Consensus Statement
Harmful Sexual Behaviours in Children

This consensus statement was developed during the National Summit on the Harmful Sexual Behaviours of Children in South Africa, 2023.

1. Harmful sexual behaviours (HSB) between children, whether in-person or technology-facilitated, are on the increase.

2. Children are as likely to be sexually abused by someone online under the age of 18 as by someone over the age of 18. [1]

3. Prevalence studies regarding in-person HSB predate Covid and are an underestimate of current prevalence rates. Information supplied by current databases on the prevalence of HSB are not a valid indicator of actual trends.

4. Boys and girls are victims as well as actors in HSB. HSB directed at boys are disclosed and reported at a significantly lower rate than that of girls.

5. Children tend to disclose in-person abuse more readily than technology-facilitated sexual violence and abuse (TFSVA). TFSVA is disclosed to peers more readily than to adults.

6. Most children do not purposefully disclose being an actor or victim of HSB, particularly in the online space. HSB is therefore most often identified incidentally or accidentally. Punitive responses to HSB as well as children's shame and fear are seen as hindrances to the identification of HSB.

7. Conceptualizations of what constitutes HSB differs between sectors. Some definitions emphasise the criminal aspects of the behaviour whereas others take a developmental approach. A unifying definition of HSB should be formulated which encompasses aspects of current legislation as well as the development of children.

8. Definitions of HSB need to urgently include technology-facilitated behaviours. This includes HSB towards others as well as to the self, such as self-generated sexual abuse materials and purposeful use of pornographic materials.

9. The HSB sector needs to give more priority to the experiences of children living with disabilities.

10. In-person HSB takes place in homes, schools and communities whereas experiences of technology-facilitated HSB take place mostly when children are at home.

11. Children across socio-economic divides are not safe from acting out or being victimized in any living space, whether physical or virtual.

[1] ECPAT INTERPOL and UNICEF 2022; Disrupting Harm in South Africa: Evidence on Online Child Sexual Exploitation and Abuse. Global Partnership to End Violence against Children.

12. Parents are largely unaware of children's HSB experiences and have a false sense of security about children when in the home.

13. Taboos around sexuality conversations stand in the way of children being protected from HSB and of seeking support and help.

14. HSB is a complex set of behaviours driven by multiple factors.

15. Our understanding of the aetiology of HSB may be skewed by the fact that most work done in the field in South Africa focusses on boys as actors and girls as victims. Boys do not readily disclose being victimized, one study suggesting that as few as 1% of boys report online sexual abuse to a social worker of law enforcement officer. [1]

16. Identifying drivers is crucial to inform interventions. The drivers of HSB are heterogenous and complex, and may include some of the following: adverse childhood experiences including all forms of abuse; early and prolonged exposure to pornography, early attachment disorders, environmental exposure, portrayal of overt sex and sexuality online, in mainstream media and in social media, lack of sexuality education, cultural taboos around having conversations with children around sex and sexuality which lead to the online environment being the source of sexuality education for children, survival sex, peer pressure.

17. The language used to describe HSB and actors in HSB appear to differ between sectors. The justice sector use descriptors such as "offender" trusting that this will trigger systemic responses for children. The education and mental health sector preferred terms such as "actor" trusting that this will not stigmatize and alienate children.

18. Prevention and early intervention are key aspects of a comprehensive response to HSB, yet adequate funding is not made available for this. Most interventions in the field of HSB are currently aimed at reducing harm after HSB has already taken place. Prevention and early intervention of HSB should be prioritized by all sectors. This should include aligning programmes with the drivers of HSB and the building on programmes already in existence in other spaces, such as violence prevention, which may prove useful in preventing HSB.

19. The Law Reform Commission has proposed new legislation for South Africa in which one proposed action is to automatically block pornography to new cell phones, thereby addressing one of the drivers of HSB directly. This draft bill should be signed into law as a matter of urgency.

20. Various pieces of South African legislation speak to the statutory response to HSB, ranging from reporting procedures to diversion programmes. However, service delivery to children remains poor. A number of areas need to be addressed, including training and resourcing of first responders to ensure that HSB is reported and referred appropriately, development of a unifying protocol of assessment of criminal capacity, diversion programmes need to be aligned with universal principles of restorative justice and should be rigorously tested for effectiveness. Resources need to be allocated to ensure that quality diversion programmes are accessible to all children. The CJS process should be promptly dealt with to ensure that rehabilitative and restorative justice actions can be put in place rapidly as per the ethos of the Child Justice Act.

21. Children who are not deemed to have criminal capacity are currently not being responded to adequately.

22. There are differing views on what constitutes therapeutic work in the field of HSB. Therapeutic interventions should be informed by a careful assessment of the child's history (including Adverse Childhood Experiences'), the child's lived experiences, the child's relational world and the contexts within which the child moves. Parents and caregivers must be involved in the therapeutic process.

23. Therapeutic interventions should be designed in line with promising practise models and should be tested in South Africa and not simply imported.

24. Working with children and families experiencing HSB is complex and taxing on the practitioner and requires high levels of skill.

25. Interventions should be delivered to children timeously and sensitively. All children and families affected by HSB should be able to access therapeutic services.

26. Responses to HSB can be significantly strengthened by:

- improving coordination within and across sectors;
- the development of unified protocols and guidelines for responding to HSB that are in line with all relevant parts of legislation and endorsed and followed by all relevant sectors;
- data standardisation and the establishment of a centralized data base; cross-sector training;
- continued professional development and capacity building,
- cross-sector research collaboration as well as high level leadership and oversight.