- Unwelcome sexual advances or requests for sexual favours.
- '*Jokes*' of a sexual nature.
- Rating peers on attractiveness/sexual activity.
- Altering images of a person to make them sexual.

It is important to note that **consensual '*sexting*', involving the exchange of intimate, sexual images, videos and messages in private online forums can be a common, healthy sexual behaviour among children** at appropriate ages and developmental stages. It can be a natural expression and exploration of sexual agency and intimate relationships (Naezer 2018; Heirman et al. 2018). However, sexting can ultimately entail risks and become harmful when it is forced on another child, or if the content and sexts exchanged in private are non-consensually shared with others or used to sexually extort the child in question (Boheemen et al. 2022; Branigan et al. 2016).

When it comes to TA-HSB, **there are certain features of the internet and online spaces that can distinguish the nature and impact of TA-HSBs from in-person HSBs**. Foremost, there are reduced barriers and visibility around TA-HSBs, given that online environments can be more easily secretive, out of sight and hidden from peers, family members, other trusted adults and authorities (Project deSHAME 2019). There is also the anonymity that technology and the internet can provide, which can cause the inability to identify a child displaying TA-HSBs, therefore increased impunity and unresolved action to address such behaviours (Allardyce et al. 2022; Project deSHAME 2019).

Additionally, given the easy spread and amplification of materials on the internet, there is a heightened issue of **re-victimisation** for survivors of TA-HSB who had sexual content of themselves non-consensually shared, or if they were forced or coerced to produce sexual materials of themselves that were non-consensually shared (Brown and Tregidga 2023). Such materials can spread far and wide, and every time the content is shared, viewed, sent and received can be an instance of re-victimisation (ECPAT International 2020). The adverse effects of this can persist far into the future, with survivors commonly reporting their constant fear of such materials resurfacing, and being recognised within them, into their adult lives, affecting their reputations and career prospects (Canadian Centre for Child Protection 2017; Finkelhor et al. 2018; Leonard 2010). In turn, **the more hidden, anonymous and easily spread features that characterise the internet can arguably expand TA-HSBs to a dangerously large extent that is harder to manage and address**.

As with in-person HSBs, **it is common for children displaying TA-HSBs and their victims to be acquainted**, including family members, friends, peers and other acquaintances (Brown and Tregidga 2023). For instance, data from the Stop It Now!'s Risk of Online Sexual Abuse (ROSA) psycho-educational programme for children who have displayed TA-HSBs, with 61 young people aged 11–19 in Glasgow, Scotland, shows that in 75% of TA-HSBs incidents, the child displaying TA-HSB knew their victim(s) (Allardyce et al. 2022). It is **similarly common for TA-HSBs to occur with groups of children** displaying such behaviours, targeting multiple children, in private and/or public online forums, as facilitated by peer pressure and the desire to be socially included within 'popular' friendship groups with high social status (Branigan et al. 2016). However, as TA-HSBs are a fairly new area of research compared to in-person HSBs, more investigation is needed to better understand the complete nature, extent and characteristics of TA-HSBs, and the trajectories of children displaying TA-HSBs into the future.

3. Prevalence of (TA-)HSBs

Available research suggests HSBs are extensive across diverse global contexts. A significant proportion (roughly a third) of reported child sexual abuse cases were found to actually involve children enacting HSBs against younger children (Allardyce and Yates 2018).

To illustrate, there were 32,452 reports made to the England and Wales police involving HSBs between 2012 and 2016 (Allardyce and Yates 2018). According to a study using data from the NIBRS in the USA, 36.5% of sexual offences against minors were found to involve HSBs enacted by other children (Chaffin et al. 2009). In a nationally representative telephone survey in the USA with 13,052 children and their caregiver(s), most sexual abuse and assault offences reported involved HSBs at the hands of other children (Finkelhor and Gewirtz-Meydan 2019). In a study with 1,700 Dutch adolescents aged 14–18, 75% of participants reported being subjected to unwanted verbal sexual behaviour by peers, 60% reported experiencing unwanted physical sexual behaviour by other adolescents, and 23% reported physically violent sexual behaviour by other adolescents (Burrie et al. 2006). A systematic review of relevant literature in Australia found that rates of child sexual abuse that are actually HSBs carried out by other children range from 30% to 60% (El-Murr 2017). From these various sources involving substantial samples of children in diverse contexts, we see the prevalence of HSBs is widespread.

In relation to TA-HSBs in particular, research suggests such behaviours are globally extremely prevalent too. A survey study with 2,639 participants aged 18–28 in the USA found that 16% of this sample had been sexually harmed online before the age of 18, and nearly a third of this group reported that other children, friends or acquaintances had instigated such TA-HSBs towards them (Colburn et al. 2022). There was a 177% increase from 2019/20 to 2020/21 of reports made to the Lucy Faithfull Foundation in the UK, involving children and adolescents under 18 who had displayed TA-HSBs seeking support and advice to address such behaviours (Jay et al. 2022). Correspondingly, the Lucy Faithfull Foundation's study evaluated 61 cases of young people aged 11–19 in the one-on-one psycho-educational programme implemented by Stop It Now! Scotland, the ROSA project, to find that around 49% of these participants had viewed and/or distributed sexual images of other, often younger, children, non-consensually (Allardyce et al. 2022). A survey study with 3,257 children aged 13–17 and focus groups with 107 children aged 13–17 across Denmark, the UK and Hungary found that 25% of respondents had witnessed other children taking 'secret' sexual images of another child (meaning the child depicted was unaware such photos were being taken of them) and non-consensually sharing them online with others, 45% had witnessed other children editing photos of other children online to make them appear sexual, 1 in 10 respondents said their boyfriend or girlfriend had pressured them to send naked photos online, and 25% had had sexual rumours spread about them online (Project deSHAME 2019).

It is important to note that **prevalence figures covering the full spectrum of HSBs and TA-HSBs are limited** (Project deSHAME 2019). Due to the lack of services, recording, assessment and reporting systems, it is difficult to know the complete picture and volume of cases and referrals to HSBs services (Branigan et al. 2016). Additionally, the absence of broadly agreed definitions and understanding of HSBs has arguably contributed to data collection issues on this topic. There is also the issue of under-reporting of child sexual abuse and HSBs, given the secrecy with which it often occurs (Government of Western Australia 2022). This means that many (TA-)HSBs likely go under the radar, and that statistics around the proportion of child sexual abuse cases in reality involving the enactment of (TA-)HSBs are dubious. Available literature predominantly focuses on high-income, Western countries, indicating the need for more research to explore (TA-)HSBs across diverse global contexts.

Prevalence - In-person HSBs

~1 in 3

child sexual abuse cases reported globally actually involve HSBs.

32,000+

HSBs cases reported in England & Wales (2012–2016).

A study in the USA with 13,052 children and caregivers showed **most sexual abuse cases reported in reality involved HSBs**.

Prevalence - TA-HSBs

16%

of **2,639 18-28-year-olds** in a study in the USA experience **online sexual harms as minors**. 1/3 of these cases being TA-HSBs.

+177%

increase in **TA-HSB** cases reported to the Lucy Faithfull Foundation UK from 2019/20 to 2020/21.

49%

of 61 young people **aged 11-19** who had displayed TA-HSBs in Scotland **viewed/ shared CSAM of other children**.

4. The Importance of Responding to (TA-)HSBs

There has historically been a minimisation, even denial, of the harms associated with HSBs, across society and among professionals, suggesting that the consequences of such behaviours are not as grave compared to child sexual abuse perpetrated by adults (Allardyce et al. 2014).

Yet research largely disproves this assumption, demonstrating that **there are significant adverse effects that can arise for children who have survived HSBs**, such as physical injuries, mental health conditions, such as depression, anxiety, low self- esteem, post-traumatic stress disorder (PTSD), life-long trauma and suicidal thoughts, attempts and deaths (Commonwealth of Australia 2017; Government of Western Australia 2022; Project deSHAME 2019). HSBs victims can also face distressing feelings of anger, shame, sadness, humiliation, guilt and self-blame (Brown and Tregidga 2023). Research also shows that survivors of HSBs report elevated levels of emotional, psychological and behavioural problems that are not so different from children who were sexually abused by adults (O'Brien 2010; Lewis et al. 2000).

TA-HSBs can also have similar long-lasting impacts on victims' well-being, including mental health issues of depression, anxiety, trauma, low self-esteem and PTSD, and feelings of anger, shame, sadness, humiliation, guilt and self-blame, akin to symptoms of experiencing in-person HSBs (Brown and Tregidga 2023; eSafety Commissioner 2020). TA-HSBs can also be indicative of a wider picture of offline HSBs occurring that require attention (Project deSHAME 2019).

Children that display (TA-)HSBs can also face significant consequences for their actions, including feelings of shame and regret, and mental health issues such as depression, anxiety, PTSD, trauma and social stigma (Allardyce and Yates 2018; Brown and Tregidga 2023). Therefore, in light of these known potential impacts around (TA-)HSBs, and the aforementioned prevalence of such issues, their severity and the need for urgent action in this area should not be downplayed. Action to address both in-person HSBs and TA-HSBs is also important to prevent the next generation from going on in adulthood to perpetrate sexual abuse towards others, including children (Project deSHAME 2019).

It is critical that appropriate child-centred interventions for (TA-)HSBs are developed, because thus far, children demonstrating such behaviours have largely been framed within adult critical offending constructs, which has frequently subjected them to welfare and justice systems, such as child protection services, governmental residential care and/or juvenile detention (Allardyce et al. 2014; Green et al. 2024). Exposure to such systems has frequently led to increased negative outcomes for such children, including unnecessary removal from their families and social networks, disrupted education, exposure to other illegal behaviours within such institutions, such as theft, drug use and violence, and increased maltreatment and bullying (Masson 2006). These negative outcomes can likewise be damaging for a child's future opportunities and participation in society, as they may acquire a criminal record, be deprived of key support systems and role models for motivation, have inadequate education or are more likely to drop out of school, and suffer from increased mental health issues, and research suggests that exposure to welfare and justice systems at young ages often leads to continued exposure to such systems throughout an individual's

lifetime (Allardyce et al. 2014; Lambie and Randell 2013). Additionally, resorting to these systems as a response to HSBs does not work to directly respond to the behaviour displayed by the child in question, hence risks such behaviours being left unaddressed. Therefore, less punitive and more child-focused interventions for (TA-)HSBs are urgently needed, some examples of which will be explored later in the prevention and response section of this paper (Section 7).

TDH NL'S POSITION ON (TA-)HSBs

CHILDREN ARE NOT ADULTS

Children need child-specific responses.

NOT ALWAYS HARMFUL

Sexual exploration can be healthy. Know what can be healthy vs. harmful.

RISK ≠ INEVITABILITY

Risk factors exist. Protective environments make a difference.

TRAUMA MATTERS

Many HSBs stem from trauma. Prevention & intervention must be trauma-informed.

CHILD RIGHTS & PROTECTION

(TA-)HSBs is a child rights issue. Every child has a right to safety and protection from violence.

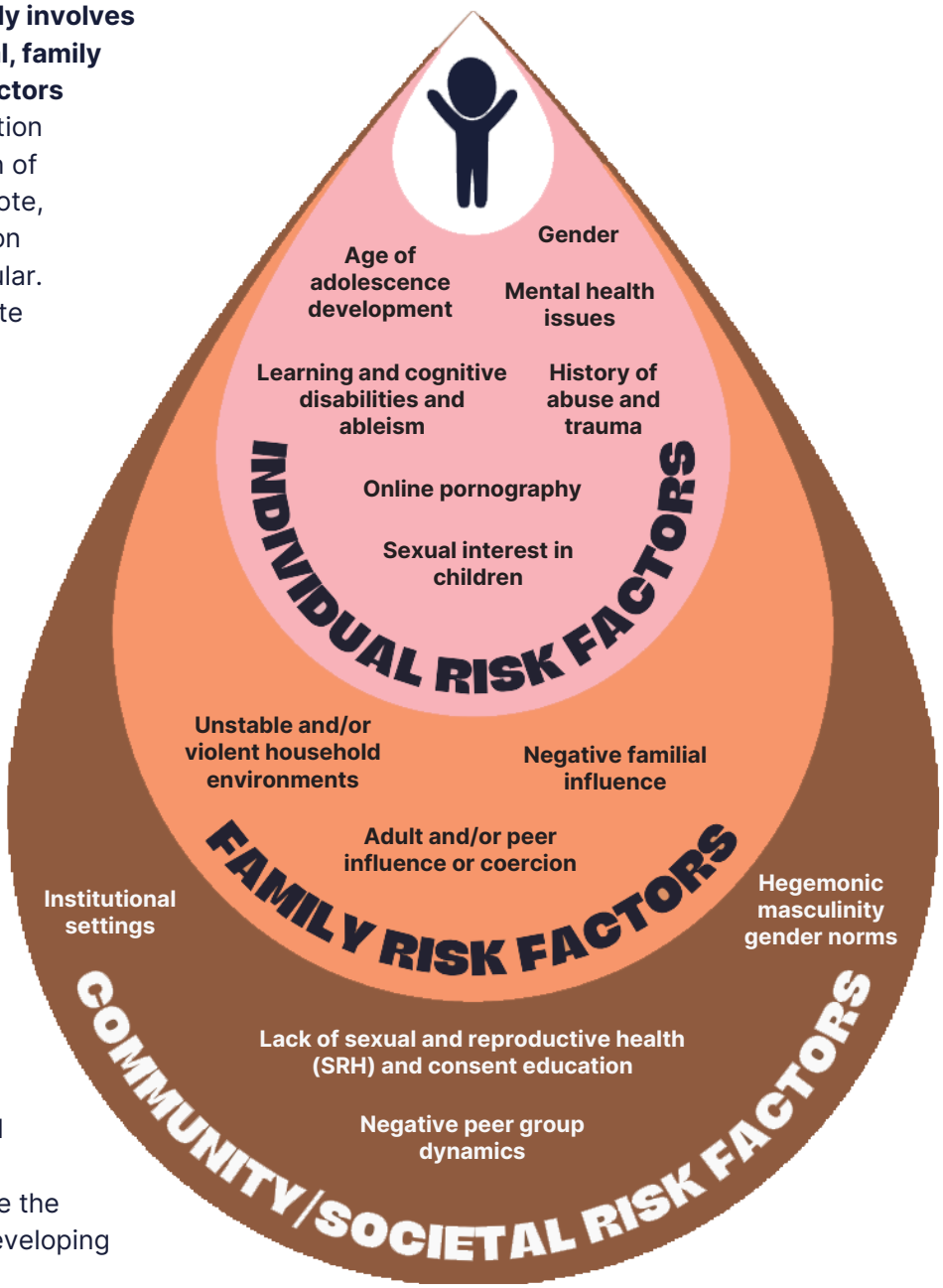
LINKED TO GENDER INEQUALITY

HSBs reflect gender inequality and GBV. We need gender-transformative solutions.

5. Key Risk Factors

Across research, **there are various risk factors that have been highlighted that can influence a child's propensity to display HSBs**. However, there is ultimately no single explanation for a child displaying HSBs. Children displaying HSBs are a heterogeneous group, and every child has a unique story, experience and pathway that has potentially led to the display of HSBs (Government of Western Australia 2022).

The development of HSBs commonly involves a complex combination of individual, family and broader community/societal factors (Benelmouffok et al. 2020). This section will explore factors that fall into each of these categories. It is important to note, however, that less is known in relation to risk factors for TA-HSBs in particular. Yet this section will attempt to elevate and distinguish what is known in relation to risk factors for TA-HSBs specifically,as best as possible from available literature.



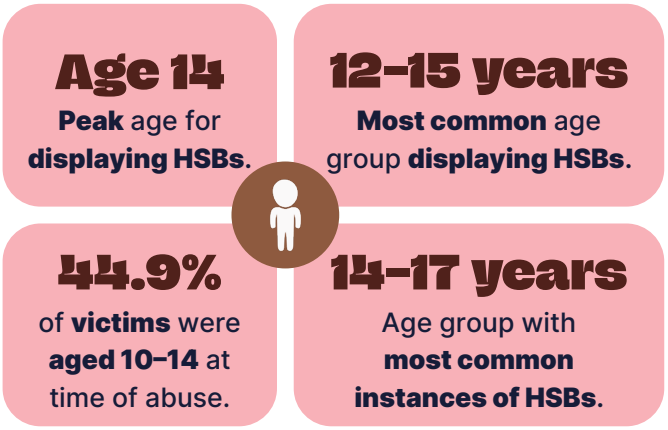
It is also important to note that **not all children with associated risk factors will go on to display HSBs**. This comes down to the existence of highly contextual, situational and individual characteristic factors, along with protective factors, some of which will be explored in Section 6, that can mediate and moderate the influence of risk factors on a child's behaviours (Benelmouffok et al. 2020). Likewise, not all children who display HSBs have necessarily experienced such risk factors. Therefore, the risk factors discussed here should be perceived more as potential influences that can increase the likelihood and propensity of HSBs developing for a child.

5.1 Individual risk factors

5.1.1 Age of adolescent development

Research suggests that adolescence is the peak time for HSBs to arise (National Society for the Prevention of Cruelty to Children (NSPCC) 2024). A study based on key data from the US NIBRS found a significant rise in HSBs among children aged 12, and then peaking for children aged 14 (Chaffin et al. 2009). A nationally representative survey study in the USA with 13,052 children and their caregivers found instances of HSBs were most common among those aged 14–17 (Finkelhor and Gewirtz-Meydan 2019). The large-scale Australian inquiry with 1,129 adult survivors of HSBs found that those who had displayed HSBs towards these participants were generally between 12 and 15 years old, while 44.9% of survivors were aged between 10 and 14 when they were victimised (Commonwealth of Australia 2017). The increased presence of HSBs across adolescence, mainly spiking during early teenage years, has been explained by the unique psychological dynamics present during this time around puberty, during which hormones and sexual identities are forming, alongside increased impulsivity and a gravitation towards risk-taking, boundary-testing and thrill-seeking behaviours with short-term gains and a reduced consideration of behavioural consequences (Government of Western Australia 2022; Project deSHAME 2019). Therefore, entering this developmental stage can be an individual risk factor for displaying HSBs.

It is important to acknowledge that **the exact age at which HSBs are more likely to develop may be different based on gender**, as boys and girls often experience certain developmental milestones at different times (Finkelhor and Gewirtz-Meydan 2019). However, there is a lack of research exploring the gender dimensions of when HSBs are most likely to develop in children. More research is needed to explore this intersectional risk factor in relation to HSBs.



5.1.2 Gender

The vast majority of research suggests adolescent boys are the principal individuals found displaying HSBs, mainly directed towards girls, which evidently reflects broader societal patterns of misogyny and gender-based violence (Green et al. 2024). Key NIBRS data in the USA demonstrated that 93% of individuals displaying HSBs were boys aged 12–15, and 79% of victims were girls (Chaffin et al. 2009). A US study surveying 1,600 adolescents who had displayed HSBs included a sample with 97.4% being boys (Ryan et al. 1996). A study with 700 British children who had displayed HSBs found 95% to be male (Balfe et al. 2013). A nationally representative survey study with 13,052 children and their caregivers in the USA found males were overwhelmingly the main group displaying HSBs, with girls most frequently being their targets (Finkelhor and Gewirtz-Meydan 2019). A questionnaire with 1,700 Dutch adolescents aged 14–18 highlights that boys are more at risk of exhibiting unwanted sexual behaviours towards others, especially girls (Burrie et al. 2006). The large-scale Australian inquiry with 1,129 survivors of HSBs found that 86.3% of children displaying HSBs were male, while 61.8% of survivors were female (Commonwealth of Australia 2017).

In relation to TA-HSBs specifically, **research suggests that being a young male is similarly a risk factor for displaying such behaviour**. Data from Stop It Now! Scotland's ROSA project with 61 young people aged 11–19 in Glasgow found that adolescent males made up 75% of the TA-HSB cases evaluated

(Allardyce et al. 2022). A UK study that assessed data from a service for children displaying TA-HSBs, involving 231 cases, found that 83.2% of users of this service were male (Hallet et al. 2019). An in-depth interview study with 21 Dutch youngsters aged 15–21 found that boys are the main instigators of non-consensual sexting, mainly directed towards younger girls (Naezer and van Oosterhour 2021). Some research suggests that specifically Caucasian adolescent boys are the main group engaging in TA-HSBs (Allardyce et al. 2022). For instance, in the NSPCC's Turn the Page programme for children who have displayed TA-HSBs in the UK, the vast majority of participants were Caucasian young males (Belton and Hollis 2017). Moreover, such research signifies that being a young adolescent male is likewise a central risk factor for displaying TA-HSBs, while being a girl is a key risk factor for being targeted by such behaviour enacted by boys. A key root cause behind the over-representation of boys displaying (TA-)HSBs is plausibly hegemonic masculinity gender norms, which will be discussed in more detail in Section 5.3.4, as a community/societal risk factor.

It is important to note that **instances of girls experiencing (TA-)HSBs enacted by boys are likely even higher than current data suggests**. This is explained by the issue of under-reporting among girls who experience sexual violence, driven by gender norms that cause girls to fear causing trouble, being blamed for experiencing such behaviours, not being believed, being stigmatised or labelled 'promiscuous', or a lack of safe reporting spaces, processes or contacts (Balfe et al. 2013; Finkelhor and Gewirtz-Meydan 2019; Project deSHAME 2019). Therefore, it is arguable that the full scale of girls being subjected to (TA-)HSBs is unknown.

Despite these dominant gender patterns across (TA-)HSBs, **there are girls who display such behaviours too** (NSPCC 2024). For instance, in the Australian inquiry with 1,129 adult survivors of HSBs, 15.9% of participants experienced HSBs enacted towards them by a female child (Commonwealth of Australia 2017). A US study drawing on key NIBRS data found that 7% of children displaying HSBs are females (Chaffin et al. 2009). Additionally, in a Dutch interview study with young people aged 15–21 who had enacted non-consensual sexting and or shared images of another child during the ages of 14–18, 9 out of 15 participants were girls (Naezer and van Oosterhout 2021). While this study is not representative or statistically significant given the small sample size of participants, and that there may be a selection bias at play given participation was voluntary, it does still demonstrate the existence of females enacting such harmful behaviours to some degree. Overall there is comparatively limited research exploring girls displaying (TA-)HSBs, indicating a need for further investigation in this area.

Boys are also targets of HSBs. For example, in the aforementioned Australian inquiry, 38.1% of HSBs survivors were males, 97.4% of whom experienced HSBs at the hands of an older male child (Commonwealth of Australia 2017). In the US NIBRS data study, 21% of HSBs victims were males (Chaffin et al. 2009). In a study with 1,700 Dutch adolescents aged 14–18 (48% boys and 52% girls), 75% of male participants had experienced unwanted verbal sexual behaviour, and 16% had experienced unwanted or violent physical sexual behaviour from another child (Burrie et al. 2006). As discussed earlier in relation to girl victims of HSBs, it is likely that **instances of boys being subjected to HSBs are also higher than current research suggests**. This can be explained by gender norms that deter boys from reporting sexual violence they experience, due to expectations that they are emotionally and physically strong, or fear they will be stigmatised and labelled as '*weak*' and/or '*homosexual*' for experiencing HSBs at the hands of a male child (UNICEF 2020). Despite this likely under-reporting of male victims of (TA-)HSBs, boys are still notably less likely to be victims of such behaviours compared to girls (Green et al. 2024). Moreover, more research is needed to better understand experiences of male survivors of (TA-)HSBs.

While limited, **there is some literature that suggests children with diverse, non-dominant SOGIESC identities are at greater risk of being targets of (TA-)HSBs**. For instance, data from the ROSA programme with 61 young people aged 11–19 who have displayed TA-HSBs in Glasgow found that

HSBs AND GENDER

Who displays HSBs?

- **Adolescent boys** are the main group of children who display both **in-person HSBs** and **TA-HSBs**.
- There are instances of **girls displaying (TA-)HSBs**, yet **rates are extremely low** compared to boys.

Who are the victims?

- Children of all genders are victims of (TA-)HSBs, yet research shows **girls** are the **main targets**.
- Children with marginal, **diverse SOGIESC identities** are also more at risk of **(TA-)HSBs victimisation**.

children with diverse SOGIESC identities are more vulnerable to being victims of TA-HSBs (Allardyce et al. 2022). This can be explained by such children being more likely to explore their sexuality and seek connections with other individuals online, as this may not be possible in their offline communities, due to a lack of social acceptance or discrimination they experience for having divergent gender and sexuality identities (eSafety Commissioner 2024). This in turn can make children with marginalised SOGIESC identities easier targets of TA-HSBs, as their increased desire for connection may be exploited. Additionally, in the Australian inquiry with 1,129 HSBs survivors, 12 participants in this sample were known to have diverse, marginal SOGIESC identities, with numbers expected to be higher yet unable to quantify due to non-disclosure (Commonwealth of Australia 2017). It is important to note that **experiences of (TA-)HSBs among children with marginalised SOGIESC identities may be significantly under-reported**, as such children likely fear causing trouble and drawing attention to themselves for risk of being 'outed', blamed or increasing the exclusion and persecution they already experience for having divergent identities. All in all, more research is urgently needed to better understand and respond to experiences of (TA-) HSBs among children with diverse, non-dominant SOGIESC.

5.1.3 History of abuse and trauma

Research suggests that children with experiences of physical, sexual, psychological and/or emotional abuse and neglect, and corresponding trauma, may be more likely to develop HSBs. A questionnaire study with 6,628 year 9 students in Switzerland found that boys who had been sexually abused by a relative were more likely to exhibit HSBs than non-sexually abused participants (Aebi et al. 2015). A study with 700 British children who had displayed HSBs found that two thirds of the sample had experiences of at least one form of domestic violence and abuse, including emotional, sexual, psychological or physical abuse, and corresponding trauma from such experiences (Balfe et al. 2013). A study looking at case files from 280 referrals to national HSBs assessment and treatment services in the UK found that 92% of this sample involved children with experiences of some form of abuse, neglect or domestic violence (French et al. 2007). The large-scale inquiry engaging 1,129 survivors of HSBs in Australia found experience of family violence and domestic abuse to be common among individuals who had displayed HSBs (Commonwealth of Australia 2017). Over three quarters (76%) of 189 young people referred to specialist HSBs services in Scotland had experienced two or more traumas due to abuse experiences, and 51% had experienced four or more (Hutton and Whyte 2006).

This risk factor seemingly invokes the '*victim-to-offender*' cycle or pathway, whereby survivors of abuse are at risk of enacting abuse towards others as a coping mechanism to deal with their abusive experiences, or simply emulating the harmful treatment they have endured and witnessed that has been normalised (Cossins and Plummer 2018). It is important to note, however, that not all children with histories and experiences of abuse and trauma will display HSBs, as there are a range of protective factors, which will be discussed in Section 6, that can mediate and moderate the influence of surviving such abuse.

While studies on TA-HSBs specifically suggest having a history of abuse and trauma is likely a risk factor for such behaviours online (Allardyce et al. 2022; Belton and Hollis 2017; Project deSHAME 2019), more research is needed to demonstrate this specific link. For instance, one study with 91 young males in the NSPCC's Turn the Page programme for children displaying (TA-)HSBs found participants that only displayed TA-HSBs were less likely to have had traumatic experiences of abuse and neglect than those displaying solely in-person HSBs (Belton and Hollis 2017). This indicates that **having a history of abuse and trauma may not be as strong a risk factor in relation to TA-HSBs**. However, more research is needed to better understand this phenomenon.

5.1.4 Mental health issues

Across the literature, **mental health conditions, such as anxiety, depression and/or loneliness, have been denoted as a risk factor for (TA-)HSBs**. In the Australia-wide inquiry with public hearings and interviews with 1,129 HSBs survivors, many participants who knew the child who had displayed HSBs towards them reported that this child had known mental health issues (Commonwealth of Australia 2017). Additionally, data from the Stop It Now! Scotland's ROSA project with 61 young people aged 11–19 in Glasgow who have displayed TA-HSBs found that 64% of programme participants had mental health issues, including anxiety and depression (Allardyce et al. 2022). It has been theorised that for many children displaying (TA-)HSBs, such behaviour can be indicative of deeper mental health issues and involves the child in question attempting to communicate their mental health challenges and/or unmet needs for connection, love, affection or support, although in harmful ways (Branigan et al. 2016; Government of Western Australia 2022). Thereby, mental health issues can prove a key individual risk factor for displaying HSBs, both online and offline, as a coping mechanism for a child in response to emotional pain.

HSBs & LEARNING/COGNITIVE DISABILITIES

38%

of 700 British children displaying HSBs had a learning disability.

~33%

of UK children referred for HSB treatment had special educational needs.

72%

of 29 children in Australia referred for displaying HSBs had learning difficulties, and 66% had language disorders.

5.1.5 Learning and cognitive disability and ableism

Children with learning and/or cognitive disabilities are found to be at increased risk of displaying HSBs. In a study with 700 British children who had displayed HSBs, 38% of participants were found to have some form of learning disability (Balfe et al. 2013). A study examining 280 referral cases to national HSBs assessment and treatment services in the UK found that roughly a third of children referred had special educational needs (French et al. 2007). An Australian study looking at 29 referral cases of children referred to forensic mental health services for displaying HSBs found 72% of this sample to have learning difficulties and 66% to have language disorders (Ogilvie et al. 2013). Research with 97 children displaying HSBs in Scotland found 14% of this sample had been diagnosed with Autism Spectrum Disorder (ASD), 23% with a learning disability, 16% with suspected but undiagnosed ASD and 12% with a suspected learning disability (Moodle 2021). It is difficult to know the exact rates and influence of learning and cognitive disability as a risk factor for HSBs, as children may be frequently undiagnosed or their disability may not be known by the victim(s) (Commonwealth of Australia 2017). Moreover, it is important to note that research suggests that children with learning and cognitive disabilities displaying HSBs are more **likely to display lower-level, inappropriate sexual behaviours** along the continuum, such as public masturbation and excessive use of pornography (Central Sexual Health 2021).

It has been hypothesised that **there is nothing intrinsic about having a learning or cognitive disability that initiates enacting HSBs**, but rather such children may be more likely to come to the attention of authorities and guardians than children displaying HSBs without disabilities, as they are kept under closer watch (Green et al. 2024). Additionally, **ableism** across society – being the dominant social norm whereby people with diverse disabilities are devalued and face increased discrimination, exclusions, persecution and barriers to equal rights and opportunities because of their differences (Bogart and Dunn 2019; Chen and Lundberg 2024) – may be at play behind this risk factor. Children with disabilities are often excluded from accessing certain social settings and resources, such as sexual and reproductive health (SRH) and consent education (Branigan et al. 2016; Fyron 2007; Project deSHAME 2019). This can limit such children's ability to learn and practise appropriate behaviours and respectful relationships, which in turn may increase their likelihood of developing HSBs (Balfe 2013; Ogilvie et al. 2013).

Children with learning and/or cognitive disabilities are also commonly more vulnerable targets of (TA-)HSBs (Project deSHAME 2019; Central Sexual Health 2021). This has been explained by such children's social exclusion, lower self-esteem and increased desire for connection and companionship, as an outcome of ableism, which others can take advantage of by coercing them into inappropriate, exploitative or abuse sexual acts in exchange for feigned friendship or attention (Central Sexual Health 2021). Ableism may also be at play here, influencing other children who display HSBs to target children with disabilities, as maltreatment and abuse enacted towards such children is more tolerated and normalised (Bogart and Dunn 2019; Chen and Lundberg 2024).

There is an absence of research specifically looking into TA-HSBs and children with learning and/or cognitive disabilities. Hence, more research is needed in this area to understand the nature and extent of the relationship between this risk factor and TA-HSBs in particular.

5.1.6 Online pornography exposure

86%
of youth in an Australian study said **viewing pornography preceded their HSBs**.

20-50%
of children globally are exposed to **online pornography by age 16**.

88%
of online porn scenes show **sexual and gender-based violence**.

97%
of that violence is directed at **women**.

53%
of boys aged 16–24 in a Swedish study reported that **porn influences their sexual behaviour**.

89%
of children in a New Zealand study aged 14-17 said **pornography influences how they think and act about sex**.

There is extensive research proposing that online exposure to pornography among children is a key risk factor for the display of HSBs. In an interview study in Norway with boys and young men aged 16–25 who had displayed HSBs and been charged for sexual crimes before the age of 20 found that the use of pornography was an influential factor behind the development of participants' HSBs (Berg et al. 2017). Another interview study with children in a treatment programme for HSBs among boys in Nebraska highlighted that early exposure to pornography was common among the sample, with the fathers or other male relatives of participants frequently introducing them to this media during early adolescence (Crump et al. 2016). In an interview study with 14 young people aged 16–21 in Victoria, Australia, who were past clients of government-funded HSBs treatment services, 86% reported that viewing pornography preceded the enactment of their HSBs, and suggested a need for services to focus on helping children and young people manage their use of pornography (Hamilton et al. 2017). A global systematic review of 43 research studies around the key pathways to the onset of HSBs in children identified pornography as a key driver behind children displaying HSBs across a significant proportion of studies (Green et al. 2024).

Research shows there to be an **ever-expanding scale of children's exposure to and consumption of online pornography** (Project deSHAME 2019). Approximately 20–50% of all children globally have been exposed to pornography online by the age of 16 (Mascheroni and Olafsson 2014). An inquiry by the Australia House of Representatives Standing Committee on Social Policy and Legal Affairs (2020) found that children will most likely access pornography online between 10 and 13 years old. Such exposure to and use of online pornography is commonly found to be greater among boys (Blachard et al. 2019; Guggisberg 2020).

It is important to highlight that **it is not necessarily online pornography itself, or children's curiosity or inclination to view such materials, that is the problem leading to HSBs. It is rather the nature of most mainstream online pornography that depicts a concerning amount of violent, sexist, misogynistic and racist content** (Brown and Tregida 2023; Fritz et al. 2020). Research has found that 88% of online pornographic scenes display sexual and gender-based violence, with 97% of such violence being directed towards women, and 76% enacted by men (Bridges et al. 2010; Fritz et al. 2020; Parsons 2022). There is also a significant

absence of relational intimacy, safe sex and clear, verbal consent across mainstream pornography (Antevska and Gavey 2015; Parsons 2022). It has been found that such gendered aggression and inequalities are further amplified across pornography with younger female performers, which young people may be more likely to view as there is a closer affiliation with their own age (Crabbe and Flood 2021).

The expansion of the use of pornography among children, in conjunction with the prevalence of such violent, misogynistic depictions across this media, becomes a cause for concern, given the far-reaching impact such media can have on the knowledge, attitudes and behaviours around sex and relationships among children (Government of Western Australia 2022; Quadara et al. 2017). Studies have shown that pornography has become the central source of sex education for young people across the globe today (Byron et al. 2020; Crabbe and Flood 2021; Project deSHAME 2019). For instance, a study with young men in Sweden aged 16–24 found that 53% of participants reported that viewing pornography influences their sexual behaviour (Tyden and Rogala 2004). A large-scale representative survey in New Zealand with children and adolescents aged 14–17 found that 89% of participants agreed that pornography influenced the way they think and act in relation to sex (Office of Film and Literature Classification 2018). A representative survey in the UK with children aged 11–16 found a substantial majority agreed they got inspiration from online pornography in terms of their sexual behaviours and desires (Adler et al. 2016). Moreover, with violent, misogynistic pornography shaping the sexual knowledge, attitudes and behaviours of children, there is evidently an increased risk of children, especially boys, enacting such non-consensual and sexually violent HSBs towards peers. Additionally, narratives of incestuous sexual encounters are commonplace across pornography (Hamilton et al. 2017), which could likely normalise and encourage the pursuit of HSBs towards siblings and other close child relatives among children viewing these materials.

It is important to note that not all children who view violent pornography online will display HSBs (Belton and Hollis 2017). The influence of pornography over a child's behaviour comes down to their personal characteristics, the intensity of exposure, and other familial and environmental factors that may combine with pornographic content to shape a child's sexual behaviour (Hald et al. 2014). Moreover, there is a need for more specific research focusing on the relationship between online pornography and TA-HSB in particular.

5.1.7 Sexual interest in children

Children with a neurobiological and physiological sexual interest and attraction to children are expected to be at higher risk of displaying (TA-) HSBs. Sexual interest in children is said to become cognisant to the child in question around early adolescence, involving a presence of recurring, intense sexual urges and fantasies about younger, prepubescent children (Amelung et al. 2021; Benelmouffok et al. 2020). Research demonstrates children typically between the ages of 12 and 15 becoming aware of their sexual interest in children, recognising a widening age gap between themselves and who they are attracted to, which vastly differs from their peers (Benelmouffok et al. 2020). Such interest entails neurobiological, physiological markers that form a genetic predisposition, which in some circumstances can even be hereditary, that cannot be eradicated or eliminated (Alanko et al. 2013; Amelung et al. 2021). However, there is **a relatively small proportion of children with a sexual interest in children who go on to display HSBs**, and this predisposition can be treated to prevent such desires and urges being enacted in person or online (Benelmouffok et al. 2020). Yet it is still an important risk factor to consider given the existing attraction and predisposition, which may be acted on and influence the emergence of HSBs.

5.2 Family risk factors

5.2.1 Unstable and/or violent household environments

Home environments characterised by instability and/or neglect can be a risk factor for children to develop and display HSBs. For example, in a survey comparing parental attachments in young people who have displayed HSBs and non-sexual offences, participants who have displayed HSBs frequently reported poor relationships with their parents/caregivers, a lack of parental/carer supervision and an absence of positive role models in their homes (Dillard et al. 2018). In a study in Florida with 4,153 children with an early onset of HSBs, 74% of these children had a history of their parents being incarcerated and experiences of neglect, indicating unstable family environments (Rosa et al. 2020). An Australian study looking at 29 referral cases of children displaying HSBs to forensic mental health services found 96.5% of this sample to have unstable, disrupted parental and broader family relationships and environments (Ogilvie et al. 2013). Children who endure such unstable household environments and neglect may resort to enacting HSBs as a coping mechanism or means of misbehaving in light of these challenging circumstances (Dillard et al. 2018). This likewise may be an outcome of a lack of discipline and guidance around appropriate sexual behaviours and respectful relationships, due to an absence of parental/caregiver figures.

Households with high levels of physical, verbal, emotional and/or sexual violence can likewise create adverse, unstable home environments, and influence a child to develop HSBs. For example, the large-scale inquiry engaging 1,129 survivors of HSBs in Australia found experiences of domestic violence, or witnessing intimate partner violence between their parents, to be common among individuals who had displayed HSBs (Commonwealth of Australia 2017). A questionnaire study with 6,628 year 9 students in Switzerland found that boys who had been physically or sexually abused by a relative, or had witnessed such abuse within their family, were more likely to exhibit HSBs than non-sexually abused participants (Aebi et al. 2015). In a UK-based study, two thirds of 700 child participants who had displayed HSBs had endured at least one form of domestic violence, be it physical, emotional, sexual and/or psychological (Balfe et al. 2013). Children with experiences of such unstable home environments due to domestic violence may develop HSBs as an outcome or coping mechanism to deal with such abusive environments, or because they are emulating such violence that has evidently been normalised within their household. It is important to note that **such familial violence is often enacted by fathers or other male family members towards women and girls in the home** (Aebi et al. 2015; Balfe 2013). Therefore, when this risk factor is present, it is likely to influence the development of HSBs to reflect such misogynistic patterns of domestic violence.

However, a study with 91 young males in the NSPCC's Turn the Page programme for children displaying (TA-)HSBs found participants who only displayed TA-HSBs came from more stable household environments, with lower levels of parental divorce, single-parent households and little to no experience of domestic violence, compared to participants displaying only in-person HSBs (Belton and Hollis 2017). This indicates that perhaps **the risk of unstable and/or violent household environments may not be as strongly correlated with TA-HSBs**. More research is needed to explore whether such a link between unstable and/or violent family environments and TA-HSBs exists, and to what extent.

5.2.2 Negative familial influence

Parents/carers, siblings or other relatives may influence the development of HSBs for children, by modelling or normalising certain inappropriate or harmful behaviours around sexuality. For example, a study that interviewed 117 children displaying HSBs in the UK found that many participants reported their parents/carers or older siblings bringing home sex workers to the house (Balfe et al. 2019). Another interview study with 10 boys in a treatment programme for HSBs in Nebraska found it was common that participants had been shown explicit and/or violent pornography by their fathers, uncles, older brothers or cousins during early adolescence (Crump et al. 2016). A questionnaire with 6,628 year 9 students in Switzerland found that children who displayed HSBs were commonly exposed to inappropriate, objectifying sexual language at home, or had witnessed parents, carers or siblings demonstrate inappropriate, non-consensual or abusive sexual behaviour towards partners or other people in public (Aebi et al. 2015). Therefore, such inappropriate or harmful behaviours around sexuality can have a negative influence on children, acting as a risk factor for the display of HSBs. Yet there is less explicit research pertaining to this risk factor for TA-HSBs specifically.

5.2.3 Adult and/or peer influence or coercion

This risk factor has been suggested specifically in relation to TA-HSBs. Some research states that sometimes if a child is enacting online grooming, non-consensual sexting or pressuring other children to send intimate photos, videos or CSAM, **there may be an adult relative, family friend or acquaintance influencing, coercing and forcing this child to engage in such harmful behaviours** for their benefit (Allardyce et al. 2022; Project deSHAME 2019). However, further investigation is needed to explore instances of this adult influence and coercion, to better understand the extent and nature of this potential risk factor behind a child displaying TA-HSBs.

74%
of 4,153 children
with early-onset HSBs in Florida had a history of **parental incarceration and neglect**.

96.5%
of children
referred for HSBs in an Australian study experienced **unstable, disrupted family relationships**.

In a UK study,
2/3 of 700
children who displayed HSBs had experienced **at least one form of domestic violence**.

In a Switzerland study with 6,628 students, boys **physically or sexually abused by a relative**, or who witnessed such abuse, were more likely to **display HSBs**.

5.3 Community/societal risk factors

1. LACK OF SRH AND CONSENT EDUCATION

In a UK study involving interviews with 22 young people aged 14-22 and a survey with 5,197 students aged 15-18

Most boys assumed **girls like** to receive **unsolicited sexual images from boys**.

Yet, 7 in 10 girls felt '***disgusted***' when receiving such content from boys, with many also feeling **angry**, **afraid** and **threatened**.

This **mismatch** in boys' assumptions and girls' feelings around non-consensual sexual image sending indicates a **lack of SRH education among male participants**, especially around consent and respectful relationships.

2. INSTITUTIONAL SETTINGS

In an interview study with 117 children displaying HSBs in the UK,

53% lived in **out-of-home care**, with prior contact with the child protection system.

In a large Australian inquiry involving 1,129 survivors of HSBs,

63% were in **out-of-home care**, **18%** at **boarding schools**, and **12%** in **youth detention** when they experienced HSBs.

3. NEGATIVE PEER GROUP DYNAMICS

In a survey study with 3,257 children aged 13–17 in Denmark, Hungary and the UK found that

43% of young participants who had sexually harassed one or more children online had done so to **gain social respect from their peers**.

In a U.S. study, adolescent gang members revealed that

HSBs were socially rewarded especially for **boys**, who gained **respect** for enacting them, while **girls** were **expected to be sexually available**.

4. HEGEMONIC MASCULINITY GENDER NORMS

A Dutch study with 21 participants aged 15–21 found that

Non-consensual sexting is more likely to be perpetrated by **boys** due to norms encouraging dominance over girls, showing the influence of **hegemonic masculinity**.

A survey study with 13,052 children and their caregivers found that **boys** are also more likely to be **victims of same-sex HSBs** - often a form of **homophobic bullying** to assert dominance.

5.3.1 Lack of SRH and consent education

An absence of SRH education, including lessons on consent, and respectful relationships and sexual conduct, can be a risk factor influencing children to develop and display (TA-)HSBs. In a Norwegian interview study with nine boys and young men aged 16–25 who had been charged with sexual crimes before the age of 20, participants reported that a lack of SRH and consent education may have contributed to their display of HSBs (Berg et al. 2017). The eSafety Commissioner (2020) likewise proposes that not having learned about respectful relationships and sexual conduct is a risk factor behind children exhibiting HSBs, both online and offline.

In a UK study specifically on children non-consensually sending nude images, interviews with 22 young people aged 14–22 and a survey with 5,197 students aged 15–18 highlighted a distinct mismatch between boys' perceptions around how sending nude images will make female recipients feel, and how they actually felt (Revealing Reality 2022). Boys assumed these images would be well received and would turn female recipients on. Yet 7 in 10 girls in this study said they felt '*disgusted*' when receiving an unsolicited sexual image from a boy, in addition to common responses of anger, fear and feeling threatened. This disparity can arguably be linked to a lack of SRH education, especially around consent and respectful relationships, among such male participants, leading them to misconceive how this behaviour might affect others and to underestimate the importance of sexual consent (Revealing Reality 2022). Moreover, a lack of SRH and consent education may result in children's ignorance of the harms and consequences that can arise from (TA-)HSBs, causing their increased likelihood of displaying such behaviours.

5.3.2 Institutional settings

Many studies have identified institutional settings as a key risk factor for children displaying HSBs. An interview study with 117 children displaying HSBs in the UK found that 53% of this sample were living in out-of-home care, with prior contact with the child protection system (Balfe et al. 2019). In a study with 354 young males who had received a custodial or community service sentence for displaying HSBs, 75.5% of this sample had prior exposure to youth detention for other crimes, such as theft or being caught with illicit substances (Bojack et al. 2020). The large-scale inquiry engaging 1,129 survivors of HSBs in Australia found that institutions where children live, specifically large residential care facilities, were particularly risky environments for children to experience HSBs (Commonwealth of Australia 2017). Of this sample of HSBs survivors, 63% were in out-of-home care at the time they experienced HSBs, 18% were at boarding schools, and 12% were in youth detention. In a study in Wales involving 231 referral cases to HSBs services, 84.1% were recorded as living in out-of-home care (Deerfield et al. 2019). In a UK study with 91 young males displaying (TA-)HSBs, 100% of 35 participants displaying both in-person HSBs and TA-HSBs were known to residential care services at some point in their lives (Belton and Hollis 2017).

This risk factor has been explained by reduced supervision of children that can occur in such institutional settings, the failure of institutions to implement effective child safeguarding rules, policies and practices around (TA-)HSBs, the decreased presence of healthy, appropriate relationships across such institutions, missed SRH and consent education due to inconsistent or no schooling, and the notion that many children in institutional settings have witnessed harmful and abusive relationships in their prior family environments (Commonwealth of Australia 2017; Dallos et al. 2020; Government of Western Australia 2022).

Additionally, multiple international studies have demonstrated that in situations where children feel disempowered, such as within highly restrictive institutions, the display of HSBs can increase as a means of rebelling and asserting power (Death et al. 2020; Death et al. 2016; Heerde et al. 2016). This could explain the notion that instances of girls displaying HSBs in the Australia inquiry discussed above mainly occurred in the context of strict institutional settings, where they lacked power in their everyday lives (Commonwealth of Australia 2017). Further, research suggests that when boys feel powerless, they often attempt to regain control by exerting power over girls (Cossins and Plummer 2018). This notion of children misbehaving by displaying HSBs when they feel disempowered in institutions arguably points to a lack of mental health support within such settings to deal with their feelings and develop more productive, less harmful strategies to cope with their frustration.

5.3.3 Negative peer group dynamics

Research demonstrates that behind a child's HSBs could be an unhealthy peer group dynamic that condones, encourages or rewards such behaviours. A study that interviewed various adolescent female and male gang members from six different gangs in the USA found that being part of such peer groups influenced these individuals to carry out HSBs towards others, as they would be celebrated and socially rewarded for doing so (Broaddus et al. 2016). A questionnaire with 1,700 Dutch adolescents aged 14–18 found that children are more at risk of perpetrating HSBs if they are part of a peer group that bullies other children and celebrates such harmful behaviours (Burrie et al. 2006).

In relation to TA-HSBs in particular, an in-depth interview study with 21 Dutch people aged 15–21 around non-consensual image-sharing found that a main motivation behind such behaviour was gaining popularity and acceptance among higher social status peer groups (Naezer and van Oosterhout 2021). Additionally, a survey study with 3,257 children aged 13–17 in Denmark, Hungary and the UK found that 43% of young participants who had sexually harassed one or more children online had done so to gain social respect from their peers (Project deSHAME 2019). Data from Stop It Now!'s ROSA project in Glasgow found that instances of TA-HSBs among the 61 children in this programme often involved one or more peers in the enactment of such behaviour (Allardyce et al. 2022). Moreover, in cases of both in-person HSBs and TA-HSBs, a negative peer group dynamic can evidently be a key risk factor for such behaviours.

It is important to note that **(TA-)HSBs are mainly socially rewarded among boys, and not for girls, as influenced by gender norms**. For instance, several international studies highlight how boys often gain popularity by enacting non-consensual sexting towards girls, sending them unsolicited nude content or pressuring them to send intimate photos or videos, as this reinforces their sexual dominance over girls (Cook et al. 2021; Buren and Lunde 2018). These same studies demonstrate how girls often fear receiving non-consensual sexts from boys, or even engaging in consensual sexting with boys, as they are stigmatised or labelled '*sluts*'. Additionally, in the aforementioned questionnaire with 1,700 Dutch adolescents aged 14–18, responses that highlighted a negative peer dynamic behind a child's HSBs were predominantly associated with male participants (Burrie et al. 2006). The study with youth gang members in the USA also found that it was mainly male members who were socially rewarded and respected for enacting HSBs, while female members were often expected to make themselves sexually available to male members (Broaddus et al. 2016).

5.3.4 Hegemonic masculinity gender norms

As alluded to in Section 5.1.2 discussing gender as a risk factor for HSBs, there are **hegemonic masculinity gender norms that pervade society**, which are the entrenched beliefs, assumptions and expectations of male dominance over others, especially women, children and individuals with diverse, marginal SOGIESC identities, as a true indication and enactment of being a boy/man (Donaldson 1993; Blackbeard et al. 2015). Looking at the over-representation of boys displaying (TA-) HSBs, and girls being the main victims, as discussed earlier, we see evidence of how hegemonic masculinity is at play as a risk factor behind HSBs. As noted throughout other risk factors discussed, such as use of online pornography, history of abuse and trauma, unstable and/or violent households and negative peer group dynamics, patterns of misogyny, hence hegemonic masculinity, are clearly at play.

In relation to TA-HSBs in particular, a study with 21 Dutch people aged 15–21 found that boys are more likely to engage in non-consensual sexting against girls due to norms that encourage them to treat girls as subordinate sexual conquests (Naezer and van Oosterhour 2021). Additionally, a survey study with 13,052 children and their caregivers found boys are also more likely to be victims of same-sex HSBs, which is explained as a form of homophobic bullying and abuse by boys to assert their heterosexual power and dominance over non-heterosexual children (Finkelhor and Gewirtz-Meydan 2019). However, more research is needed that specifically explores the relationship between hegemonic masculinity gender norms and corresponding homophobia, biphobia and transphobia as a risk factor behind HSBs.

6. Key Protective Factors

There has been minimal explication across the literature around specific protective factors against (TA-)HSBs that may mitigate the development of such behaviours. Yet the following key protective factors have been highlighted across available research by individuals who are survivors of HSBs, individuals who have displayed HSBs at some point in their lives, and professionals who have worked with children who have displayed or are displaying HSBs:

1. **Greater knowledge around sexual consent and the consequences of HSBs** for the child displaying such behaviours and the victims of such behaviours (Berg et al. 2017).

2. **Strong parental and/or carer relationships**, where the child feels supported, valued, cared for and safe to open up and seek help about any confusion or concerns surrounding their sexual interests, behaviours and/or experiences (Project deSHAME 2019).

3. **Safe and supportive family/household environments** with positive role models to guide children around what is deemed appropriate, inappropriate and harmful in terms of sexual behaviours and relations with others (Berg et al. 2017).

4. **Assistance and education for children** to think critically about the harmful, violent, misogynistic and unrealistic representations and messaging within mainstream pornography (Crabbe and Flood 2021; Hamilton et al. 2017).

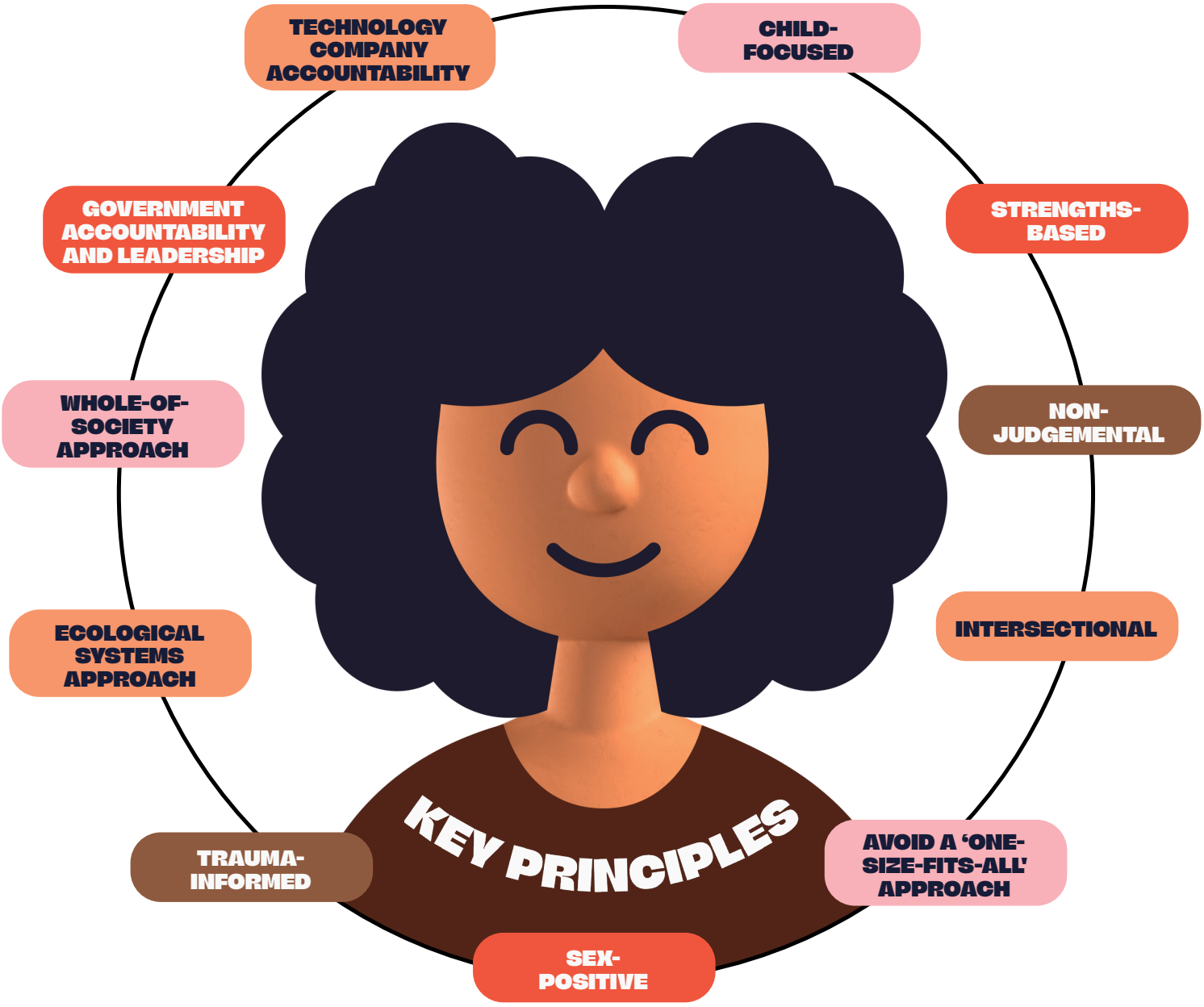
5. **Timely interventions** to respond to the display of (TA-)HSBs (Commonwealth of Australia 2017).

6. **The presence of staff in institutions** who are equipped to identify and appropriately respond to signs of HSBs emerging and occurring (Commonwealth of Australia 2017).

The following section of this paper will explore recommendations for prevention and response to HSBs, which if implemented, can in turn act as protective factors against (TA-)HSBs.

7. Prevention and Response

This section will delve into key principles to incorporate into effective prevention and response interventions for HSBs, and specific recommendations to prevent and respond to HSBs, that have been raised across the literature by researchers and practitioners who have specialised in this area. It will also explore the current response status to HSBs in the Netherlands, and some practice and policy response examples that exist thus far, which can be used to inspire similar action, in the Netherlands and globally.



7.1 Principles for effective response

There are various principles that have been theorised as essential to guide interventions to respond to HSBs. The following principles can help ensure the relevance and effectiveness of HSBs prevention and response initiatives.

7.1.1 CHILD-FOCUSED

Being child-focused implies that interventions to prevent and respond to HSBs should place children at the centre, and be specific to their diverse developmental stages, which, as discussed earlier, are socially, sexually and cognitively distinct from adults (Green et al. 2024). Interventions must therefore be distinctly tailored, sensitive and responsive to the diverse age, developmental status, intersectional identities and needs of a child, not blanket replications of initiatives to prevent child sexual abuse enacted by adults (Branigan et al. 2016). Being child-focused also implies that children's diverse perspectives are engaged and centralised when responding to HSBs, as they know best about their experiences of (TA-) HSBs, both in terms of displaying and/or surviving such behaviours, and the support they ultimately need to address this issue (Government of Western Australia 2022; Green et al. 2024). This engagement and collaboration with children is essential to better understand and respond to this issue in relevant and effective ways.

7.1.2 STRENGTHS-BASED

This principle indicates that responses to HSBs should build on the collective skills of children, families, teachers and staff across other child-based institutions (Branigan et al. 2016). It is based on the belief that change is possible among children displaying HSBs, and that more traditional, punitive and restrictive approaches can be ineffective or may even cause more harm (Government of Western Australia 2022). For instance, responding to HSBs with child protection systems and/or criminal justice responses is strongly associated with sexual recidivism, an increase in non-sexual offences, and continued exposure to the welfare and criminal justice systems into the future (Allardyce et al. 2014). In relation to TA-HSBs in particular, responding by restricting or limiting a child's access to the internet and/or technological devices precludes children from their right to access important social, educational and recreational opportunities, activities and spaces online, which in turn can isolate them and make them vulnerable to exclusion, bullying and other discrimination (Livingstone and Third 2016). Therefore, responses to HSBs should be strengths-based, to better protect the well-being, agency and rights of children (Government of Western Australia 2022).

7.1.3 NON-JUDGEMENTAL

HSBs interventions should be non-judgemental, to avoid pathologising children and placing them within traditional adult abuser confines, where they can remain for life. If children are harshly judged and pathologised for displaying HSBs, they can internalise this treatment as part of their identity, which can negate progress and development away from such harmful behaviours (Green et al. 2024). This is not to say there should be no repercussions for children displaying HSBs, but rather how such responses are approached should be cautious not to disparage or judge children as '*abusers*'.

This principle is particularly pertinent to children with a sexual interest in children, as the shame and fear of judgement experienced by such children results in immense secrecy that envelops their lives and deters them from seeking help (Green et al. 2024). This can increase the risk of

children with a sexual interest in children displaying HSBs, without essential support to manage such feelings and urges, to avoid acting on them (Amelung et al. 2021). Therefore, non-judgmental approaches to children with sexual attraction to other children are particularly key to prevent HSBs from occurring.

7.1.4 INTERSECTIONAL

This principle calls for inclusive, non-discriminatory responses tailored to children's diverse identities, experiences and needs. Interventions should be sensitive and responsive to children's diverse identity features, including their age, gender, sexuality, class, race, religion, ethnicity and abilities, recognising how such identities can overlap and deepen marginalisation for certain children. For example, interventions should pay attention to gender, particularly the over-representation of boys displaying HSBs and girl victims of HSBs, while also considering the position of children with diverse, non-dominant SOGIESC identities (Branigan et al. 2016; Project deSHAME 2019). Additionally, in light of learning and cognitive disability being a key risk factor for displaying and being targeted for HSBs, there is a need for specific interventions that respond to this increased vulnerability among such children (Commonwealth of Australia 2017).

Being intersectional also means that interventions should be culturally sensitive, respectful and non-discriminatory. This entails recognising that different cultures, ethnicities and religious traditions may have different perspectives on what is considered appropriate, inappropriate or harmful in terms of sexual behaviours among children (Government of Western Australia 2022). Therefore, when devising and implementing HSBs prevention and responses, relevant local children and community members should be engaged and collaborated with to ensure inclusion and respect for these diverse cultural standpoints.

7.1.5 AVOID A 'ONE-SIZE-FITS-ALL' APPROACH

Given that children displaying (TA-)HSBs are a heterogeneous, complex group, with diverse needs and experiences, there is not one intervention or approach that will work for every age group or every child (Branigan et al. 2016). Instead, prevention and response initiatives need to be varied, age-appropriate and responsive to children's diverse identities, needs, backgrounds and experiences (Brown and Tregidga 2023). This will ultimately foster more relevant and nuanced approaches to this issue.

7.1.6 SEX-POSITIVE

This principle suggests that HSBs interventions should prioritise and respect children's right to sexual information, exploration, expression and relations, while still protecting them from sexual harms (Branigan et al. 2016; eSafety Commissioner 2020). This includes prioritising and respecting children's right to engage in consensual sexting with peers in online environments as a healthy part of youth sexual experiences and romantic relationships for some children (Branigan et al. 2016), while protecting them from when such consensual sexting can be non-consensually shared or used to bully, blackmail or sexually extort the child depicted, becoming a TA-HSB.

7.1.7 TRAUMA-INFORMED

In recognition of the notion that many children who display HSBs have been exposed to various forms of abuse and harm, responses must be sensitive and responsive to the traumas such children may have experienced, or are still experiencing, and prevent causing any further harm (Government of Western Australia 2022).

They must seek to ensure all children who have experienced trauma feel safe, protected and empowered to seek and receive necessary help and support.

7.1.8 ECOLOGICAL SYSTEMS APPROACH

This principle signifies an approach whereby a child's behaviour is assessed and addressed in ways that consider their personal and broader social context (TdH NL 2024). This includes considering a child's individual identity, as well as their interpersonal, familial, peer, community, institutional and macro societal contexts and relationships when responding to HSBs (Branigan et al. 2016; TdH NL 2024). It entails an approach that is inclusive of families and other key figures in a child's life, with an involvement of parents, carers, siblings and peers in responses, as well as teachers and other relevant staff in child-based institutions, where appropriate (Brown and Tregidga 2023; Government of Western Australia 2022). This principle ensures a more grounded and holistic approach, as a child's HSBs do not occur in silos, but rather take place within broader, multifaceted relational networks and environments.

7.1.9 WHOLE-OF-SOCIETY APPROACH

This principle acknowledges that preventing and responding to HSBs requires the input and services of multiple agencies and stakeholders across society. This includes educational agencies, such as early learning facilities, schools and colleges, child protection and residential care stakeholders, governments, youth health-care agencies, including psychosocial support services and general practice medicine, youth judicial agencies, academia, children's rights NGOs and civil society organisations, and where appropriate, private sector organisations, such as tech companies (Branigan et al. 2016). When these agencies work in isolation, they may duplicate work and miss key opportunities for communication and information-sharing to increase the effectiveness of their responses to HSBs (Government of Western Australia 2022). Therefore, where appropriate, such agencies should collaborate and form partnerships when responding to HSBs, to strengthen their efforts and avoid duplication.

7.1.10 GOVERNMENT ACCOUNTABILITY AND LEADERSHIP

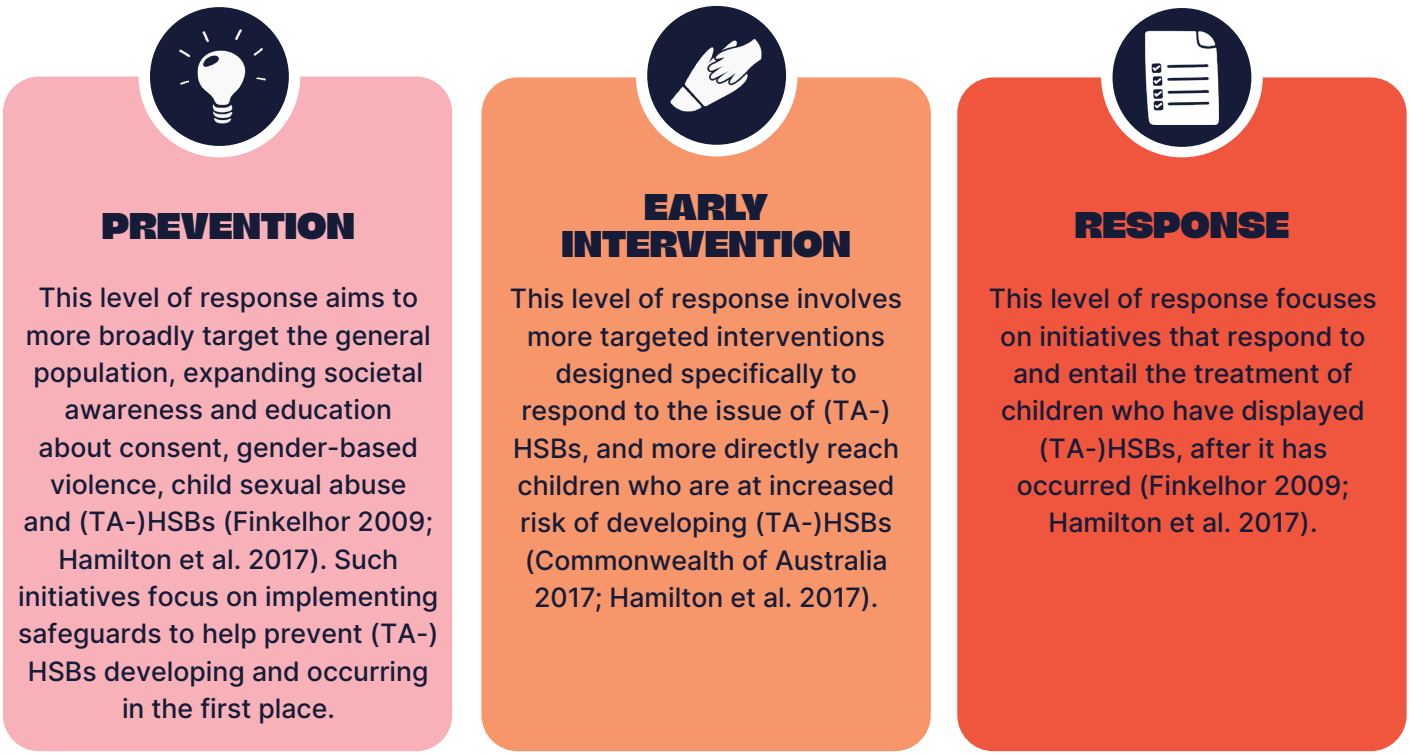
To achieve a successful whole-of-society approach and ultimately improve outcomes in relation to HSBs, there needs to be a clear, government-led commitment and accountability to address HSBs, entailing collaborative engagement with relevant agencies and adequate funding made available for such agencies to effectively respond to this issue (Branigan et al. 2016). Such national leadership in this area is essential to facilitate a coordinated, interdisciplinary and effective response to this issue (Commonwealth of Australia 2017).

7.1.11 TECHNOLOGY COMPANY ACCOUNTABILITY

Given the prevalence of TA-HSBs that occur on and are facilitated through tech companies' platforms and services, such companies must be held accountable for such harmful occurrences affecting children online, and their lack of child safety measures in place to address this issue (Allardyce et al. 2022; eSafety Commissioner 2020; Project deSHAME 2019). In light of the increased technological expansion across society, especially for younger generations, tech companies must step up, take responsibility and implement interventions to prevent and respond to TA-HSBs; otherwise, they are complicit in such online violence and harms affecting children (Allardyce et al. 2022).

7.2 Recommendations

When aiming to address HSBs, there are three distinct strategic levels of response, as listed below:



This section will explore some key recommendations to prevent and respond to HSBs, in line with these three strategic levels of response.

7.2.1 Prevention recommendations

Increased SRH, consent and online safety education

To prevent (TA-)HSBs developing, increased access to quality SRH, consent and online safety education is needed for all children. Such education should include information and teachings for children about their rights (both online and offline), what consent is and why it is important, the importance of respectful relationships and gender equality, what (TA-)HSBs are and their consequences, and how to communicate with trusted adults and seek support about uncomfortable sexual experiences, or if they are concerned about their own sexual desires or behaviours (Finkelhor and Gewirtz-Meydan 2019; Green et al. 2024; Hamilton et al. 2017). Such education should be focused on the development of practical skills in relation to these topics, across interpersonal communication, self-advocacy and decision-making, so children feel empowered to stand up for their rights and safety (Crabbe and Flood 2021; Hamilton et al. 2017). This education ultimately aims to take a positive approach to sexuality, equipping children with knowledge and skills to support their ability to develop safe, respectful peer and romantic relationships, to counter the development and display of (TA-)HSBs.

This education should be delivered in an age-appropriate, sequential way, to ensure it is relevant and suitable for children's diverse developmental stages (eSafety Commissioner 2020; Finkelhor 2009). This can include the following three levels, as inspired by Crabbe and Flood's (2021) theorisation:

1 **FOUNDATIONAL LEARNING**

For younger children of early primary school age, focusing on more general teachings around respectful relationships, consent, online safety, gender equality, naming behaviours that are appropriate and inappropriate for this age group, and the influence of media, some critical and communication skills in these areas and how to seek support with trusted adults if they are harmed by others.

2 **INTEGRATED LEARNING**

For children of later primary to early secondary school age, where the concept of sexual consent and scenarios of gender-based violence, child abuse and (TA-)HSBs are more explicitly discussed. Distinctions are made between what constitutes appropriate, inappropriate and more concerning sexual behaviours for these age groups, and media that can influence the development of (TA-)HSBs are explored, including movies, TV shows and pornography with harmful themes. Critical thinking skills are taught around how to process and overcome these harmful media influences, as well as skills to communicate on sexual topics and behaviours with peers and romantic interests in healthy, respectful ways, and how to report any inappropriate, harmful sexual experiences or inclinations.

3 **SPECIFIC LEARNING**

For children of middle to late secondary school age, building on previous learnings, continuing to develop children's capabilities around how to explicitly communicate around sexual consent, to practise safe, consensual sex, and to critically evaluate media that can influence (TA-)HSBs, focusing on violent, misogynistic themes of pornography, to deconstruct their power and influence over children's sexual desires, attitudes and behaviours. Reporting processes for (TA-)HSBs are clearly explained.

Increased education for parents, carers and the community to support children's healthy sexual development and safety

There needs to be an expansion of education and training for parents, carers and broader trusted adults in the community around what constitutes appropriate sexual behaviours (both online and offline) for children at different ages, and what behaviours might be a cause for concern (Crabbe and Flood 2021; eSafety Commissioner 2020; Green et al. 2024). This education should include teachings and practical skills for parents, carers and other trusted adults to feel more comfortable providing support and communicating with children about their sexual behaviour, digital literacy to better understand and protect their children from online harms, and how to recognise signs that a child might be displaying (TA-)HSBs or be a victim of such behaviours (Commonwealth of Australia 2017; Green et al. 2024). Such education should ultimately help parents, carers and other key trusted adults to better respect the child in question's rights to sexual development, exploration and relationships, yet to also feel equipped to appropriately respond to signs of (TA-)HSBs (Crabbe and Flood 2021; Government of Western Australia 2022). It is likewise important that such education imparts parents, carers and other adults with the ability to create safe spaces for children in their lives to feel valued, supported and comfortable seeking help if they experience unsafe, harmful experiences or have concerns about their own behaviours, both online and offline, to prevent escalation (Government of Western Australia 2022; Green et al. 2024; Project deSHAME 2019).

This education should also provide guidance on how to model appropriate behaviour around sexuality in front of children in their lives. For example, the types of media they show children, their dating behaviours if they are single, the romantic, intimate behaviours they demonstrate towards their partner and other people more generally, as well as how to respond if a child is unintentionally exposed to their parents or carers watching explicit sexual content

or having sexual relations (Crump et al. 2016; Green et al. 2024). This aspect of such education emphasises how the behaviours of parents, carers and other trusted adults can have a significant impact and influence over children's behaviours, which is important for such adults to be aware of.

Public campaigns to address gender-based violence

As patterns of (TA-)HSBs largely reflect broader gender-based violence in society, involving male violence against women, girls, children and individuals with diverse SOGIESC identities, it is important to raise broader awareness of such gendered violence and to work towards deconstructing its prevalence and normalisation across society. This could be achieved through the development of public campaigns discussing harmful gender norms around violent masculinity and the issue of male violence against women, girls, children and individuals with diverse SOGIESC identities, and advocating for urgent attention and action in this area (Gleeson et al. 2016; Green et al. 2024). This recommendation seeks to tackle the broader culture of male violence and misogyny that dominates society and media, especially across pornography, that influences the display of (TA-) HSBs, with an over-representation of adolescent boys displaying such behaviours against girls. This prevention intervention to address (TA-)HSBs focuses on a longer-term approach to address the deeper risk factor of hegemonic masculinity gender norms in society, to prevent such patterns of violence being replicated among children.

Increased accountability of digital corporations

Given that TA-HSBs occur within online environments and applications, predominantly social media platforms, there is a need for digital corporations to respond to the harmful situations that can occur on their services (Allardyce et al. 2022; eSafety Commissioner 2020). As children form a major part of the user base across diverse online platforms, such corporations have a responsibility to protect children's safety while using their apps, by embedding principles of child safety by design that prioritise the best interests of children while balancing rights to privacy and protection online. Increasing the accountability of digital corporations could involve:

- Partnering with child rights organisations to better understand child abuse online and TA-HSBs and to work together, combining expertise, to devise and implement initiatives to prevent this from occurring
- Adopt stronger child safety by design features, such as strong privacy by default settings as industry standards
- Strengthening mechanisms to detect online sexual exploitation, abuse and TA-HSBs
- Generating relevant educational and support service pop-up messages and referrals that appear in response to what is detected. For instance, if TA-HSBs are detected, pop-up messages could appear, encouraging children to seek help with trusted adults or referring them to relevant support services for children, such as Stop It Now!.
- Deploy nudity detection tools to block such content from being shared with/from children's accounts, only allowing children above the age of consent to choose on a case-by-case basis to share such content with trusted individuals (in the context of consensual sexting)
- Age verification and assurance to access and view certain content on platforms that may be inappropriate and/or harmful for younger viewers, especially those with adult and/or pornographic content
- Creating and disseminating communications towards adult users of platforms, as potential parents, to inform them about TA-HSBs, how to detect and respond to them, and linking them to multiple services for parental support in this area online
- Detecting and deleting content that represents and/or glorifies sexual violence.

7.2.2 Early intervention recommendations

Training for staff in child-based institutions

As children in institutions, such as schools, child protection, residential care and youth justice facilities, are at increased risk of developing and experiencing HSBs, staff working within such institutions must be equipped to identify, prevent and respond to such behaviours (Allardyce et al. 2022; Commonwealth of Australia 2017; Crabbe and Flood 2021; Government of Western Australia 2022). This entails providing such staff, including teachers, social and youth workers, youth health-care workers, such as paediatricians, child psychologists and counsellors, and youth justice officers, with extensive education and practical training around (TA-)HSBs, how to identify signs of and prevent such behaviours, how to communicate about such issues with children, and how to appropriately respond in the context of their institution, in strengths-based, non-punitive ways for the most effective outcome to prevent the escalation of such behaviours (Allardyce et al. 2021; Project deSHAME 2019). Without such adequate training, the development and display of (TA-)HSBs may be left unaddressed and unresolved across such institutions, causing immense harm to children involved.

Improved policies and procedures in child-based institutions

For such training discussed above to be effective, there need to be concrete safeguarding policy and practice frameworks within child-based institutions for staff to refer to, to help guide their appropriate responses to signs and/or reports of HSBs (Allardyce et al. 2022; Government of Western Australia 2022). These safeguarding policies and practice frameworks must include clear preventive measures and rules, such as regulating access to certain media, such as pornography, supervision of children, and how dormitories are designed and monitored by workers where relevant (Allardyce et al. 2022). Additionally, there is a need for clear reporting procedures and mechanisms for children to seek support within such institutions if they are concerned about their own behaviour or if they have been subjected to (TA-)HSBs enacted by another child (Government of Western Australia 2022; Project deSHAME 2019). This will provide children with the possibility to express their concerns in a streamlined way, and for staff to receive and respond to complaints and allegations in an organised manner.

National strategy and policies

It is critical for key government actors to develop national strategies, strong policies and legal frameworks to prevent and respond to (TA-)HSBs. This should include identifying and collaborating with key agencies across education, youth health care, child protection, youth justice, residential care, child rights organisations and, where appropriate, private sector organisations, such as tech companies (Allardyce et al. 2014; Hackett et al. 2005). Governments must likewise allocate adequate funding and resources to such agencies, and help facilitate partnerships between them, to support the successful development and deployment of (TA-)HSBs interventions (Allardyce et al. 2014; Hackett et al. 2005). This is an important starting point to help coordinate and implement effective responses to (TA-)HSBs. Notably, one key element of such national strategies and policies should be the inclusion of stronger regulation, age verification and assurance for under 18-year-olds to access online pornography. This will help reduce children's exposure to such media, thus helping to address this central risk factor that can influence the development of (TA-)HSBs (Green et al. 2024; Crabbe and Flood 2021).

7.2.3 Response recommendations

Need for effective assessment and referral pathways

When a child has been reported for displaying (TA-)HSBs, there needs to be an effective and appropriate assessment of their behaviour, in the context of their broader social network and developmental phase, that allows practitioners involved to respond appropriately and/or refer them

to suitable services or treatment where necessary (Allardyce et al. 2014; Project deSHAME 2019). According to research, such assessment should entail the following key features:

- Use an evidence-based assessment model, such as the AIM Project's Assessment, Intervention and Moving On (AIM) assessment models (Hackett et al. 2005; Henniker and Morrison 2006; Project deSHAME 2019), which will be discussed in more detail in the following examples section
- Gather information around the behaviour(s) displayed, including the type, the time of onset and any changes in the behaviour(s) over time (Allardyce et al. 2014; Commonwealth of Australia 2017)
- Gather information about the child's family, social and living environment, including any known history of abuse, maltreatment or bullying (Branigan et al. 2016; Brown and Tregidga 2023)
- Gather medical information, specifically whether there is a presence of any mental health issues or disabilities, especially intellectual or cognitive disabilities (Commonwealth of Australia 2017)
- Engage relevant child psychology and child safety experts to thoroughly analyse the behaviour at hand and develop an appropriate response plan (Commonwealth of Australia 2017; Project deSHAME 2019)
- Involve parents and carers where appropriate, unless there is reason to believe this may cause the child further harm (Henniker and Morrison 2006; Project deSHAME 2019)
- Transparency, with the child being notified of the process and the approximate time frame of all assessment and response stages (Allardyce et al. 2022; Project deSHAME 2019).

Therapeutic interventions

Moving away from behaviour modification programmes of the past that were heavily shaped by adult sex offender interventions, there is a need to expand accessible therapeutic interventions for all children who have displayed (TA-)HSBs, that are tailored to the diverse ages, developmental stages and needs of children involved (Allardyce et al. 2022; Amelung et al. 2021; Commonwealth of Australia 2017). These interventions can include:

- Psycho-educational programmes in group environments with other children who have displayed similar types of (TA-)HSBs (Allardyce et al. 2022; Benelmouffok et al. 2020)
- One-on-one therapy sessions (Amelung et al. 2021; Beir et al. 2016)
- Therapy sessions or programmes involving parents, carers or other relevant family members (Amelung et al. 2021).

Such interventions should aim to encourage the child in question to take accountability for their actions, discuss the consequences of their behaviour(s), for themselves and children they displayed them against, uncover and address some of the root causes that may lie behind their behaviour(s), and focus on fostering behaviour change away from displaying (TA-)HSBs (Amelung et al. 2021; Benelmouffok et al. 2020).

Interdisciplinary, multi-agency and child-friendly justice interventions

Supporting both children who have displayed (TA-)HSBs and victims requires child-friendly, trauma-informed interventions that bring together multiple agencies to respond to such issues (Brown and Tregidga 2023; Government of Western Australia 2022). This may involve the adoption of interdisciplinary, multi-agency models such as the Barnahus model, where various psychological, legal, health-care, government and police services are coordinated under one system, to interview, assess and provide care to children in ways that prioritise their rights, well-being and protection from further trauma (Bakketeig et al. 2017). Such an approach ensures children receive comprehensive support without the burden of navigating multiple agencies themselves, or this strain for parents or carers. It likewise ensures a whole-of-society approach is undertaken, combining various agencies' expertise and streamlining support for children (Government of Western Australia 2022).

7.3 Current response situation in the Netherlands

The Netherlands has undertaken some relevant policy and practice initiatives responding to HSBs. In January 2023, the Dutch Government launched the National Action Programme to tackle sexually transgressive behaviour and sexual violence (Government of the Netherlands 2023). While this programme does not specifically focus on (TA-) HSBs among children, it does implicate children at some levels of the response. For instance, one of the key action points entails taking a preventive approach to such behaviours, by reviewing and updating the mandatory school sexual education curriculum to Seksuele en Relationele Vorming (Comprehensive Sexuality Education – CSE) (Government of the Netherlands 2023). This new curriculum will include a focus on consent, setting boundaries, tackling social inequalities between men and women, a culture of sexism and gender-based violence, and conversations around the online lives of children and appropriate sexual behaviours in this context. This curriculum acts as a key prevention strategy, aiming to counter the development and normalisation of transgressive sexual behaviours among the next generation, and to increase their ability to identify and respond to such behaviours in both online and offline contexts.

The programme also has a focus on legislation and regulations to reflect the view that all transgressive sexual behaviour is unacceptable and even punishable. This includes enshrining a mandatory code of conduct and complaints procedure in Dutch law around such behaviours, and expanding the Sex Crimes Act to criminalise sexual harassment in public, online or offline, and sexual chats with minors (Boheemen et al. 2022; Government of the Netherlands 2023). Additionally, in 2020, sexual extortion and the possession and distribution of sexual images of someone without their consent became criminal offences under the Dutch Criminal Code (Boheemen et al. 2022; Government of the Netherlands 2020). Such policies evidently have a punitive focus for these harmful behaviours, and it is unclear how they will specifically apply to children who have displayed (TA-)HSBs. This in turn risks criminalising and pathologising children who display (TA-)HSBs for such behaviours, regarding them in the same vein as adult offenders. Moreover, there is evidently a lack of specific action in relation to (TA-)HSBs at a governmental policy level in the Netherlands.

In terms of practice examples, there are some key initiatives operating in the Netherlands to support children who display and/or have experiences of (TA-)HSBs. To name a few, there is an organisation called Helpwanted Netherlands that is a helpline, with online chat and telephone support services, offering practical advice, personal help and tips for individuals dealing with all online transgressive behaviours, including TA-HSBs among children (Boheemen et al. 2022; Helpwanted 2024). They also conduct research and run public campaigns to raise awareness around these issues, as well as providing key resources for parents, caregivers, care providers and people working in youth education, to learn more about online transgressive behaviours among children, including TA-HSBs, and how best to respond to these issues (Helpwanted 2024).

There is also the Meldknop online portal launched by the Dutch Child Sexual Abuse Material (CSAM) Reporting Office, and 'Digi-aware' (a Ministry of Economic Affairs programme), where children and their carers can get information and advice around experiences of cyberbullying, sexual harassment and violence online, including TA-HSBs, scams and online fraud via chat and call services, as well as options to report certain experiences to Helpwanted or the police (Boheemen et al. 2022; Meldknop 2024). They also provide key expert email or phone contacts at affiliated organisations, including child rights organisation MiND, child anti-bullying organisation Pestweb, Helpwanted and the Dutch police (Meldknop 2024). Stop It Now! services additionally operate in the Netherlands, to support adults and children concerned about their sexual thoughts and behaviours, via chat and telephone support options (Stop It Now! Netherlands 2024), which will be discussed in more

detail in the following section. Moreover, there are evidently some key services offered surrounding (TA-)HSBs in the Netherlands. However, more action is arguably needed from governmental actors to develop policies, increase funding and better collaborate with child rights and safety organisations to specifically address the issue of (TA-)HSBs in a child-centred way. Additionally, while there are some practice examples, there is a need to further expand interventions in this area. Increased interventions to address HSBs in the Netherlands could be supported through the development of a national strategy on this topic, collaborating with child rights and safety organisations, and increasing funding to such bodies to carry out initiatives in this area.

RESPONDING TO HSBs IN THE NETHERLANDS

Current policies, practices & gaps

1 NATIONAL ACTION PROGRAMME

Government-led effort to tackle '*sexually transgressive behaviours*' and violence.

Curriculum reform

- Comprehensive Sexuality Education (CSE)
- Consent & boundaries
- Gender equality & anti-sexism
- Online behaviour & digital safety

Legal measures

- Expanded Sex Crimes Act
- Sexual harassment (on- & offline) criminalised
- Criminalisation of sextortion & non-consensual image sharing

RISK:
Children with (TA-)HSBs may be treated like adults under these laws.

2 SUPPORT SERVICES

Helpwanted.nl

- Chat/phone help
- Resources for parents & educators
- Public awareness campaigns

Meldknop Portal

- Info on online abuse & TA-HSBs
- Reporting options
- Contacts: MiND, Pestweb, Police

Stop It Now!

Confidential advice for people concerned about their (or others') sexual thoughts/behaviours.

3 GAPS & NEEDS

Gaps

- No dedicated strategy for children with (TA-)HSBs
- Lack of child-centred lens in legal approaches
- Risk of pathologising vs. supporting

Needs

- National Strategy
- More funding for child protection & intervention orgs
- Stronger inter-agency collaboration
- Clear guidelines to distinguish child behaviours from adult offences

7.3 Key examples of action

There are many policy and practical interventions that have been developed and implemented to respond to (TA-)HSBs across the globe. This section will explore a few key examples of such action that are worth noting as inspiration for increased action in the Netherlands, and around the world, to respond to (TA-)HSBs and consequently better protect children. This is not an exhaustive list, but more a sample of some key responses to consider.

IT'S TIME WE TALKED

This Australia-based organisation has developed various educational resources and services to address the harmful impacts of violent, sexist themes across mainstream pornography on children's sexual desires, attitudes and behaviours (Crabbe and Flood 2021; It's Time We Talked 2024a). This includes online training for professionals who work with children across a range of sectors to better understand, support and educate children in relation to this issue, informational and practical reports, guides and video lectures for parents, carers and child practitioners to learn more about this issue and how to communicate with children about it, elevating relevant research on this topic and conducting campaigns to raise awareness (It's Time We Talked 2024b). Such resources and action seek to address the normalisation and influence of violent, misogynistic sexual behaviours across mainstream pornography in children's and young people's lives, which is a known key risk factor for (TA-)HSBs. In turn, this intervention can work to prevent (TA-)HSBs. They also have a spin-off initiative called Porn Is Not The Norm, which focuses on preventing the harms of pornography among children with ASD in particular, as a group with heightened vulnerability to the influence of violent and sexist messaging across mainstream pornography over their thoughts and behaviours (It's Time We Talked 2024c). They offer resources for young people with ASD, educational events for parents and carers, and training for teachers and other professionals working with children.

COUNCIL OF AUSTRALIAN GOVERNMENTS' (COAG'S) NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN

In Australia, COAG's National Framework for Protecting Australia's Children was developed as a national strategy to better protect children in Australia, which explicitly recognises the need to target HSBs among children as part of this strategy (Commonwealth of Australia 2017). This strategy entailed mapping key interventions that already exist across different states, to identify gaps in action and to adjust the budget accordingly to increase funds available for child rights organisations and other child safety agencies and institutions to better respond to HSBs. Individual states were tasked with developing specific policies as part of implementing this national strategy. For instance, the Victorian state government developed the Child Protection Manual, including specific policies to investigate and address allegations of HSBs cases, focused on non-punitive, therapeutic interventions (Commonwealth of Australia 2017). Additionally, the New South Wales government developed education policies to make consent education mandatory across all schools, to prevent HSBs and similar behaviours into adulthood (New South Wales Department of Education 2020).

STOP IT NOW!

With services in North America, the UK, the Netherlands and Belgium, Stop It Now! offers confidential, anonymous and free support for adults and children who are concerned about their sexual thoughts and/or behaviours, either online, offline or in both domains (Benelmouffok et al. 2020; Stop It Now! 2024b). Individuals can engage in an online chat service, call in or follow a self-help module online. For children wishing to discuss (TA-)HSBs, trained and experienced professionals are available to help provide practical advice and guidance to help prevent such behaviours from occurring or escalating (Stop It Now! 2024b). This service also provides the same support for parents/carers and other family members concerned about

a child's sexual behaviour, and can help guide them around how to respond and best support the child in question and address such behaviours. Such services on behalf of Stop It Now! are advertised through social media and print advertising and campaigns, webinars and press engagement, so that children and caregivers are aware of them.

THE AIM PROJECT

AIM is a UK-based organisation dedicated to providing key models, frameworks and practice guidance to respond to children displaying HSBs. They offer online trainings, consultations, events, resources and face-to-face courses for children, parents, carers, child-based institutions, such as schools and residential care facilities, and diverse practitioners working with children across education, child protection and health care, to help effectively respond to and address HSBs (AIM Project 2024). They are most renowned for their diverse assessment tools, where trained and experienced professionals work with the child, their family and other relevant practitioners, to understand what might be driving such behaviour and to put appropriate safety plans in place (Branigan et al. 2019). There are three key assessment models that can be adopted (AIM Project 2024; Woodland and Baines 2024):

- AIM3 Under 12's, for younger children
- AIM3, for adolescents over the age of 12
- TA-HSBs Assessment, focusing on online- and internet-based forms of HSBs.

The TA-HSBs Assessment approach can be used in conjunction with either of the other two models, if there is an instance of a child displaying both in-person HSBs and TA-HSBs. Further, these assessment tools can be used and adopted by diverse institutions and services working with children who have or are at risk of displaying (TA-)HSBs.

NATIONAL CENTRE FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS) SAFE HOME PROGRAMME

NCATS, a government body based in the USA, developed and deployed a psycho-educative and therapeutic programme called Safe Home, involving 12–15 1.5-hour sessions with children referred for displaying HSBs, with parallel sessions for parents and carers (Branigan et al. 2019; NSPCC 2024). These sessions for the child entail reflection on the HSBs, exploration of potential causes of such behaviours, and developing personalised practical steps to help the child avoid repeating such behaviours in the future (Branigan et al. 2019). The parent/carer sessions involve developing knowledge and understanding of HSBs, increasing their ability to detect warning signs and how they can better support their child to prevent such behaviours in the future. There are also homework tasks for the child and parents/carers each week to help integrate learnings, as well as future check-in options once the programme is completed (Branigan et al. 2019; NSPCC 2024).

THE BERLIN DISSEXUALITY THERAPY FOR ADOLESCENTS (BEDIT-A)

BEDIT-A is a nine-module therapeutic intervention that was developed to treat patients between 12 and 18 who have a sexual interest in children, with the overall goal being for patients to learn behavioural control to prevent first or repeated acts of HSBs or future adult child sexual abuse offences (Amelung et al. 2021). The different modules have different goals, lessons and intended outcomes, from internalising the fact that your sexual preference is fate, not a choice, to understanding the legal consequences of sexual assault, and learning the difference between hands-on and hands-off acts (Amelung et al. 2021).

CONCLUSION

This report presents the results of a systematic review of key research surrounding (TA-)HSBs, to expand awareness on this topic and encourage urgent action in this area on behalf of child rights and safety stakeholders.

There are evidently some limitations that come with a methodology of this type that are important to note. Foremost, key findings and discussion within this report are constrained by a paucity of existing literature on this topic. In particular, this review aimed to implement a global focus as best as possible, yet the vast majority of available research has been conducted in the Global North, namely the European Union, the USA, the UK and Australia, which in turn has shaped the geographical focus of this paper. Additionally, while only high-quality and peer-reviewed academic and grey literature was drawn on and referenced for this review, rigorous analysis of the methodological quality and reliability of the studies used was not undertaken or included in the following discussion. This too may undermine the dependability of points raised within this review.

There are also complexities in relation to the nature of (TA-)HSBs to be understood across the sector. Key risk factors associated with (TA-)HSBs include individual risk factors, such as the adolescent development stage, being male, history of abuse and trauma, mental health issues, learning and cognitive disabilities and ableism, exposure to and use of online pornography, and sexual interest in children; family risk factors, including unable and/or violent households, negative familial influence, and adult and/or peer influence or coercion; and community/society risk factors, including lack of SRH and consent education, institutional settings, negative peer group dynamics and hegemonic masculinity gender norms. While there is limited attention to protective factors across the literature, some research highlights greater knowledge of consent and the consequences of HSBs, strong parental and/or carer relationships, safe and supportive family and household environments with positive role models, assistance and education to think critically around representations in pornography, timely interventions to respond to HSBs, and staff in institutions equipped to identify and appropriately respond to HSBs as potential protective factors.

In terms of prevention and response, this report highlighted key principles to be incorporated for effective interventions against (TA-)HSBs, including being child-focused, strengths-based, non-judgemental, intersectional, sex-positive and trauma-informed; avoiding a one-size-fits-all approach; using a ecological systems approach; and advocating for both governmental and technology company accountability. Key recommendations were suggested, including prevention strategies, such as increased SRH, consent and online safety education for children; increased parental, increased education for parents, carer and the community to support children's healthy sexual development and safety, public campaigns to address gender-based violence and increased accountability of digital corporations; early intervention strategies, including training for staff in child-based institutions, improved policies and procedures in child-based institutions and implementing national strategies and policies; and response strategies, such as need for effective assessment and referral pathways, therapeutic

interventions and interdisciplinary, multi-agency and child-friendly justice interventions

While there have been some policy initiatives in the Netherlands pertaining to transgressive sexual behaviours more broadly, such interventions fail to respond to (TA-)HSBs specifically. Additionally, while there are some practice initiatives in place to prevent and respond to (TA-)HSBs in the Netherlands, increased action in this area is needed, along with increased government funding and support to implement such action. There are key practice and policy interventions across the globe, of which a few examples were discussed, that can be used to draw inspiration from for future action in this area to prevent and respond to (TA-)HSBs, both in the Netherlands and on a more global scale.

RISK FACTORS FOR (TA-)HSBS

- **Individual**: Adolescent development, being male, history of abuse/trauma, mental health issues, learning/cognitive disabilities and ableism, exposure to and use of online pornography, and sexual interest in children
- **Family**: Unable and/or violent households, negative familial, adult and/or peer influence or coercion
- **Society**: Lack of SRH and consent education, institutional settings, negative peer group dynamics and hegemonic masculinity gender norms

PROTECTIVE FACTORS

- **Consent knowledge** and **HSBs consequences**
- Strong **caregiver relationships**
- **Safe/supportive home environments**
- Assistance and education to **think critically** around pornography
- **Timely interventions**
- **Trained institutional staff**

PREVENTION & RESPONSE

- Child-focused
- Strengths-based
- Non-judgemental
- Intersectional
- Sex-positive
- Trauma-informed
- Avoiding a one-size-fits-all approach
- Ecological systems approach
- Advocating for both governmental and technology company accountability

KEY ACTIONS

- **Prevention**: SRH, consent & online safety education; parental/carer/community education; public GBV campaigns; digital corporate accountability
- **Intervention**: Staff training in child-focused institutions; improved policies/procedures; national-level strategies
- **Response**: Assessment & referral pathways;t herapeutic interventions; interdisciplinary & child-friendly justice

LIMITATIONS & CONSIDERATIONS

- **Limited literature**, mostly Global North
- No in-depth **methodological critique** of sources
- **(TA-)HSBs not directly addressed** in current Dutch policies
- Existing initiatives are **fragmented**, **underfunded**
- **Global best practices** offer models for improvement

References

Adler, JR, Davidson, J, Horvath, MAH, Martellozzo, E, Monagahn, A and Rodolfo, L. (2017). *"…I Wasn't Sure it Was Normal to Watch it…": A Quantitative and Qualitative Examination of the Impact of Online Pornography on the Values, Attitudes, Beliefs and Behaviours of Children and Young People*. NSPCC, Children's Commissioner and Middlesex University London. https://dera.ioe.ac.uk/id/eprint/27973/1/MDX%20NSPCC%20OCC%20pornography%20report%20June%202016.pdf.

Aebi, M, Landolt, M, Mueller-Pfeiffer, C and Schnyder, U. (2015). Testing the "Sexually Abused-Abuser Hypothesis" in Adolescents: A Population-Based Study. *Archives of Sexual Behaviour, 44*(8). 1–12.

AIM Project. (2024). *About Us*. https://aimproject.org.uk/#aboutus.

Alanko, K, Mokros A, Salo B and Santtila P. (2013). Evidence for Heritability of Adult Men's Sexual Interest in Youth Under Age 16 from a Population-Based Extended Twin Design. *The Journal of Sexual Medicine, 10*(4):1090–1099.

Allardyce, S and Yates, P. (2021). *Sibling Sexual Abuse: A Knowledge and Practice Overview*. Centre of Expertise on Child Sexual Abuse (CSA Centre).

Allardyce, S, Wareham, S and Yates, P. (2021). How Could a Gender-Sensitive Approach Help Us to Identify and Respond to Children Who Have Displayed Harmful Sexual Behaviour? In C Bradbury-Jones and L Isham (Eds), *Understanding Gender-Based Violence: An Essential Textbook for Nurses, Healthcare Professionals and Social Workers* (pp. 49–61). Springer.

Allardyce, S, Efthymiadou, E, Mullen, L and Vaswani, N. (2022). *The Faithfull Papers: The Risk of Online Sexual Abuse (ROSA) Project*. The Lucy Faithfull Foundation.

Allardyce, S, Bradbury-Jones, C, Hackett, S, Lazenbatt, A, Smith, C, and Taylor, J. (2014). Practice and Policy in the UK with Children and Young People who Display Harmful Sexual Behaviours: An Analysis and Critical Review. J*ournal of Sexual Aggression, 20*(3): 267–280.

Amelung, T, Beier, KM, Grundmann, D, Scherner, G and Schuler, M. (2021). Pedophilia and Hebephilia. In KM Beier (Ed). *Pedophilia, Hebephilia and Sexual Offending against Children The Berlin Dissexuality Therapy (BEDIT)* (pp. 1–13). Springer.

Antevska, A and Gavey, N. (2015). "Out of Sight and Out of Mind": Detachment and Men's Consumption of Male Sexual Dominance and Female Submission in Pornography. *Men and Masculinities, 18*(5): 605–629.

Balfe, M, Hackett, S, Masson, H and Phillips, J. (2013). Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers. *Child Abuse Review, 22*(4): 232–245.

Balfe, M, Darling, AJ, Hackett, S, Masson, H and Phillips, J. (2024). Life Course Outcomes and Developmental Pathways for Children and Young People with Harmful Sexual Behaviour. *Journal of Sexual Aggression, 30*(2): 145–165.

Berg, A, Nesset, MB, Sandvik, M, and Søndenaa, E. (2017). The Voices of Young Sexual Offenders in Norway: A Qualitative Study. *Open Journal of Social Sciences, 5*(2): 82–95.

Belton, E and Hollis, V. (2017). *Children and Young People who Engage in Technology-Assisted Harmful Sexual Behaviour: A Study of Their Behaviours, Backgrounds and Characteristics*. NSPCC.

Benelmouffok, Buckman, C, A, Kahn, G, Letourneau, EJ, Murray, SM, Ruzicka, AE and Shields, RT. (2020). Help Wanted: Lessons on Prevention from Young Adults with a Sexual Interest in Prepubescent Children. *Child Abuse & Neglect, 105*: 104–145.

Blackbeard, D, Hearn, J, Jewkes, R, Lindegger, G, Lundqvist, E and Morrell, R. (2015). Hegemonic Masculinity: Combining Theory and Practice in Gender Interventions. *Culture, Health & Society, 17*(52): 112–127.

Blanchard, W, Foubert, JD, Houston, M and William, RR. (2019). Pornography and Sexual Violence. In PA. Schewe and WT. O'Donohue (Eds.), *Handbook on Sexual Assult and Sexual Assault Prevention* (pp. 109–127). Springer.

Bogart, KR and Dunn, DS. (2019). Ableism Special Issue Introduction. *Journal of Social Issues, 75*(3): 650–664.

Boheemen, P, Huijstee, M, Masson, E, Nieuwenhuizen, W and Sanders, M. (2022). *Harmful Behaviour Online An investigation of harmful and immoral behaviour online in the Netherlands*. Rathenau Instituut.

Bojack, R, McKillop, N and Rayment-McHugh, S. (2020). Comparing the Onset of Child Sexual Abuse Perpetration from Adolescence into Adulthood: Are There Unique Risks, and What Does This Mean for Prevention? *Child Abuse & Neglect, 107*.

Branigan, P, Hackett, S, and Holmes, D. (2016). *Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours*. NSPCC.

Bridges, AJ, Liberman, R, Scharrer, E, Sun, C and Wosnitzer, R. (2010). Aggression and Sexual Behavior in Best-Selling Pornography Videos: A Content Analysis Update. *Violence Against Women, 16*(10): 1065–1085.

Broaddus, M, Dickson-Gomez, J, Pacella, M and Quinn, K. (2017). Gang Masculinity and High-Risk Sexual Behaviours. *Culture, Health & Sexuality, 19*(2): 165–178.

Brook. (2024). *Sexual Behaviours Traffic Light Tool*. https://www.brook.org.uk/education/sexual-behaviours-traffic-light-tool/.

Brown, S and Tregidga, J. (2023). *Key Messages from Research on Harmful Sexual Behaviour in Online Contexts*. Centre of Expertise on Child Sexual Abuse (CSA centre). https://www.csacentre.org.uk/app/uploads/2023/10/Key-messages-from-research-on-harmful-sexual-behaviour-in-online-contexts-ENGLISH.pdf.

Buren, J and Lunde, C. (2018). Sexting Among Adolescents: A Nuanced and Gendered Online Challenge for Young People. *Computers in Human Behaviour, 85*: 210–217.

Burrie, I, de Bruijn, P, and Van Wel, FW. (2006). A Risky Boundary: Unwanted Sexual Behaviour among Youth. *Journal of Sexual Aggression, 12*(2): 81–96.

Byron, P, Ingham, R, Litsou, K and McKee, A. (2020). Learning from Pornography: Results of a Mixed Methods Systematic Review. *Sex Education*: 1–17.

Cale, J, Day, A, Delfabbro, PH, Hackett, L, Malvaso, CG, Ross, S, Singh, S and Whitten, T. (2022). Associations Between Adverse Childhood Experiences and Trauma among Young People Who Offend: A Systematic Literature Review. *Trauma, Violence & Abuse, 23*(5): 1677–1694.

Canadian Centre for Child Protection. (2017). *Survivors Survey: Full Report 2017*. Winnipeg.

Central Sexual Health. (2021). *Managing & Preventing Harmful Sexual Behaviour Guidelines*. Falkirk Council, Clackmannanshire Council and Stirling Council. https://centralsexualhealth.org/wp-content/uploads/sites/15/2023/07/Managing-Preventing-Harmful-Sexual-Behaviour.pdf.

Chaffin, M, Finkelhor, D and Ormond, R. (2009). *Juveniles Who Commit Sex Offenses against Minors*. United States Department of Justice.

Chaffin, M, Letourneau, E and Silovsky, JF. (2002). Adults, adolescents, and children who sexually abuse children: A developmental perspective. In L Berliner, J Briere, CT Hendrix, C Jenny, JEB Myers and TA Reid (Eds), *The APSAC Handbook on Child Maltreatment* (pp. 205–232). Sage Publications.

Chen, JA and Lundberg, DJ. (2024). Structural Ableism in Public Health and Healthcare: A Definition and Conceptual Framework. *The Lancet, 30*: 1–8.

Child Exploitation and Online Protection Command (CEOP). (2024). *Recognising Harmful Sexual Behaviours by Young People*. https://www.ceopeducation.co.uk/parents/articles/Harmful-sexual-behaviour/.

Colborn, Finkelhor and Turner. (2022). Prevalence of Online Sexual Offenses Against Children in the US. *JAMA Network Open, 5*(10): 1–11.

Commonwealth of Australia. (2017). *Royal Commission into Institutional Responses to Child Sexual Abuse - Final Report: Volume 10 Children with Harmful Sexual Behaviours*. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_10_children_with_harmful_sexual_behaviours.pdf.

Cook, MC, Talbert, RD and Thomas, B. (2021). A Longitudinal Study of Justice Characteristics among Girls Participating in a Sex Trafficking Court Program. *Health and Justice, 9*(1): 1–12.

Copeland, J, Fitz, S, Goharian, A, Stroebel, M and Toomey, P. (2022). Self-generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2021. Thorn. https://info.thorn.org/hubfs/Research/Thorn_SG-CSAM_Monitoring_2021.pdf.

Cossins, A and Plummer, M. (2016). The Cycle of Abuse: When Victims Become Offenders. *Trauma, Violence & Abuse, 19*(3): 286–304.

Crabbe, M and Flood, M. (2021). School-Based Education to Address Pornography's Influence on Young People: A Proposed Practice Framework. *American Journal of Sexuality Education, 16*(1): 1–37.

Crump, Y, Gerhard-Burnham, B, Merino, C, Speck, K, Underwood, LA and Williams, C. (2016). The Lived Experience of the Adolescent Sex Offender: A Phenomenological Case Study. *Journal of Child Sexual Abuse, 25*(1): 93–109.

Dallos, R, Stedmon, J, Welbourne, P and Zaniewski, B. (2020). An Exploration of Attachment and Trauma in Young Men Who Have Engaged in Harmful Sexual Behaviours. *Journal of Sexual Aggression, 26*(3): 405–421.

Death, J, McArthur, M and Moore. (2020). Brutal Bullies and Protective Peers: How Young People Help or Hinder Each Other's Safety in Residential Care. R*esidential Treatment for Children & Youth, 37*(2): 108–135.

Death, J, McArthur, M, Moore, T, Roche, S and Tilbury, C. (2016). *Safe and Sound: Exploring the Safety of Young People in Residential Care*. Institute of Child Protection Studies, Australian Catholic University. https://acuresearchbank.acu.edu.au/download/8880624738117dae2980b41ee06968f1d81b8ce702d1c71fba7beba5a1b1a51a/3390283/Moore_2016_Safe_and_sound_exploring_the_safety.pdf.

Deerfield, K, Hallett, S and Hudson, K. (2019). The Same but Different? Exploring the Links between Gender, Trauma, Sexual Exploitation and Harmful Sexual Behaviours. *Child Abuse Review, 28*(6): 442–454.

Dillard, R, Leibowitz, GS and Yoder, J. (2018). Family Experiences and Sexual Victimization Histories: A Comparative Analysis Between Youth Sexual and Nonsexual Offenders. *International Journal of Offender Therapy and Comparative Criminology, 62*(10): 2917–2936.

Donaldson, M. (1993). What Is Hegemonic Masculinity? *Theory and Society, 22*(5): 643–657.

ECPAT International. (2020). *Summary Paper on Online Child Sexual Exploitation*. Bangkok: ECPAT International.

ECPAT International, Eurochild and Terre des Hommes Netherlands. (2024). *Speaking Up for Change: Children's and Caregivers' Voices for Safer Online Experiences*. https://www.datocms-assets.com/22233/1712224378-voice_report_08042024.pdf.

El-Murr, A. (2017). *Problem Sexual Behaviours and Sexually Abusive Behaviours in Australian Children and Young People*. Australian Institute of Family Studies, Government of Australia. https://aifs.gov.au/sites/default/files/publication-documents/46_problem_sexual_behaviours_0.pdf.

eSafety Commissioner. (2020). *Online Harmful Sexual Behaviours Position Statement*. https://www.esafety.gov.au/sites/default/files/2020-09/Online%20harmful%20sexual%20behaviours%20Position%20statement.pdf.

Finkelhor, D and Gewirtz-Meydan, A. (2019). Sexual Abuse and Assault in a Large National Sample of Children and Adolescents. *Child Maltreatment, 25*(2): 1–12.

Finkelhor, D, Gewirtz-Meydan, A, Walsh, W and Wolak, J. (2018). The Complex Experience Of Child Pornography Survivors. *Child Abuse & Neglect, 80*: 238–248.

French, L, Hickey, N, McCrory, E and Vizard, E. (2007). Children and Adolescents Who Present with Sexually Abusive Behaviour: A UK Descriptive Study. *The Journal of Forensic Psychiatry and Psychology, 18*(1): 59–73.

Fritz, N, Malic, V, Paul, B and Zhou, Y. (2020). A Descriptive Analysis of the Types, Targets and Relative Frequency of Aggression in Mainstream Pornography. *Archives of Sexual Behaviour, 49*(8): 1–13.

Fyson, R. (2007) Young People with Learning Disabilities Who Sexually Abuse: Understanding, Identifying and Responding from within Generic Education and Welfare Services. In M. Calder (Ed.), *Working with Children and*

Young People Who Sexually Abuse: Taking the Field Forward (pp. 110–122). Russell House Publishing.

Gleeson, C, Kearney, S and Leung, L. (2016). *Respectful Relationships Education in Schools: The Beginnings of Change. Final Evaluation Report*. Our Watch. https://apo.org.au/node/74963.

Government of the Netherlands. (2023). *Recognizing, Acknowledging and Respecting Each Other's Wishes and Boundaries: National Action Programme for Tackling Sexually Transgressive Behaviour and Sexual Violence*.

Government of Western Australia. (2022). *Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours in Children and Young People*. Australian Centre for Child Protection, Western Australia.

Green, J, Humphreys, C, McKibbin, G and Tyler, M. (2024). Pathways to Onset of Harmful Sexual Behavior. *Victims & Offenders, 19*(5): 739–777.

Guggisberg, M. (2020). Sexually Explicit Video Games and Online Pornography – The Promotion of Sexual Violence: A Critical Commentary. *Aggression and Violent Behaviour, 53*: 1–6.

Hackett, S. (2010). Children, Young People and Sexual Violence. In C. Barter and D. Berridge (Eds.), *Children Behaving Badly? Exploring Peer Violence Between Children and Young People* (pp. 121–135). Wiley.

Hackett, S. (2014). *Children and Young People with Harmful Sexual Behaviours: Research Review*. Research in Practice.

Hackett S, Masson H and Phillips S, (2005). *Services for Young People Who Sexually Abuse*. NSPCC, Youth Justice Board and NOTA. https://dera.ioe.ac.uk/id/eprint/7763/1/Services%20for%20Young%20People%20who%20have%20Sexually%20Abused.pdf.

Hald, GM, Linz, D and Seaman, C. (2014). Sexuality and Pornography. In D Tolman, L Diamond, J Bauermeister, W George, J Pfaus and M Ward (Eds), *APA Handbook of Sexuality and Psychology: Vol. 2. Contextual Approaches* (pp. 3– 35). American Psychological Association.

Hamilton, B, Humphreys, C and McKibbin, G. (2017). "Talking about Child Sexual Abuse Would Have Helped Me": Young People Who Sexually Abused Reflect on Preventing Harmful Sexual Behavior. *Child Abuse and Neglect, 70*: 210–221.

Heerde, JA, McArthur, M, Moore, TA, O'Leary, P and Roche, S. (2016). *Our Safety Counts: Children and Young People's Perceptions of Safety and Institutional Responses to Their Safety Concerns*. Institute of Child Protection Studies, Australian Catholic University. https://safeguardingchildren.acu.edu.au/research-and-resources/institute-of-child-protection-studies-report-our-safety-counts.

Heirman, W, Ponnet, K and Symons, K. (2018). Sexting Scripts in Adolescent Relationships: Is Sexting Becoming the Norm? *New Media & Society, 20*(10): 3836–3857.

Helpwanted. (2024). *About Helpwanted*. https://www.helpwanted.nl/over-helpwanted.

Henniker, J and Morrison, T. (2006). Building a Comprehensive Inter-Agency Assessment and Intervention System for Young People Who Sexually Harm: The AIM Project. In H. Masson (Ed.), *Children and Young People Who Sexually Abuse Others: Current Developments and Practice Responses* (pp. 31–50). Routledge.

House of Representatives Standing Committee on Social Policy and Legal Affairs. (2020). *Protecting the Age of Innocence Report of the Inquiry into Age Verification for Online Wagering and Online Pornography*. Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024436/toc_pdf/Protectingtheageofinnocence.pdf;fileType=application%2Fpdf.

Hutton, L and Whyte, B. (2006). Children and Young People with Harmful Sexual Behaviours: First Analysis of Data from a Scottish Sample. *Journal of Sexual Aggression, 12*(2): 115–125.

It's Time We Talked. (2024a). *About Us*. https://itstimewetalked.com/about-us/.

It's Time We Talked. (2024b). *Resources*. https://itstimewetalked.com/resources/.

It's Time We Talked. (2024c). *Porn Is Not the Norm*. https://itstimewetalked.podia.com/e099e95d-2e6d-4d3d-aa0e-d4b9d122e3cd.

Jay, A, Evans, M, Frank, I and Sharpling, D. (2022). *The Report of the Independent Inquiry into Child Sexual Abuse. Independent Inquiry Child Sexual Abuse (IICSA)*. https://www.iicsa.org.uk/document/report-independent-inquiry-child-sexual-abuse-october-2022-0.html.

Leclerc, B And Felson, M. (2016). Routine Activities Preceding Adolescent Sexual Abuse of Younger Children. *Sexual Abuse, 28*(2): 116–131.

Leonard, M. (2010). "I Did What I Was Directed to Do but He Didn't Touch Me": The Impact of Being a Victim of Internet Offending. *Journal of Sexual Aggression, 16*(2): 249–256.

Lewis, JE, Loeb, A, Rodriguez, RA, Rosado, J and Shaw, JA. (2000). Child on Child Sexual Abuse: Psychological Perspectives. *Child Abuse & Neglect, 24*(12): 1591–1600.

Mann, S, Peebles, A, Rideout, V and Robb, MB (2021). *The Common Sense Census: Media Use by Tweens and Teens, 2021*. https://www.commonsensemedia.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf.

Mascheroni, G and Olafsson, K. (2014). *Net Children Go Mobile: Risk and Opportunities*. Educatt and the European Commission. https://eprints.lse.ac.uk/55798/1/Net_Children_Go_Mobile_Risks_and_Opportunities_Full_Findings_Report.pdf.

Meldknop.nl. (2004). *About Meldknop.nl*. https://www.meldknop.nl/over-meldknop-nl/.

Moodle, K. (2021). *Harmful Sexual Behaviours By Children. Children and Young People's Centre for Justice (CYCJ)*. https://www.cycj.org.uk/wp-content/uploads/2021/05/HSB-in-Children-Report-May-2021-FINAL.pdf.

Naezer, M. (2018). Jongeren, Sexting en Seksueel Grensoverschrijdend Gedrag. *Bijblijven, 35*(6–7): 93–99.

Naezer, M and van Oosterhout, L. (2021). Only Sluts Love Sexting: Youth, Sexual Norms and Non-Consensual Sharing of Digital Sexual Images. *Journal of Gender Studies, 30*(1): 79–90.

NSPCC (National Society for the Prevention of Cruelty to Children). (2024). *Statistics Briefing: Harmful Sexual Behaviour*. https://learning.nspcc.org.uk/media/dlnp4m3d/statistics-briefing-harmful-sexual-behaviour-hsb.pdf.

O'Brien, W. (2010). *Australia's Response to Sexualised or Sexually Abusive Behaviours in Children and Young People*. Australian Crime Commission. https://apo.org.au/sites/default/files/resource-files/2010-07/apo-nid22180.pdf.

Ofcom. (2017). *Children and Parents: Media Use and Attitudes Report*. https://www.ofcom.org.uk/siteassets/resources/documents/research-and-data/media-literacy-research/children/childrens-media-literacy-2017/children-parents-media-use-attitudes-2017.pdf?v=322847.

Ofcom. (2023). *Children and Parents: Media Use and Attitudes*. https://www.ofcom.org.uk/siteassets/resources/documents/research-and-data/media-literacy-research/children/childrens-media-use-and-attitudes-2023/childrens-media-use-and-attitudes-report-2023.pdf?v=329412.

Office of Film and Literature Classification. (2018). *NZ and Porn: Research Findings of a Survey on How and Why Young New Zealanders View Online Pornography*. Minds over Media. https://www.classificationoffice.govt.nz/media/documents/NZ_Youth_and_Porn.pdf.

Ogilvie, J, Watt, B and Withington, T. (2013). Short Research Report: A Brief Report of the Characteristics of Adolescents with Identified Sexually Abusive Behaviours Referred to a Forensic Child and Youth Mental Health Service. *Sexual Abuse in Australia and New Zealand, 5*(1): 40–44.

Parsons, S. (2022). *Turning a Blind Eye: How Online Pornography Can Shape Young Peoples' Understandings of Sexual Consent, Sex, Sexuality and/or Gender*. Doctoral Dissertation: University of Auckland. https://researchspace.auckland.ac.nz/server/api/core/bitstreams/d9f5e6e2-369f-4d19-a10d-fb2362d1242c/content.

Project deSHAME (Childnet, Save the Children Denmark, Kek Vonal, UCLan). (2019). *Young People's Experiences of Online Sexual Harassment: A Cross-Country Report from Project deSHAME*.

Revealing Reality. (2022). *Not Just Flirting: The Unequal Experiences and Consequences of Nude Image-Sharing by Young People*.

Stop It Now! (2024a). *Preventing Harmful Sexual Behaviour*. https://www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/help-and-advice/preventing-harmful-sexual-behaviour/.

Stop It Now! (2024b) *About Us*. https://www.stopitnow.org/about-us.

Stop It Now! Netherlands. (2024). *About Stop It Now*. https://stopitnow.nl/over-stop-it-now/over-ons.

Taylor, J. (2003). Children and Young People Accused of Sexual Abuse: A Study within a Community. *Journal of Sexual Aggression, 9*(1): 57–70.

Upstream. (2024). *What is Harmful Sexual Behaviour?* https://www.theupstreamproject.org.uk/learn/hsb.

Woodland and Baines. (2024). *AIM Assessment – Harmful Sexual Behaviour*. https://woodlandbaines.co.uk/aim-assessment.

Working Group of the Prevention Project for Juveniles. (2021). BEDIT-A Manual for Adolescents. In KM Beier (Ed.), *Pedophilia, Hebephilia and Sexual Offending against Children: The Berlin Dissexuality Therapy (BEDIT)* (pp. 57–66). Springer.

CHILDREN ARE THE FUTURE

TERRE DES HOMMES NETHERLANDS
Grote marktstraat 43,
2511 BH The Hague,
The Netherlands

Email: info@tdh.nl
Phone: +31 (0)70-310 5000
Website: terredeshommes.nl

Terre des Hommes Netherlands