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Introduction

The care and education workforce has long been recognised as a key resource in the detection and reporting of possible child maltreatment (Briggs, 2012) and in educating children to know their rights over their bodies and strategies to prevent or stop sexual abuse victimisation (Walsh et al., 2011). Whilst educators' professional focus is necessarily children's learning and care they are the profession which spends most time with children on a routine basis and are thus uniquely placed to observe children's behaviour and development and identify any issues of concern. When behaviours of concern are identified, educators rely on children and families having access to child health and behaviour services to address them. This Australian study focuses on the support needs of educators who are at the forefront in responding to children's sexual behaviours in classroom contexts and the school community.

The term Problematic Sexual Behaviours (PSB), when referring to children, is used to denote behaviours of a sexual nature displayed by or between children which are age inappropriate, harmful and occurring between children who are younger than the age of criminal culpability (Hackett, 2011; Ey & McInnes, 2017). The term focuses on behaviours rather than attaching a label to children. Such behaviours typically include elements of aggression, secrecy and coercion, are outside the range of what is defined as age appropriate sexual behaviour, and often feature a substantial difference in age or development between participants (DECD, 2013, 7; El-Murr, 2017, 3).

Although educators are required to report child sexual abuse to child protection services, PSB presents unique challenges. Unlike child sexual abuse or other criminal behaviours by children aged ten or over, police and the criminal justice system do not have

powers to intervene and manage school responses to the sexual interaction (*Young Offenders Act* S5 SA, 1993) because, under the doctrine of *doli incapax* children aged under 10 are not considered capable of forming criminal intent (Blackley & Bartels 2018, 2; Lennings & Lennings, 2014). Educators and carers are endowed with a legal duty of care to the children attending their worksite and remain responsible for dealing with peer interactions and the families of the children involved.

Educators and carers working with children in Australia complete compulsory training in their legal obligations to report suspected child abuse (Australian Institute of Australian Studies 2017). The paradigm of victim and perpetrator invoked in such training constructs children as the victim and much older people, typically adults, as offenders. This approach reflects socio-cultural norms in relation to perceptions of child sexual abuse victims and offenders as involving people of post-pubertal ages. This paradigm thus fails to equip educators and carers to respond appropriately to situations involving problematic sexual behaviour between pre-school and primary school age children.

Peer on peer aggressive conduct in education and care sites is often construed as children having poorly developed social skills or bullying, attracting interventions such as physical separation, mediation between parties or a range of school based disciplinary strategies such as detention or exclusion (Barter & Berridge, 2011). ~~From puberty onwards~~ ~~e~~Educators and carers recognise elements of sexual behaviour, such as kissing, holding hands, and cuddling, as part of normal development. Although it is well recognised that sexual development and sexual expression begins in childhood, ideas of when it is acceptable for children to engage in sexual activity are grounded in social and cultural values that change over time. For example, Australian law does not recognise children under 16 years as able to legally consent to sex (Australian Institute for Family Studies 2017a). Concerns arise~~,~~ if there is evidence of aggression or coercion in pursuing or harassing other children, ~~,~~

penetrative behaviours or attempts or public exposure of genitals (Ey & McInnes, 2017). ~~The~~ There has been a rising number of reports over the previous decade which ~~and~~ identify pre-school and junior primary school children~~ever younger age groups~~ involved in problematic sexual behaviours (PSB) in education settings ~~have become evident over the previous decade~~ (Brown, 2010; Briggs, 2012; Bromfield et al. 2017, Debelle, 2013; Ey & McInnes, 2017) highlighting an increasing need for new understandings and responses by educators and carers to affected children and their families. A 2016 newspaper report (Bita, 2016), stated that in New South Wales the number of child-on-child sexual assaults nearly doubled from 44 in 2005-06 to 80 in 2014-15 while the number of indecent assaults between children more than doubled from 33 to 73. A Victorian service responding to children with PSB reported referrals increasing from 10 to 15 a year a decade ago to more than 200 a year (Bita, 2016). The Royal Commission into Institutional Responses to Child Sexual Abuse engaged with 7,981 survivors of sexual abuse in their private sessions. Of those who gave information about the age of the perpetrator, 23.4% said they were abused by a child with harmful sexual behaviours (2017a). PSB can thus be recognised as having long-term adverse impacts on children using such behaviours and the children who are affected by them.

Most Australian education departments provide policies and guideline documents to schools (Ey, McInnes & Rigney, 2017), however this does not necessarily translate into all staff feeling able to respond appropriately to PSB. For example, in South Australia the Department for Education and Child Development (DECD) provides Guidelines to staff in education and care settings for responding to problem sexual behaviour in children and young people (2010). These include distinguishing problematic from normal behaviour, immediate responses, working with other staff and agencies during the immediate response, communicating with families and managing children's safety. The Guidelines identify the need to keep participants safe going forwards, referral to therapeutic support, communicating

with parents, and maintaining confidentiality within the site. The Debelle Inquiry (2013) into the handling of an incident of sexual assault of a child by an out of school hours care worker in South Australia, found that the Guidelines had been sent to site leaders with no accompanying training or implementation support, with the result that most DECD staff remained unaware of their existence. The Inquiry's finding provides an example of the limitations of policy which is not actively implemented

Previous analysis of other sections of the data from ~~this~~ the study reported in this paper has identified that 40% of educators and carers of primary school aged children in Australia considered that PSB incidents in education and care sites were prevalent (Ey & McInnes, 2017) and that educators felt they needed more training and support to improve their understanding of PSB to respond appropriately to children and families (Ey, McInnes & Rigney, 2017). This ~~paper~~ article reports on the study participants' insights into their education and support needs in identifying and responding appropriately to children who display problematic sexual behaviours (PSB).

Teacher Training and Professional Development in PSB

PSB between pre-pubertal children have not featured in most child protection courses in Australia. Child protection systems in Australia are implemented by state and territory governments providing assistance to children who are suspected of being harmed, abused or neglected or whose parents are unable to provide adequate care or protection (AIHW, 2018). Given that multiple professionals and other adults are mandated to report any suspicions of abuse, each state and territory has training to support mandated notifiers to recognise the indicators of abuse and understand the reporting processes (AIFS, 2017). Teacher education in child protection in Australia has largely taken the form of short courses of less than a day's duration focusing on the legal requirements of educators' mandated reporting of child abuse (Ey, McInnes & Rigney, 2017). Child protection content in pre-service teacher education has

focused on the early childhood years when children are much more reliant on adults to act protectively (Walsh et al., 2011). Problem peer interactions in primary schools tend to be viewed by educators as social and behavioural issues of bullying or rejection (Sun Hong & Espelage, 2012) and are thus ~~defined~~ seen by educators as being outside the child protection system paradigm of harm, abuse or neglect arising from actions or inaction by adults or children who are significantly older. A further complication is that pre-service teacher education programs focus on expected and normal behaviours in child development rather than attempting to cover all possible manifestations of abnormal behaviours.

Short term training courses assist educator awareness of possible peer directed sexual behaviours, but variations in events and changes in laws, policies and procedures, inhibit their efficacy. Research into modes of delivery of professional development in early childhood sites, has identified that a combination of varied approaches, including short courses, professional learning communities, one-on-one support, social networks for resource sharing, and professional inquiry projects, can be effective modes to meet different learning needs (McInnes, Whitington, Colmer, Sisson & Scales, 2017). Engaging with professional learning over time enables a continuous process of attending to the learning issue, delivering a greater depth of knowledge and its application.

The evidence from educators' experiences of PSB in education sites indicates an urgent need for educators to be better able to identify problem sexual behaviours and provide effective responses, supporting children's safety (Ey & McInnes, 2017). McInnes (2002) argues for expert centralised support for schools to call on when needs arise as the range of variations in contexts can make it difficult for all educators to be prepared for all possible eventualities. Some education departments and Catholic and Independent schools have specialist staff who liaise with educators raising concerns, but this is not universal and affected families also need access to appropriate therapeutic services. The existence of

appropriately skilled services, particularly in non-metropolitan Australia, is another challenge in this area, but is not addressed in this research.

PSB and the Law

Sexual acts involving children aged under 16, or 17 in South Australia and Tasmania, are illegal, meaning that police have a primary responsibility to respond to reported acts, however this is not the case with PSB. As previously noted, children under the age of ten are below the statutory age of criminal culpability in all Australian jurisdictions (Urbas, 2000). The legal underpinning of this provision is the doctrine of *doli incapax* to the effect that children under ten cannot form an intention to commit a crime (Blackley & Bartels 2018, 2; Lennings & Lennings, 2014). Young children often lack the language to describe anatomical body parts and cannot therefore describe sexual behaviours (Briggs, 2012) and do not link the behaviour to concepts of crime. Children aged between 10 and 13 are also legally regarded as incapable of committing criminal offences unless the prosecution succeeds in rebutting that principle (El-Murr, 2017, 7).

This means that police do not have a direct role in relation to PSB, however police may be called when child protection investigations reveal the child has been exposed to such behaviour through the actions of others, or through pornography. Factors that have been identified that may contribute to children learning or acting out PSB, include exposure to sexually explicit material or pornography, a history of child maltreatment, trauma or disadvantage, exposure to domestic violence, mental health issues, experiences of living in out-of-home care and family dysfunction or disruptions. Sexual abuse however has been the most strongly linked to children displaying sexually harmful behaviours (Briggs, 2012; Shlonsky, Albers, Tolliday, Wilson, Norvell & Kissinger, 2017). Although being a victim of sexual abuse does not mean that all victims will go on to engage in sexually abusive behaviours (O'Brien 2001~~8~~). ~~I~~if these factors are not reported, police cannot act upon them.

Findings by the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA) (2017) identified that victims can take decades to disclose abuse so it is difficult to determine the antecedents of PSB. There is some evidence that previous sexual and physical abuse creates a risk of PSB. Hackett (2011, 123) cites a 1999 study by Gray et al. ~~which found~~identifying that 84% of 127 children aged 6-12 who had engaged in 'developmentally unexpected' sexual behaviours were found to have been sexually abused and 48 % had experienced physical abuse. Pourliakas et al. (2016) noted evidence that children initiating PSB had commonly experienced complex trauma:

> Complex trauma, in the context of cumulative harm, seems to be evident when working with children with PSB. Among young children who engage in PSB [treating consultant] noted that that the most common form of trauma they had experienced was domestic violence, followed by drug and alcohol abuse and parental mental health, followed by sexual abuse (p.109).

Further research is needed to identify the factors which impact on child victims who do and do not go on to enact PSB.

Regardless of the non-criminal status of PSB, mandatory reporting laws in all Australian states and territories require educators and carers to report reasonable suspicions of child sexual abuse (AIFS, 2017). Children who engage in PSB and those affected by the behaviour can suffer the same sequelae arising from adult-child sexual behaviours including anxiety, depression, using sexual words and actions beyond their expected developmental range, engaging in high risk behaviour and re-victimisation (Rudd & Herzberger, 1999).

Methodology

The study was an exploratory project to explore the experiences of Australian educators and carers of primary school age children in relation to problematic sexual behaviours. A survey approach was selected to reach a larger number of respondents (Bell,

2010, 14). An online survey was delivered using a Qualtrics software platform. Participants could access the survey on the internet using a customized link.

The survey comprised 28 questions developed and piloted by the research team drawing on the research literature (Friedrich et al., 1991; Larsson & Svedin, 2001; Tucci, Mitche & Kambouropoulos, 2005; Levin & Kilbourne, 2008; Worthman et al., 2010; O'Brien, 2011; Briggs, 2012).

The survey used a mix of multiple choice and open-ended questions to examine educators' understandings of normal and problematic sexual behaviour, their experiences with PSB and their responses, as well as their training in the area, its perceived adequacy and the supports they would like. The survey's first seven questions sought details of participants' state, education sector, qualifications, current work role, gender and years of experience. Respondents were then invited to provide their own definitions of normal and problematic sexual behaviours of primary school age children in two open-ended questions. They were then provided with a definition of PSB derived from Briggs (2012). The following seven questions sought details of educators' experiences and frequency of PSB. The survey concluded with questions regarding their training and their levels of confidence in identifying and responding to children's PSB. The survey was piloted by the research team and took around 30 minutes to complete.

The survey was approved by the Human Research Ethics Committee of the University of South Australia and distributed through education sector organisations, including the Australian Primary Principals' Association, the Australian Teacher Education Association, the Australian Council for Educational Research, the Australian Education Union (SA Branch), and an out of school hours care network inviting educators and carers to provide their views and experiences. A research project page was created by the University of South

Australia, along with a project Facebook page to invite participation by primary school educators and carers.

The study is limited by the use of convenience sampling (Abrams, 2010), relying on the motivation of individuals to contribute data. The research team elected not to use school sites to access educators to enable respondents to remain anonymous and to choose their involvement rather than regarding the survey as a work expectation. This was a particular concern as recalling disconcerting events could be distressing.

Participants

The 107 respondents to the survey included pre-school and primary school teachers, child care and out of school hours care staff from all Australian states and territories. Just over one third of participants (35.5%) were from South Australia. Victoria accounted for 19% of respondents. There were 16% of responses from Queensland, 11% from New South Wales, 8.5% from the Northern Territory, 6.5% from West Australia, 2.5% from the Australian Capital Territory and one percent from Tasmania.

Insert Table 1 here

As can be seen from Table 1, the distribution of responses over-represents South Australia, the Northern Territory and the Australian Capital Territory. No inference of frequency can be drawn from a convenience sample, however the response patterns may reflect greater likelihood of individual exposure of educators to PSB in smaller workforces.

Insert Table 2 here

As detailed in Table 2, consistent with the gender profile of Australia's primary school education workforce (Australian Bureau of Statistics 2011), most respondents (85%, n=91) were women. Seventy-four per cent of respondents were working in the public education sector. Almost half (49.2%) held a bachelor of education degree, whilst a third

(33.3%) held a masters degree in teaching or education. Around one in six (17.5%) held diplomas or other degrees. Approximately half of respondents had been working in their field for 11 years or more (49.5%). Nineteen percent had 6-10 years of experience, 20 % had 2-5 years of experience and 11% had one year or less education work experience.

Approximately one in 5 respondents (21%) were principals or deputies, 18% were foundation to year 2 educators, 14% were teaching years 3-5, 8% were teaching years 6-7, 6% were school counsellors and 29% were working in other school roles including out of school hours care.

The sample can thus be seen as encompassing the range of people working in schools who are generally appropriately qualified and experienced overall. Duration of experience in education is likely related to having been exposed to PSB. It also implies that university education was completed over a decade ago and that in-service training would be important to support staff to identify and respond appropriately to PSB.

As noted earlier, two previous articles reported on sections of the survey relating to teachers' observations of PSB (Ey & McInnes, 2017) and teachers' understanding and training in relation to PSB (Ey, McInnes & Rigney, 2017). This article reports on the survey's concluding questions inviting open-ended responses about the support systems which workers wanted. Qualitative data are presented as summaries of responses to each question (Thomas & Harden, 2008). The responses are summarised and illustrated with quotes from participants to provide a thematic content analysis (Anderson, 2007), organised by the selected survey questions.

Results

Results are respectively presented under the questions that were asked in the survey.

'Is there anything you would like to see implemented in professional development for teachers to help them identify, respond to and support children who display problematic sexual behaviours? What do you need?'

Nearly all respondents (89%) identified a need for more training and professional development of teachers and other school staff. The nominated content for such training and professional development included:

- Enabling educators to distinguish between normal and problematic sexual behaviours
- Training in how to respond to school processes, the children involved and the parents of the children, as well as the general parent community
- Knowing where to find resources in the wider community
- Educating children and the parent community in protective behaviours and appropriate sexual behaviours
- A whole of school approach
- Ensuring self-care when teachers are exposed to traumatising events
- Education in the legal contexts applying to children's problematic sexual behaviours
- Training in trauma informed practice

Respondents wanted such training to be regular, readily accessible and available when they needed it.

> *It needs to be available as needed. I could go many years without seeing a child with problematic sexual behaviours, but when I do, I want to know where to go to get information and support.*

> *Knowing what the right things are to say to children who chose this behaviour and who are victimised by this behaviour.*

Some wanted a checklist so they could identify problem behaviour and access relevant responses, while others wanted access to online courses. The data indicate that a range of resources was needed via diverse forms of delivery. One-off education packages at a time when there was no evident need were seen as valuable in raising awareness but support and information at the time and in the circumstances of need were valued.

Four out of every five respondents indicated there were school support systems in place in their State/Territory to help children involved in PSB.

'Are there any support systems you would like to see implemented for children who display problematic sexual behaviours? What do you need?'

Respondents wanted a range of resources for children displaying problematic sexual behaviours. The most commonly sought resource was accessible, expert counselling for children, families and teachers at the school level. Educators also wanted access to resources in the community so they could refer families for help. Respondents noted the need to also educate parents about the behaviours which were acceptable or otherwise. At a classroom level some respondents identified a need for children to have access to suitable books and learning materials, as well as negotiated education plans which attended to their emotional wellbeing, while a minority wanted consistent leadership which disciplined unruly children. One respondent summed up the situation as follows:

> *There are supports but when an issue arises they seem slow to respond. I guess because they are under-resourced. The problem is way bigger than the school and highly emotive. On one hand we seem to have parents who expose their children to inappropriate material at a very young age and on the other hand you have parents who seem to completely over-react.*

Educators recognised that their role was not to substitute for therapists, but, as educators they had primary responsibility for educating children in appropriate classroom

behaviour. They were also keenly aware that parents needed support beyond their own capacity. Identifying the issue as *'bigger than the school'* acknowledged that community standards of sexual behaviour were the larger context shaping the conduct children were bringing into their education worksites.

'What school support systems are in place to support teachers who work with children who display problematic sexual behaviours?'

Five participants (4.6%) said there was nothing offered in schools. Another 10% were not sure or didn't know. The most common support systems available to teachers (71%) were counselling for students by school counsellors and support from the school's leadership teams. Some responses referred to a GO or Guidance Officer[1] available to schools to deal with students' behavioural issues. Five percent of participants noted that Guidance Officers also linked teachers to services and agencies outside the school. The limits of supports are expressed in the following quotes.

> *We have a Guidance Officer who comes to our school one day per week. If she is sick or the teacher is away that day it could be weeks before they catch up. They also have other things that take up their time. ~~Deputies and Principals have a role to play here but I feel like they put it in the too hard basket.~~*
>
> *~~Our leadership is very supportive, but I wouldn't say it is specific to sexual behaviours.~~*

> *Some children might have access to an aide because of other issues and this can help teachers to keep abreast of what they are doing when unobserved. It depends*

[1] 'Guidance officers provide a comprehensive guidance and counselling service for students and their families, and professional and personal skill development programs for school staff.' (Queensland Education Department, viewed 19 February 2019. https://qed.qld.gov.au/working-with-us/det-induction/queensland-state-schools/support-staff/specialist-support-officers/guidance-officers-and-psychologists

on the principal how much admin support there is. Counselling is often hit and miss in the state school system.

We have a school counsellor 1 day per week and her case load is so high students are lucky to see one in a month. Staff have no direct support.

The provision of support in schools for educators was spread across the wide range of needs expressed by students and not dedicated to PSB. There was no indication that PSB concerns were always prioritised or allocated in schools to specialists in the area of sexual harm.

'What school support systems would you like to see implemented for teachers who work with children who display problematic sexual behaviours?'

The nominated supports included:

- External support from expert providers
- Counselling for students
- Mentoring for teachers
- Training in problematic sexual behaviours and in how to talk with children and resources to support that
- A checklist to quickly identify issues of concern
- Additional support time with School Support Officers to work with affected children
- Professional experts who can talk with parents
- Clear processes and practices for responding to children's problematic sexual behaviours
- School leadership who are trained to support staff

The supports wanted by educators sought to share responsibility for managing the consequences of PSB with other suitably qualified professionals such as social workers, child

psychologists and therapists with expertise in sexual abuse. This would at once reduce the demands on educators and provide them with a greater sense of assurance to enable them to manage the classroom context in the confidence that the family and community issues beyond the classroom were being addressed as part of a professional team.

'How do you think working with children who display PSB impacts on teachers?'

Respondents noted that educators experienced distress, emotional exhaustion, concern and stress dealing with children displaying PSB. Stress and frustration were higher when teachers felt unsupported by the site leadership when they raised concerns. Teachers do not receive training to *specifically* deal with PSB and did not consider it appropriate to simply punish children. They felt responsible to stop and protect the child enacting the behaviour but also responsible for stopping the impacts on other children who witnessed or were subjected to the problem behaviour.

> *As a teacher I know that I am not up to the task of handling the underlying issues that are causing the behaviours. I don't consider a punitive response to be appropriate for these students, but because I owe a duty of care to all students, I have to offset the safety of others and deal with the displayed behaviours as they occur. ~~I have neither the resources nor time to address the underlying issues. This is a stressful and frustrating situation to be in.~~*

> *It makes you upset and can stick with you for life depending on how severe the situation was. It might be a conflict of morals/ethics and may make lots of people uncomfortable. They might also deal with it incorrectly and damage the child's mental/social well-being.*

Teachers felt let down when they engaged in mandatory reporting but did not see any action from child protection workers.

It can become very stressful for educators, especially if they have gone through the standard process of mandatory reporting and seeing that nothing has been done, or when a child's sexual behaviours are negatively impacting their relationships with their peers.

I think working with these children has a major impact. Both the victims and perpetrators display behaviour difficulties which impact their learning, the whole class and consequently stress levels of the teacher. It seems to me that guidance office and child safety people waltz in to give a few strategies and waltz out. The teacher is left on the ground to deal daily with the child and the parent. Because of confidentiality concerns they don't know the full story or how to really cope.

Teachers were also impacted by parents' distress after children were affected by PSB and having to respond to parents whose children were engaging in the behaviours.

It is very distressing at all levels. Parents of all children involved often become distressed, angry, defensive and agitated. It is a highly emotive issue.
These are often children with other social and behavioural issues. The sexual behaviours are part of this and mean teachers are constantly battling to have support in the classroom and in dealing with parents.

Some reported that their work performance/fulfilment and duty of care responsibility was destroyed because they felt unable to act effectively in providing children with their education needs while they were unable or unsupported to deal with the behaviour.

I should imagine some teachers would find it very distressing and some could become fearful. ~~For example one of my students told a prac teacher that he~~

~~*wanted to sit on her face and force himself into her mouth. She arranged to change playground duties so she was not in the area with that student.*~~ *...* *I personally had a mental health issue some years ago when I reported suspicions to my principal that one of my year 2 students had been exposed to things he shouldn't have (been) and this was affecting him, but also resulting in him molesting girls in the class (going to the toilet block and placing his hand in their underpants). The principal refused to pass on my concerns and the behaviour escalated. I ended up taking leave and transferring schools.*

Male educators felt particularly affected as they believed that they were sometimes regarded differently because of their gender.

Last time, the rape of a 12 year old girl by an 18 year old boy, I got told to "just fuckin' man up" by the deputy. I went home, scrubbed myself with a pot-scourer and couldn't even kiss my wife for about a month. In the end I explained to her what had happened. I am very unwilling to let my youngest daughter out of my sight when there are older males around. The impact is huge on male staff. We are often considered potential suspects due to our gender. ~~*Unfortunately my students often come and talk to me because they feel safe and protected in my company. Having a 12 year old refuse to talk to the deputy unless I was in the room, after which she ran at me to hug me and cry on my shoulder, was very distressing. It was right after that the deputy sneered "just fuckin man up about it. Go get drunk and watch a bit of porn. Don't forget we have an early meeting tomorrow."*~~

It is very distressing. Teachers tend to become very close to children and if they are harmed sexually or physically it is very confronting. It makes me feel

uncomfortable that I am male. It's another issue they need to deal with in the classroom. ~~*It can be very overwhelming if they already have a class with a range of behaviour and learning issues. If not supported they can feel very stressed as to whether they are doing the right thing.*~~

The responses indicate that school staff were vulnerable to experiencing vicarious trauma (Wilson, 2016), deriving from their empathetic engagement with their students. Wilson (2016) argues that, apart from exposure to others' trauma, human services professionals were vulnerable to burnout when they felt over-loaded, unsupported and under-equipped to meet the professional demands on them. In the case of feeling ill-prepared to respond appropriately to PSB, school staff are at increased risk of vicarious traumatization and job burnout.

Discussion

Whilst there are no definitive data sets on the prevalence of PSB (O'Brien, 2008; El-Murr, 2017), the data from this study and the apparent rise in reports of PSB in young children's care and education sites evident in demand for services (Bita, 2016), has signalled the need for more information and education resources directed at prevention, early intervention and recovery for direct participants, their families, school and care professionals and the wider community.

Pre-service teacher education courses are a key resource in building educators' abilities to feel informed and prepared to respond to incidents of PSB, but participants in this study wanted ongoing access to information and support as needed. Although four out of five primary school care and education workers in this study identified that their workplace had supports in place, almost all wanted more training and information about PSB. Consistent with research into approaches to professional development in early childhood sites (McInnes et al., 2017), a suite of different modes of delivery and engagement enables the widest

possible access to the professional community in formats which meet their diverse needs. Short courses, one to one mentoring, crisis support, professional inquiry, social media discussion groups, reading groups and seminars are various avenues for building professional learning and sharing information and support.

Care and education professionals identified the lack of knowledge about PSB amongst educators and families and the high levels of emotion involved. Educators wanted the appropriate language to use with their students and with parents. Their work placed them at the front-line of maintaining the safety of children in their care, identification of PSB, making reports to authorities, communicating with families involved and managing the issue within their class and the wider school community. Educators bore full responsibility for student care in their education workplace but reported being under-informed and ill-prepared to act effectively. Educators also had no control over the actions of site leadership or the responses of child protection authorities. They were excluded from 'confidential' information about any actions or supports put in place to address children's behaviours. This further impeded educators' ability to respond effectively, leaving them uninformed about whether child protection services acted to prevent future events. The combination of exposure to trauma, high responsibility, feeling poorly prepared and low control over the outcome increased risks of job burnout for educators (Wilson, 2016).

As well as a need for more school based support and training, the data indicates that education professionals want a multi-disciplinary team approach to PSB events so that responses can be tailored to children, families and the wider school community and educators can focus on their pedagogical expertise with young children.

There are also indications that there are not enough specialist services to meet demand. El-Murr (2017, 9) notes that services for 10-18 year olds with sexually abusive behaviours are relatively scarce outside Queensland, New South Wales and Victoria and

evidence based therapeutic treatment for children under the age of 10 is even more scarce (Shlonsky et al. (2017). Staiger et al. (2005) identified that most children in need of services did not receive them. This points to a need to further develop services for children affected by PSB concurrent with ensuring that carers and educators are able to readily access information and support in their workplaces.

Conclusion

There is a clear and urgent need to act to reduce the prevalence and impacts of PSB to reduce the stress, distress and vicarious trauma which educators and carers are experiencing and to ensure that children are able to be safe in care and education sites. This research gives voice to those whose daily work involves care and education for children across the community spectrum. The study reveals that educators and carers want an inter-disciplinary and whole community approach to support children, their families and education staff to manage PSB and support the education success of children who ~~display~~ use or are the target of these behaviours. Education settings are well positioned to accommodate a whole community approach as they service the majority of children and families. Providing expert support from child therapists at the school site would enable immediate access to professional help for affected children and families, as well as providing guidance to teachers and carers in managing future PSB incidents.

The many challenges to an adequate response to PSB include the availability and accessibility of therapeutic services in the community for children and their families, the need for more training and resources in schools for students and staff and better communication between child support services and educators. School leaders also have an important role ensuring their staff have access to professional support and in liaising with affected families.

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