Positive and Protective
Identifying and responding to sexual behaviours in children and young people

Facilitator Kit
Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator information</td>
<td>3</td>
</tr>
<tr>
<td>Facilitator guide</td>
<td>5</td>
</tr>
<tr>
<td>Bibliography</td>
<td>16</td>
</tr>
<tr>
<td>Facilitator notes</td>
<td></td>
</tr>
<tr>
<td>Group working agreement</td>
<td>18</td>
</tr>
<tr>
<td>Social learning (children in care)</td>
<td>19</td>
</tr>
<tr>
<td>Childhood sexual development</td>
<td>20</td>
</tr>
<tr>
<td>Traffic Lights scenarios</td>
<td>21</td>
</tr>
</tbody>
</table>

© 2016 True Relationships and Reproductive Health
230 Lutwyche Road
Windsor 4030
Australia

Phone: +61 7 3250 0240
info@fpq.com.au
www.true.org.au

This work is copyright. Except under the conditions of the Copyright Act 1968, written permission should be sought from the copyright owners to use any part of this work for reselling, distribution or use in resource development. Permission to photocopy activities and worksheets is granted.

Every reasonable effort has been made to obtain permissions relating to information reproduced in this publication.

Requests and enquiries concerning reproduction and rights should be email to publications@true.org.au

Disclaimer
True Relationships and Reproductive Health (True) has taken every care to ensure that the information contained in this publication is accurate and up to date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to confirm that the information complies with present research, legislation and policy guidelines. True accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.
Information for the facilitator

This workshop has been written to be delivered to foster and kinship carers working within the Child Protection System. Your audience may also include staff from the following services: Child Safety services; Foster / Residential / Alternative care services; other staff that work with carers or with children and young people in care. Facilitators will need to draw on the content knowledge of the target group to provide relevant examples and anecdotes throughout the training. It is recommended that you are familiar with at least the following readings:

- **Settings and Solutions**: Supporting access to sexuality and relationships information for children in care. FPQ, Holly Brennan 2008  
- **Secondary Students and Sexual Health**: 2013 - Results of the 5th National Survey of Australian Secondary Students and Sexual Health. La Trobe University, Anne Mitchell, Kent Patrick, Wendy Heywood, Pamela Blackman and Marian Pitts. April 2014  

Preparation checklist - Have you?

- read through the Facilitator Guide and PowerPoint slides
- read through the Facilitator Notes to get more information regarding activities and discussion
- read relevant readings/research
- chosen relevant activity resources from the approved activity library

Symbols used in the guide to help facilitators tailor the presentation to the audience

When you see the following symbol:

- **Provide examples, anecdotes, statistics, scenarios here to make the content relevant to your audience.**
- **This activity asks participants to be active and involved.** Reinforce the working agreement to maintain a safe environment for people to participate. Participants have the right to pass if they feel uncomfortable.
- **This activity asks participants to do a written activity in their participant workbook**
Support for participants

This course addresses issues of sexual abuse. The information and/or discussion may be challenging for participants and may trigger traumatic memories and experiences for some people. Particular groups may be more likely to experience emotional responses, especially if the children and young people the staff work with have experienced abuse and neglect. As the facilitator, it is important to be prepared to respond to the needs of participants.

- take the time to raise this issue in Group Working Agreement
- acknowledge emotional responses and the gravity of sexual abuse
- dispel myths which may contribute to misinformation / misinterpretation
- know and have available the names and referral details of relevant support / counselling services in the area
- be prepared to talk with people during breaks
- encourage participants to seek support if required and to employ self-care strategies
# Facilitator Guide

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Resources</th>
</tr>
</thead>
</table>
| REGISTRATION | • Check off attendance list as people arrive.  
• Distribute name tags. | Attendance list  
Name tags / pens |
| INTRODUCTION | • Introduce yourself to the group and acknowledge the traditional custodians of the land.  
• Discuss housekeeping details – toilets, smoking areas, emergency exits, break time, start and finish times.  
• Show SLIDE 2 – Course outline and discuss facilitators’ role, including debriefing, referring people if needing support, taking responsibility for your own learning. Remind participants that discussion will take place during the workshop regarding sexuality, sexual development and sexual abuse. These topics may be confronting for some participants. It is important to acknowledge this and remind participants that they may need to use self-management skills throughout the day. The facilitator can make themselves available during the break or provide referrals for support if required.  
• Talk about the Participant workbook that each participant will receive. This will be used throughout the day and will assist participants in making notes or documenting key points.  
• **Brainstorm a group working agreement.** Write this on poster paper and display for participants to see during the workshop. Remind participants that they are participating in their role as foster/kinship carers to renew or learn new skills for working confidently with the children and young people in their care. They are not here to disclose personal information. Write up other rules as they arise. Refer to Facilitator notes: Group working agreement for further information.  
• Ask participants to introduce themselves to the group and explain what they hope to get out of the workshop that will be relevant to their role as a carer.  
• Ask for a general indication of how long people have been involved in the child protection sector, ie, 0-5 years, 5-10 years, 10 or over. Reflect back to the group that between everyone in the room there is a lot of experience in supporting children in care, and that most often it is the interaction that participants can have with each other that is the most valuable part of a workshop like this one. | SLIDE 2 – Course outline  
Facilitator notes  
Group working agreement  
Poster paper  
Blu tac  
Pens |
| SEXUALITY | Before we start talking about sexuality and self protection, it is valuable to think about what sexuality means to us and what is might mean to others. It is essential to establish what sexuality is and what is ‘normal’ sexual behaviour and development, to accurately identify and proactively respond to sexual behaviours that may be inappropriate or offending.  
**Activity: Sexuality brainstorm**  
**Purpose:** To establish definitions of sexuality. | Whiteboard / |
- In pairs (or whole group) ask participants to discuss, *What is Sexuality?*
- Bring discussion back to whole group and write responses on the whiteboard.

- Process physical, social, emotion, spiritual aspects and link responses to definitions used in the following slides. This is an important task to clearly process with participants, remembering to highlight the holistic nature of sexuality. Clarify with participants that sexuality is far more than just a physical activity.

- Show SLIDES 3-6 – *What is Sexuality?*, *Sexuality is, What is sexuality?* and *Sexuality components*

- HANDOUT – Participant workbooks

- Workbook activity 1 – *What is sexuality?*
- This workshop for foster/kinship carers focuses on sexual behaviour not on violence, swearing, spitting etc. However, some of the same principles can apply to other behaviours. This workshop will be talking about and using only examples of sexual behaviour.

- Workbook activity 2 – *Social learning and sexuality*

SOCIAL LEARNING

*Social learning is one way we gain information about how to behave through observation and experience.*

- Ask participants how, when and where we learn about sexuality? Remind participants that this activity is not about personal disclosures, rather just ideas regarding the journey of people learning about themselves as sexual beings.

- Show SLIDE 7 – *How do children and young people learn about sexuality and relationships?*

  What messages about sexuality might a child or young person pick up from their experience of the world? Use the topics on the slide to guide the discussion, ie, child, family, peers, school and society. Discussion could include interaction between genders; male/female roles, shame, identity, sense of belonging, educational opportunities, systems abuse, impact of poverty, sexuality being a taboo topic, community/family structure.

  *Even when we think we’re not teaching about sexuality, children are learning. Is this the only way we want children and adolescents to learn about sexuality?*

- Show SLIDE 8 – *Ecological model of behaviour*

  This model shows how the relationships and social interactions closer to the individual have a greater impact, but also reminds us that there are other influences occurring across the broader social and cultural context. It can help reinforce that if we are to support children and adolescents, especially those with sexual behaviours of concern, we need to be working across a number of levels to give clear and consistent messages. For example, if a school is providing behaviour support to a child, it is important for staff to work with the child, his/her family/carers, other students, the wider school community and relevant community services. Refer to *Facilitator notes – Social learning (children in care)*.
VALUES AND ATTITUDES

It is important to also recognise that our values and attitudes influence our behaviour. Therefore it is vital to be aware of our own personal values and attitudes in order to develop clear professional boundaries and a positive approach to supporting healthy sexuality.

- **Show SLIDE 9 – How do you manage your personal values and beliefs in your professional role?**

  Process this slide, simply by asking participants to examine their personal values, beliefs and attitudes.

- **Workbook activity 3– Values and attitudes**

  - **Show SLIDE 10 – Guidelines for values discussions**
    
    It is essential to be aware of your own values, attitudes and beliefs about sexuality in order to manage responses to sexual behaviours in positive and supportive ways. As foster/kinship carers, it is important to support children and young people to develop their own beliefs, decision making skills, tolerance and respect for diversity.

---

### CHILDHOOD SEXUAL DEVELOPMENT (Birth to 18 years of age)

- **Show SLIDE 11 – How will I know if it’s something to worry about?**

  It’s common to view sexual behaviours of children as problematic (we’ve already discussed many reasons). Current research and practice has identified that earlier sexual abuse prevention programs often focused on identifying problematic behaviours, without looking at what is normal and healthy. As a consequence, without the full picture (or a continuum approach) it is easier to view all sexual behaviour of children as problematic or signs of abuse. We must know what is in the range of normal and healthy behaviours in order to identify what is outside that range.

- **Show SLIDE 12 – Child and adolescent development.** Like all other areas of development, sexual development is a natural process all humans go through. It is important to take a holistic view of the child or young person. Not only will this help to view sexual development alongside other areas of development, it will also help us to view sexual behaviours in a physical, social and developmental context.

  *We are going to consider sexual developmental in various age ranges. Think about the social, emotional, physical and behavioural changes which occur. If we are to help children and adolescents develop healthy sexual behaviours and attitudes, then it is essential we have an understanding of what are considered to be normative sexual behaviours.*

**Activity: Sexual development – 4 x groups age and stage development**

**Purpose:** For participants to engage with the fact that most child and adolescent sexual behaviours are expressions of their sexual development. It is normal and healthy to experience these physical, cognitive and social changes. To set up activity - show the following slides one at a time with a brief reminder that we are thinking about age and stage and that individual children develop at
different rates within each stage (just like growth or language development) but that development is generally sequential.

- Show **SLIDES 13-16 - Sexual development (pictures)** - Give one example per slide to move quickly into the activity

- Break into 4 groups, look at each of the following age groups: 0-4 yrs, 5-9 yrs, 10-13 yrs, 14-17 yrs.

**Activity focus question** - *In the context of sexuality, what is happening for children / adolescents in this age group? What are the common behaviours which show their sexual development?*

Give each group a piece of butcher’s paper where they are to discuss and write examples of behaviours which occur as part of normal sexual development in children/adolescents at that age/stage. Ask them to think about the physical, social and cognitive expressions of growth and behaviour. Refer participants to **Workbook activity 4 – Child and adolescent development** to record information.

- **Process Activity:** Ask people to come back to the large group and process each age group by asking each group to read out their list. As the facilitator, be sure to address examples which may be about abuse or be values based – remind participants that you are looking at sexual development from what is normative. Abuse can happen at any age, but is not a normal part of development. Process adolescent development in relation to development of identity and independence. Refer to **Facilitator Notes – Childhood sexual development** for further information.

As a large group, discuss if there are any differences for children and young people with disabilities, from CALD or indigenous backgrounds, or kids living in alternative care arrangements like foster care, kinship care, alternative living service. Relationships, opportunities to play, learning privacy and boundaries may also be areas for discussion.

- Show **SLIDE 17 – Childhood sexual development** – to reinforce the contextual factors which influence development and behaviour (refer to the ecological model as part of this discussion)

- Show **SLIDE 18 – Young people in care.** Discuss differences and similarities regarding childhood sexual development and young people in care. Stress the importance of individual contexts rather than reinforcing that being in care makes it more likely for sexual behaviours to occur. The research tells us that children and young people in care have poorer sexual health outcomes than their peers not in care. Refer participants to **Workbook activity 5 – Adolescent sexual behaviour** to reflect on what avenues are available for children and young people in care to seek information about sexual health and relationships?

<table>
<thead>
<tr>
<th>5 mins</th>
<th>TRAUMA INFORMED PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Trauma experienced in childhood and in early adulthood is increasingly being recognised as one of the primary social determinants of health and wellbeing. This is because violence and abuse experienced by young people can have severe, pervasive and lifelong effects on their health, 'identity, relationships, expectations of self and others, ability to regulate emotions and view of the world'</em></td>
</tr>
</tbody>
</table>
Elliott et al. 2005; as cited in NSW Kids and Families (2014, pg. 97)

- Show SLIDE 19 – Trauma

  Many children and young people in care will have experienced trauma as a result of abuse and neglect prior to coming into care. It is important that carers have an understanding of how this trauma may impact on their leaning about relationships and sexuality.

- Show SLIDE 20 – Principles of Trauma Informed Practice – these principles utilise a strengths based approach when working with children and young people with trauma backgrounds.

- Show SLIDE 21 – So what does this mean for relationships and sexuality?

  Children and young people with trauma backgrounds still have the potential to resilient and develop a healthy sexuality and self concept. It is also important that assumptions are not made about sexual behaviour always being as a result of having experienced abuse. Refer to the following recommended readings for further information,


---

**SEXUAL BEHAVIOURS**

- Show SLIDE 22 – Sexual behaviour

  Sometimes when we talk about sexual behaviours in children, it can be easy to overreact or to minimise behaviour due to our own embarrassment or confusion. This slide helps to put that in context and shows how most sexual behaviour is part of normal development and that all children benefit from age appropriate information as they grow and develop. It also introduces the concept of different levels of support to meet the needs of children and adolescents with varying levels of behaviour.

  *Now that we’ve looked at the process of sexual development, we’re going to look more specifically at sexual behaviours in children and adolescents. For a variety of reasons some children may demonstrate problem sexual behaviours. We’re going to look at the Traffic Lights framework which can help identify sexual behaviours which reflect normal, healthy and age appropriate development and those which are risky, concerning and problematic or abusive behaviours.*

  *The way adults respond can have a significant impact on how children and adolescents cope emotionally and understand safe and healthy behaviours.*

---

**INTRODUCE TRAFFIC LIGHTS FRAMEWORK**

**Handout – Sexual**
Provide an overview of the Traffic Lights as a framework for action. It is important to focus on the Context Slides, and it is not necessary to show all the age and example behaviours slides as people will have the factsheet. As the facilitator, you may choose to show the example slides briefly, but do not read out all the information. Just aim to guide people through the different levels of green, orange and red.

- **Handout** copies of the brochure – Sexual behaviours in children & young people
- **Show SLIDE 23 – Traffic Lights framework**

When explaining the Traffic Lights model it is easy to use the analogy of real traffic lights to help participants to remember the process. Basically think of driving a car. **GREEN** is for ‘normal driving’, have eyes on the road, following the rules, awareness of others and be using all of your skills. **ORANGE** is for ‘watch it’, the lights are about to change – review the situation to keep safe – i.e. Stop or for others speed up. **RED** is for STOP – immediate action required to keep safe.

- **Show SLIDE 24 – Green Light sexual behaviours.**

This is the most important slide for people to understand. It is the characteristics of the behaviours and the contextual issues such as who, what, where, when and how which help us determine if behaviours are green, orange or red. Refer back to the Ecological Model (SLIDE – 8)

- **Hidden SLIDES 24-28 – Green Light sexual behaviours – examples**

Showing each of these slides could be a bit repetitive especially if you have had good discussions in the previous activities. They are there for reference if the group needs to go over normative development. Instead, you can invite participants to look through the green light examples in their brochure and ask them if there are any examples which surprise them or they wish to discuss further. If nothing is raised, prompt the discussion. e.g. it is common that people will ask about sexual intercourse in the 14-17 age group

It is important to discuss that Green is a developmental framework (not a legal framework) and that common behaviours are reflected in development. However this does not simply mean that if lots of children or young people are ‘doing it’ that it is automatically green. **Primarily, Green represents behaviours which are mutual, consensual, healthy and safe.** The research indicating normative behaviours comes from broad samples, not just what might be happening in a particular community or group.

- **Show SLIDE 29 – Frequency of sexual behaviours in children 2 – 12 years.**

This graph shows the high frequency of sexual behaviours in children up to the age of 6 and then declining to the age of 11 when the frequency of sexual behaviours starts to increase again.

Discuss participants’ responses and the social and developmental reasons for this early sexual behaviour. This information is based on research of observed behaviour and shows what is frequent, common or normative. It provides a context for understanding sexual behaviour in children, driven by curiosity and a desire to make sense of sexuality and relationships.
This research highlights that young people are sexual beings and many are sexually active. This reflects development and becoming sexually mature. Our laws about age of consent are there to protect young people from manipulation and abuse from adults. If we think young people may be sexually active, we need to be asking questions about safety, risks, harm, abuse and their ability to make informed decisions NOT just questions about morals and values.

Discuss these slides with reference to the *Settings and Solutions* document listed in the recommended readings.

Highlight that in orange light the sexual behaviours may be the same as in green light, it is the frequency, duration and persistence of activities which shift things out of the ‘normal’. Inequality of age, developmental abilities and power are also issues which may indicate orange light. Orange Light behaviours are often accompanied by confusion and anxiety.

These slides indicate examples of behaviours in 4 age ranges. Move through these slides fairly quickly, just providing a relevant example per slide. The aim is for people to ‘get’ the concept. OR Hide these slides and use the brochure.

Highlight the contextual factors which characterise red light behaviours. The sexual activities may be similar to green light, however it is the way the behaviours occur, how, where, when, and who with. The nature of these activities indicates abuse and/or harm and call for immediate intervention (including reporting) to prevent or stop the behaviours + intensive support plans to follow up. Red Light behaviours may be one off or have been occurring for a long time. They are often accompanied by anger, aggression, stress.

These slides indicate examples of behaviours in 4 age ranges. The aim is for people to ‘get’ the concept. OR Hide these slides and use the brochure. Note that all behaviours require some form of response or follow-up.

Sum up how the Traffic Lights framework helps to consider the way the behaviour happens, not just the behaviour itself. It is the who, what, where and how which helps us determine if behaviours are green, orange or red. Discuss an example like masturbation, where the nature of the behaviour changes it from being green, orange or red.

The *Traffic Lights* framework can enable foster/kinship carers to be able to better identify and understand when support is required for the children and young people in their care. The *Traffic lights* can assist in understanding the need for support with children and young people in care who may have experienced...
sexual abuse, as well as for those who may be displaying inappropriate or sexually offending behaviours.

- To wrap up this section and lead into the group discussion and activity, remind participants that *Traffic Lights* is a framework to help us understand and think about sexual behaviours in children and adolescents so that we can provide the appropriate information and support. It is NOT a checklist or a diagnostic tool.

**BREAK**

20 min

**TRAFFIC LIGHTS**

As discussed prior to the break, *Traffic Lights* is a framework to help us understand and think about sexual behaviours in children and young people so we can provide the appropriate information and support. It is NOT a checklist or a diagnostic tool.

The following activity is designed for you to practice using the Traffic Lights framework to identify behaviours as normal, healthy development, concerning, problematic or abusive. We will talk about the responding part after this activity later in this workshop.

**Activity: Using the Traffic Light framework**

**Purpose:** For participants to practice using the *Traffic Lights* framework to identify behaviours as normal, healthy development, concerning, problematic or abusive

- Refer participants to *Workbook activity 7 – Identifying child and adolescent sexual behaviours*.

- Ask participants to work together in small groups to discuss the scenarios listed in the workbook. Together they are to decide which traffic light category the sexual behaviour described belongs to. Ask participants to use the *Sexual Behaviours in Children and Adolescents* factsheet to guide the category they choose.

- Process as a large group, with each group taking turns explaining their decision. Discussion points may include naming behaviour, How often? With whom? When? Where? Are the usual rules of sexual behaviour being followed? Is there a risk of harm? Is there actual harm? Have there been previous consequences/reactions?

- Remember, at times, in your role as the facilitator, it may be important to stress the seriousness/non seriousness of some behaviours that are discussed, to aid with the categorisation process. Facilitators need to be keenly aware of their own values/judgements regarding sexualised behaviours.

- Try not to get caught up in which category the behaviour fits. Remind participants that all categories require intervention but the nature/seriousness/impact of one or the other may be more significant. Even if the behaviour is GREEN, there needs to be action, eg, information and discussion.

- Discussion may also include the value of doing this activity and discussion with peers, ie, all the scenarios are based on real examples. Situations like these tend to be complex and it is the discussion which helps the process of
understanding. It is never as simple as using a checklist.

- Refer to the Facilitator notes: Traffic Lights Scenarios to categorise the scenarios. These are suggested scenario categories, rather than definite.

20 min

RESPONDING TO SEXUAL BEHAVIOURS

*All sexual behaviours require some form of action or intervention, whether sexuality education, documentation, therapy, supervision, rules and consequences etc. This section aims to consider the different ways we might respond in order to best meet the needs of children and adolescents.*

- Show SLIDE 45 – Responding to sexual behaviours
  Reinforce the message that we have to first name (identify) the behaviour and then consider what the person is telling us through their behaviour. Provide a simple example of functional behaviour, eg, baby cries when hungry; adolescent is sick when meant to do an oral presentation at school etc., to highlight other contexts where we have to work out what the person is really telling us.

- Show SLIDE 46 – Using the Traffic Lights framework
  The 3 WHATS questions work in conjunction with the Traffic Lights framework:
  1. WHAT is the behaviour?, eg problem touching, masturbation, sexual abuse?
  2. WHAT is the behaviour communicating?, eg previous abuse, loneliness, anxiety, lack of boundaries, mental health issue?
  3. WHAT is needed to support the child/ren or young person/s?, eg strategies

It is useful to have a framework to help us work out what the elements of a situation are and then how to respond. Here is an example of a simple 3 WHATS framework to help us think about the situation and match strategies to meet the needs of the child or young person. We will use 3 WHATS framework in the following activity to look at the scenarios and ways of responding.

Activity: Responding to sexual behaviours

Purpose: For participants to practice using the 3 WHATS Model to respond to sexual behaviour.

- Workbook activity 8 – Understanding sexual behaviours
  - Form three groups with participants and allocate one of the scenarios listed in the workbook to each group. These scenarios represent GREEN, ORANGE and RED behaviour.
  - Work through the 3 WHATS framework by completing the questions in the workbooks. Ask participants to use the Sexual Behaviours in Children and Adolescents factsheet to guide their answers. Remind participants of the group rules and that some time people may disagree.
  - Process each scenario as a group. Try not to get caught up in which category the behaviour fits. Remind participants that all categories require intervention but the nature/seriousness/impact of one or the other, may be more significant. Even if the behaviour is GREEN, there needs to be action, eg, information and discussion.
  - We need to be able to understand what the behaviour is communicating before we can successfully come up with strategies to support a young person, eg, excessive masturbation is not just about sexual desire. It could be medication
that is inhibiting a climax. It could be an infection and that masturbation is actually scratching an itch. It could be a response to anxiety etc. Depending on what the behaviour is communicating, we may respond very differently.

- **Show SLIDE 47 – Determining appropriate action**

  The need for action is determined by many parameters, including areas of legislation, policy, health and safety, duty of care, human rights and community acceptance. It is hoped, that supporting young people in care to have happy and healthy, safe lives will be one of the most important reasons for action.

- **Discuss reporting processes as a group. Brainstorm the answers to the three questions below regarding the reporting processes and discuss as a large group, the different reporting processes used by participants if they determine a sexual behaviour requires action within their foster home.**
  1. Who do they report to?
  2. How do they report?
  3. Why do they report?

- **Workbook activity 9 – Determining appropriate action**

---

**10 mins**

**SUPPORT PLAN**

*Overall each traffic light behaviour requires intervention, whether discussion on values and attitudes, providing accurate information, sexuality education, monitoring and documentation, therapy, supervision, rules and consequences etc,*

- **Show SLIDE 48– Sample support plan**

  The Support plan can be seen as a multi-response plan which takes a child centred approach. When responding to orange and red light behaviours it is common that we are responding with a range of targeted and intensive strategies. Remind participants that there are a range of specialist services which may be available to assist with advice and assistance. We can also consider the level of need of the people in the child’s life, and that part of our plan may include support for the parent/carers, staff and other children.

Complete **Workbook activities 10 and 11 – Developing a support plan and External referrals.** Discuss implementing a program of support for the child or young person in care.

- In pairs, ask participants to discuss at least one external person/organisation that you could access to support the child or young person from one of the scenarios.
## CONCLUSION

- **Show SLIDE 49 – Looking after you – it’s important!**
- **Workbook activity 12 – Looking after you**
  
  Working and caring for children and young people who have experienced abuse can be very difficult. It is essential for all carers to have strategies in place to support themselves in times of high stress in order to still be able to help the children and young people who they support.

- **Show SLIDE 50 – Conclusion**
  
  - Allow time at the end for any questions and supply contact details of facilitator or support organisations to the participants should further information be required.
  - Handout evaluation form and collect completed evaluation forms.
  - **Show SLIDE 51– Thank you!**
Bibliography


Secondary Students and Sexual Health: 2013 - Results of the 5th National Survey of Australian Secondary Students and Sexual Health. La Trobe University, Anne Mitchell, Kent Patrick, Wendy Heywood, Pamela Blackman and Marian Pitts. April 2014


Facilitator notes - Group working agreement

The following are examples of points that may be included in participant’s Group Rules or Working Agreement.

Confidentiality:
- Omit Names
- Omit other identifying details
- Only give facts which are pertinent to the situation or story
- Respect other participant’s confidentiality, eg: if people tell personal stories
- Use professional judgment in sharing information
- Less is better
- Think how you’d feel if the situation were reversed

Look after yourself:
- Find someone to debrief with
- Speak with a counsellor
- Relaxation techniques
- Stress management

Respect each other including:
- Each other’s opinions
- Each other’s values and beliefs
- Being non-judgemental

Mobile phones:
- Will they be switched on, off or to vibrate?
Facilitator notes - Social learning (children in care)

- **Family:** May be neglect/abuse, may not know birth family, witnessed unhealthy relationships, fragmented contact with siblings, parental attitudes to genital area/masturbation, different messages in different care environments, ie, rules changing about what is acceptable behaviour/language etc.

- **Peers:** Stigma of being a kid in care, may have changed schools, difficulty developing/maintaining friendships, lack of opportunity for spontaneous friendships/outings, more vulnerable to exploitation.

- **School:** May not be stable, educational outcomes lower, the language in schools is not geared for difference, ie, *take this form home and get Mum or Dad to sign it.* Where does this leave a child who has a carer? Impact of language on sense of worth/value. Issues of fitting in when you don’t have the right uniform/books etc. What else do young people learn at school?

- **Society:** What messages are there in media/magazines about body image, what it means to be young etc, (Gen Y bagging), our laws about behaviour etc

- **For some children and young people in care this traditional model could be turned on its head and rather than the family having the major influence it could be that due to lack of consistency of care society becomes the main location for social learning.**
Facilitator notes - Childhood Sexual Development

0 to 4 years:
- generally have less peer contact than older children, behaviours influenced by family
- time of self exploration, self stimulation and disinhibition
- develop interest in their genitals and genitals of others
- awareness of their gender and gender of others
- develop sense of what is considered acceptable sexual behaviour
- develop social skills and explore sexuality through play
  
  Johnson, (2007); Larsson (2000)

5 to 9 years:
- children’s peer contact increases, behaviour may reflect family and peer influences
- becoming more inhibited, may appear more embarrassed
- continued interest in their genitals and genitals of others
- approach sexuality in direct ‘scientific manner’ or ‘toilet humour’
- continue to develop sense of acceptable sexual behaviour and social roles
- continue to explore sexuality through play
  
  Johnson, (2007); Larsson (2000)

10 to 13 years:
- period of significant change
- enter puberty – physical, social, emotional aspects
- increased peer contact
- increased experimentation
- inhibition may increase/decrease
- continue to learn society’s expectations about gender roles and behaviours
- develop sense of expectations concerning adult roles and behaviours.
  
  Johnson, (2007); Larsson (2000)

14 to 17 years:
- developing sense of own identity and values
- puberty continues
- experimenting with sexual activities
- separation from family, developing relationships with peers
- intimacy with peers of both sexes, ‘falling in love’
- developing sense of privacy
  
  Siecus, Tepper,M. (2001); Stop It NOW (2008); Smith et al (2009)
Facilitator notes - Traffic Lights scenarios

Scenario 1
Kahu is 12 years old and his foster mother is expecting a baby soon. At school, during a puberty and personal development lesson, he explained pregnancy and birth in detail to another child.

□ Green □ Orange □ Red

Scenario 2
Aesha, aged 11, has Down syndrome. Aesha often spends time helping the children who have higher support needs. Staff call her their ‘little helper’. Last week she was seen touching one of the boys on the penis. Yesterday staff discovered Aesha giving oral sex to another male in the high support needs group.

□ Green □ Orange □ Red

Scenario 3
Phillip is 9 years old and is a new student at school. It is the third school he has attended this year and he and his mum are new to the area. At school, the teacher asks Phillip if he is ok as he looks withdrawn and uncomfortable. He complains that his bottom is sore and that it bleeds when he goes to the toilet. He said that he fell off his bicycle. Some bruising around his thighs and wrists is also noted.

□ Green □ Orange □ Red

Scenario 4
Alex, aged 13, loves chatting to friends on the internet. Recently, Alex made a new friend in a chat room for teenagers. The more they chat, the more Alex feels attracted to ‘Sexy Boy’ and wants to meet him. Alex is excited to have a new friend and tells you they’re going to meet sometime soon.

□ Green □ Orange □ Red

Scenario 5
Keeleigh, aged 14, asks how will she know if she is gay. Sometimes she thinks she might like to kiss her best friend Simone.

□ Green □ Orange □ Red

Scenario 6
Keiko is 16. Her ex-boyfriend keeps calling her on her mobile. She has tried ignoring him, but lately he has been sending sexually explicit SMSs and photos. He often appears at places she likes to hang out, like the shopping centre and the skate park and she is becoming scared to go anywhere on her own.
Scenario 7
Tilly, aged 15, is overheard by carers telling her close friends about having intercourse and oral sex with her boyfriend. He is a 17 year-old student at the same school. She is heard to tell her peers that she enjoys it.

Scenario 8
Peter, aged 15, and Donna, 13, have been playing computer games together recently at the community centre. During a computer session last week, he told her to take her undies off if she wanted a go on the computer. Peter has an acquired brain injury and currently lives in foster care, after it was substantiated he sexually assaulted his younger sister who has learning difficulties.

Scenario 9
Jasmine, aged 17, has been vomiting and a visit to a doctor confirms that she is pregnant. Jasmine has a mild intellectual disability. When the doctor asked if she has had sex, she glanced at her carer and said that she’s not sure.