Positive and Protective
Self protection - Disability

Department of Communities, Child Safety and Disability Services – Foster and Kinship Carer Training
Introduction
Defining healthy sexuality
Social learning
Values and attitudes
Rationale for teaching about self protection
Sexual abuse and trauma informed practice
Reducing the risk
Learning about self protection

break

Body Parts & Being Private
Feelings and Warning Signs
Relationships & Touch
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

WIDER SOCIETY
- culture, values, media, politics, economy

SCHOOL & LOCAL COMMUNITY
- school policies, mentors, peers, support services

FAMILY
- family values, norms, expectations

INDIVIDUAL
- personal values, norms, expectations

thoughts and beliefs

influences
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
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
People with a disability may have:

- limited ability to acquire knowledge elsewhere
- less opportunity to engage spontaneously with peers
- difficulties in distinguishing fact from fiction
- challenges in reading social situations and matching behaviour
- high risk of experiencing STIs and unintended pregnancies
- increased vulnerability to sexual abuse/assault and exploitation
Example of touching contact for a child without a disability

- Mother/Father
- Family Members
- Teachers
- Siblings
- Family Doctor
- Dentist
Example of touching contact for a child with a disability

- Mother/Father
- Extended Family Members
- Siblings
- Social Workers
- Access Workers
- Respite Workers
- Care Assistants
- Ambulance Drivers
- Taxi & Bus Drivers
- Teachers
- Teacher Aides & School Support Officers
- Educational & Developmental Psychologists
- Speech Therapists
- Occupational Therapists
- Physiotherapists
- Audiologist & Other Technicians
- Nurses
- Dentist & Dental Nurses
- Family Doctor
- Specialists
- Respite Workers
- Access Workers
- Care Assistants
- Ambulance Drivers
- Taxi & Bus Drivers
- Teachers
- Teacher Aides & School Support Officers
- Educational & Developmental Psychologists
- Speech Therapists
- Occupational Therapists
- Physiotherapists
- Audiologist & Other Technicians
- Nurses
- Dentist & Dental Nurses
- Family Doctor
- Specialists
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 in 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)
Substantiations 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

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)
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)
Before starting conversations about relationships and sexuality…

- Know your organisations polices on teaching relationships and sexuality, responding to sexual behaviours and reporting harm
- Have a clear rationale for why you are communicating about relationships and sexuality with the child or young person in your care
- Let the child or young people know why you are talking about relationships and sexuality and that you are helping them to be healthy and safe
- Important to think about confidentiality, including respecting children and young people’s confidentiality and modelling boundaries about sharing personal information with others. Also important to let children and young people know your limits of confidentiality.
- Discuss with child or young person who else they might be able to discuss these topics with – identifying a personal safety network
- Let child or young person know they can end conversation at any time
Relationships and sexuality education involves teaching children 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

From our head to our toes, we can say what goes.
You have a right to be safe.

Your body belongs to you.

No one can touch any part of your body in a way that makes you feel scared, angry, sad or confused. This includes your private parts.

Your swimmers cover the private parts of your body.
Public sign
Private sign
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
Types of touch

There are lots of different types of touch. It is important to understand when a touch is friendly, loving, helping, sexy or a NO touch.

- friendly
- loving
- helping
- sexy
- NO
Rules about touch

There are rules about touch to help us be safe.

It is not OK:
- for anyone to touch your body if you do not want them to.
- for someone to make you touch their body if you do not want to.
- for someone in your family to touch you in a sexy way.
- for adults to touch a child in a sexy way.
- for people to be sexy in front of you. Being sexy is private.

It is also not OK for someone to show you pictures or photos from videos, computers or magazines that show private body parts or people being sexy if you do not want them to.
Rules about touch

We have rules in our house. Rules help to keep us safe.

Mum and Dad have given us a rule about touching. Nobody can touch our bodies including our private parts without good reason.

If someone bigger or older than me wants to touch or see my private parts or show me theirs, that is not ok. I think that is rude.
Rules about touch

It might be a person that I know and like. It is still not ok for them to touch or ask to see my private parts or to show me theirs.

If someone wants to do something that is rude I can talk to a grown-up I trust.

From our head to our toes, we can say what goes.
Rules about touch

I don’t like kissing. I like to give Nan and Pop a hug. Mum and Dad have told me I don’t have to kiss people if I don’t want to.

From my head to my toes,
I can say what goes.
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
Feelings

Everybody has different feelings.

Your feelings are important.

It is important to tell the people you trust how you are feeling.

How do you feel?

Happy  Sad  Angry

Scared  Confused  Safe
Party
Spider
How Scared?

Roll your mouse over each of the words to see the warning signs.

- Sweaty forehead
- Heart beating hard
- Sweaty underarms
- Shaking
- Eyes wide open
- Jelly knees
- Eyes shut tight
- Hands over eyes
- Crying
- Knots in stomach
- Red cheeks
- Wet pants
- Butterflies in stomach
- Curl toes

Very scared

Return to the story
Willow's Story

Hi, I'm Willow. I'm 12 years old. I live with my Gran.
Willow's Story

At school, Willow is upset because someone teases her.

Willow's friend, Jo, gives her a hug. Willow feels better.

PLAY THE TYPES OF TOUCH GAME
Willow's Story

Willow has a sleepover at Jo's house. How do you think Willow is feeling?

PLAY THE FEELINGS GAME
Willow's Story

While Jo is talking on the phone, Jo's father touches Willow. Willow gets a warning feeling in her body.

PLAY THE HOW SCARED? GAME
Willow's Story

Willow remembers the rules about touch.

PLAY THE RULES ABOUT TOUCH GAME
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.

If someone touches your body in a way that makes you feel scared, angry, sad or confused:

**REMEMBER**

**NO**
Try to say NO or STOP

**GO**
GO to a safe place as soon as you can

**TELL**
Talk to someone who can help.

Listen carefully to what your body tells you about being touched.

Your body gives you warning feelings telling you that you might need help.
Who to tell

Getting Help
- I can feel worried.
- I can get help.
- I will talk to an adult I trust.

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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

info@true.org.au
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


