Positive and Protective
Self protection – Young people

Department of Communities, Child Safety and Disability Services – Foster and Kinship Carer Training
Course Outline

Introduction
Defining healthy sexuality
Social learning and young people’s sexual behaviour
Values and attitudes
Rationale for teaching about self protection
Sexual abuse and trauma informed practice
Reducing the risk
Learning about self protection

break

Feelings and Warning Signs
Decision making and negotiation skills
Healthy relationships and safer sex
Getting Help and Feeling Safe
Conclusion
What is sexuality?
“Sexuality is an integral part of life and it influences personality. It may be denied, repressed or used effectively but it is part of our selves. Sexuality is a process commencing at birth and ending only with death. Sexuality is culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science.”

The Clarity Collective (1990)
What is sexuality?

“Sex is what we do, Sexuality is who we are”

Anna Freud
Reference unavailable
Sexuality Components

**Spiritual**
- Religion
- Feelings
- Values
- Beliefs

**Social**
- Personal background
- Friendships
- Marriage/partnerships
- Culture
- Legal aspects

**Physical**
- Reproduction
- Birth control
- Pregnancy
- Sexual response
- Growth and development

**Emotional**
- Learned behaviour
- Attitudes
- Education
- Expression
- Feelings
- Body image

How do children and young people learn about sexuality and relationships?
Ecological model of behaviour

Based on work by U. Bronfenbrenner
How do you manage your personal values and beliefs in your professional role?

What are my personal values and beliefs about sexuality?
Guidelines for values discussions

- Be accepting and non-judgmental
- Encourage diversity
- Respect the individual’s right to pass
- Respect the individual’s response without commenting or probing unnecessarily
- Encourage individuals to respond honestly
- Model effective listening
- Avoid questions which may excessively threaten or limit choices
- Raise questions of broader social issues as well as personal concerns
Adolescent sexual behaviour

Survey of Australian school students in years 10, 11 & 12:
• 69% experienced some form of sexual activity, of these:
  • 34% sexual intercourse
  • 40% oral sex
  • 23% reported having more than 3 sexual partners in a year
  • 12% young men & 5% young women reported their most recent sexual encounter was with someone of the same sex

Amongst sexually active students:
• 58% used condoms and/or the contraceptive pill (39%)
• 13% reported using no contraception the last time they had sex
• 15% used withdrawal

Mitchell, Patrick, Heywood, Blackman, Pitts (2014)
Survey of Australian school students cont:

- Most sexually active students report positive feelings after sex
- Approx ¼ of sexually active students reported an experience of unwanted sex
- 17% of sexually active students reported being drunk or high at last encounter
- Around ½ of non-sexually active students reported that they did not feel ready to have sex (proud to say no)

Relationships and sexuality education (RSE) mainly btw Years 7-10
- 64% reported receiving in Years 7 & 8
- 68% reported receiving in Years 9 and 10
- Nearly half found RSE to be ‘extremely’ or ‘very’ relevant.

Mitchell, Patrick, Heywood, Blackman, Pitts (2014)
Children and young people in care

Higher rates of:
- earlier onset of sexual activity
- sexually transmitted diseases
- earlier pregnancy and parenting
- sexual abuse
- participation in the sex industry
- problem sexual behaviour

Children and young people in care

Less access to:

- sexual health services
- sexuality education
- sexuality information

Angel

I didn’t know I could ask them about sex.

They (carers) talked about their family and stuff but never about contraception, or saying yes, or saying no.

Rationale for self protection education

• Children who have been sexually abused are more vulnerable to further sexual abuse or exploitation. (Forde Inquiry, 1999)

• Research suggests that perpetrators of sexual abuse are less likely to choose victims who demonstrate knowledge of self protection skills. (Daro, 1991 cited in O’Connor, 1991)

• Children in care are less likely to access school sexuality education programs and are less likely to have the same sexuality knowledge of their peers – therefore have a high need for sexuality education. (Brennan, 2008)
Benefits of self protection education

The benefits of receiving positive, factual, consistent messages and information about self protection include:

- the development of a safety network of trusted adults to talk to
- increased communication skills to talk about bodies
- an understanding of healthy, respectful relationships
- learning to identify and express their own personal boundaries
- knowledge to identify abusive situations
- less likely to experience sexual abuse
What is sexual abuse?

• any sexual activity between an adult and a child below the age of consent or
• non-consensual activity between minors including: fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger of other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography

Prevalence of sexual abuse

- between 1 in 3 and 1 in 5 girls are sexually abused
- between 1 in 6 and 1 and 10 boys are sexually abused
- in 90% of cases, the child knows the offender
- almost 90% of all victims experienced unwanted acts before age 13
- 40 – 90% of sexual offences against children are done by other children and young people
- people with disability are 3 to 7 times more likely to experience sexual abuse

Indicators of sexual abuse

- verbal disclosure
- persistent sexual activity unusual for developmental age and stage
- sexual themes in art, stories and play
- hurting self and/or others, aggression
- withdrawal
- sleep disturbances, nightmare, bed wetting
- changes in appetite

continued…
Indicators of sexual abuse

- excessive compliance
- genital or anal infections, bleeding, bruising
- bruising on arms, thighs
- unexplained money/gifts
- changes in relationships
- jealousy
- over-protectiveness
- fear
- depression, suicidal

Robertson, R., Bromfield, L., & Vassallo (2010)
Primary substantiated types of abuse and neglect in Australia in 2013-14

- Emotional
- Neglect
- Physical
- Sexual

AIHW (2015)
Queensland children receiving child protection services

- 29585 children receiving children protection services in 2013-14
  Of these
- 20229 children were the subject of an investigation of a notification
- 10886 children on care and protection orders
- 10239 children in out of home care

Children may be receiving a combination of child protection services and as such there are overlaps in data.

AIHW (2015)
Substations by age and sex

• Infants (children under 1) were the most likely to be the subject of a substantiation, followed by children aged 1-4

• Children aged 15-17 years were the least likely to be the subject of a substantiation

• Nationally, 51% of children subject to a substantiation are girls, however in Queensland slightly more boys than girls were the subject of substantiations

AIHW (2015)
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’

Elliott et al. 2005; as cited in NSW Kids and Families (2014, pg. 97)
Principles of Trauma Informed Practice

1. Providing a physically and emotionally safe environment
2. Sharing power with the young people of the service, maximising their choice and control
3. Providing training and education for practitioners about the impacts of trauma and developing safety and crisis plans
4. Providing ongoing supervision and support for practitioners to mitigate the impacts of vicarious trauma
5. Providing a culturally safe and gender-sensitive service
6. Ensuring communication is open and respectful
7. Supporting young people’s goals and interests
8. Referring young people to trauma-specific services and interventions

Hopper et al. 2010; Cusack et al. 2008; Fallot and Harris 2006; Hummer et al. 2010 as cited in NSW Kids and Families (2014, Pg. 101)
So what does this mean for relationships and sexuality?

• Consider the potential for resilience in children and young people

• Important to recognise and focus on the individual strengths of children and young people without denying their potential for healthy sexualities and positive self-concepts.

• Children and young people with trauma backgrounds can, and do, still engage in sexual behaviours that are healthy and age appropriate.

Fava, N.M & Bay-Cheng, L.Y (2012)
A **disclosure** is a person communicating that they have been sexually abused.

Goodman-Brown et al (2003);
Irenyi (2007)
Process of disclosures

Children and young people rarely lie about harm or abuse. Most children confirm their original disclosure.
Responses to a disclosure

You can help by:

• not panicking and expressing shock
• listening and let the child know you believe them
• be sensitive and supportive
• use protective interrupting and talk in private
• take notice and inquire, but don’t investigate
• give a truthful response
• don’t make assumptions or promises
• document and report suspicion of harm

Irenyi (2007)
Self protection education involves teaching young people about:

- Feelings
- Body parts and privacy
- Body ownership
- Types of touch
- The rules about touch
- Who to tell
- Relationships
- Puberty
- Fertilisation and birth
Body Parts and Body Ownership

- Knowledge of correct names - *Penis, vagina, testicles, vulva*
- Normalising private body parts - *All girls have a vagina*
- Functions of parts of the body - *Yes, wee does come out of your penis*
- Protective behaviours - *Your private parts belong to you*
- Positive feelings - *Bodies are amazing!*
- That they are free to ask questions - *You can ask me anything about bodies*
- Body image and self esteem - *You are ok!*
- Reinforcing rules about privacy and respect - *You need to respect other peoples bodies*
Body Ownership

- Seek permission when assisting in personal care
- Encourage the person to increase their independence in personal care
- Model respect for privacy by knocking and asking to enter a person’s room or a common bathroom
- Discuss private matters in a private place
- Respect confidentiality
- Teach rights and responsibilities
Why talk about different feelings?

• To recognise how each feeling looks or feels

• To tell someone about many feelings, not just scared feelings. Sexual abuse doesn’t always feel unwanted or scary

• To identify the appropriate people to talk to about different types of feelings

• To understand what it feels like to be safe
Why talk about communication?

To learn about

- Assertiveness
- Communicating needs/wants in a relationships
- Handling peer pressure
- Negotiating consent
- Confidence in communicating needs
- Establishing positive, respectful and safe relationships
Creating an “I” statement

When ........................ (neutral description of behaviour/events)

I feel....................... (accurate statement of your feelings)

Because................... (consequences for you, what happens to you)

And what I’d like is............... (this is not demanded)
Examples

When you ask me to stay out later than I'm allowed, I feel worried
Because my parents will be disappointed in me
And what I'd like is to go home now.

When you try to kiss me in public
I feel embarrassed
Because I don't like showing or seeing public affection
And what I'd like is for you not to kiss me right now.
Why talk about relationships and touch?

To learn about:

• Types of relationships
• Activities within relationships
• Emotions in relationships
• Types of touch
• Boundaries about touch and with whom
• Establishing and maintaining healthy relationships
• Staying safe in relationships
Relationships continuum

**Acquaintance**
- know
- greet

**Friend**
- know
- greet
- talk
- listen
- share
- kind
- fun

**Close**
- know
- greet
- talk
- listen
- share
- kind
- fun
- honest
- trust
- respect
- love

FPQ (2003).
Rules about sexy touch

To have a happy and safe sexual relationship it is important to follow the rules about being sexy together.

Sexy touch is OK if...

- both people want to and say yes
- both people are old enough
- sex and sexy touch is private
- people are NOT from the same family
What is safer sex?

• Freedom from infections (STIs)
• Avoiding unplanned pregnancy
• Feeling emotionally ready and happy with decisions
Why teach problem solving skills?

- To encourage early disclosure from children as sexual abuse often involves a prolonged grooming process by a perpetrator.
- Often programs do not teach children the skills to resist grooming.
- Teaching problem solving skills and making choices gives children options before abuse progresses to a more serious level.
- Children with education and skills in problem solving are more likely to disclose incidents and seek help than children without these skills.
- Compared with girls, boys have poorer problem solving skills when they are presented with sexual dilemmas.
- Boys prefer techniques not usually taught in prevention programs and don’t often employ the problem solving skills provided.

Support strategies for children and young people

- Make time to talk
- Make time to listen
- Acknowledge feelings
- Believe in and respect the child
- Teach self protection skills
- Know your referral list
Looking after you – it’s important!

• Be aware of your risk factors
• Attend to physical, emotional, spiritual, creative, interpersonal well being
• Seek personal counselling/therapy
• Nurture yourself
• Seek balance between work, rest and play
• Re-establish meaning and connection, with yourself, family, friends, others
Thank you!

For more information

www.true.org.au

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References and reading


References and reading cont.


References and reading cont.


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


