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

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

Introduction
Defining healthy sexuality
Social learning
Values and attitudes
Child sexual development
Traffic Lights - Understanding sexual behaviours

break

Traffic Lights scenarios
Using Traffic Lights to identify sexual behaviours of concern
Support Plan
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 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

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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
In order to identify sexual behaviours which are harmful or abusive, we first need to understand what is normal, age appropriate sexual development.
Child and adolescent development

- physical
- cognitive
- sexual
- social
- emotional
Sexual development
0 to 4 years

Boys have penises
and girls have bottoms
Drawing by Anna, aged 3

My Mummy
in the shower
Sexual development
5 to 9 years
Sexual development
10 to 13 years
Sexual development
14 to 18 years
Sexual play and behaviour is part of normal development and must be understood in a contextual manner.

To establish what is normal sexual development, we must consider the social, cultural, developmental and familial context of the times.

Larsson (2000)
Young people in care

May experience/d:

• Sexual victimisation
• Abuse, neglect or exploitation
• Lack of positive socio-sexual role models
• Limited socio-sexual skills and knowledge
• Difficulty expressing emotions and needs
• Low self esteem
• Significant others denying sexualised behaviours
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)
Sexual behaviour

Promote health and protection for all - Universal education

Monitor - Targeted support

Protect from harm - Intensive support

Sexual behaviour is a normal part of child and adolescent development

adapted from DET (2009)
Traffic Lights framework

- **Problematic, harmful or abusive sexual behaviours**
  - Provide immediate protection and follow up support

- **Of concern due to risks to health, safety, relationships**
  - Monitor and provide extra support

- **Normative sexual development which is safe & healthy**
  - Talk, explain and support
Green Light sexual behaviours are part of normal, healthy development and are:

- spontaneous, curious, light hearted, easily diverted, enjoyable, mutual and consensual
- appropriate to the child’s age and development
- activities or play among equals in terms of age, size and ability levels
- about understanding and gathering information, balanced with curiosity about other parts of life

These behaviours provide opportunities to talk, explain and support
Green Light sexual behaviour examples
0 to 4 years:

• comfort in being nude
• body touching and holding own genitals
• unselfconscious masturbation
• interest in body parts and functions
• wanting to touch familiar children’s genitals eg at play/bath
• participation in make-believe games involving looking at or touching bodies of familiar children
• asking about or wanting to touch breasts, bottoms/genitals of familiar adults eg. in the bath
Green Light sexual behaviour examples
5 to 9 years:

• increased sense of privacy about bodies
• body touching and holding own genitals
• masturbation, usually with awareness of privacy
• curiosity about other children’s genitals involving looking at or touching familiar children
• curiosity about sexuality eg. about babies, sexual activity
• telling stories or asking questions, using swear words or ‘toilet’ words for private body parts
• use of mobile phones and internet with familiar adults and/or peers
Green Light sexual behaviour examples
10 to 13 years:

- growing need for privacy
- masturbation in private
- curiosity and information seeking about sexuality
- use of sexual language
- interest in or participation in girl/boyfriend relationships
- hugging, kissing, touching known peers
- exhibitionism amongst same age peers within the context of play eg. occasional flashing or mooning
- use of mobile phones and internet in relationships with known peers
Green Light sexual behaviour examples
14 to 17 years:

• need for privacy
• masturbation in private
• accessing information about sexuality
• viewing materials for sexual arousal eg music videos, movies
• sexual conversations or use of humour/obscenities with peers
• interest or participation in one-on-one relationship with someone of the same or other sex
• sexual activity with a partner of similar age/developmental ability (consider ability to consent)
• use of mobile phones and internet in relationships with peers
Frequency of sexual behaviours in children 2 – 12 years

Fig 1. Plot of CSBI item mean scores across ages for both genders.

Adolescent sexual behaviour

Survey of Australian school students in grades 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 between Grades 7-10
  - 64% reported receiving in Grades 7 & 8
  - 68% reported receiving in Grades 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

Orange Light sexual behaviours cause concern because of:

- persistence, intensity, frequency or duration of behaviours
- the type of activity or knowledge for the age and stage of development
- inequality in age, size, power or developmental ability
- risk to the health and safety of the child or others
- unusual changes in a child’s behaviour

These behaviours signal the need to monitor and provide extra support
Orange Light sexual behaviours examples
0 to 4 years:

- masturbation in preference to other child-focused activities
- persistently watching others in sexual activity, toileting or when nude
- explicit sexual talk, art or play
- following others into private spaces to look at or touch them
- pulling other children’s pants down/skirts up against their will
- touching genitals of children in preference to other activities
- touching adults’ private parts persistently or invasively
- touching genitals of animals after redirection
Orange Light sexual behaviours examples
5 to 9 years:

• masturbation in public, with others and/or causing self injury
• explicit sexual talk, art or play
• persistent sexuality questions despite being answered
• persistent nudity/exposure in public
• persistently watching/following others to look at or touch
• pulling other children’s pants down/skirts up against their will
• persistently mimicking sexual flirting behaviours too advanced for age
• touching genitals of animals after redirection
Orange Light sexual behaviours examples
10 to 13 years:

• persistent masturbation eg. public and/or causing self injury
• persistent explicit sexual talk, art or play which is intimidating
• accessing restricted materials with sexually explicit content
• persistent expression of fear of STI or pregnancy
• markedly changed behaviour eg. adult flirting behaviours
• sexual activities with unknown peers eg. deep kissing, masturbation
• mutual oral/intercourse with known partner, similar age/ability
• use of phones and internet with unknown people which may include giving out identifying details
Orange Light sexual behaviours examples
14 to 17 years:

- Sexual preoccupation which interferes with daily function
- Intentional spying on others eg. bathing, sexual activity
- Explicit communications or actions being obscene/intimidating
- Repeated exposure of private parts in public with peers
- Unsafe sexual behaviour eg. unprotected sex, intoxicated, multiple partners
- Oral sex/intercourse with known partner of more than 2 years age or significant developmental difference
- Arranging to meet online acquaintance with peer/adult support
- Using phone or internet to send/receive sexual images of another person with their consent
Red Light sexual behaviours indicate or cause harm because they are:

- excessive, compulsive, coercive, forceful, degrading or threatening
- secretive, manipulative or involve bribery or trickery
- not appropriate for the age and stage of development
- between children with a significant difference in age, developmental ability or power

These behaviours signal the need to provide immediate protection and follow up support.
Red Light sexual behaviours example 0 to 4 years:

- compulsive masturbation eg. self injurious, persistent
- persistent explicit sexual themes in talk, art, play
- disclosure of sexual abuse
- simulation of sexual touch or sexual activity
- persistently touching genitals of other children/adults
- forcing other children to engage in sexual activity
- sexual behaviour between young children involving penetration with objects, masturbation of others, oral sex
- presence of a sexually transmitted infection
Red Light sexual behaviours examples
5 to 9 years:

• compulsive masturbation eg. self injurious, seeking audience
• disclosure of sexual abuse
• persistent bullying involving sexual aggression
• sexual behaviour with significantly younger/less able children
• entering rooms of sleeping children to engage in sexual touch
• simulation/participation in oral sex and/or intercourse
• presence of a sexually transmitted infection
• persistent sexual activity with animals
• use of phone or internet and giving out identifying details or sexual images
Red Light sexual behaviours examples
10 to 13 years:

• compulsive masturbation eg. self harming, seeking audience
• engaging vulnerable others in a process to gain sexual activity by using grooming techniques eg. gifts, lies, flattery
• force or coercion of others into sexual activity
• oral sex/intercourse with person of different age, ability, peer group
• presence of a sexually transmitted infection or pregnancy
• sending and/or publishing sexual images of self or another
• arranging a face to face meeting with an online acquaintance
• sexual activity in exchange for money or goods
• possessing, accessing, sending child exploitation materials
Red Light sexual behaviours examples 14 to 17 years:

• compulsive masturbation eg. self harming, in public
• preoccupation with aggressive and/or illegal pornography
• sexual contact with others of significant age/developmental difference
• engaging others in a process to gain sexual activity by using grooming techniques eg. gifts, manipulation
• sending and/or publishing sexual images of another person without consent
• sexual activity exchanged for goods, accommodation, drugs or alcohol
• forcing or manipulating others into sexual activity
• possessing, accessing or sending child exploitation materials
Consider the context of behaviour

It is not the sexual behaviour which defines healthy, concerning or harmful. It is the nature of the behaviour, the relationship and the interaction.

Ryan (1998)
Responding to sexual behaviours

All children and young people:

• have the right to be safe and protected from harm

• have the right to accurate, age appropriate information and education

• need positive responses to develop understanding rather than guilt, shame, confusion

• need to learn about rules, boundaries and social cues gradually and developmentally
Using the traffic lights framework

1. Identify
   ▶ What is the behaviour? Green, orange or red?

2. Understand
   ▶ What is the behaviour communicating?

3. Respond
   ▶ What strategies will help meet the need?
Determining appropriate action

- State and Commonwealth legislation
- Organisational policy, procedures and guidelines
- Code of conduct
- Duty of care
- Child and human rights
- Health and safety issues
- Risk management issues
- Community standards
- Identified risks to young person
- Identified needs of young person
Sample support plan

- Consistency between environments
- Staff training and support program
- Sexuality & personal safety education
- Family information and support
- Monitor & supervise
- Social & emotional support
- Child protection / Safety plan
- Multi-response approach
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)
Conclusion

- advocate for the rights of all children and young people to be informed and safe
- promote an understanding of healthy sexuality
- clear policy and guidelines
- information and support for parents/carers and staff
Thank you!

For more information

www.true.org.au

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References and reading


References and reading cont.


References and reading cont.


