

Understanding the Sexualised Behaviour of Children and Youth

What's Normal? What's Not?

Why Not? What Next?

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Overview of Content

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2. Normal development of children
3. Range of sexualised behaviours in children
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The Role of Attachment (based on J. Bowlby)

Need driven behaviour



Children's Normal Development

- Physical
- Cognitive
- Emotional
- Behavioural
- Psychological
- Social / Interrelational
- Sexual

Children up to 11 years

Normal Development of Children

Basic developmental psychology (Erikson, 1968)

Birth – 1 yr: Trust vs. Mistrust

Outcome = Hope

1 – 3 yrs: Autonomy vs. Shame and Doubt

Outcome = free choice bounded by societal laws and custom

4 – 5 yrs: Initiative vs. Guilt

*Outcome = free to discover and create, not bound by guilt of
“doing it wrong”*

6 – 11 yrs: Industry vs. Inferiority

*Outcome = Development of co-operation to achieve and
contribute*

Sexual Development

- Children's sexual development and behaviour is a normal part of growing up.
- Most sexual behaviours are developmentally normal
- Some sexual behaviours cause concern because they are different to those of their peers
- Some problematic sexual behaviours need professional help

Some Normal Behaviours

- Interest in body parts and bodily functions
- Touching own genitals / self stimulation for soothing
- Interest in others' body parts and difference
- Mutual exploration or touching genitals of others
- Asking questions about sex / reproduction / babies
- Skin to skin contact
- Gender role playing e.g. 'mothers and fathers'
- Using 'sex' words for a response from parent
- Many others across age groups

Some Concerning Behaviours

- Excessive interest in body parts / bodily functions beyond normal satisfaction
- Excessive or rough touching of own genitals causing discomfort or injury
- Touching others sexual parts when this is not wanted (younger children, peers, older children, or adults)
- Insatiable interest in sex / babies / reproduction
- Using sexual language that is beyond developmental age
- Engaging in sexual activity beyond expected developmental knowledge

Children's Sexualised Behaviour

From Toni Cavanagh-Johnson

- Ranges from normal and healthy to problematic
- Behaviours must be viewed in relation to child's age & developmental stage
- Most behaviours are normal and healthy
- Problematic behaviour should raise concern
- Some problematic behaviour needs specialist intervention

- Are there any points to clarify?
- Be mindful of all factors informing your views / opinions

Problematic Sexual Behaviour

3 groups of children with problematic sexual behaviour:

1. Sexually reactive children
2. Children who engage in extensive mutual sexual behaviour
3. Children with concerning and/or harmful sexual behaviour

Range of Children's Sexual Behaviour

(from Toni Cavanagh-Johnson)

- Normal and healthy
 - Problematic



1. Sexually Reactive Children

- Not done in secret
- Child may be distracted, but may return to the behaviour
- Directed at self and may be directed at others, incl. Adults
- No coercion or force used
- Usually non-specific focus. Will respond to being told “No” but may move on to other children

- Basis is confusion, usually due to sexual abuse or trauma of some kind
- Child trying to make sense of their confusion
- Increased anxiety, fear and confusion are precipitants to behaviour

Home Setting

Some possible contributing factors:

- Presence of other children
- Anxiety over being new / fitting in
- Transition to a new “home” environment
- General insecurities of the child and poor ability to regulate mood or emotions

Managing the behaviour – meeting the need

- Stability and sense of safety and security
- Clear rules and boundaries
- Adults in charge – uphold rules and boundaries
- Opportunity to encourage socialisation
- Role modelling healthy, appropriate behaviour

2. Extensive Mutual Sexual Play

- Frequent, habitual, full spectrum of sexual behaviours
- Relate best to other children
- Not close or trusting of adults
- Not usually emotionally close to other children, although some sense of connection through neediness
- Not coercive – mutual, willing partners (often attract / find each other)
- Will try to avoid detection
- Some level of sexual arousal but not a major contributing factor

- Basis is distrust through being hurt or abandoned by adults
- Getting safety / support need met through peers
- Seeking comfort to address loss, fear, abandonment, loneliness

Home Setting

Some possible contributing factors:

- Opportunities for connection with other children
- Together with sibling(s) – shared trauma / anxiety
- Other children with similar problems / experiences

Managing the behaviour – meeting the need

- Strong, healthy adult love and care
- Clear rules and strong boundaries held by caregivers / adults
- Helping child to understand their needs (e.g. worry, hunger, need for security), and meeting needs appropriately and consistently
- Positive, consistent family environment
- Support into healthy peer relationships – rules and boundaries

3. Children with Concerning and Harmful Sexual Behaviour

- Frequent and pervasive
- Pattern of problematic sexual behaviours evident in their history
- Intense sexual confusion
- Sexuality and aggression closely linked
- Coercion used to gain participation (bribery, trickery, manipulation, emotional / physical coercion)
- Physical force not common or necessary due to careful targeting of isolated / needy / vulnerable victims
- Victims may be older, younger or same age
- Impulsive and aggressive nature to behaviour, incl. sexual
- Usually have problems in other areas of life

Very few children sexually abuse

Common Factors

- These children have observed too much adult sexuality through abuse, seeing adults engaged in sexual behaviour, pornography etc
- They have lived in environments that have confused them and left them feeling vulnerable, anxious, afraid, untrusting and needy
- Some have been sexually abused
- Children absorb and learn behaviour. Problematic sexual behaviours are often coping and survival strategies

Pre-teens and Adolescents

Developmental Needs

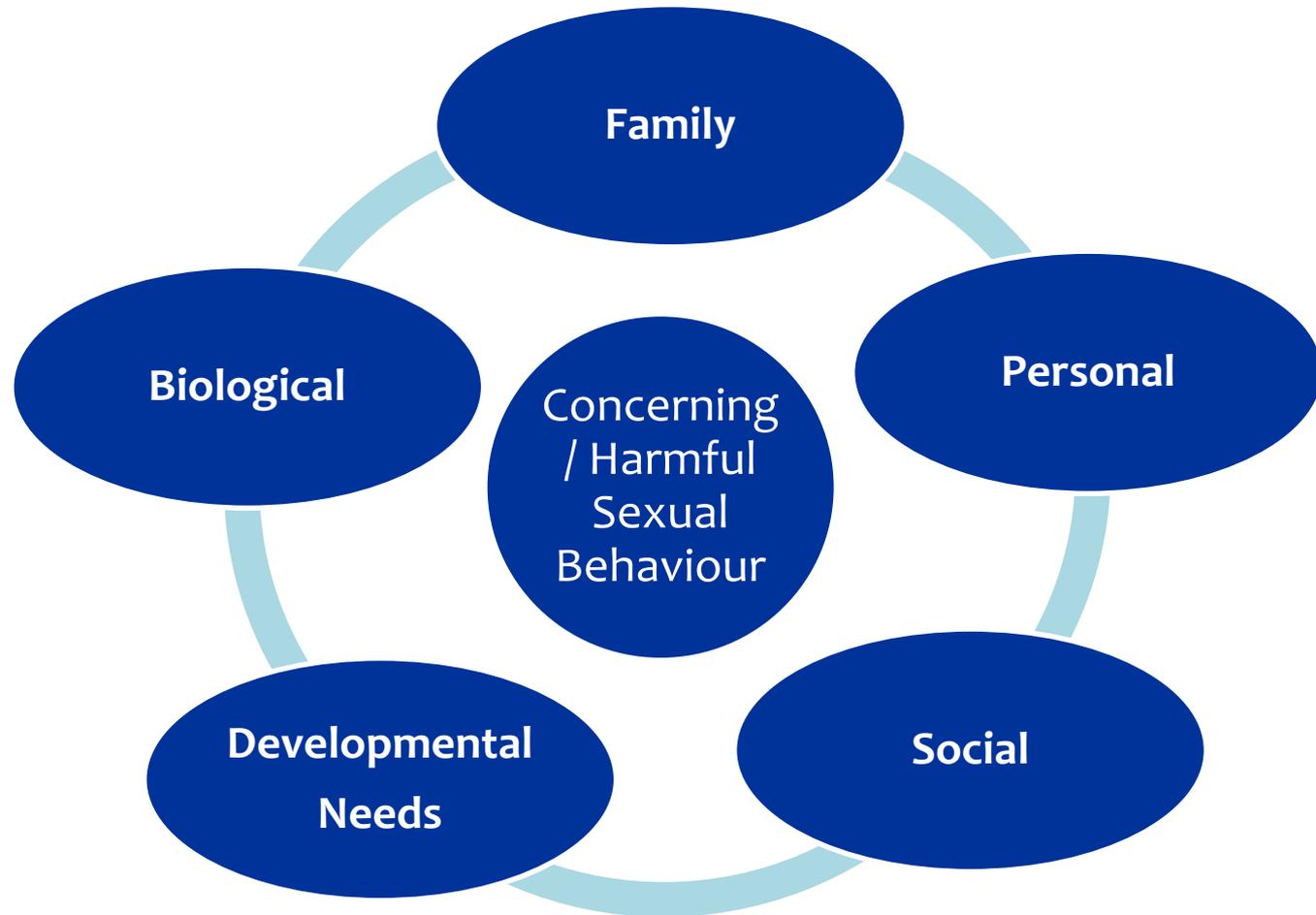
12 – 18 yrs: Identity vs. Role confusion (Erikson)

Outcome = Coherent sense of self to offer to society

Needs of the adolescent in the “Identity Crisis” stage

- Affirmation
- To be like others – not different
- To be different – not like others
- Normalisation
- Belonging
- Significance
- Purpose for the future

Factors that Contribute to Concerning and Harmful Sexual Behaviour



Development of Concerning and Harmful Sexual Behaviour

- Any of the environmental factors from childhood
- Often tends to peak at around 14 years of age
- Getting genuine needs met in the wrong ways
- Develop thoughts, attitudes and behaviours based on a skewed sense of need
- Behaviours, thoughts and attitudes are reinforced through a sense of satisfaction of “getting what is needed”
- Sexualised behaviour has a powerful reinforcement through intense sensation and satisfaction
- Environmental factors at home, society, peers etc

Need Driven Behaviour

- There is a range of possible contributing factors
- Behaviour is language – one form of communication
- Assess and understand what need is driving the behaviour (using the Assessment Framework will help)
- What is the real need?
- The behaviour is usually trying to address the need by attending to the feelings created by the need
- Begin to get the needs addressed properly
- Address concerning and harmful behaviour and encourage wanted behaviour
- Change the environment to get a different outcome

Types of Harmful Sexual Behaviour (HSB)



On a continuum ranging from non-contact to full contact, brainstorm all of the types of concerning and harmful sexual behaviour you can think of.

Types of Non-Contact HSB

- Peeping or peering
- Obscene phone calls
- Sexual talk
- Showing pornography to a child
- Making a child play sexual games
- Flashing / exposing / masturbating in public
- Photographing, filming a child in sexual poses
- Accessing and distributing internet based child sexual abuse images

Types of Contact HSB

- Frottage
- Touching, fondling a child's breasts, bottom, genitals
- Getting a child to rub offender's genitals
- Masturbating a child's penis, vagina, clitoris
- Performing oral sex on a child
- Getting child to perform oral sex on offender
- Vaginal penetration –penis, finger or object
- Anal penetration
- Bestiality

What Makes it Harmful?

Consider the existence of any or all of these factors:

- Coercion
- Power difference (Inequality)
- No consent

Making a Difference

- There is HOPE
- The problematic or harmful sexual behaviour has developed as one way to try to address unmet needs
- Problem behaviours can be unlearned and replaced with healthy behaviours and emotions
- Professional intervention is one part of the solution
- A consistent, safe environment can provide:
 - containment (physical, emotional, relational etc)
 - clear boundaries and rules
 - opportunities for healthy socialisation
 - healthy and safe adult role models
 - new experiences and outcomes to problems

So, What Do I Do?

The fastest way to address the deficit is to build the assets!

- Understand and meet the actual need
- Clear boundaries and rules
- Clearly and consistently address unacceptable behaviour
- Understand and build on strengths
- Share the work and be accountable – always!!

- Any child or adolescent receiving specialist treatment for problem sexual behaviour should have a support and safety plan in place.
- Work together with the service provider.

The Cool Stuff

- You are in a great position to help with change
- Children and teenagers are still developing and learning how to be adults – there is real hope for change
- You can be the encouragement, support and strength that a lot of these children and adolescents have never had
- You are part of a wider system and community that can make a real difference for a lifetime

Referrals to SAFE

- Anyone with concerning and / or harmful sexual behaviour (Adolescents: towards a child, peer, or adult)
- Is CYF involved or been notified?
- Referral received
- Triage to ascertain appropriate clinical pathway
- Allocated for assessment
- Assessment undertaken and completed involving caregiver
- Assessment report written and sent to referrer
- Treatment offered / declined
- Some private referrals can be funded via bulk-funded contract

Helpful Contacts

- SAFE Network:

www.safenetwork.org.nz or (09) 377 9898

- Auckland Sexual Abuse Help:

www.sexualabusehelp.org.nz or (09) 623 1700

- www.theharbour.org.nz

- Child Youth and Family (CYF):

0508 326 459 or cyfcallcentre@cyf.govt.nz

Questions & Discussion