

Submission for the Inquiry into the harm being done to Australian children through access to pornography on the internet

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1. INTRODUCTION

Children are harmed by pornography in the following ways:

- 1.1 My research with 84 convicted child sex offenders and 200 male victims of sexual abuse for the CRC showed that pornography is used routinely to seduce targeted children to (a) trigger their curiosity; (b) desensitise them and (c) normalise deviant sex. In the making of child pornography, victims are required to smile to give the impression that they are enjoying the abuse. The smile is then used to convince other victims that what is happening is fun. Pornography is also used by paedophiles to present sexual abuse as “sex education” that “negligent” parents failed to provide.**
- 1.2 Children are abused to make pornography. This is said to be a more lucrative international business than drugs. In August 2015, Shanon McCoolle, an Adelaide government employed residential child care worker was jailed for 35 years for raping seven young children aged from 18 months in state (and his) care. The District Court heard that McCoolle administered a highly sophisticated, 1,000-member global child pornography website. His crimes were uncovered by Danish police. SA Police found 100,000 images and 600 videos that were so gross that police had to be protected from the risk of post-traumatic stress disorder.**
- 1.3 Children are accessing pornography on their computers and mobile phones. School principals have told the writer that they take them to school and share their findings with others in the playground. Some of the images show violent sex and girls being sexually assaulted anally, vaginally and orally by multiple males. There are concerns that boys are led to believe that this is what girls like and what girls are for. I have asked my colleague Dr. Lesley-Anne Ey to forward her research findings relating to the effects of sexually explicit music videos on the attitudes and behavior of children of 6-8 years.**
- 1.4 Primary school principals in South Australia have told the writer that when they confiscate children’s phones until the end of the day, parents lodge formal complaints and verbally attack them.**

1.5 Principals believe that the availability of pornography triggers the dangerous practice of 'sexting' which has led to depression and the suicide of girls when images of their genitals have been widely distributed resulting in cyber bullying and derision. The boys are regarded as "studs" and the girls who participate are referred to as sluts and whores.

1.6 There is research evidence that pornography affects the brain in much the same way as drugs. It can become addictive. There is international evidence that some children become addicted to downloading pornography and rape younger children. For example, when the writer was in Scotland in 2009, the following case was in the court. The boys' defense was that he was addicted to porn and wanted "to do what the grown-ups do". The following media report is available on the internet.

Schoolboy who raped nine-year-old girl is spared custodial sentence

12-year-old boy was emulating pornography when he sexually assaulted girl, Edinburgh High Court hears

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A 12-year-old schoolboy who raped and sexually assaulted a younger girl after viewing hardcore pornography on the internet has been spared a custodial sentence.

A judge was told that the boy, who is now aged 14, was "emulating" with the nine-year-old victim adult acts he had seen following unfettered access on a computer to explicit websites. The high court in Edinburgh heard that the case could be "the tip of the iceberg" and many others may not have been identified or reported.

The boy's defence counsel Sean Templeton said: "There is a real risk that young people of the current generation of teenagers are growing up with a skewed view of what sex is and sexual activity." He said it was a great concern that they may be getting their sex education through pornographers. He revealed that during a police interview the accused child was asked why he had done it and his answer was: "Temptation." When questioned about the temptation he responded: "To feel grown up."

"This was an emulation of an adult act witnessed by him at this young age," said the defence counsel. "He was afforded unfettered access to the internet and it has become apparent from a very young age, the age of 12, he was accessing hardcore pornography."

He said it appeared such material was discussed in the first year at secondary school and parliament was currently discussing how to protect young people from getting access to such images. "This is the tip of the iceberg. Many, many cases throughout the country may not be identified, not reported, not coming to anyone's attention," said the defence counsel.

Templeton said the boy had identified the websites he visited to police and his lawyers had carried out an investigation. "The behaviour witnessed was reminiscent of the acts carried out by him," he added. The judge, Lady Smith, told the teenager that having looked at detailed and thoughtful reports prepared in his case she could consider a non-custodial disposal and was going to send the case to the children's panel where he could be kept under continuing supervision.

The judge said the measure of control and supervision that would be provided could mark society's disapproval and he would be provided with structure and advice, including how to handle relationships and sexual development all of which would be in the public interest and his own.

She told the boy he must behave and that he was being given an opportunity to "make something of yourself", to put his mistakes behind him and accept the wrongdoing and to think carefully of what it was like for the girl and "what she is living with because of that wrongdoing". The judge told him: "You should not and must not regard pornography as any guide at all as to how to behave sexually."

The boy, who cannot be identified for legal reasons, had earlier admitted statutory offences of rape and sexual assault committed between 1 December 2010 and 31 January in 2011 at a Scottish island community.

1.7 For some years we have known through the research of neurologist Bruce Perry (USA) and others that abuse and related trauma adversely affects the wiring of the young child's brain in the areas responsible for memory and concentration. It is not surprising that a large number of children in schools and groups for the learning disabled are survivors of sexual abuse. In research for New Zealand Police, the writer found that 81% of girls in a school for learning disabled children were confirmed victims of sexual abuse by more than one perpetrator by the time they were 14 years old. In a similar school for boys which had sex education but no child protection curriculum, 44% disclosed that they had been sexually abused by older boys in school toilets and changing rooms. These figures are consistent with the international research.

1.8 ACE research (US) shows that the abuse of children aged 10-12 years affects the part of the brain responsible for making safe decisions. Thus, these children are the ones most likely to engage in risk taking behaviour: promiscuity, unsafe sex =

pregnancy and sexually transmitted diseases, self mutilation, drug and alcohol dependence and related crimes.

1.9 Psychiatrist and Melbourne University senior lecturer Dr. Bill Glaser presented a paper to the Australian Institute of Criminology showing that there is a 70% correlation between child sexual abuse and later mental illness: PTSD, depression, suicide, problems in sexual relationships etc. He claimed it to be the biggest health problem facing the nation. Professor Chris Goddard, Director of the Child Abuse Research Centre, Monash University assessed the cost to the taxpayer as \$30 billion a year.

1.10 Felitti (USA ACE longitudinal studies) shows that childhood abuse reduces life expectancy by up to twenty years. Trauma affects the immune system and victims suffer more physical illness and more accident than non-victims.

1.11 In our research for New Zealand Police we found that most children had seen pornography by the age of ten, that around 50% were engaging in casual sex by the age of twelve, that boys avoided using contraceptives and did not relate sex with pregnancy. From the age of twelve, children were “partying” at weekends and girls said the aim was to get drunk and “get laid” as soon as possible. Neither the boys nor the girls said they enjoyed the sex but they did it to be popular and this was the expectation of the peer-group. The writer was the child protection researcher for New Zealand police over a 21 year period.

1.12 There is absolutely no doubt that children are suffering as a consequence of the availability of internet pornography. There is also no doubt that society will also suffer in the near future as children grow-up viewing sex as an activity separ from relationships .

In the next section I will outline the “bigger picture” of the effects of pornography on children and young people which includes being abused and abusing others.

2. THE EFFECTS OF PORNOGRAPHY ON CHILDREN:

CHILD-ON-CHILD ABUSE: YOUNG CHILDREN ARE ACTING OUT WHAT THEY HAVE SEEN AND EXPERIENCED, SEXUALLY ABUSING OTHERS IN SCHOOLS, KINDERGARTENS AND CHILD

CARE SETTINGS. THE BEHAVIOUR PREDIMINANTLY INVOLVES ORAL, VAGINAL AND ANAL PENETRATION

2.1 There are only three explanations for children sexually abusing younger children:

- (a) They have been traumatized/influenced by exposure to pornography and repeat what they have seen.** In the writer's interviews with more than 700 children for the ARC, some boys aged 6-8 years revealed that "fun" activities with their fathers included watching pornography on the internet because "that's what guys do"
- (b) They have been traumatized by sexual abuse and are repeating what they have experienced**
- (c) They have inappropriately witnessed sexual activity in the home environment.**

2.2 All of the above constitute child abuse and should be reported, investigated and therapy provided (by specialists) for perpetrators and victims as well as counselling for the parents of both victims and offenders. The problem is that neither teachers, police nor social workers appear to be trained to take these behaviours seriously and respond appropriately.

2.3 In 2002/3 the author was adviser to Minister for Education Brendan Nelson for writing the national Safe School Framework (2002-3). Meetings were held with administrators representing all states and education sectors. The message they brought was that inadequately trained early childhood teachers, child care professionals, social workers and police were facing the new problem of boys aged 3-8 years obsessively seeking or offering oral sex, masturbating and/or attempting anal penetration. Teachers responded by using punishment or dismissing the behaviour as normal sexual curiosity with the result that it became habitual and victims increased in number. Police and child protection services were disinterested.

2.4 Since 2003, this problem has increased globally. The writer published an article on child-on-child abuse in an American and British child development journal in 2014 as a result of which she was invited to provide lectures/ training for teachers in Bali, Switzerland and Jakarta as well as Australia. In the first half of 2015, the writer addressed 10,000 doctors and health professionals and almost as many educators (nationwide) organized by HealthEd. In their first evaluations, 100% of the GPs said that this was the first lecture they had ever had on child sexual abuse.

2.5 Failure to handle child-on-child abuse satisfactorily usually means that the problem increases as victims become copy-cats. The behaviour increases and can become habitual when they enjoy the power that accompanies it. In a rural independent school, a 6 year old forced oral sex on kindergarten boys in the cubby-house. It was later said that he had been exposed to pornography by an older sibling. The behaviour was ignored by staff and a year later, the victims, then aged six, began sexually abusing the current group of kindergarten children.

- 2.6 Ignoring this behaviour usually results in a schism in the community. The instigator's parents (supported by school managers. ...especially common in independent schools where enrolments are a concern) are in denial and blame others. Victims' parents typically remain silent, fearful that their children will become perpetrators. The whistleblowers are often those who remove their children to protect them. Frustrated parents turned to the ABC. A national radio program resulted in such a huge response that they produced a national 7.30 Report. The message nationwide was that schools were avoiding dealing with this problem and teachers have not been trained to handle it.
- 2.7 Schools try to "shove the problem under the carpet" to avoid facing parents and avoid a reduction in enrolments. Ironically, hiding it results in greater community anger, distrust of teachers and management and large numbers of families transfer their children to other schools. The parents of perpetrators support inaction and accuse whistleblowers of causing trouble. Whistleblowers have been ostracized to the extent that some families have found it necessary to leave their neighbourhoods. In rural areas, there may not be another school accessible and protective parents have found it necessary to leave their employment to provide home-schooling. Victims are re-victimised when they have to leave a school which cannot guarantee their safety while the perpetrator is allowed to remain there unsupervised. Victims are deprived of their school friends and related social lives while the perpetrators remain in their classes.
- 2.8 Last month, the author presented a public seminar at a country city. This was organized by frustrated and distressed parents whose children had been sexually abused by a 4 year old boy in the same kindergarten. The staff allegedly ignored anal and oral sex accompanied by threats and secrecy, dismissing it as "normal developmentally appropriate behaviour". Parents complained to the CEO of South Australia's Department of Child Development and Education (DECD) and Minister Susan Close. Parents removed victims from the kindergarten for their safety but the next nearest facility involves a 240km drive each day. Dissatisfied with the official response, parents approached the writer and requested that a seminar be provided on the subject of child-on-child abuse. The Mayor offered the use of the City Hall for the occasion. Two hundred people attended and the event was over-subscribed. DECD managers attended and subsequently refunded expenses.
- 2.9 As a consequence of the above (Item 2.7), the boy who initiated the behaviour is now accompanied by a supervising adult at considerable expense to the taxpayer. Nevertheless, his behaviour has allegedly continued in the out-of-school-hours child care centre and other children have re-enacted it. The DECD manager said that he could not order the boy's parents to seek treatment for the boy. Other parents argued that the kindergarten should have suspended or expelled him until a therapist declared him to be safe. It is alleged that no-one asked him where he had learned to play these "sex games". **Teachers are instructed not to ask questions because of the risk that they may "contaminate the evidence"**. The Minister agrees that this rule was "police driven". However police are not interested if the only witnesses to abuse are young or disabled

and lack the sophisticated communication skills needed to undergo rigorous cross examination by barristers as witnesses in an adult criminal court.

2.10 DECD have now asked the writer to provide separate training for teachers, social workers and parents for the identification and handling of child-on-child abuse. In many years of experience, the mishandling of the situation described is typical of what is happening elsewhere. There is no attempt to investigate how, where or from whom the instigator acquired his inappropriate sexual knowledge and therefore there is no attempt to stop the problem at source. The assaults invariably involve boys on boys. The instigator is rarely referred to a specialist clinic for assessment and therapy. New Zealand, Tasmania and Royal Melbourne Children's Hospital all offer specialist treatment for children with problematic sexual behaviours from the age of four and media reports show that the number of very young clients in Victoria and Tasmania is increasing annually. Schools are not informed of the whereabouts of these facilities.

2.11 Child-on-child abuse is a serious concern because Abel and Harlow, in their work "Stop Child Molestation" (2005 Xlibris) recorded that, with a huge sample of 4007 child sex offenders, 20% admitted that they began abusing younger boys before they reached the age of ten, 43% when they were aged 10-15 years and 76% were abusers before they were aged nineteen. In other words, most child sex offenders were abusing boys before they left school. Boys were abused by more offenders and at a much younger age than girls.

3.0 THE INADEQUACY OF TRAINING FOR PROFESSIONALS WHOSE WORK INVOLVES

CHILDREN

3.1 The inadequacy of professional training for handling child abuse cases was recognised by the federal government eleven years ago. PM John Howard provided a ten year endowment of \$10M to create a multi-professional Australian Centre for Child Protection at this university based on the multi-disciplinary work of the writer. The first aim was to assist all universities to include child abuse/neglect in relevant human service courses where graduates might work with children. This has never happened. Apart from mandatory reporting information, child abuse remains a taboo in most human service courses.

3.2 In September 2005, concerns relating to child-on-child abuse led the Australian Childhood Foundation to publish "*Children who engage in problem sexual behaviours: context, characteristics and treatment*" edited by Dr Petra Staiger, Deakin University. This provided a review of relevant research, most of which was undertaken in the USA. It was noted that, "There is a reluctance of parents, teachers and others to report to agencies any incidences of these behaviours in young children. Even if reports are made, the service system often fails to acknowledge the significance of the problem and

frequently does not record reliable data. There have been no attempts made to gauge the rates of children who engage in problem sexual behaviour either in Australia or internationally. In contrast, it has been estimated that 2%-4% of adolescent males commit sexual assaults (Ageton, 1983). Furthermore, Lane (1991) has reported that approximately 12% of adolescents who commit sexual assaults are 11 and 12 years old and at least half of these children engaged in problem sexual behaviour before 10 years of age. A report by the Children's Protection Society in Victoria, estimated that 20%-40% of child sexual assaults are the responsibility of those aged under 18 years (Flanagan and White, 1997)."

3.3 In 2010 the Government of South Australia recognised the problem of child-o-child abuse was sufficiently widespread and serious to warrant the publication of the booklet *"Responding to problem sexual behaviour in children and young people: Guidelines for staff in education and care settings"*. The author acted as consultant. It was revised in 2013. I have suggested that it should be further revised and this is likely to happen in 2016 to provide more practical advice for distinguishing normal sexual experimentation from behaviour that suggests that the child has learned from the internet or from experience as a victim.

3.4 The research literature tells us something about adolescent sex offenders but little is known about the young. The role of pornography has not been thoroughly investigated. It is very difficult (and often impossible) for researchers to gain permission from risk-averse university ethics committees, government departments and schools to research with children. (That is why the writer researched with New Zealand Police who had access to schools nationwide).The lack of knowledge has resulted in a lack of support and practical assistance for professionals and parents who have to deal with these behaviours. Questions arise:

- Managers should report to child protection services *and* victims' parents given that those children may be distressed and re-enact what happened with younger siblings at home. However, most are reluctant to do so, preferring to label the behaviour as normal curiosity. Furthermore, those who do make reports usually find that social workers and police do not take the matter seriously.
- Should the school become involved with the perpetrator's parents or leave that to child protection professionals (bearing in mind that the family may be part of the problem and the social worker is unlikely to have been trained for these situations)?
- Does the education authority have guidelines for these situations? If not, why not? (DECS South Australia has but they could be improved)
- Have social workers, school counsellors, psychologists or police been trained to handle these situations appropriately? (Most haven't)
- Should children with a history of problematic sexual behaviours be suspended or expelled to protect past victims and prevent the abuse of others?

- When they are expelled, these children invariably enrol at another school where, because of “the child’s right to privacy”, staff may not be aware of their histories. Without effective therapy, the behaviour is likely to continue leaving another trail of victims.
- Should children and young people with problematic sexual behaviours be educated separately? In some cases, they are given very expensive one-to-one adult supervision.
- When abuse occurs in school toilets, what are the implications for staff? How can toilets be supervised without the risk of staff being accused of “perving”?

3.5 Reporting will depend on:

- laws and regulations requiring the reporting of suspicions/evidence of abuse
- evidence of violence; the abuse of power; anal, vaginal or oral penetration; threats or secrecy; premeditation; grooming; the use of others as well as tricks, force, bribes, threats or blackmail to silence the victim
- the use of language or behaviour associated with adult pornography
- a previous history of abuse as victim or instigator or being overly interested in sex
- whether the child had been warned about the behaviour and ignored the warning

3.6 When young children force sexual acts on others, beliefs about childhood innocence are shaken. These situations bring an emotional response and a high level of staff stress and anxiety. Simply reprimanding the serial perpetrator merely ensures that he takes greater care not to be caught.

3.7 When staff are inadequately informed, serious incidents such as rape have been dismissed as “boys will be boys”, or it’s “normal sexual experimentation” (when it clearly isn’t). Other common explanations for ignoring the behaviour are, “Maybe he’s seen pornography” or, “Perhaps he’s seen his parents having sex”. **Even if this were true, if a child is so psychologically harmed that he is replicating what he experienced, this constitutes reportable child abuse and intervention is essential.**

3.8 Responding emotionally, adults fail to ask the sensible questions such as “Who showed you how to play that game? Where do you play?” and “Who is that in your (explicit, sexual) picture.. Where is this happening?”. Child-on-child abuse should not only be reported to child protection services but therapy should be provided because of the risk that (a) the perpetrator will continue to create victims; (b) the child’s premature sexual experience will be recognised by paedophiles and s/he will then be at risk of being abused repeatedly. Unfortunately, a poor response from child protection workers has added to teachers’ and carers’ problems. Dismissing the behaviour as unimportant deprives young abusers of specialist help.

3.9 There is a lack of government policies and few government departments allocate resources to programmes that are specifically designed to support young offenders and their families. Quite clearly, staff of schools and early childhood centres, health and social

workers need to know (a) how to handle these situations in psychologically helpful ways and (b) why treatment is important; and (c) the whereabouts of specialist treatment for relevant age groups to advise parents constructively when needs arise. Parents are usually reluctant to take children for treatment because they fear that they will be labelled as offenders.

3.10 Child and adolescent sexual abusers are taken less seriously than adult offenders and it follows that their victims are ignored. There seems to be a widespread belief that abuse is somehow less harmful when perpetrators are juveniles and yet international and Australian research shows that their sex crimes can be just as violent and damaging as those committed by their adult counterparts.

3.11 Unfortunately, when boys are caught exhibiting inappropriate sexual behaviours with younger siblings or other children, adults do them a great disservice by making excuses on their behalf while avoiding their problems. They say:

- boys will be boys (excusing rape)
- he wouldn't do that; I know him – he's a good kid
- he's never been in any trouble before
- he comes from a good family; his parents go to our church
- it was just normal experimentation
- the complaint was exaggerated
- the other kid led him on

The idea that “a good kid” from a good home could never have a sexual interest in children extends beyond the family to the school. Professionals have been only too willing to explain juvenile sex crimes as an unimportant aberration. *As a consequence, those who care most about these young people and have responsibility for their safety, collude and prevent them from receiving the help they need.* Parents often fear that seeking help will label child offenders as having a history of psychiatric illness. However, short-term therapeutic interventions can greatly reduce if not eliminate inappropriate sexual behaviours in pre-adolescent children¹. **Most major cities have treatment programmes for adolescents but few people know how to access them or facilities for younger children.**

4.0 The effects of the early sexualisation of young children

Children who sexually abuse other children are significantly more likely than others to have:

- psychological problems (i.e. lack empathy, restricted affect, depression) than children who display self-focussed problematic sexual behaviour
- school failure
- developmentally inappropriate social skills and inability to engage in appropriate social interactions due to their de-humanising experiences
- high levels of anxiety and obsessive behaviour
- high levels of depression, internalising, externalising and withdrawal

Toni Cavanagh Johnson (1988) was one of the first to study very young perpetrators of sexual abuse. She surveyed males aged 4-12 years attending a Los Angeles treatment centre. The most common age groups represented were six (16%) and eleven years (21%)². All knew their victims; 47% were siblings and 18% were close relatives. Offenders admitted abusing up to

seven victims aged from infancy, most being in the 4-5 year and 7 year age groups. The mean age of victims was 6 years. As with adult perpetrators, juveniles used excessive physical coercion along with bribes and threats. They recruited co-perpetrators to restrain victims. The behaviour included all forms of penetration. Johnson was concerned that professionals needed to be more aware of the prevalence of incest and the vulnerability of younger children when a boy with problematic sexual behaviours was in their social environment. She emphasised the need for treatment for young victims and perpetrators.

5.0 Examples of problematic sexual behaviours in schools

All but one of many cases brought to the author's attention involved very young boys who were anally or orally abused by other boys on school premises. Frustrated parents turned to media when school principals and education authorities ignored what was happening. The trend for males to be both perpetrators and victims is confirmed in the international literature³.

- In April, 2008, three 5-year old boys were sexually assaulted by 6-year olds at a Cairns state school. A victim's parent said his son was totally out of control afterwards.
- Two Queensland Prep boys accosted others going to the toilet. Victims were forced to remove their pants and the boys urinated on them, referred to in pornography terms as "golden showers". The school principal took no action and did not contact victims' parents. Typically, a parent only learned what happened when the boy refused to attend school. After police became involved, teachers provided better supervision of school toilets but the boys responsible for the attacks received no therapy and merely took their behaviour to more remote parts of the playground⁴
- September 2008 brought a spate of media reports of sex attacks involving very young children. On his first day at school, a 5-year old boy Adelaide boy was anally raped and forced to provide oral sex for an older boy who trapped him over the toilet and locked the door. The teacher noted the victim's disturbed behaviours when he returned to the class and emotional disturbance was noted again when he returned home. When he refused to return to school his mother presumed that he was simply not ready for the school experience but she became alarmed when she found him attempting to anally penetrate his younger brother. One week later, she found that the principal had not contacted child protection services (as required by law) and a senior member of staff dismissed her concerns as "over-reacting to normal sexual experimentation". "Stressed staff" were offered counselling; the victim was not. Threatened with media exposure, the principal invited the writer to provide a public lecture on child-on-child abuse which attracted 150 parents and staff. The victim was transferred to home schooling.⁵
- Also on her first day at school, an Adelaide 5-year old girl was attacked by six-year-old boys who followed her into the girls' toilet, held her down and urinated on her, referring to this as "Golden showers". Despite the use of language associated with pornography, the principal merely gave the boys black stars for their star-charts and deprived them of outdoor play for a week

- At the same school, older boys behaved sexually with a 7-year-old girl behind the bicycle shed. The boys were reprimanded. A student teacher found the girl upset that boys referred to her as “root rat” because she showed them “how to root”. The girl was dismissed by her teacher as “just promiscuous”. The student teacher found she was exposed to pornography and had been abused by her stepfather and thought this was what she had to do to be popular with boys
- When, with the victims’ mothers, the author reported that two eleven-year-old boys had been anally raped on several separate occasions at school by another 11-year-old boy, the social worker rejected the report (despite the use of force, tricks and secrecy), saying that the behaviour didn’t constitute child abuse because the aggressor was a similar age to his victims and “child abuse involves a perpetrator who is at least five years older than the victim”. The school’s response was to ask staff to “keep an eye” on the toilets
- A 6-year-old boy persisted in offering and seeking oral sex from a newly enrolled 5-year-old. When the victim’s father (a student teacher) complained, staff dismissed his concerns with, “The kids in this class love playing at kiss and tell”. When he reported abuse to the child protection service from my office, the social worker said, “What do you expect us to do? We can’t arrest a six-year-old.” When the father suggested that the six-year old might be a victim of abuse or exposure to pornography who should be assessed, she said, “Oh, really. That’s news to me.”
- A week later in a Brisbane state school, three six-year-old boys were caught running a “sex club” which involved receiving sexual favours from Year 2 classmates. Similar reports emerged at state schools on the Gold and Sunshine Coasts and Northern Queensland. The media reported that the sexual abuse of young children by others was now “rampant”⁶
- During a lesson on pets, a five-year-old told the student-teacher that she had sex in bed with her dog at night. In a quiet corner, the child was asked to draw pictures of her family. She drew several dogs and a stick-figure of her 12-year-old brother with an erect penis. She was asked, “Where do you see him looking like this?” She replied, “He comes into my bed at night.” She was asked to draw a picture of what happened next and produced a series of cartoon-like pictures, describing what happened as she drew. The principal revealed that the boy was in the same school and had been behaving sexually inappropriately throughout the previous year.
- A father whose son was one of three accused of sexual abuse in a Brisbane school complained to media that staff interrogated the boy and didn’t notify him until six days later. The explanation given, he said, was that the school was too busy. The father said he was “on the phone for hours being fobbed off by the Education Department.”
- The previous day it was reported that the serious sexual assault of a seven-year-old girl by a male classmate was dismissed as a “childhood experiment” by another Queensland principal⁷. The victim was forced to perform oral sex on the boy who threatened violence.
- In the meantime, on the Sunshine Coast, a gang of nine-year-old boys “groomed” five-year-old boys to engage in sex acts, rewarding victims with “lollies”. The

Education Department allegedly failed to provide a promised investigation and parents complained that offenders remained in school and they, not victims, were protected. Typically, victims' parents felt obliged to find other schools because their children were "scared to death" and needed counselling

- In Southern Queensland, a 4-year-old boy obsessively offered and demanded oral sex at his kindergarten, telling staff in crude language that little boys like providing oral sex for men. When this was reported to the child safety service, the director was allegedly told, "You're at the coal face. Ask his mum if he sees them having oral sex at home". The director was shocked by this instruction but complied. The mother's bizarre response was that she would not interfere with her son's "normal sexual development". They were never seen again. Staff were then concerned that the boy would be enrolled at another centre and the behaviour would continue
- A seven-year-old girl molested by boys was experiencing nightmares a year later. Queensland Opposition MP Jann Stuckey said she raised similar allegations involving children in far north Queensland in May 2008. She said the child protection agency failed to get involved in countless cases and she criticised the State Government for the "appalling betrayal" of victims, citing the fact that the seven-year-old girl had to travel more than eight hours to attend counselling. The Minister responded by ordering an inquiry⁸. I contacted her recently and she had no recollection of any inquiry taking place.

5.1 Parents rarely know what to do when their children are sexually abused at school. Instead of contacting police or child protection services, they report to the teacher or challenge the perpetrators' parents who usually respond with instant denial, blaming victims and accusing them of over-reacting. This does nothing to resolve the perpetrators' problems.

5.2 The ABC (2014) confirmed the writer's finding that when parents make reports to managers of schools and centres, they seldom emerge with any sense that the situation has been handled competently. In the private sector of education, with risks to enrolments in mind, some parents have specifically been asked not to report child sexual abuse to police to protect "the good name of the school". In the school where the writer taught, the principal called a meeting to seek staff solidarity to conceal the sexual abuse of boys. It was reported by victims' parents.

5.3 When school managers have fulfilled their mandatory notification obligations, some have minimised what happened, referring to rape as "inappropriate behaviour", thus avoiding an investigation.

5.3 Most frequently, primary school aged perpetrators are given a warning; on the second occasion they may be suspended and on the third, expelled without any report being made. They then enrol elsewhere. Problems continue but with aggressors recognising the need to take greater care to avoid being caught. They use secrecy and threats and traumatise victims into silence.

5.4 Restorative justice must not be used in schools as a way of managing these situations. Children affected must not be put under any pressure to forgive and help their abuser's "rehabilitate" by, for example, agreeing that they remain at the school.

What becomes clear is that such behaviour is tacitly and sometimes explicitly condoned within the cultural context of both home and school. The widespread nature of dismissive attitudes should not be allowed to minimise the abusive actions of young perpetrators and the seriousness of their effects on victims⁹.

6. NORMAL v LEARNED, PROBLEM SEXUAL BEHAVIOURS

6.1 Sexual exploration is a normal part of healthy child development but children (usually boys) who are sexualized prematurely through access to pornography or personal experience may engage in sexual behaviours that are not within normal bounds. The Australian Centre for the Study of Sexual Assault (No. 3: 2006)¹⁰ suggests that three factors should be considered: the degree of (a) equality of involvement; (b) consent; and (c) whether coercion was used. An age difference of more than two years is regarded as unequal. Natural, healthy sexual exploration by young children involves voluntary involvement and equal sharing in information-gathering from looking at (rather than touching) each other's bodies to see if they are constructed identically. It's about "You show me yours and I'll show you mine" with equal participation. Children involved tend to be same-age friends at the same developmental level. Normal sexual curiosity is occasional, short-lasting and participants are easily distracted. There is intermittent activity with high interest at age 4-6 years and again at 8 years. This does not usually leave participants with a sense of shame, fear or anxiety. It may include fun and teasing, such as, "I dare you ..." . Young children act out gender roles playing at "mums and dads" or "doctors and nurses". They begin to recognise that it's "naughty" when they are caught by adults who respond emotionally. Thereafter it becomes more daring, exciting and secretive. Participants are embarrassed when caught but don't understand what the fuss is about.

6.2 Unhealthy sexual behaviour usually stems from emotionally disturbing experiences which they may re-enact with others to gain understanding. Sharing helps young children to reduce fears. Re-enacting traumatic sexual experiences can initially be therapeutic for the perpetrator but when victims enjoy the power that sexual abuse brings there is a risk that it will become habitual. Furthermore, abuse by a child can be as traumatic for victims as abuse by adults.

6.4 Briggs (1995)¹¹ and Briggs *et al.* ¹²(1994) found that group sexual activity and an interest in sex increases boys' vulnerability to sexual predators.

7.0 It is a sign that a young child has been influenced by pornography or by being abused when their sexual behaviour involves:

7.1 selecting vulnerable targets: e.g. children on their first day at school, those with disabilities or an age difference of 2 or more years

- 7.2 demanding or offering oral sex or kissing genitals
- 7.3 inserting fingers, objects or a penis into anus or vagina
- 7.4 coercion, intimidation, tricks, threats, secrecy, blackmail, bribes or force
- 7.5 emotionally distressed victims
- 7.6 repetition in secret after adult intervention
- 7.7 obsessive behaviour such as masturbating
- 7.8 the use of adult sexual language
- 7.9 siblings and cousins as well as children at school
- 7.10 denial, anger or withdrawal when caught

Sexually abusive children often live in chaotic families with a history of sexual or drug abuse, absent, non-functioning or violent father-figures resulting in children's lack of understanding of boundaries.

8.0 Problematic behaviours exhibited by children under five years who have been sexually abused and/or exposed to pornography :

- 8.1 Most children poke fingers into the orifices of dolls with genitalia but interest is brief. Abused children's interest in genitals *per se* may be obsessive
- 8.2 obsessive masturbation
- 8.3 an obsession with sex talk and behaviour; not easily distracted
- 8.4 re-enactment of specific adult sexual behaviour the child has physically experienced or witnessed using others, animals or dolls
- 8.5 describing sexual acts in such a way that experience is suggested
- 8.6 sexual behaviour that involves self-injury
- 8.7 coercion, threats, tricks, force, secrecy, violence, aggression, blackmail
- 8.8 targeting younger, uninformed, powerless and/or disabled children for sex
- 8.9 threats to keep the behaviour secret
- 8.10 asking the target if s/he likes what s/he is doing
- 8.11 making sexually explicit drawings and drawings with features known to be associated with victimisation.

9.0 Problematic sexual behaviours exhibited by children of 6-10 years who have been sexually abused and/or exposed to pornography.

- 9.1 re-enactment of specific adult sexual behaviour the child has physically experienced or witnessed in pornography or the home and he teaches others how to do it to gain peer-group kudos
- 9.2 a precocious sexual knowledge beyond the norm for their age
- 9.3 foreplay with peers under or over clothing
- 9.4 sexual graffiti – often deliberately brought to the adult's attention
- 9.5 frequent use of sexual innuendo
- 9.6 overly interested in pornography
- 9.7 demands for sexual activity involving coercion, force, threats, tricks, secrecy, violence, aggression, blackmail to gain compliance
- 9.8 targeting younger or vulnerable children for sex
- 9.9 bullying others into committing sexual acts while they watch

- 9.10 drawing sexually explicit or other significant drawings
- 9.11 obsessive pre-occupation with genitals, masturbation, sex talk
- 9.12 sexual penetration of a child using fingers, objects or a penis
- 9.12 genital or open mouth/tongue kissing
- 9.13 demanding, offering or forcing a child to provide oral sex
- 9.14 asking or forcing another child to “wank” him or provide a “blow job”
- 9.15 simulated or attempted intercourse
- 9.16 asking the target child if s/he likes the sex activity
- 9.17 using adult sexual language
- 9.18 sexually explicit proposals or threats such as emails, notes or SMS messages
- 9.19 inducing fear with threats to rape, etc.
- 9.20 creating or distributing pornography

10. Problematic sexual behaviours for the 10-12 age group primarily include:

- 10.1 most of the above and any sexual activity with younger or vulnerable children
- 10.2 violating the personal space of others; e.g. sexual harassment, lifting others’ skirts or pulling pants or touching their breasts
- 10.3 a chronic pre-occupation with sexual matters, pornography and sex talk
- 10.4 any sexual activity with children of any age that involves anal or vaginal penetration, coercion, tricks, force, bribery, aggression, bestiality or secrecy, or involves a substantial peer or age difference should be considered highly problematic and warrant serious attention. Perpetrators usually lack empathy for victims and lack an understanding of sexual boundaries
- 10.5 “mooning” and making obscene gestures
- 10.6 injuring genitals

The youngest person found by Victoria police to be making and distributing pornography was a rural boy aged eight. On several occasions in 2014, Victoria Police told the AGE that juveniles are responsible for most child sex offences and those relating to pornography.

12. Prevalence of children who sexually abuse others

12.1 It is unclear how many sex offences are committed by children and young people (or why they do it) given that most are not reported or investigated. That is because victims may feel embarrassed or fear the perpetrator. They worry that they will be disbelieved by parents or they don’t know that the behaviour is reportable. British statistics suggest that harmful sexual assaults perpetrated by children account for one quarter to one third of all sex offences reported to authorities¹³.

12.2 The Australian Childhood Foundation (Staiger 2007) confirmed that there have been no Australian attempts to measure the rates of children who engage in problematic sexual behaviours, least of all what contributes to them. Recognising and understanding these children is a neglected area of research and clinical practice. Information about Over 12s has come from those who were ordered by courts to attend treatment programmes but there is

little information about Under 12s. International evidence confirms that these behaviours are increasing and the perpetrators of problem sexual behaviour are getting younger and younger.¹⁴

12.3 On November 27th 2008, in an article in The Australian (p. 6) entitled “Horror of Abuse among children”, Caroline Overington referred to the Australian Crime Commission Report which noted that “The rape of toddlers by other children is commonplace in Aboriginal communities and in one case” the anal attacks were so violent that one child “has to wear a colostomy bag”. The sexual abuse of Aboriginal children was related to the availability of pornography to children. “One boy showed pornographic DVDs to other children so they could re-enact the scenes. The report blamed society’s “acceptance of sexual and physical violence”. Animals were also victims. “Each major jurisdictional taskforce or inquiry report indicates some level of concern about this”. Dr. Wendy O’Brien provided data on the rape of three- and four-year-olds by older boys who transmitted sexual diseases. “Then there was the gang-rape of a girl and repeated sexual abuse on an 11 year old boy by a gang of children who spent their days watching pornography and smoking marijuana.”

12.4 In February 2010, Tasmanian professionals called for special treatment programmes for children exhibiting problematic sexual behaviours¹⁵. Liz Little, the manager of a trauma centre said that they were “getting better at identifying young sex offenders” and needed programmes to break the cycle. “We are also getting a high number of requests about students displaying problematic sexualised behaviour at an early age. We haven't anything to deal with this. Teachers reported that they are increasingly overhearing primary-school students boasting about having oral sex”.

12.5 In 2011, (May 19th & July 2nd) the NSW Commissioner of Police told the Sydney Morning Herald that more than half of 60,042 sex abuse victims in 2009 were children aged from five years and 10% of reports involved children under five. Victims and perpetrators were getting younger and younger and most offences were committed in the family setting. It was estimated that 90% of offences went unreported. Most occurred in the home.

12.6 In 2014, there were two reports in The Age by Victoria Police to the effect that the number of young child sex offenders had increased and victims were getting younger and younger.

12.7 On May 30th 2015, The Weekend Australian’s headline was that “unsupervised internet access is spawning a generation of hyper-sexualised children who are requiring medical treatment for injuries and anxiety as they mimic adult pornography online. Psychiatrists, police and child welfare experts warned that the 21st century scourge of “sexting” and social media endangered children’s physical and mental health. Dr Michelle Fryer, representing the Australian and New Zealand College of Psychiatrists (for whom the writer gave their annual oration on this subject in 2009) warned that the normalisation of online pornography by children would cause later relationship problems. “Pornography usually depicts men as dominant, often aggressive and females as submissive and that is

not the state of mind we want children to grow up with” (p3). Dr Fryer confirmed that it is almost impossible for parents to protect children “because pornography is so pervasive and easy to accept from devices”. Psychologist Michael Carr-Gregg confirmed that “online pornography was skewing the way teenagers viewed sex, love and intimacy. Boys see girls as sexual service stations for their pleasure.. Their idea of sex is porn sex”. He was seeing this daily in his clinic. More recently, Aboriginal adviser to the PM, Warren Mundine said that in five indigenous communities, there was not a single child or person who had not been affected by child sexual abuse.

12.8 Threatening demands for oral sex and images of genitals now feature frequently in SMS message bullying affecting both boys and girls in primary and secondary schools. A representative of Queensland’s child mental health service told a workshop for Catholic school principals in Brisbane (2007) that demands for oral sex on school premises were so frequent as to be “statistically normal”.

12.9 Primary school principals said that boys have used mobile phones to photograph girls’ genitals while girls photographed their own for boys they liked. Some later found that the boys distributed the images to peers for kudos and published them on the internet. This makes them producers and distributors of child pornography which are crimes with serious consequences, including inclusion on the paedophile register that could affect their future careers and overseas travel¹⁶.

12.10 Sexologist Bettina Arndt (2008)¹⁷ confirmed that pornography influenced youth culture and makes it easy for adolescents to behave sexually irresponsibly. “Oral sex is common-place and widely expected by young males”, she said. Boys demand it and girls are pushed into providing it because they think, mistakenly, that it will increase their popularity. Younger boys cooperate because they are afraid of what will happen if they resist. Unfortunately, the one thing that hasn’t changed is that while promiscuous boys are thought of as “studs”, cooperative girls are still labelled as slags and whores.

12. 11 Julie Richters¹⁸, author of the sexuality study “*Doing it down under*” (2008) showed seven years ago that we had produced a generation of young people who thought they had the right to do whatever they liked. She said, “They (girls) get drunk and randy and do silly things, like going into toilets with males. It’s like accepting a lift with someone you don’t know; once you are in their car, they’ve got all the power.” Richter said that the greatest danger for girls is not “catching the clap” but being assaulted. Briggs and Hawkins (2000) also found that girls from the age of eleven went to night-clubs and parties, got drunk and found themselves in situations with adult males that they lacked the maturity to handle. Richters agrees that there is a point where girls think “they’d better go through with this” because if they try to stop it they will be in big trouble. There is an abuse of power that is rarely reported.

13. Characteristics of young sex offenders

13.1 Gender

Almost all studies of young sex offenders surveyed for the Australian Childhood Foundation (ACF)¹⁹ found that boys were over-represented. For example, in a sample of 271 children with sexually problematic behaviour, only 12.5% (34) were girls. Pithers *et al.* (1998) also found that sexually aggressive children were most likely to be boys.

13.2 Behaviours

Studies reviewed by Staiger for the ACF (2006) showed that children who exhibit aggressive problematic sexual behaviour also exhibit the highest levels of other socially deviant behaviours and conduct disorders. The role of pornography was not examined. Hall *et al.* (2002)²⁰ confirmed that these children exhibited greater levels of hyperactivity, trickery and blaming others for their own crimes which were usually planned and coercive. Hackett *et al.*²¹ (2008) cited research by Gray and colleagues (1999)²² which showed that in a sample of 127 children receiving therapy for problematic sexual behaviours, 65% were boys and their average age was 8.8 years. Seventy-six percent had other conduct disorders and cases of ADHD (Attention Deficit Hyperactive Disorder) were prevalent. Most were abused in the home but the second most common location was the school. Hall *et al.* (1998) found that 81% of those who exhibited problematic “interpersonal” sexual behaviours were characterised by inappropriate parent-child roles or role reversal, compared to (a) 58% of children who exhibited problematic self-focussed sexual behaviour and (b) 21% of children who displayed developmentally “expected” sexual behaviour. Thus research suggests that the combination of high levels of anger, anxiety, sexual, physical and substance abuse, psychological problems/disorders and parent-child relationship problems may be associated with the development of problem sexual behaviours in children. Family intervention is essential. Physical abuse in childhood and the sexual victimisation of a parent substantially increases the chances that the child becomes a juvenile abuser (Johnson, 1994)^{23, 24}.

14 New Zealand findings

High levels of depression, isolation, chronic stress and post-traumatic stress disorder were noted in the mothers of boys who exhibited problematic sexual behaviours. Auckland University researcher Dr. Ian Lambie found that the families of New Zealand young sex offenders were characterised by:

- .1 frequent exposure to pornography
- .2 inappropriate parent-child roles
- .3 a third had been sexually abused by their natural fathers
- .4 high levels of physical abuse by fathers and father figures
- .5 witnessing high levels of domestic violence
- .6 72% of their families contained at least one sex abuse victim
- .7 grandparents (66.6%) who were sexually and/or physically abused
- .8 parents (33.3%) with criminal histories
- .9 dysfunctional family relationships
- .10 a third had divorced parents
- .11 father not functioning (e.g. due to alcoholism or absence) 1
- .12 drug dependence.

15. Children who sexually abuse others

Araji (1997)²⁵ confirmed that children as young as three and four were referred for treatment for sexual aggression. Most (76%) had been abused. Silovsky and Niec²⁶ (2002) found that that 3-7 year-olds were engaged in frequent and severe problematic behaviour with 54% repeating molestation after being told to desist, 38% attempting sexual penetration with another child or adult and 20% engaging in oral sex. None of the researchers looked at the role of pornography in abusive behaviour. Both Bentovim²⁷ in the UK and Abel²⁸ in the United States found that between one in four to five boy victims of sexual abuse becomes an offender. Lane (1991)²⁹ reported that at least half of adolescent offenders were engaged in problem sexual behaviour before the age of ten. A report by the (Australian) Children's Protection Society in Victoria, estimated that 20%-40% of reported child sexual assaults are committed by males under the age of eighteen³⁰. Again referring to Victoria, Flanagan and Hayman-White (1999) found that 84.5% of victims of adolescent offenders were aged 6-11 years, 94.3% were known to their offenders, 45.9% of whom were relatives³¹. Of the 534 children referred, one third had been sexually abused by someone under the age of eighteen. Twenty-three percent of young people undergoing treatment for sexually abusive behaviours at Griffith University Assessment and Treatment Centre were aged 10-12 years and 70% were 15 years or under. Researchers confirmed that the age of the offender does not determine the degree of harm caused to victims. Abuse by a school peer or sibling can be just as frightening and harmful as abuse by an adult³².

16. Abel and Harlow's explanation for abuse

In their book, "Stop child molestation" (2001) Abel and Harlow explain that a boy's first experience identified as "sexual" is critical to his future development. In adolescence, the increase in testosterone leads to an intense interest in sex. If that critical first experience involved abuse or child pornography, their sexual thoughts and fantasies may include younger children rather than peers or the latest pop star. As sexual thoughts become linked to masturbation and orgasm, they solidify the perception of children as sex-objects and increase the drive to child molestation. In other words, the danger is the linking of pornography with sexual thoughts about children and the linking of sexual thoughts with orgasm which, in turn, leads to repetition. This is seen to be a major reason why child molesters continue to molest. Boys who fantasise about sex with children have no way of knowing the potential dangers. Over the years they can secretly build up sexual desires for younger children, increasing the risk of offending.

17. All members of America's paedophile club NAMBLA (advertised on the internet) who were interviewed for their YouTube clip said they were sexually abusing younger boys from the age of eight. Thus, they regarded this as normal behaviour.

18. Factors that enable young offenders to overcome victims' resistance

- Inadequate supervision by teachers (especially in school toilets, boarding schools, school camps and sports changing rooms)
- The ignorance of professionals responsible for children's safety

- Inadequate supervision by parents and carers
- Lacking sexuality or child protection education, victims don't know that the behaviour is wrong and don't know what to do about it
- Grooming leading the target victim to trust the offender; or
- Coercion, threats, violence, blackmail and fear are used
- Sexual curiosity especially relating to pornography and adult sexuality
- Pornography used as a manual for activity
- Parents misplaced trust in carers eg. school camps, sports changing rooms

In the research with 200 male victims, the writer found that, initially, some boys felt privileged to be given access to the secret world of adult male sexuality... describing it as "like having membership of a secret boys' club". When the behaviour became violent and obnoxious and they wanted to leave, they found they were trapped by threats to reveal all to parents (etc.) It is easy for offenders to blame boys for their own abuse if their bodies responded to sexual touching, as most do. They then suffer from guilt and worry about their sexuality.

In the young offender's family the following must be banned:

- child-minding (not allowed in any circumstances)
- contact with children or potential victims without close supervision by a responsible adult who is aware of the risks
- supervisory roles involving young children (e.g. in church groups, clubs or jobs)
- all sexually explicit, "X-rated" or pornographic materials
- contact with victims, especially before an investigation or prosecution given that the perpetrator may intimidate victims into retracting their statements.

Psychologists working with young offenders suggest that they may be allowed to attend school but *not* if the victim is in the same school, least of all in the same class. Schools cannot guarantee victims' safety.

Contact is especially undesirable if a prosecution is forthcoming. Immediate family members should not be given supervisory roles because they may not believe that their relative has done anything wrong and supervision is then lax³³.

22. Adolescent sex offender's crimes

An Auckland University study of 482 young sex offenders in the 11-19 year age range by Dr Ian Lambie (2002)³⁴ showed that 84% were sex abuse victims, 42% of whom had been sexually abused by adolescents. Most lived in dysfunctional families with histories of sexual violence, drug abuse, pornography, absent or non-functioning fathers and a lack of social boundaries. Sixty-six percent had separated parents.

The sexual crimes committed were as follows:

- More than a third committed vaginal rape
- More than a quarter committed sodomy
- 42.5% committed oral rape
- 87% committed sexual assault

- 57% of offenders used violence.

These 11-19 year olds were known to have abused 1416 victims. Drug and alcohol dependence was a factor in 22% of cases and criminal histories in 33%. As with most other studies, the influence of pornography was not mentioned.

22.1 Lambie found, as Briggs, Hawkins and Williams (1994) found in Australia, that sexual abuse by youths is just as violent and just as damaging as abuse by adults but people viewed it less seriously. Most of the eighty-four convicted offenders in the Australian sample began offending in childhood. Twenty-eight percent (N=198) reported being sexually abused by adolescents before they were aged six; 54% were abused by adolescents when they were between the ages of 6 and 10 years and 59% when aged 11-16 years. Offences included anal (52%) and oral rape (57%).

22.2 Taylor (2003)³⁵ studied 272 youths referred for treatment in the UK. Ninety-three percent engaged in genital contact, 15% attempted penetration and 37% succeeded. In 402 incidents, only 3% involved strangers. The average age of victims was just 8 years.

22.3 Bob Stevens, director of a community-based therapy programme for young offenders in New Plymouth (NZ), confirmed that 50% of his clients were abuse victims and 50% were the products of sexually violent environments (2011). The Otago Women's Health Study (N=500) found that nearly 50% of perpetrators were under eighteen³⁶. Young perpetrators were described as "a large and often quite violent group, who carried out one quarter of all reported sex offences"³⁷.

22.4 In July, 2008³⁸, Victoria Police confirmed that more and more children were being reported for sex offences. An eight-year-old boy stored pornography on a mobile phone. In the 2006 crackdown, 12% of those arrested for downloading child pornography were adolescent boys. They also outnumbered adults at a ratio of two to one in the manufacture of pornography. Spokesperson Detective Inspector Chris O'Connor said that youths risked being convicted of sex offences by sharing sexual images of peers using modern technology. Boys aged 10 were among 61 young people accused of making child porn in 2007-8. More 15- to 19-year-olds were caught producing child porn than any age-group in 2007.

22.5 The relationship of media, criminal behaviour and sex offending was graphically demonstrated when a 17-year-old Werribee girl with a learning disability was subjected to the most horrifying violent pack rape by a gang of twelve boys³⁹. A sixteen-year-old filmed it on his mobile phone. The images were placed on YouTube along with footage of the group making chlorine bombs, harassing a homeless man, throwing eggs at taxi drivers and participating in fights at parties. YouTube viewers also saw the group assaulting, raping, burning, humiliating, urinating on and degrading the disabled girl. Several boys were seen setting fire to her hair, forcing her to provide sex and throwing her clothes in the Werribee River. During this time, one boy stomped towards the camera and said, "What the f---; she's the ugliest thing I've even seen." The girl previously arranged to meet two boys at a shopping centre and twelve intercepted her. It was later reported (29th October 2006) that

a sequel DVD, entitled *CTM2*, was published by the same youths showing them breaking into houses, smashing property, and defecating in kitchen utensils and crockery. It was noted in court that some showed no remorse. On November 5th 2007, the boys were ordered to participate in a sexual rehabilitation programme. Six were placed on supervision orders. Eighteen months later, (April 13th. 2009) one of the boys put rap on his website gloating that he was not jailed and was unrepentant.

Victoria Police warned that adolescent access to child porn was a growing problem that had become "a premier threat to child protection in the community". By 2008, there were more adolescent sex offenders reported than adults⁴⁰. Quite clearly this is an issue that must be addressed.

The AGE

Child on child sexual offences rock schools

Date

July 5, 2015 - 12:15AM

Henrietta Cook, Timna Jacks

Police are being called to Victorian schools three times a week to investigate sex offences that are often perpetrated by children. New data from the Crime Statistics Agency data shows 170 sexual offences were committed in Victorian state, independent and Catholic school grounds last year, including 41 during school hours. With around 80 per cent of offenders 18-years-old or under, experts say schools are struggling with the controversial issue.

Angela Sdrinis, who runs a law firm that specialises in institutional abuse, said she was receiving more reports of child-on-child sexual abuse in schools.

"Schools are a lot more informed about adult-on-child and historical abuse but I think the child-on-child abuse is very hard to come to grips with," she said.

"It's a bit like in the old days when a priest was accused of sexual abuse and people said 'that couldn't happen'."

Ms Sdrinis has worked on a case involving a student who was sexually assaulted with an object by another student at a Victorian state school.

Compensation claims against schools are only successful if there is evidence the school knew or should have known students were at risk from a child perpetrator, the director of Angela Sdrinis Legal said.

It follows [revelations](#) in *The Sunday Age* last week that an increasing number of children were sexually abusing other children, with four year olds being referred to programs for problem sexual behaviour.

Intrafamilial adolescent sex offenders: psychological profile and treatment Judy Putt AIC 22nd Oct 2009

Sexual abuse of children by other children or adolescents constitutes approximately 40 to 90 percent of sexual offending against children. This paper examines the nature and causes of adolescent intrafamilial sex offending and which treatment approaches are likely to be successful. Using the results of a four-year study in Western Australia, it provides an overview of intrafamilial adolescent sex offenders (IASOs), what is known about them and how they can be conceptualised.

Effects on Victims

Research indicates that a history of CSA (child sex abuse) is associated with an increased risk of development of a psychiatric disorder by a factor of 2-4 times.^[11] Victims also have higher rates of subsequent suicidal and para-suicidal behaviour.^[12] For children in particular, the long-term emotional trauma and mental health implications of CSA are detailed by the Telethon Institute for Child Health Research ('TICHR'). These impacts include sexualised behaviour, age-inappropriate sexual knowledge, anxiety and depression, suicidal thoughts, lowered academic performance, behavioural problems and low self-esteem.^[13]

Two recent research studies draw a significant statistical link between a breakdown in the fundamental welfare of a child and subsequent offending behaviour of that child.^[15] The higher proportion of Indigenous children represented in the criminal justice system may be seen to correlate with childhood sexual abuse suffered.^[16]

The overrepresentation of Indigenous males in prisons reported in the Royal Commission into Aboriginal Deaths in Custody is also argued to be related to childhood trauma including CSA.^[17] Norman Newlin^[18] of the New South Wales Aboriginal Legal Service believes that most Koori prison inmates have experienced CSA and that their offending behaviour is directly linked to their abuse as children. Newlin believes that the high level of substance abuse by such individuals is a manifestation of unresolved grief suffered due to CSA and that substance abuse in this case is a form of self-medication.^[19]

Governments have a responsibility to address this issue not just socially but also in terms of the financial cost to the community. A South Australian study has concluded that CSA cost the state more than \$354.92 million in one year. Professor Chris Goddard, Director of Monash university's Child Abuse Research Centre, estimated that the annual cost was \$30 billion and rising. Figures must include the cost to the criminal justice system for responding to cases of child abuse as well as costs of injury and disability.^[34]

RECOMMENDATIONS

- 1. Child protection school curriculum should be compulsory in all states. Currently, South Australian state and Catholic schools are the only ones to include it in the**

core health curriculum from pre-school upwards. Queensland has an optional program. Children need to know what constitutes wrong, reportable behaviour and to whom it should be reported.

2. Child protection programs for children should include the avoidance and reporting of people who show “rude” sex pictures or movies.
3. Parent education is essential given that most exposure to pornography and most sexual abuse occurs in the family setting
4. The committee should join Royal Commissions, coroners and CEOs of education and child protection services in demanding comprehensive practical and relevant child abuse-related training for all human service TAFE and university graduates whose work could involve children. This should include recognising and handling child-on-child abuse and identifying and responding to problem sexual behaviours that indicate the influence of pornography or suggest that the child is acting out abuse. Most university courses only include mandatory reporting instructions.
5. British Telecom media reports claim that they have succeeded in preventing customers from accessing pornography (although people can still access Russian and Rumanian websites). Our university internet system prevents staff and students from seeing pornography and I have found it impossible to send emails to police relating to sex abuse matters.

Clearly we are paying too high a price for adults’ rights to view whatever they wish regardless of the consequences for young people and society.

For further information see Briggs, F (2012) *Child protection: The essential guide* (Jo-Jo Melbourne)

¹ Pithers, W. D., Gibat, C. C., Marlatt, G. A., & Marques, J. K.. (1983). Relapse prevention: A self- control model of treatment and maintenance of change for sexual aggression. In J. G. Greer & I. R. Stuart (Eds.), *The sexual aggressor: Current perspectives on treatment* (pp. 214_239). New York: Van Nostrand Reinhold.

² Johnson, T. C. (1988). Child perpetrators – Children who molest other children: Preliminary findings. *Child Abuse & Neglect*, 12, 210-229

³ Staiger, P. (Ed.). (2006). *Children who engage in problem sexual behaviours: Context, characters and treatment*. Australian Childhood Foundation.

⁴ Browne, S. (2008). Preps in sex attacks claim. *The Cairns Post*, April 30th.

⁵ Owen, M. (2008). Boy, 5, in 'first day' school sex attack, *The Advertiser*, Adelaide September 6th.

⁶ Houghton, D. (2008) Child sex attack outrage at school, *Courier Mail* September 12th.

(2008a) Rampant abuse includes 'sex club' for six year olds, *Courier Mail* September 13th

⁷ Houghton, D. (2008). September 12 *op.cit*.

⁸ Houghton, D. (2008a). September 13th. *op.cit*

⁹ Boyd, C. (2006). Young people who sexually abuse: Key issues. *Australian Centre for the Study of Sexual Assault* No 3. December

- 10 Boyd, C. (2006). Young people who sexually abuse: key issues. ACSSA Wrap No 3 December.
Commonwealth of Australia
- 11 Briggs, F. (Ed.). (1995). *From victim to offender*. Sydney: Allen & Unwin
- 12 Briggs, F., Hawkins, R. M. F., & Williams, M. (1994), *A comparison of the early childhood and family
experiences of incarcerated, convicted male child molesters and men who were sexually abused in
childhood and have no convictions for sexual offences against children*. Report for the Criminology
Research Council. University of South Australia, July.
- 13 Erooga, M., & Masson, H. (1999). *Children and young people who sexually abuse others: Challenges and
responses*. Florence, KY: Taylor and Francis/Routledge.
- 14 Hackett, S., & Taylor, A. (2008) School responses to children with harmful sexual behaviours. In
Baginsky M. (Ed.). *Safeguarding children and schools*. London: Jessica Kingsley.
- 15 Brown, D. (2010). Sex risks in school, Hobart, *The Mercury*, February 22nd
-
- 16 Kyriacou, K. (2010). 'Alert over child 'sexting'. Adelaide, *The Advertiser*, 26th. February, p13.
- 17 Arndt, B. (2008). Interviewed for 'Morals blurred by sex acts in the noughties' *The Australian* September
18 18 p6
- 18 Richters, J. (2008). Interviewed for 'Morals blurred by sex acts in the noughties' *The Australian*
September 18 p6
- 19 Staiger, P. (2006). *op.cit*
- 20 Hall, D., Matthews, F., & Pearce, J. (2002). Sexual behaviour problems in sexually abused
children: A preliminary typology. *Child Abuse and Neglect*, 26, 289-312.
- 21 Hackett, S., & Taylor, A. (2008). *op.cit*.
- 22 Gray, A., Pithers, W., Busconi, A., & Houchens, P. (1999). Developmental and etiological characteristics
of children with sexual behaviour problems: Treatment implications. *Child Abuse and Neglect*, 23,
601-621.
- 23 Johnson, T.C. (1993).. Childhood sexuality. In E. Gil and T. C. Johnson (Eds.), *Sexualised children:
Assessment and treatment of sexualised children and children who molest* (pp. 1-20). Rockville:
Launch Press.
- 24 Johnson (1998). Children who molest. In W. Marshall and Y. Fernandez (Eds.), *Sourcebook of
treatment programs for sexual offenders* (pp. 337-352). New York: Plenum Press
- 25 Araji, S. K. (1997). *op.cit*.
- 26 Silovsky, J., & Niec, L. (2002). Characteristics of young children with sexual behaviour
problems: A pilot study. *Child Maltreatment*, 7, 187-197.
- 27 Bentovim, A. (1996). Impromptu paper presented at the ISPCAN Conference, Kuala Lumpur.
- 28 Abel, G. G., Becker, J., Cunningham-Rathner, J., & McHugh, J. (1983). *Motivating sex offenders for
treatment with feedback of their psychophysical assessment*. Paper presented at the World Congress
of Behaviour Therapy, Washington, DC.
- 29 Lane, S. (1991). Special offender populations. In G. Ryan & S. Lane (Eds.), *Juvenile sexual offending:
Causes, consequences and correction* (pp. 299_307). Lexington KY: Lexington Books.
- 30 Flanagan, K., & White, M. (1997). *Adolescent Sex Offender Program*. Heidelberg, Victoria: Children's
Protection Society.
- 31 Flanagan, K., & Hayman-White, K. (1999). *Adolescent sex offender treatment program: Evaluation/client
profile report*. Melbourne, Children's Protection Society.
- 32 Boyd, C. (2006) *op.cit*.
- 33 Adapted from NCSF Fact Sheet *What Research Shows About Adolescent Sex Offenders* July 2003
- 34 Lambie, I. (2002). *A national multi-site study of adolescent sexual offenders: Demographic
characteristics and implications for risk assessment*. Paper presented at the conference of
Association for the Treatment of Sexual Abusers, Montreal, Canada.

-
- 35 Taylor, J.F. (2003). Children and young people accused of child sexual abuse: a study within a
community. *Journal of Sexual Aggression*, 9(1), 57-70.
- 36 Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of childhood sexual
abuse experiences in a community sample of women. *Journal of the American Academy of Child and
Adolescent Psychiatry*, 32, 911-919.
- 37 Lambie, J., & Seymour, F. (2006) One size does not fit all: Future directions for the treatment of sexually
abusive youth in New Zealand. *Journal of Sexual Aggression*, 12(2), 175-187.
- 38 Crawford, C., & Wilkinson, G. (2008). Making child pornography is now kids' stuff. [Herald Sun](#)
- 39 Miletic, D. (2006). Police DVD probe becomes rape investigation, Melbourne, *The Age*, October 26
- Robinson, N. (2006). DVD just a bit of fun, say students, *The Australian*, October 26th.
- 40 Crawford, C., & Wilkinson, G. (2008). Teenagers are becoming major makers of child pornography in
Victoria, new statistics show. *Herald Sun*, Melbourne July 2nd.