TERRE DES HOMMES NETHERLANDS FOCUS BRIEF

HARMFUL SEXUAL BEHAVIOURS (HSBs) AMONGST CHILDREN

Terre des Hommes Netherlands

DEFINITIONS

HARMFUL SEXUAL BEHAVIOURS (HSBs) AMONGST CHILDREN
are unwanted, inappropriate, exploitative, abusive and/or violent sexual acts displayed by a child, towards another child[1].

TECHNOLOGY ASSISTED HARMFUL SEXUAL BEHAVIOURS (TA-HSBs)
refer to HSBs that occur within or are facilitated through the internet, online spaces and technological devices[2].

THE TERMINOLOGY OF (TA-)HSBS

There are various terms used to denote behaviours defined above, such as '*juvenile sex offending*', '*peer-on-peer sexual abuse*', '*youth sexual abuse*' and '*transgressive sexual behaviours*'[3]. This brief adopts the term HSBs, to avoid using stigmatising and pathologising language in relation to children, and to emphasise that the issue lies with the **behaviour, not the child**.

Terms like '*perpetrator*', '*predator*' or '*paedophile*' will also be avoided to prevent pathologising children and risking them internalising such labels as part of their identity. Instead, children will be described as '***displaying***' or '***exhibiting***' **(TA-) HSBs**, again to focus on the behaviour, rather than designating a child with a damaging label[4].

'***TA-HSBs***' is used instead of '*online HSBs*' to reflect that **technology often facilitates offline contact** between children who already have contact in person, as opposed to solely occurring within online spaces.

1 Allardyce et al. 2022; Branigan et al. 2016; Hackett 2010; Project deSHAME 2019
2 Belton and Hollis 2017; eSafety Commissioner 2020
3 Allardyce et al. 2021; Branigan et al. 2016
4 Government of Western Australia 2022

TdH NL Position

At TdH NL, we recognise that:

- (TA-)HSBs are not the same as adult sexual offences. Children are still socially, sexually and cognitively developing and dissimilar to adults[5]. Therefore, children displaying (TA-)HSBs require child-specific responses that are distinct from adult critical offending interventions.
- Not all sexual behaviours among children are a cause for concern or can be classified as (TA-)HSBs. Sexual exploration and experimentation, both online and offline, can be a healthy part of child and adolescent sexual development and identity formation[6]. It is therefore critical to distinguish between healthy childhood sexual behaviours and those that are harmful.
- There are various individual, family and societal risk factors, as well as intersectional factors, that can combine in complex ways and influence a child's likelihood to display (TA)-HSBs[7]. Yet, not all children exposed to these risks will develop (TA-)HSBs, as contextual, interpersonal and individual protective factors can mitigate the impact of such risks.
- There is often a link between the display of HSBs and adverse childhood experiences, including experiences of physical, emotional and/or sexual abuse[8], indicating a need for trauma-informed responses for prevention and early intervention.
- (TA-)HSBs is a significant child rights and child protection issue that requires urgent attention, as it can cause severe adverse physical and mental health and wellbeing impacts for all children involved[9], violating their rights to health, wellbeing, safety and protection from all forms of violence and harm[10].
- (TA-)HSBs are reflective of broader gender-based violence (GBV) patterns, harmful gender norms and inequalities, with adolescent boys as the main group displaying such behaviours, with girls and children with diverse sexual orientations, gender identities and/or expressions and sex characteristics (SOGIESC) as the main targets[11]. Therefore, there is a need for gender-transformative approaches to (TA-)HSBs, to help address the root causes that perpetuate the problem.

OUR 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 Allardyce et al. 2014; Government of Western Australia 2022; Project deSHAME 2019
6 Project deSHAME 2019
7 Benelmouffok et al. 2020
8 Aebi et al. 2015; Commonwealth of Australia 2017; Rosa et al. 2020
9 Brown and Tregidga 2023; Government of Western Australia 2022; Project deSHAME 2019
10 UNCRC 1989
11 Allardyce et al. 2022; Finkelhor and Gewirtz-Meydan 2019

In response, we at TdH NL:

- Empower children, as agents and experts in their lives, to make safe, respectful and informed choices and decisions in relation to their healthy sexual development and behaviours[12]. This includes building children's capacity to identify, respond to and report (TA-)HSBs displayed by peers and other children, as well as how to seek help for any concerns surrounding their own sexual desires and behaviours.
- Create safe and inclusive spaces for children, across all diverse backgrounds, abilities and SOGIESC identities, to meaningfully participate and influence policy and programme decisions concerning their healthy sexual development and protection, including responses to (TA-)HSBs[13].
- Centre intersectional and gender-transformative approaches when responding to (TA-)HSBs, to proactively tackle harmful gender norms and inequalities that influence (TA-)HSBs[14].
- Support local champions, empowering families, communities, educators, childcare workers and other professionals working with children, to promote healthy, consensual, safe sexual behaviours and respectful relationships, and to identify and respond to signs of (TA-)HSBs[15].
- Support parents and caregivers to feel more comfortable and equipped to communicate with their children around their sexual behaviour, and to support them with any concerns they have around their own sexual behaviour or behaviours they have been subjected to by other children[16].
- Strengthen the capacity of frontline workers to provide comprehensive trauma-informed care to children who have displayed and/or endured (TA-)HSBs.
- Through our partners, ensure access to learning opportunities, economic empowerment projects and social protection measures to address the economic factors that may drive children's (TA-)HSBs[17].
- Advocate for laws, policies, legislation and budget allocations that prioritise trauma-informed and child-friendly justice, such as community-based diversion programmes, for children displaying (TA-)HSBs[18].
- Advocate for stronger accountability and regulation of the private sector technology companies and internet service providers (ISPs), specifically in relation to TA-HSBs.
- Conduct research to strengthen our evidence-base on risk and resilience in relation to children's (TA-)HSBs[19].

WHAT WE DO

EMPOWER CHILDREN
to make safe, respectful choices.

CREATE SAFE SPACES
for all children to participate.

SUPPORT CAREGIVERS
to talk openly & respond effectively.

TRAIN PROFESSIONALS
in trauma-informed care.

TACKLE ROOT CAUSES
with gender-transformative, intersectional responses.

ADVOCATE
for child-friendly justice & responsible tech regulation.

12 TdH NL 2024, Sexual Exploitation of Children Thematic Programme Brief
13 ibid; TdH NL 2022, Core Principles (Intersectionality and Power Awareness)
14 TdH NL 2022, Core Principles
15 TdH NL 2024, Sexual Exploitation of Children Thematic Programme Brief
16 ibid
17 TdH NL 2024, Sexual Exploitation of Children Thematic Programme Brief
18 ibid; TdH NL 2024, Global Influencing and Advocacy Strategy
19 ibid

More Information on (TA-)HSBs

The Nature of (TA-)HSBs

Childhood sexual behaviour should be viewed on a continuum from what is deemed '*normal*' to what is '*inappropriate*', '*abusive*', and '*violent*'[20]. Recognising such distinctions is vital, as sexual experimentation and exploration are healthy parts of child and adolescent development, which must be differentiated from (TA-)HSBs[21]. (TA-)HSBs encompass a wide range of acts, with varied degrees of concern and responses, based on frequency, intensity, and the child's age and developmental stage[22].

HSBs and TA-HSBs often overlap, with children combining in-person and online behaviours to force or coerce other children (often those they are already know) into inappropriate or abusive sexual acts or conversations. This co-occurrence is intensified by the ever-increasing expansion of technology across society, especially amongst younger generations[23].

Some key examples of solely in-person HSBs include[24]:

- Non-consensual sexual touching or fondling of another child
- Engaging in sexual conversation with a much younger child
- Bullying, harassing or persuading a child into sexual conversation or acts
- Public masturbation or genital exposure in front of other children
- Using inappropriate, objectifying or violent sexual language in front of another child

Some examples of TA-HSBs that can be considered inappropriate at young ages include[25]:

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

Examples of more harmful, exploitative and/or abusive TA-HSBs include[26]:

- Non-consensual sharing of intimate images, videos or messages of another child,
- Sending unsolicited sexual materials to another child,
- Requesting and/or pressuring another child to send intimate, nude content without consent,
- Using AI to create hyper-realistic sexual materials of another child ('*deepfakes*'),
- Using sexual content taken by a child, or '*deepfakes*' of a child, to sexually extort[27] the child depicted if they do not meet certain online or offline demands,
- When a child pressures another child to view pornographic materials on a device, or sends another child such content, without consent,
- Sexually harassing or bullying another child via private message or public online forums/groups.

TA-HSBs are harder to identify and address than in-person HSBs, due to increased anonymity, reduced visibility and the easy spread of content on the internet[28]. There is also an increased risk of re-victimisation with TA-HSBs, as when sexual content of a child is non-consensually shared, everytime this content is shared, viewed, sent or received can affect and traumatise the child concerned. This victimisation can continue indefinitely, even into adulthood[29].

20 Branigan et al. 2016; Hacket 2010
21 Project deSHAME 2019
22 Allardyce et al. 2021; Chaffin 2002
23 Belton and Hollis 2017; Ofcom 2023; Project deSHAME 2019
24 Allardyce et al. 2021; Brook 2024; Stop It Now! 2024; Upstream 2024
25 eSafety Commissioner 2020
26 ibid
27 Sexual extortion defines a form of blackmail, where an individual threatens a victim that they will reveal intimate, sexual content or conversations, if they do not comply with certain demands, such as sending money, creating and sharing more sexual materials online, or engaging in sexual acts in person (eSafety Commissioner 2020).
28 Project deSHAME 2019
29 Brown and Tregidga 2023; Finkelhor et al. 2018

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.

The Prevalence of (TA-)HSBs

HSBs are widespread, accounting for roughly a third of reported child sexual abuse cases[30]. Strong evidence of this exists in high-income countries. For example, 32,452 HSBs reports were made to the police in England and Wales between 2012 and 2016[31]. A survey with 13,052 children and their caregiver(s) in the United States found most reported child sexual abuse actually involved HSBs[32]. An Australian systematic review found that 30-60% of child sexual abuse cases in reality involve HSBs[33].

While harder to quantify, research suggests TA-HSBs are similarly prevalent. A United States survey of 2,639 participants aged 18–28 found 16% experienced TA-HSBs before age 18[34]. A study with 3,257 children aged 13-17 in Denmark, the UK and Hungary reported 25% of this sample witnessed children taking "secret"[35], non-consensual sexual images of other children and sharing these online, 45% saw children editing photos of other children online to make them appear sexual, 1 in 10 were pressured to send naked photos online and 25% had sexual rumours spread about them online[36]. There was a 177% increase from 2019/20 to 2020/21 of reports made to the Lucy Faithfull Foundation in the UK, involving under 18-year-olds who had displayed TA-HSBs seeking support and advice to address such behaviours[37].

Underreporting, secrecy, limited and insufficient services, recording and reporting systems, and a lack of standardised definitions of (TA-)HSBs, make the true scope of (TA-)HSBs difficult to discern[38]. Additionally, available literature has focused on high-income, Western countries, indicating more research is needed to explore (TA-)HSBs across diverse global contexts.

Implications of (TA-)HSBs on Children's Rights and Wellbeing

(TA-)HSBs can pose significant adverse effects for all children involved, as detailed below. These harmful implications support the need for urgent action to respond to (TA-)HSBs, as leaving such behaviours unaddressed risks violating children's rights to health, wellbeing and safety and protection from all forms of violence and harm[39].

1. Children who have experienced in-person HSBs can face physical injuries, mental health conditions, such as depression, anxiety, low self-esteem, PTSD, lifelong trauma, suicidal thoughts, attempts and deaths and distressing feelings of anger, shame, sadness, humiliation, guilt and self-blame[40].

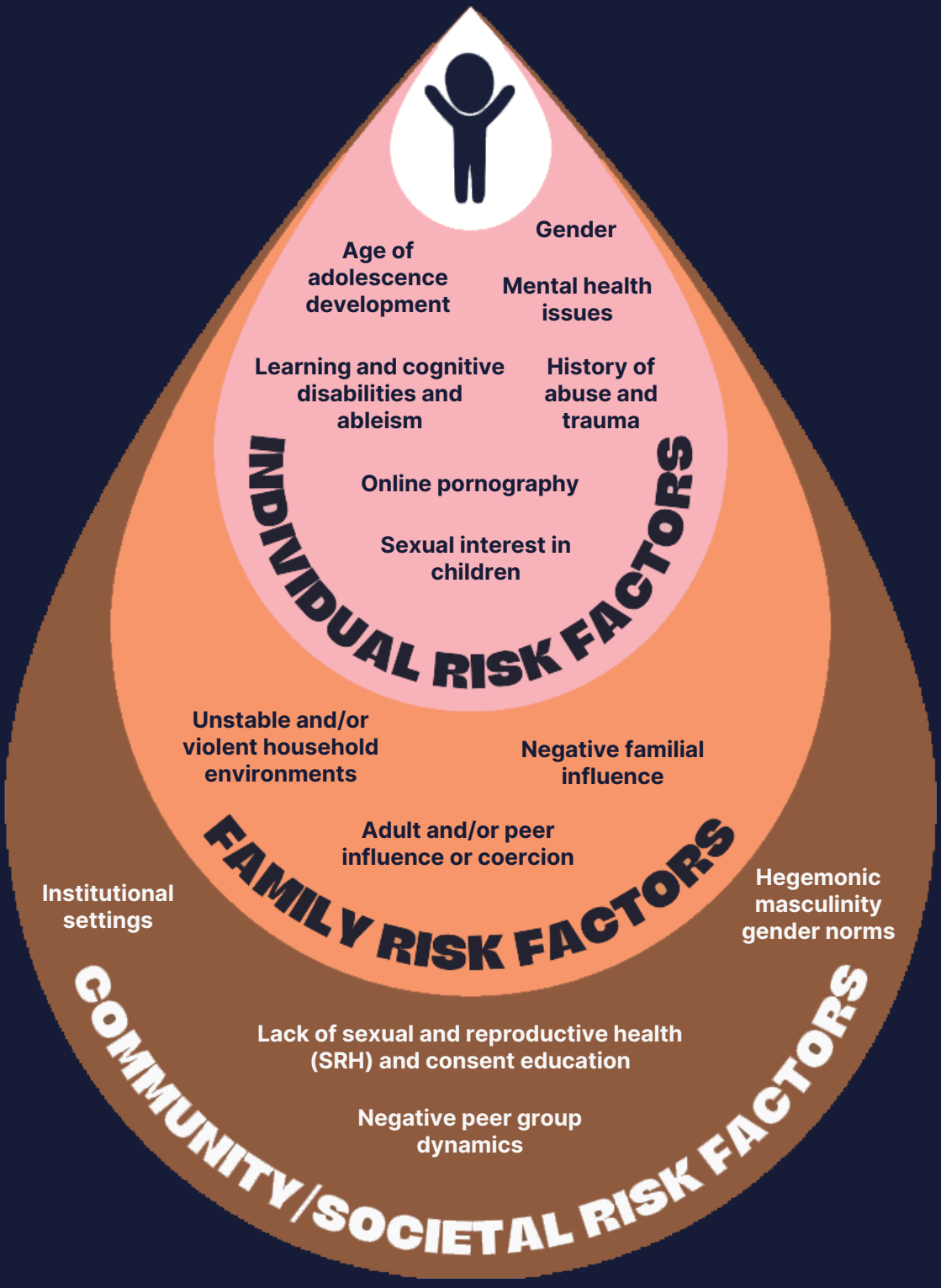
2. Children who have experienced TA-HSBs can also suffer similar long-lasting impacts, including mental health issues of depression, anxiety, trauma, low self-esteem and PTSD, distressing feelings of anger, shame, sadness, humiliation, guilt and self-blame, as well as potentially indicating a presence of in-person HSBs occurring that require attention[41].

3. Children that display or have displayed (TA-)HSBs can also face consequences for their actions, including feelings of shame and regret, social stigma and mental health issues such as depression, anxiety, PTSD and trauma[42].

30 Allardyce and Yates 2018
31 ibid
32 Finkelhor and Gewirtz-Meydan 2019
33 El-Murr 2017
34 Colburn et al. 2022
35 In this study, the act of taking "secret" sexual images describes scenarios when a child has captured nude and/or sexualised photos of another child, without the child depicted knowing such images of them have been taken (Project deSHAME 2019).
36 Project deSHAME 2019
37 Jay et al. 2022
38 Branigan et al. 2016; Government of Western Australia 2022
39 UNCRC 1989
40 Commonwealth of Australia 2017; Government of Western Australia 2022; Project deSHAME 2019
41 Brown and Tregidga 2023; eSafety Commissioner 2020; Project deSHAME 2019
42 Allardyce and Yates 2018; Brown and Tregidga 2023

Key Risk factors for (TA-)HSBs

Various individual, family and societal factors can combine in complex ways and influence a child's likelihood to develop (TA-)HSBs. Yet, not all children exposed to these risks will develop (TA-)HSBs, as contextual and individual protective factors can mitigate the impact of such risks. Similarly, not all children who display (TA-)HSBs have been exposed to these risks[43].



43 Benelmouffok et al. 2020

Individual Risk Factors

1. AGE OF ADOLESCENT DEVELOPMENT

(TA-)HSBs typically develop during adolescence, starting from age 12, peaking at 14, and most commonly occurring among 14-17-year-olds[44]. This is driven by puberty, hormonal changes, sexual identity formation and tendency towards risk-taking, impulsive behaviours that typically occur during this stage of development[45].

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[46]. The prevalence of girls experiencing (TA-)HSBs enacted by boys is likely higher than research indicates, due to underreporting, driven by girls' fear of causing trouble, not being believed, stigmatisation, being blamed, or lack of safe reporting spaces or contacts[47]. While girls also enact (TA-)HSBs, research on this is limited[48]. Boys are also victims, though incidents are underreported, driven by boys' fear of being labelled '*weak*', '*unmasculine*' or '*homosexual*'[49]. While more research is needed, some literature suggests children with divergent SOGIESC identities are more at risk of being targets of (TA-)HSBs, as their social exclusion and increased desire for connection may be exploited by other children[50]. Though incidents of (TA-)HSBs amongst such children are underreported due to fear of stigma, being 'outed' or facing further discrimination.

3. HISTORY OF ABUSE AND TRAUMA

Children with experiences of physical, sexual, psychological and/or emotional abuse and neglect, and corresponding trauma, may be more likely to enact (TA-)HSBs, emulating treatment they have endured, or as a coping mechanism to deal with their abusive experiences[51]. Although this may be a less likely risk for TA-HSBs in particular[52].

4. MENTAL HEALTH ISSUES

Anxiety, depression and unmet needs for love, connection, affection and support can lead a child to display (TA-)HSBs, as a coping mechanism in response to emotional pain.[53]

5. LEARNING AND COGNITIVE DISABILITIES AND ABLEISM

Children with learning, language or cognitive conditions are at higher risk of displaying HSBs, due to reduced awareness of socially acceptable behaviours[54]. Ableism[55] may influence this risk factor, as children with disabilities are often excluded from social settings and resources, like sexual and reproductive health (SRH) and consent education. This can limit such children's ability to learn and practice appropriate behaviours and respectful relationships, which may increase their likelihood of developing to HSBs[56]. Children with learning, language or

44 NSPCC 2024; Finkelhor and Gewirtz-Meydan 2019
45 Government of Western Australia 2022; Project deSHAME 2019
46 Balfe et al. 2013; Burrie et al. 2006; Commonwealth of Australia 2017; Finkelhor and Gewirtz-Meydan 2019
47 ibid; Project deSHAME 2019
48 NSPCC 2024; Commonwealth of Australia 2017
49 UNICEF 2020
50 Allardyce et al. 2022; Commonwealth of Australia 2017
51 Aebi et al. 2015; Balfe et al. 2013; Commonwealth of Australia 2017
52 Allardyce et al. 2022; Belton and Hollis 2017
53 Allardyce et al. 2022; Branigan et al. 2016; Commonwealth of Australia 2017
54 Balfe et al. 2013; Moodle 2021; Commonwealth of Australia 2017; Ogilvie et al. 2013
55 A term used to describe the dominant social norm in society 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).
56 Balfe et al. 2013; Ogilvie et al. 2013

cognitive disabilities are also more vulnerable targets of (TA-)HSBs, as their social exclusion, lower self-esteem and increased desire for connection, as an outcome of ableism, can be exploited by others[57]. Ableism may likewise influence other children who display (TA-)HSBs to target children with disabilities, as maltreatment and abuse of such children is more

6. ONLINE PORNOGRAPHY EXPOSURE

The violent, misogynistic portrayals and lack of explicit consent that dominate mainstream pornography can shape children's sexual attitudes, desires and behaviours, thereby contributing to the development of (TA-)HSBs, especially amongst boys given their increased use of such media[59]. This risk factor is especially concerning given the globally widespread exposure of children to mainstream pornography, and their use of this content as a central source of sex education and inspiration[60]. However, it is not online pornography in general, or children's curiosity or inclination to view such materials that is the problem. It is rather the commonplace sexual violence, mainly enacted by men towards women, combined with the known impact such media can have over individuals, especially impressionable children, that is the cause for concern[61].

7. SEXUAL INTEREST IN CHILDREN

Neurobiological, physiological attraction to children, that often becomes known to the child around 12-15, may trigger the enactment of (TA-)HSBs. This is a genetic disposition, which may be hereditary, that cannot be eradicated, yet can be treated to prevent such desires being enacted[62].

Family Risk Factors

1. UNSTABLE AND/OR VIOLENT HOUSEHOLD ENVIRONMENTS

Home environments with poor parental/caregiver relationships, parental/carer incarceration and/or absent parents/caregivers can lead to reduced supervision, neglect, family instability and a lack of positive role models, which can heighten the risk of a child developing HSBs[63]. Additionally, households with high levels of verbal, physical, emotional and/or sexual violence, including intimate partner or domestic violence, can create adverse home environments and influence a child to develop HSBs, either emulating such normalised abuse or as an outcome of trauma from enduring such abusive environments[64]. However, this risk factor is less linked with TA-HSBs[65]. It is important to note that such familial violence is often enacted by fathers or other male family members, towards women and girls[66]. Therefore, when this risk factor is present, it is likely to influence the development of (TA-)HSBs to reflect such misogynistic patterns of domestic violence.

2. NEGATIVE FAMILIAL INFLUENCE

Parents/carers, siblings or other relatives may influence the development of (TA-)HSBs for children, by modelling or normalising certain behaviours such as using inappropriate, objectifying sexual language towards them or others, showing them sexually explicit materials, like violent pornography, bringing sex workers home or exhibiting inappropriate, non-consensual or abusive sexual behaviours towards partner(s) or other people[67].

57 Balfe et al. 2013; Ogilvie et al. 2013; Moodle 2021; Project deSHAME 2019; TdH NL 2024, Children with Disabilities and Child Exploitation
58 Bogart and Dunn 2019; Chen and Lundberg 2024
59 Berg et al. 2017; Green et al. 2024; Hamilton et al. 2017
60 Crabbe and Flood 2021; Guggisberg 2020; Mascheroni and Olafsson 2014
61 Government of Western Australia 2022; Crabbe and Flood 2021
62 Amelung et al. 2021; Benelmouffok et al. 2020
63 Balfe et al. 2019; Dillard et al. 2018; Ogilvie et al. 2013
64 Aebi et al. 2015; Balfe et al. 2013
65 Belton and Hollis 2017; Dillard et al. 2018; Ogilvie et al. 2013; Rosa et al. 2020
66 Aebi et al. 2015; Balfe et al. 2013
67 Balfe et al. 2019; Crump et al. 2016

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, such as grooming, non-consensual sexting or pressuring other children to send intimate, nude content or CSAM[68].

Community/Societal Risk Factors

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

Insufficient SRH education, including teachings on sexual consent, and respectful relationships and sexual conduct can increase the risk of (TA-) HSBs developing, as children may fail to grasp the harms and consequences that can arise from such behaviours, for all children involved[69].

2. INSTITUTIONAL SETTINGS

Out-of-home care, child protection, residential care, youth detention or boarding schools can increase the risk of (TA-)HSBs, due to reduced supervision, insufficient safeguarding policies and practices, unstable relationships and missed SRH education due to inconsistent or no schooling[70]. In highly strict institutions, such as certain residential care facilities or boarding schools, where children feel disempowered, HSBs can increase as a means of children rebelling and asserting power[71].

3. NEGATIVE PEER GROUP DYNAMICS

Peer groups that condone, encourage or reward bullying, inappropriate or violent behaviours, including violent, criminal youth gang environments, can drive a child to display (TA-)HSBs, often as an attempt to gain social acceptance or popularity within the group[72]. This risk factor is more pertinent to boys, as controlled by gender norms that expect boys to demonstrate sexual dominance over girls, while girls are often stigmatised and labelled 'sluts' for demonstrating or being associated with sexual behaviours[73].

4. HEGEMONIC MASCULINITY GENDER NORMS

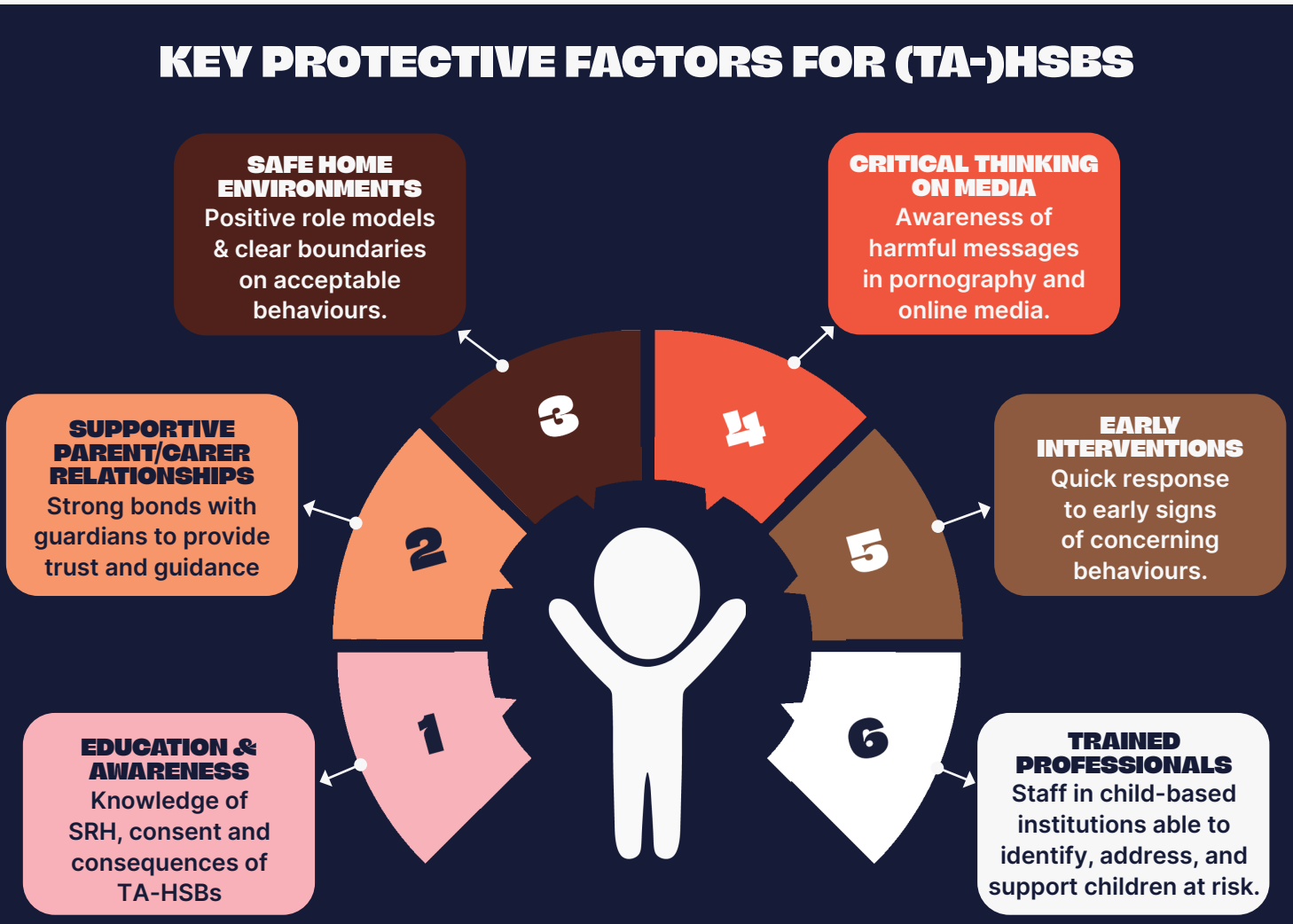
Expectations of male dominance, especially over women, girls and individuals with divergent SOGIESC identities, can explain the increased prevalence of boys displaying (TA-)HSBs, mainly targeting girls and non-heterosexual boys as a form of homophobic bullying to assert their power[74]. Additionally, we see patterns of misogyny, hence hegemonic masculinity, are evidently at play behind various other risk factors discussed, including online pornography exposure, history of abuse and trauma, unstable and/or violent households and negative peer group dynamics.

68 Allardyce et al. 2022; Project de SHAME 2019
69 Berg et al. 2017; eSafety Commissioner 2020; Revealing Reality 2022
70 Balfe et al. 2019; Bojack et al. 2020; Dallos et al. 2020; Deerfield et al. 2019; Government of Western Australia 2022
71 Death et al. 2020; Death et al. 2016; Heerde et al. 2016
72 Allardyce et al. 2022; Broaddus et al. 2016; Naezer and van Oosterhout 2021; Project deSHAME 2019
73 Cook et al. 2021; Buren and Lunde 2018; Broaddus et al. 2016
74 Blackbeard et al. 2015; Finkelhor and Gewirtz-Meydan 2019; Naezer and van Oosterhour 2021

Key Protective Factors for (TA-)HSBs

Various individual, familial and societal risk factors discussed are highly situational in reality. There is an array of protective factors specific to each child's distinctive family and social context, as well as their unique personality and identity, that interact with risk factors in intricate ways, and in turn can influence the impact of such risks on a child's behaviour[75]. Some key protective factors that may mediate and mitigate the development and display of (TA-)HSBs, include[76]:

- Increased education, knowledge and awareness around SRH, including sexual consent and the consequences of (TA-)HSBs.
- Strong, supportive parental/carer relationships, where the child feels supported, valued, cared for and safe to seek help about any confusion or concerns surrounding their sexual interests, behaviours or experiences.
- Safe, supportive home 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.
- Critical thinking education about the violent, sexist and unrealistic portrayals and messages that dominate mainstream online pornography.
- Timely interventions to respond to the display of (TA-)HSBs or warning signs of such behaviours.
- Trained staff in child-based institutions, to identify and appropriately, adequately respond to (TA-)HSBs.



75 TdH NL 2024, Sexual Exploitation of Children Thematic Programme Design Document
76 Berg et al. 2017; Crabbe and Flood 2021; Hamilton et al. 2017; Project deSHAME 2019

Prevention and Response

There are key principles, as well as prevention, early intervention and response recommendations, as detailed below, that can serve as a starting point to guide increased, effective prevention and response to (TA-)HSBs.

KEY PRINCIPLES

1 CHILD-FOCUSED

Interventions should place children at the centre, and be specifically tailored to distinctive age groups and guided by children's diverse identities, perspectives and needs[77].

2 STRENGTHS-BASED

Responses should build upon skills of children, parents, families and staff in child-based institutions, centring the beliefs that behaviour change amongst children is possible and that punitive, restrictive approaches can in turn cause more harm for children[78].

3 NON-JUDGEMENTAL

Children displaying (TA-)HSBs should not be judged for their behaviours or pathologised as 'abusers', as this may prevent them from seeking support they need, cause them to internalise this as part of their identity, and in turn hinder potential behaviour change[79].

4 INTERSECTIONAL

Interventions should be inclusive, non-discriminatory, sensitive and responsive to children's diverse experiences, perspectives, needs, vulnerabilities and identities, considering their age, SOGIESC, ability, religion, class, race and ethnicity, and how such identities may overlap to intensify marginalisation of certain children[80].

5 AVOID ONE-SIZE-FITS-ALL

As children displaying (TA-)HSBs are a heterogenous, complex group, with diverse needs and experiences, responses must be varied and tailored to children's diverse needs, experiences and backgrounds[81].

77 Branigan et al. 2016; Green et al. 2024; TdH NL 2022, Core Principles
78 Branigan et al. 2016; Government of Western Australia 2022; Livingstone and Third 2016; TdH NL 2023, Listen Up! Strategy
79 Green et al. 2024
80 Branigan et al. 2016; Government of Western Australia 2022; Project deSHAME 2019; TdH NL 2022, Core Principles
81 Branigan et al. 2016; Brown and Tregidga 2023

6 SEX-POSITIVE

Children's right to sexual information, exploration and expression, both online and offline, should be prioritised and respected, while still protecting them from sexual harms[82].

7 TRAUMA-INFORMED

Responses must be sensitive to the traumas children may have experienced, or are still enduring, to prevent further harm, ensure safety, wellbeing and empower children to seek support when needed[83].

8 ECOLOGICAL

(TA-)HSBs responses should follow an ecological systems approach. This means the child's behaviour is assessed and addressed in ways that consider their individual identity, as well as their interpersonal, familial, community, institutional and macro societal contexts, ensuring the child's actions are not viewed in isolation. Where appropriate, responses may involve parents, carers, peers, siblings, professionals and/or other key people in the child's life[85].

9 WHOLE-OF-SOCIETY

Addressing (TA-)HSBs requires efforts on behalf of multiple agencies and stakeholders across society. This includes educational stakeholders, child protection and residential care actors, governments, youth healthcare and psychological agencies, youth judicial sectors, academia, children's rights NGOs and civil-society organisations, and where appropriate, private sector organisations, such as tech companies[86]. Where relevant, such agencies should collaborate and form partnerships to strengthen efforts and avoid duplication[87].

10 GOVERNMENT ACCOUNTABILITY & LEADERSHIP

Clear government-led commitment, multi-agency collaboration and increased funding are vital for a coordinated, effective response to (TA-) HSBs[88].

11 TECHNOLOGY COMPANIES ACCOUNTABILITY

In relation to TA-HSBs in particular, tech companies must take responsibility and respond to such harmful occurrences that take place on and are facilitated through their platforms and services[89].

82 Branigan et al. 2016; eSafety Commissioner 2020
83 Government of Western Australia 2022; TdH NL 2022, Core Principles
84 TdH NL 2024, Sexual Exploitation of Children Thematic Programme Design Document
85 Brown and Tregidga 2023; Government of Western Australia 2022
86 Branigan et al. 2016; TdH NL 2024, Sexual Exploitation of Children Thematic Programme Brief
87 Branigan et al. 2016; Government of Western Australia 2022; TdH NL 2024, Sexual Exploitation of Children Thematic Programme Brief
88 Branigan et al. 2016; Commonwealth of Australia 2017
89 Allardyce et al. 2022; eSafety Commissioner 2020; Project deSHAME 2019

Prevention Recommendations

This level of response aims to more broadly target the general population, expanding societal awareness and education about consent, gender-based violence, child abuse and (TA-)HSBs, and working to put safeguards in place to help prevent (TA-)HSBs developing and occurring.

1 INCREASED SRH, CONSENT AND ONLINE SAFETY EDUCATION

All children should receive age-appropriate education and information on their online and offline rights, SRH (including teachings around sexual consent and respectful relationships and gender equality), (TA-)HSBs, and how to seek help around unwanted sexual experiences or concerns about sexual urges/behaviours. This will empower and equip children to uphold their rights and safety, develop safe, respectful peer and romantic relationships and help prevent the development and display of (TA-)HSBs[90].

2 INCREASED EDUCATION FOR PARENTS, CARERS AND THE COMMUNITY TO SUPPORT CHILDREN'S HEALTHY SEXUAL DEVELOPMENT AND SAFETY

Parents, carers and broader community adults need education and training on how to communicate with children about their sexual behaviour and support their healthy sexual development. This includes lessons around how to recognise signs of and appropriately respond to (TA-)HSBs, digital literacy to better understand and protect their children from online harms, and how to model appropriate behaviour around sexuality, including the media they show children, their romantic relationships and how to respond if a child is unintentionally exposed to explicit sexual content or sexual relations[91]. It is important for parents, carers and key trusted adults to likewise learn how to ensure children in their lives feel valued, supported and safe to seek help with them around sexual experiences, desires and behaviours, to prevent escalation[92].

3 PUBLIC CAMPAIGNS TO ADDRESS GENDER-BASED VIOLENCE

As (TA-)HSBs largely reflect broader gender-based violence in society, involving male violence against women, children, girls and individuals with diverse SOGIESC identities, raising awareness and advocating to transform harmful gender norms around violent masculinity that dominate culture and media is crucial to address (TA-)HSBs[93].

4 INCREASED ACCOUNTABILITY OF DIGITAL CORPORATIONS

Platforms have a responsibility to protect child users from sexual exploitation, abuse and TA-HSBs that are facilitated through their services. They can achieve this by centring 'safety by design' principles that prioritise the best interests of children, while balancing rights to privacy and protection online[94]. This could include actions such as enhancing detection of sexual exploitation, abuse and TA-HSBs, generating relevant educational and support service pop-up messages and referrals depending on what has been detected, effective age-verification and assurance for all platforms (especially those with adult and/or pornographic content), and actively removing content that glorifies sexual violence, which can influence the development of TA-HSBs[95].

90 Crabbe and Flood 2021; Finkelhor and Gewirtz-Meydan 2019; Green et al. 2024; TdH NL 2024, Global Influencing Agenda and Strategy
91 Crabbe and Flood 2021; eSafety Commissioner 2020; Green et al. 2024; Project deSHAME 2019; TdH NL 2024, Global Influencing Agenda and Strategy
92 Government of Western Australia 2022; Green et al. 2024; Project deSHAME 2019
93 Gleeson et al. 2016; Green et al. 2024 TdH NL 2024, Global Influencing Agenda and Strategy
94 TdH NL 2024, Global Influencing Agenda and Strategy
95 Allardyce et al. 2022; eSafety Commissioner 2020

Early Intervention Recommendations

This level of response involves interventions designed to more specifically respond to the issue of (TA-)HSBs, and to more directly target children at increased risk of developing (TA-)HSBs.

1 TRAINING FOR STAFF IN CHILD-BASED INSTITUTIONS

As children in institutional settings face increased risk of developing and experiencing (TA-)HSBs, it is crucial for staff based within such institutions to be equipped with knowledge and skills to identify, prevent and respond to (TA-)HSBs. This includes training teachers, social/youth workers, youth healthcare workers, such as pediatricians, child psychologists and counsellors, and youth justice officers, working across schools and/or child protection, residential care, youth healthcare or youth justice facilities[96].

2 IMPROVED POLICIES AND PROCEDURES WITHIN CHILD-BASED INSTITUTIONS

Such institutions need concrete safeguarding policies and practice frameworks, with clear preventative measures, rules and reporting mechanisms and procedures to effectively address (TA-)HSBs[97].

3 NATIONAL STRATEGY AND POLICIES

Governments must create national strategies, with strong policies and legal frameworks to effectively prevent and respond to (TA-)HSBs[98]. To do so, they should collaborate with key agencies, across education, youth healthcare, child protection, youth justice, residential care, child rights organisations and where appropriate, private sector organisations. Governments should likewise allocate adequate resources to such agencies, and help facilitate partnerships between them, to support the development and deployment of (TA-)HSBs interventions[99]. One key element of such national strategies and policies to respond to (TA-)HSBs should include stronger regulation, age-verification and assurance to access online pornography, to reduce children's exposure to such media, helping to address this central risk factor that can influence the development of (TA-)HSBs[100].

Response Recommendations

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

1 EFFECTIVE ASSESSMENT AND REFERRAL PATHWAYS

Evidence-based assessment models must be used to ensure effective and appropriate (TA-)HSBs responses and treatment/service referrals where necessary. These should gather in-depth information on a child's behaviour, their social context, engage child psychology, rights and safety experts, involve parents/carers when appropriate, and maintain transparency with the child around the process and its approximate time frame[101].

2 INCREASED THERAPEUTIC INTERVENTIONS

Therapeutic interventions for children with (TA-)HSBs should be tailored to the diverse ages, developmental stages and needs of children, and move away from adult behavioural modification programmes. This can include interventions such as psychoeducation programs, individual therapy sessions or therapy sessions/programs involving parents, carers or other family members[102]. The focus of such interventions should be for the child to take accountability for their actions, to discuss and understand consequences of such behaviours, to uncover and address potential root causes, and foster a behavioural change away from such harmful actions[103].

96 Allardyce et al. 2022; Crabbe and Flood 2021; Government of Western Australia 2022; Project deSHAME 2019; TdH NL 2024, Global Influencing Agenda and Strategy
97 Allardyce et al. 2022; Government of Western Australia 2022; TdH NL 2024, Global Influencing Agenda and Strategy
98 Allardyce et al. 2014; Hackett et al. 2005
99 Allardyce et al. 2014; Hackett et al. 2005; TdH NL 2024, Global Influencing Agenda and Strategy
100 Green et al. 2024; Crabbe and Flood 2021
101 Allardyce et al. 2014; AIM Project 2024; Commonwealth of Australia 2017; Project deSHAME 2019
102 Allardyce et al. 2022; Amelung et al. 2021; Benelmouffok et al. 2020; Commonwealth of Australia 2017
103 Amelung et al. 2021; Benelmouffok et al. 2020

3 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 needed to respond to such issues[104]. This may involve the adoption of models such as the Barnahus model, where various psychological, legal, healthcare and police services are coordinated under one system, to interview, assess and provide care to children, in ways that prioritise their rights, wellbeing, and protection from further trauma[105]. Such an approach ensures children receive comprehensive support, without the burden of navigating multiple agencies.

Conclusion

(TA-)HSBs is evidently a widespread issue that requires urgent prevention and response efforts, in order to protect and preserve children's rights to physical and mental health and wellbeing, safety and protection from all forms of violence and harm. To respond effectively, we must centre key principles discussed in this brief, and design and implement prevention, early intervention and response strategies in line with these principles, including those suggested within this brief.

PREVENTION

Raising Awareness & Safeguarding Children

- **Education for Children:** Age-appropriate lessons on SRH, consent, equality, and online safety.
- **Support for Adults:** Equip parents, carers and other community adults to discuss healthy sexuality and respond to concerns.
- **Public Campaigns:** Challenge harmful gender norms and violent masculinity.
- **Digital Industry Accountability:** Ensure child-safe design, age checks, and content moderation.

EARLY INTERVENTION

Targeting Children at Increased Risk

- **Staff Training:** Equip professionals in schools, healthcare, and care settings to identify and address (TA-)HSBs.
- **Safeguarding Policies:** Institutions need clear procedures for prevention and response.
- **National Strategies:** Cross-sector collaboration and strong regulation (e.g. online pornography access).

RESPONSE

Supporting children who display (TA-)HSBs

- **Assessment & Referrals:** Use child-centered tools involving parents and professionals.
- **Therapeutic Support:** Provide tailored, age-appropriate therapy focused on accountability and behaviour change.
- **Multi-Agency Care:** Use models like Barnahus for coordinated, trauma-informed justice and care.

104 Brown and Tregidga 2023; Government of Western Australia 2022
105 Bakketeig et al. 2017

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