

Understanding the function of Harmful Sexual Behaviour

Using the AIM3 Assessment
domains




As You Are
Therapies

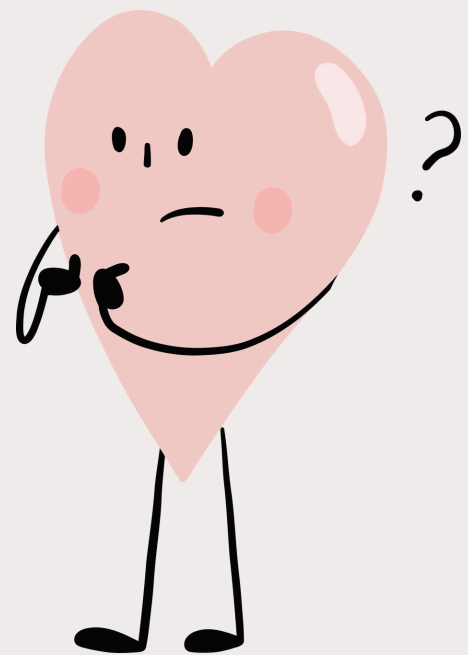
WHY FUNCTION MATTERS

UNDERSTANDING THE FUNCTION ALLOWS US TO:

- UNDERSTAND WHAT THE BEHAVIOUR IS TRYING TO ACHIEVE
- UNDERSTAND WHAT NEED THAT BEHAVIOUR IS MEETING IN THAT MOMENT
- UNDERSTAND WHAT THE CHILD DOES NOT YET HAVE THE SKILLS TO EXPRESS SAFELY

 FOR CHILDREN AND YOUNG PEOPLE, BEHAVIOUR IS OFTEN A FORM OF COMMUNICATION, ESPECIALLY WHEN:

- EMOTIONS FEEL OVERWHELMING
- LANGUAGE OR INSIGHT IS LIMITED
- TRAUMA OR STRESS AFFECTS THE BRAIN



As You Are
Therapies

WHY FUNCTION MATTERS

PART 2

! HARMFUL SEXUAL BEHAVIOUR CAN FUNCTION TO:

- REGULATE DISTRESS OR ANXIETY
- SEEK CONNECTION, COMFORT, OR REASSURANCE
- RECREATE EXPERIENCES THE CHILD DOESN'T UNDERSTAND
- FEEL A SENSE OF CONTROL OR POWER

✨ WHEN WE UNDERSTAND FUNCTION:

- WE RESPOND WITH PURPOSE, NOT PANIC
- INTERVENTIONS BECOME MORE EFFECTIVE
- SAFETY PLANS TARGET THE REAL DRIVERS OF RISK
- CHILDREN LEARN SAFER WAYS TO MEET THEIR NEEDS

IMPORTANT

UNDERSTANDING FUNCTION DOES NOT EXCUSE HARM — IT EXPLAINS WHERE
SUPPORT MUST BEGIN.



THE AIM3 ASSESSMENT

THE AIM3 ASSESSMENT IS A STRUCTURED, EVIDENCE-INFORMED FRAMEWORK THAT HELPS US UNDERSTAND:

- NEED
- RISK
- PROTECTIVE FACTORS

IT LOOKS ACROSS FIVE INTERRELATED DOMAINS FROM A NEEDS PERSPECTIVE TO UNDERSTAND WHY BEHAVIOUR IS OCCURRING.

IDENTIFYING DOMAINS OF NEED ALLOWS THERAPISTS AND FAMILIES TO TAILOR THERAPEUTIC RESPONSES TO THE YOUNG PERSON'S NEEDS AND RECOGNISE THAT NOT ALL SEXUAL BEHAVIOUR IS MEETING A SEXUAL NEED.



RISK ASSESSMENTS VS NEEDS ASSESSMENTS

Risk Assessment

Core question: 'How likely is this person to cause harm again?'

Risk assessments are primarily concerned with future probability of harm, often for systems decision-making.

Key features

- Focuses on likelihood, severity, and immediacy of harm
- Often uses static factors (past behaviour, history)
- Produces categories, scores, or risk levels
- Informs management, restriction, or supervision
- Can unintentionally label or stigmatise

Risk assessments ask: "How dangerous is this person?"

VS

Aim3 Needs Assessment

Core question: What does this child or young person need to develop safely and reduce harmful sexual behaviour (HSB)?

Key features

- Focuses on underlying needs, vulnerabilities, and strengths
- Explores why the behaviour makes sense for this child at this time
- Considers changeability (needs can grow, reduce, or shift)
- Informs intervention, treatment planning, and support
- Assumes behaviour is meaningful and contextual, not fixed

The outcome is a profile of needs, not a score or label.

The AIM3 asks: "What supports, skills, and safety structures will help this child thrive and keep others safe?"



As You Are
Therapies

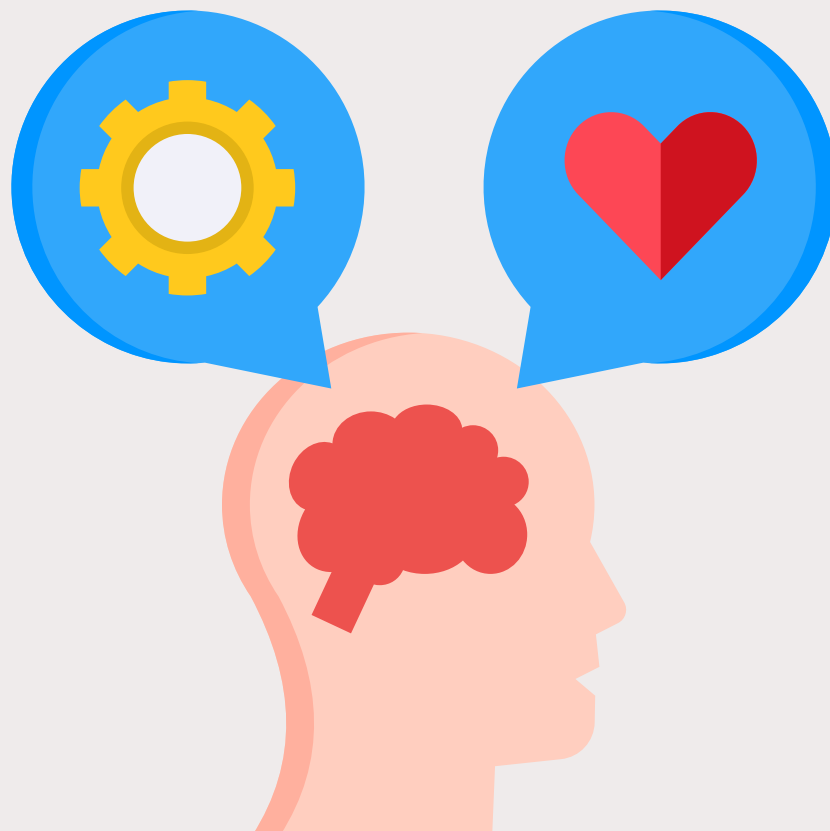
DOMAIN 1: SEXUAL BEHAVIOUR

THIS DOMAIN EXPLORES:

- THE NATURE OF THE SEXUAL BEHAVIOUR
- FREQUENCY, INTRUSIVENESS, AND PERSISTENCE
- USE OF COERCION, SECRECY, OR FORCE

🔍 FUNCTION CLUES MAY INCLUDE:

- CURIOSITY OR EXPLORATION
- SENSORY STIMULATION
- REENACTMENT OF EXPERIENCES
- ATTEMPTS TO MANAGE EMOTIONS OR RELATIONSHIPS



DOMAIN 2: NON-SEXUAL BEHAVIOUR

OFTEN, SEXUAL BEHAVIOUR REFLECTS BROADER BEHAVIOURAL PATTERNS.

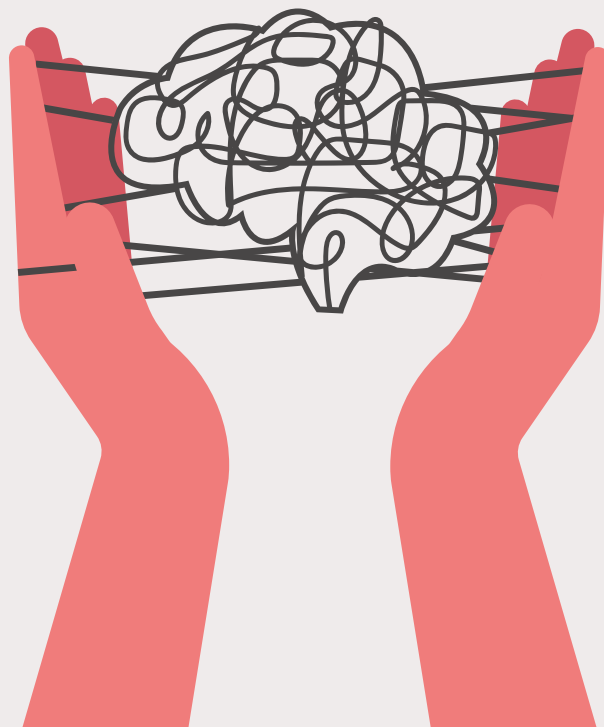
THIS DOMAIN CONSIDERS:

- AGGRESSION OR IMPULSIVITY
- RULE-BREAKING OR OPPOSITIONAL BEHAVIOUR
- WITHDRAWAL OR EMOTIONAL DISTRESS



HSB MAY FUNCTION TO:

- EXPRESS UNMET EMOTIONAL NEEDS
- GAIN POWER OR CONTROL
- SEEK ATTENTION OR CONNECTION



As You Are
Therapies

DOMAIN 3: DEVELOPMENTAL FACTORS

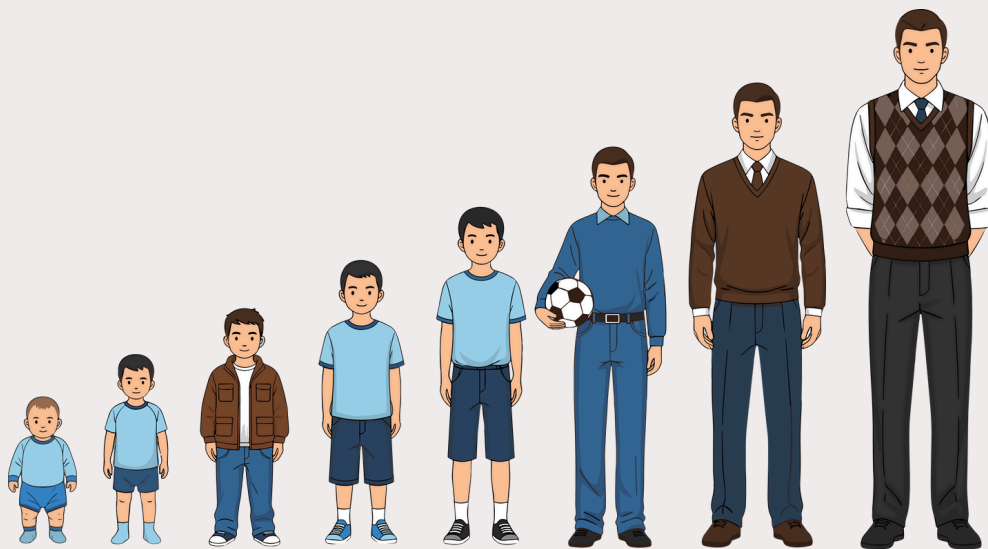
THIS DOMAIN ASKS:

- IS THE BEHAVIOUR CONSISTENT WITH DEVELOPMENTAL STAGE?
- ARE THERE COGNITIVE, LEARNING, OR NEURODEVELOPMENTAL DIFFERENCES?
- HOW DOES THE CHILD UNDERSTAND CONSENT, BOUNDARIES, AND IMPACT?



FUNCTION MAY REFLECT:

- DEVELOPMENTAL DELAY OR IMMATURITY
- CONCRETE THINKING
- LIMITED SOCIAL UNDERSTANDING
- TRAUMA-RELATED DEVELOPMENTAL DISRUPTION



As You Are
Therapies

DOMAIN 4: ENVIRONMENTAL AND FAMILY CONTEXT

BEHAVIOUR IS SHAPED BY CONTEXT.

THIS DOMAIN EXPLORES:

- SUPERVISION AND SAFETY
- EXPOSURE TO SEXUAL MATERIAL OR BEHAVIOUR
- FAMILY STRESS, TRAUMA, OR INSTABILITY
- CAREGIVER RESPONSES TO BEHAVIOUR



THE FUNCTION MAY BE INFLUENCED BY:

- INCONSISTENT BOUNDARIES
- HIGH STRESS OR CHAOS
- LACK OF SAFE RELATIONAL CONTAINMENT



As You Are
Therapies

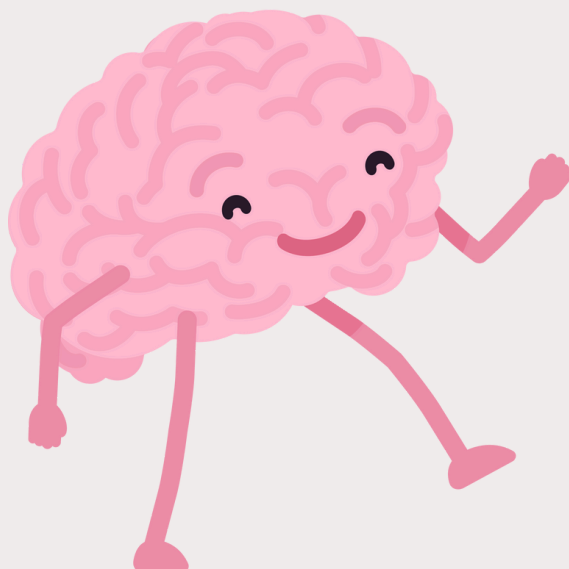
DOMAIN 5: SELF-REGULATION

THIS DOMAIN FOCUSES ON:

- EMOTIONAL REGULATION
- IMPULSE CONTROL
- DISTRESS TOLERANCE
- CAPACITY TO PAUSE AND REFLECT

! HSB MAY FUNCTION AS:

- A COPING STRATEGY
- A WAY TO DISCHARGE OVERWHELMING EMOTION
- A SUBSTITUTE FOR MISSING REGULATION SKILLS



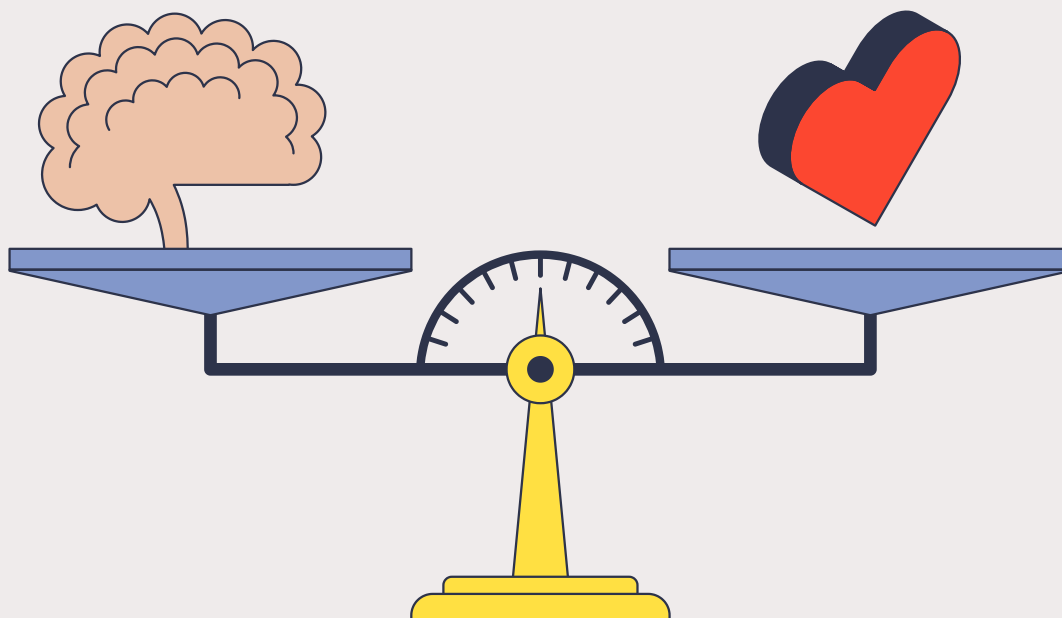
FUNCTION \neq EXCUSE

UNDERSTANDING FUNCTION DOES NOT MEAN:

- ✗ MINIMISING HARM
- ✗ REMOVING ACCOUNTABILITY
- ✗ IGNORING VICTIM IMPACT

IT MEANS:

- ✓ HOLDING SAFETY AND COMPASSION TOGETHER
- ✓ SEPARATING BEHAVIOUR FROM IDENTITY
- ✓ SUPPORTING LONG-TERM CHANGE



WHAT HAPPENS NOW?

ONCE WE UNDERSTAND A LITTLE MORE ABOUT THE FUNCTION OF THE BEHAVIOUR AND THE UNDERLYING NEED, WE BEGIN TO TAILOR SYSTEM RESPONSES TO MEET THAT NEED.

THIS MIGHT LOOK LIKE:

- ✓ UPDATED SAFETY PLANS
- ✓ CARE TEAM MEETINGS FOR INFORMATION SHARING AND MONITORING
- ✓ PSYCHOEDUCATION FOR CLIENT, FAMILY, EDUCATION AND OTHER SETTINGS
- ✓ THERAPEUTIC INTERVENTION- PSYCHOEDUCATION, EMOTIONAL REGULATION STRATEGIES, EXPRESSIVE THERAPIES
- ✓ REFERRALS FOR FAMILY SUPPORT/FAMILY THERAPY
- ✓ REFERRALS FOR NEURODEVELOPMENTAL ASSESSMENTS
- ✓ PLANS FOR REINTEGRATION INTO SOCIAL ENVIRONMENTS SUCH AS SCHOOL, SOCIAL SETTINGS/GROUPS



AN EXAMPLE IN PRACTICE

A 14YO MALE IS REFERRED FOR SUPPORT AFTER HIS 4 YOUNGER SIBLINGS MADE ALLEGATIONS OF SEXUAL ABUSE.

THE AIM ASSESSMENT WAS COMPLETED AND THE FOLLOWING INFORMATION WAS OBTAINED ON THE 5 DOMAINS:

DOMAIN 1: SEXUAL BEHAVIOUR

Client has experienced childhood sexual abuse from a sibling and neighbour. Client was exposed to pornography at a young age. Client engaged in secrecy and threats to hide and continue the behaviour.

DOMAIN 2: NON-SEXUAL BEHAVIOUR

Client struggles with emotional regulation at school. Client often receives time out and suspensions for his behaviour. Appears that behaviour is heavily influenced by peers

DOMAIN 3: DEVELOPMENTAL FACTORS

Client diagnosed with Attention Deficit Hyperactivity Disorder. Therapist has flagged that they also appear to have traits of Autism. Client also has a history of trauma including child sexual abuse, witnessing domestic and family violence and disrupted attachment.



AN EXAMPLE IN PRACTICE

CONTINUED....

DOMAIN 4: ENVIRONMENTAL AND FAMILY CONTEXT

Client has witnessed severe domestic and family between his parents. As an older child in the household the client was responsible for keeping his siblings safe and calm while the abuse was were happening. The client is the scapegoated child of the family and has also suffered physical abuse from their father.

The school struggle to manage the client's behaviour, and without the right diagnosis, dont have the resources and support to provide him with the learning environment that would be most conducive to him. Due to his behaviours towards his siblings, the client now has a safety plan where he is to be supervised by an adult 24/7 at school and at home. He and his siblings were removed from the house by child safety due to the domestic violence and sexual harm. The family all blame the client for child Safety's involvement. The client has been put in a different placement to his siblings to keep them safe. The client has no opportunity to socialise with same age peers due to his safety plan and has now been isolated from family

DOMAIN 5: SELF-REGULATION

Client struggles with emotional regulation at home and school. Client also struggles with impulse control and social skills, all likely linked to his diagnosis and possible diagnoses.



WHAT WAS LEARNED?

AND HOW IT WAS USED FOR SERVICE DELIVERY

FROM THE BRIEF OUTLINE OF THE DOMAINS, IT BECOMES CLEAR THAT THE ENVIRONMENTAL AND FAMILY CONTEXT DOMAIN WAS THE AREA OF HIGHEST NEED FOR THIS CLIENT.

WITH THIS IN MIND, THE INTERVENTIONS THAT WERE FIRST INTRODUCED WERE:

- ✓ EDUCATION FOR THE WHOLE FAMILY REGARDING CHILD SAFETY'S INTERVENTION
- ✓ REFERRALS FOR FAMILY SUPPORT FOR PARENTS AND SUPPORT FOR PARENT CONTACT WITH THE CLIENT TO ENSURE THIS WAS POSITIVE FOR HIM
- ✓ LIAISON WITH SCHOOL TO INCREASE HIS TIME AT SCHOOL AND INCREASE HIS ABILITY TO HAVE POSITIVE INTERACTIONS WITH PEERS
- ✓ CONNECTING HIM TO A SOCIAL GROUP WITH ADULT SUPERVISION
- ✓ THERAPY REGARDING CONSENT, HIS OWN EXPERIENCES OF SEXUAL ABUSE, WITNESSING DOMESTIC AND FAMILY VIOLENCE, EMOTIONAL REGULATION ETC
- ✓ REFERRALS FOR ASSESSMENT FOR AUTISM AND PTSD DIAGNOSES
- ✓ ONGOING SAFETY PLANNING MEETINGS TO BEGIN INCLUDING MORE ACCESS TO PEERS AND SOCIAL ENVIRONMENTS WHERE SAFE TO DO SO

