Understanding & Managing

Sexualised Behaviour in Children & Adolescents

Guidelines for Parents & Carers

By Kieran McGrath

About the author...

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Preface

By Mary Flaherty,
CEO, CARI FOUNDATION

CARI is pleased to be involved in the production of this booklet offering a wide range of interested parties' advice on how to evaluate and respond to sexualised behaviour in children and young people. Formerly such behaviour was found only in the aftermath of sexual abuse but in recent years it is increasingly evident in cases where there is no suspicion of such abuse. CARI has postulated that it is the increasing sexualisation of society, through the internet, on TV and across the media generally that may be part of this.

Over the past decade ever increasing numbers of parents, teachers and carers have contacted our services looking for advice about how to cope with various levels of sexualised play and other harmful activities observed in even very young children.

This booklet aims to give clear information and guidance to all who need it. Initially it provides a very useful and clear outline of behaviours which may be encountered ranging from those normally expected to those causing gravest concern. The colour coding of behaviours makes this very accessible. It provides a shared language for discussion with children and those involved in intervening to manage and hopefully correct such behaviour.

The leaflet has been enriched by its author Kieran McGrath's depth of knowledge and front line experience of dealing with these issues over many years. In his years in the St Clare's Unit in the Children's University Hospital, Temple Street, Dublin which assesses allegations of sexual abuse and provides therapy to abused children, he was able to identify a range of sexualised behaviours and to develop a model of working to manage, reduce and eliminate such behaviour. This knowledge can now be applied in the mainstream.

CARI's collaboration with Kieran has allowed us to pool our experiences of working with children and their families and carers or teachers to respond effectively to this behaviour which unchecked can spread through a family, group or class very quickly indeed.

For society there remains questions of where the, so called, Sexual Revolution has taken us and what strange fruit it can yield. One of these questions is how can we moderate the negative impacts on children from being exposed to an increasingly consumerist, soft-pornographic approach to sexuality from very early years? This booklet is a small contribution to dealing the fall out from that reality.

We are confident that this booklet will be welcomed widely in the all areas of child welfare and child protection and provide a practical tool that will be of support to parents, foster-carers, youth leaders, residential care staff and teachers.

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Introduction

Caring for children will never be easy. In the modern era the threat of sexual abuse has caused anxiety for both parents and carers in ways that were not foreseen in the past. While public awareness about sexual abuse is now at a very high level - compared to the rather naïve approach of the past - there are new developments that still warrant greater public scrutiny than they have received heretofore. One of these areas is the question of sexualised behaviour in children and adolescents. What makes this issue so complex is that sexualised behaviour ranges from the perfectly normal and healthy behaviour that all young people need to experience, to the potentially harmful and destructive behaviours that can put children at risk.

This booklet is designed to give parents and carers information that can guide them when dealing with this, potentially, very tricky issue. The approach is at all times to be proportional to the situation and the individual needs of children and young people. It is also mindful that the old expression "an ounce of prevention is worth a pound of cure" is very apt in this particular area. Intervening quickly and proportionately can prevent a much more serious problem from developing later. Sometimes inappropriate sexualised behaviour may be an indication that a child is being abused by someone else. At other times there may be an emotional problem behind a particular type of behaviour which needs to be addressed. Either way it should not be ignored.

The reader will note that the use of the word "inappropriate" in the last paragraph which raises one of the key questions in this area: which is normal sexualised behaviour and how can one define what is or is not appropriate? Part of the challenge is to have access to a way of defining which is which. Not everyone is as clear as they should be about it. Addressing this challenge is a key objective of this booklet.

While parents constitute the key target group of this booklet, the writer is also mindful of the fact that there are over 5000 children in the care of the Health Service Executive (HSE) in the Republic of Ireland. Their foster carers and social care staff can face major challenges in coming to grips with sexualised behaviour among youngsters in care, as many of them come from circumstances where abuse and neglect of different kinds may leave them vulnerable to developing inappropriate sexualised behaviour. Similarly, there are thousands of children in crèches and day-care centres in Ireland whose carers have questions about different behaviours from time-to-time. Likewise, many other professionals - like family doctors - are asked for advice on issues of this sort and, at times, are unsure what is the best course of action to follow. It is hoped that this booklet may also be of assistance to them.

Why is sexualised behaviour such an important social issue today?
No so very long ago the notion of child sexual abuse was one that was shocking to most people. It is only since the late 1980s and early 1990s that Irish society took on board the

fact that sexual abuse of children was a very real phenomenon. This led to a major rise in the amount of cases of suspected sexual abuse being referred to the child protection services operated by the HSE in different parts of the country. This number rose from a mere 88 for the entire country in 1984, to over 1000 by 1989. A few years later the numbers had more than doubled.

As a system was found to deal with these cases the profile of the cases being presented changed and, more and more, they involved concerns of sexualised behaviour by children. These included children who had themselves been abused and were acting out. It also included children who had other problems that were manifesting themselves in this way. It also included some who were exposed to inappropriate TV programmes or adult/pornographic videos/DVDs which adversely affected their behaviour. Likewise, there were some who were exposed to inappropriate adult sexual behaviour, which was not directed at them but which, nonetheless, had a negative impact on them.

Many of these cases resulted in very serious fall-out for all concerned. This was partly influenced by the huge media attention that is now given to any form of behaviour that might be in any way connected to sexual abuse and the high level of stigma that goes with it. For example, the writer is aware of instances where families had to move house due to conflict over sexualised behaviour between neighbouring children. This has occurred in diverse neighbourhoods: from areas traditionally associated with social problems to leafy, middle-class districts.

Consequently, the value of intervening sensitively but, at the same time, minimally, can't be overemphasised. The old adage that it is not necessary to take a sledge-hammer to crack a nut is appropriate in this context. The most one needs to crack a nut is a nutcracker. The author has seen children emotionally crushed through insensitive handling of minor cases of inappropriate sexual behaviour. On the other hand he is also aware that, for far too long, behaviour of this kind was ignored and allowed to grow into something much more problematic. The aim of this booklet is to aid parents, carers and professionals in finding a balance with this sensitive issue.

Issues...

ISSUES THAT ARISE FOR PARENTS, CARERS and PROFESSIONALS.

If we are honest we have to accept that issues connected with sexuality can present challenges for us all. This includes the fact that we may not like to think of children as being connected in any way with sexuality. This is one of the first things we have to deal with as, in the past, it was one of the things that placed obstacles in the way of dealing with this issue. Many people felt at a loss as to know how to approach it or even what words to use in talking to children or even professionals. This was also true for professionals who were very unsure of their ground. They weren't sure, for example, about what was considered 'normal', what constituted sexual 'experimentation' and how to decide the meaning of 'consent'.

Although the capacity for sexual arousal is inborn, the way in which people behave sexually is actually learnt. Society's denial of sexuality includes denial of both normal and deviant sexual behaviour prior to adolescence. Early intervention in sexually abusive behaviour is the best prevention because of the physiological rewards attached to sexual behaviour. We also have to recognise that individual differences & environmental infuences make up the particular profile of all of us:

> *"...in this little known territory of childhood are contained the core material from which our adult sexuality is formed. Our basic sexual identity as male or female; our primary erotic orientation to the same and opposite sex; what arouses us sexually and what turns us off; our sense of security and comfort as sexual beings; our sexual fears and preoccupations; all these, and more, are fixed or first established in childhood"*
>
> ***(Constantine & Martinson, 1981)***

In the next section we examine what is meant by 'normal' sexual behaviour in children and then adolescents.

Definitions...

WHAT IS NORMAL SEXUAL BEHAVIOUR?

Deciding what is normal sexual behaviour is not easy, given that "Sexual development is achieved through a complex interplay of anatomical, physiological, developmental, psychological factors in the context of family, society & culture and is central to one's identity" (Nelki & Stewart, 1991)

CASE FOR EARLY INTERVENTION

All the points listed above support the case for early intervention. As one writer has pointed out

> *"Most children and adolescents with sexual behavior issues have experienced substantial adversities, and these must be identified and dealt with if treatment is to be effective. The younger the person when their problematic sexual behaviors first appear, the more likely they have experienced adversities, such as being victims of child sexual abuse that adults leave unattended or mismanaged. Immediate, constructive responses to children who have been sexually abused greatly reduce the risk of long-term harm and of the child perpetrating child sexual abuse themselves,*
>
> ***(Gilgun, 2006).***

NORMAL, PROBLEMATIC & ABUSIVE SEXUAL BEHAVIOUR

One way to approach sexual behaviour is to simply view it as falling into three broad categories: Normal, Problematic and Abusive. Before looking at what can be considered normal behaviour it is important to distinguish what might be called problematic and abusive behaviours.

PROBLEMATIC BEHAVIOUR

There are two main issues to be looked at when considering if a particular behaviour is problematic. These can be examined by asking if the behaviour is a problem for the child and/or if it is a problem for others.

WHEN IS SEXUAL BEHAVIOUR A PROBLEM FOR THE CHILD?

Sexual behaviour becomes a problem for a child when:

- It interferes with the rest of their development.
- It puts them and their body at risk of harm.

- It interferes with social or family relationships.
- It violates rules.
- It is seen by the child as a problem.

Case Example
Maeve, a teacher in a primary school, phoned with concerns about a six year old girl, Clare. She explained that Clare is constantly masturbating in class, until she is sweating from the effort. Despite being told repeatedly that it's not ok to do this in class she still does it. Maeve said the child is also pulling out her eyebrows and eyelashes and always plays alone at break-times. She said the behaviours have been on-going for over a year and were isolating the girl from her classmates as other children avoid her. Clare's parents (both health professionals) were coming to the school to discuss their daughter's behaviour but Maeve, who'd spoken to them on the phone, did not think that they were aware of how long-standing the behaviour was.

Response
In this case Maeve called seeking advice because she was anxious meeting two professionals who, up to this point, didn't appear unduly concerned about the behaviour. The advice given to Maeve was to approach this from the parents' point of view: they care deeply about their child but are perhaps unaware of the full extent of the problem. The behaviour in this case may be linked to other emotional problems, as she also pulls out eyebrows and eye lashes. Apart from alerting Clare's parents to her concerns, Maeve was encouraged to take Clare aside and explore the issue in more depth than merely telling Clare that what she is doing is not allowed. She should tell her how she feels and point out that the other girls in the class are uncomfortable, something Clare may not be aware of. In consultation with her parents, a referral of Clare for professional help may be required.

WHEN IS SEXUAL BEHAVIOUR A PROBLEM FOR OTHERS?

Sometimes there may be no obvious problem for the children in what is occurring but there is for others.

Sexual behaviour becomes a problem for others when:

- It causes them to feel uncomfortable.
- It occurs in the wrong place.
- It is in conflict with the beliefs, values, or rules of family or peers.
- It is abusive to others.

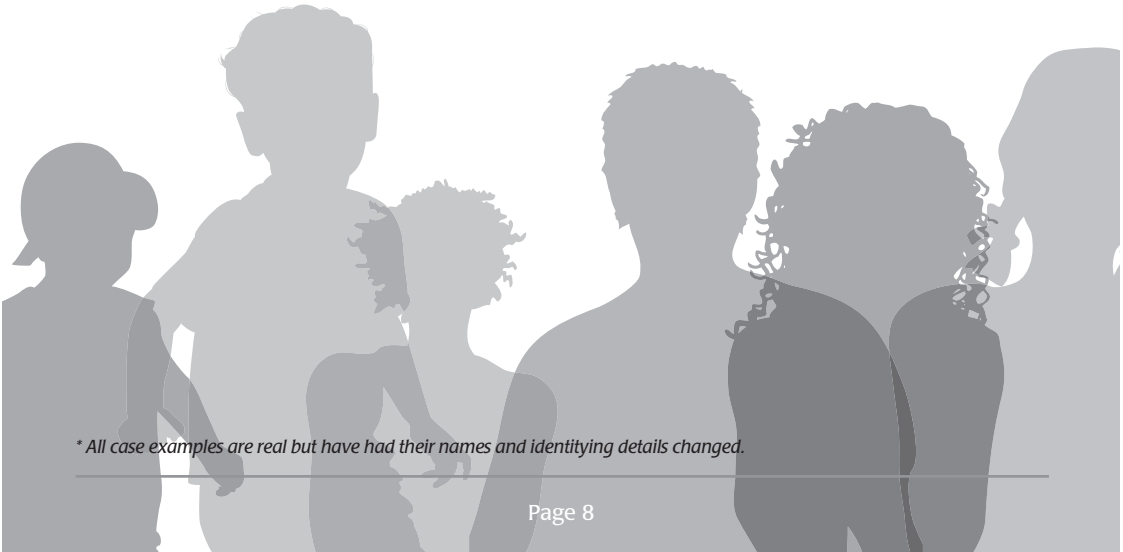
** All case examples are real but have had their names and identitying details changed.*

Case Example

Michelle, sought advice concerning Patrick, her 10 year old son. Patrick had told her that a boy in his class at school had been drawing pictures with people "doing sex" in them. The other boy wrote Patrick's name as one of the people in the drawings. Although Patrick told the other boy he didn't think it was funny the behaviour persisted. He showed one of the drawings to his mother and according to Michelle "it left nothing to the imagination" and showed people having oral sex. Michelle was unsure what to do. She said she knows that boys like to be rude and show off in different ways but she wondered if she should ignore this or approach the Principal of the school. Her son doesn't want her to do anything about it.

Response

Michelle was told that she was right to be concerned. This was not just a case of a boy drawing sexually explicit material but in this case it was directed at a particular individual - her son. Not only that but it had persisted, even after he told the other boy he didn't like it. She was advised that she should approach the Principal and explain to her son that she has to do this as it is a serious matter that is unlikely to stop if it is ignored. In such situations it is a good idea to think through what is going to be said and expect some resistance from the children in the position of Michelle's son. He may well anticipate embarrassment or fear that he will be called a "squealer" in school. If parents think this through they prepare themselves for dealing with these understandable reactions. They may also find that they may need to give their child some time to come round to their plan and get over the fears before proceeding.



** All case examples are real but have had their names and identitying details changed.*

Meanings...

FUNCTION or MEANING of the BEHAVIOUR

An important question that should be asked when any inappropriate sexualised behaviour arises in children is what function or meaning does it have for the child? There are many different possible explanations.

It could have any of following functions:

- To communicate something not yet understood.
- Children sometimes use behaviour to communicate a message about something that is going on in their lives that they think parents/carers have not yet noticed
- The behaviour may be functional in some way.

  For example, sometimes the sexual behaviour serves a function that is not, in itself, sexual in nature: Possibilities include the fact that the behaviour may provide:

  - A way to gain self-comfort when stressed.
  - A way of reducing tension.
  - A way of distracting from other worries.
  - A way of seeking intimacy.
  - A way of expressing anger/resentment (a mask for other feelings – sadness, hurt, fear?)
  - A way of punishing others.
  - A way of feeling powerful/in control.
  - A way of providing stimulation when bored or lonely.
  - A way of providing reinforcement e.g. continuing to get attention.
  - A way of punishing themselves.

It also needs to be borne in mind that sexual arousal, because it can potentially bring positive feelings/sensations, is highly likely, in itself, to be reinforcing; so once it begins it is likely to be repeated.

Classifications...

WHEN CAN BEHAVIOUR BE CLASSIFIED AS ABUSIVE?

Definition
A young person who sexually offends is defined as

> *"a minor who commits a sexual act with a person of any age:*
> *against the victim's will, without their consent and*
> *in an aggressive, exploitative or threatening manner"*
>
> ***(Ryan and Lane, 1997).***

One of the reasons why it is so important to deal with sexualised behaviour in a child is because if it is not addressed at an early stage it may lead on to more serious behaviour that would have to be considered abusive and harmful to others. To intervene, however, it is necessary to define it and distinguish it from other behaviours that can appear normal.

Case example
Arthur sought advice after discovering that his 14 year old son was found with his hand down his 5 year old female cousin's underwear. Arthur was very upset because this was not the first time it had happened. The last time it occurred Arthur contacted his GP for advice. The GP told him it would "do more harm than good to make a fuss about it". He said that this type of behaviour was normal, that "boys will be boys" and all teenagers engage in this type of "experimentation". Arthur took his doctor's advice at that time and never mentioned it again to his son. He assumed the problem had gone away but it hadn't.

Response
Arthur's case is not unusual. Even professionals get confused about what is normal "experimentation" and what is not. In this case if Arthur's son had been engaging in consensual sexual behaviour with a friend of the same age the behaviour, could, indeed, have been called normal and/or experimental. However, because of the age difference and the fact that a 5 year old child cannot give consent to such activity, this has to be seen as sexually harmful behaviour. Arthur was given information about services for his son but was also advised to ask the parents of the 5 year old to make contact as their child may also need help.

FACTORS THAT MAY CAUSE CHILDREN TO BE MORE VULNERABLE TO DEVELOPING SEXUALLY ABUSIVE BEHAVIOUR.

- Prior Traumatisation.
  This may be sexual abuse or another traumatic event.

** All case examples are real but have had their names and identitying details changed.*

- Lack of Intimacy.
  The child may not have a wide social support network. They may have poor social skills resulting in poor peer relationships.

- Impulsiveness.
  These children may have particular difficulty with self-management relying on external controls.

- Lack of Accountability.
  These children may have a general tendency to deny responsibility for their actions and are less likely to consider others feelings.

- Over Sexualised Home Environment.
  Child exposed to adult sexuality via inappropriate TV/video viewing or adult behaviour.

- Sexually Repressive Environment.
  Normal sexuality denied or viewed negatively.

- Sexualised Models of Compensation
  Children who look to sexualised behaviour as a 'solution' to their problems, are often found to be those who lack an adult they can confide in, or who have experienced:
  - *Parental Loss*
  - *Unempathic parenting.*
  - *Inconsistent care in early infant care giver relationships.*

(Ryan, 1999)

DECIDING WHAT'S NORMAL, PROBLEMATIC OR ABUSIVE

It is useful to have a framework or model for understanding and responding to sexualised behaviour. The following framework was developed by two American writers (Ryan and Lane, 1997) and has wide acceptance in the professional community. It provides a framework to understand the sexual behaviour of children and young people. It also provides a means of evaluating behaviour and interaction to determine if it is harmful. It underlines the importance of labelling the behaviour with words. It also identifies what the appropriate adult response should be.

Firstly, we will look at children and later adolescents, using Normal, Yellow Flag, Red Flag and Black Flag classifications:

Behaviours...

RANGE OF SEXUAL BEHAVIOUR OF CHILDREN (0-12 years)

Normal

- Genital or reproduction conversations with peers or similar age siblings.
- "You show me yours/I'll show you mine" conversations with peers."
- Playing "doctor".
- Occasional masturbation without penetration,
- Kissing, flirting.
- Dirty words or jokes within peer group.

Yellow Flag Behaviours

- Preoccupation with sexual themes (especially sexually aggressive).
- Pulling other's skirt up or pants down.
- Sexually explicit or precocious conversations with peers.
- Sexual graffiti (especially chronic or impacting individuals).
- Sexual teasing/embarrassing others.
- Single occurrences of: peeping, exposing, obscenities, pornographic interest, frottage (deliberately rubbing up against people in confined spaces).
- Preoccupation with masturbation.
- Mutual masturbation, group masturbation.
- Simulating foreplay with dolls or peers with clothing on (petting, French kissing).

Red Flag

- Sexually explicit conversations with significant age difference.
- Touching genitals of others.
- Degrading self or others with sexual themes.
- Forcing exposure of other's genitals.
- Inducing fear, threatening of force.
- Sexually explicit proposals, threats (verbal or written notes).
- Repeated or chronic peeping, obscenities, pornographic interests, frottage.
- Compulsive masturbation, task interruption to masturbate.
- Masturbation with penetration.
- Simulating intercourse with dolls, peers, animals.

Black Flag

- Oral, vaginal, anal penetration of dolls, children, animals.
- Forced touching of genitals.
- Simulating intercourse with peers with clothing off.
- Any genital injury or bleeding not explained by accidental cause.

RANGE OF SEXUAL BEHAVIOUR OF ADOLESCENTS (13-18 years)

Normal

- Explicit conversations with peers.
- Obscenities / Jokes.
- Innuendo / Flirting.
- Masturbation.
- Courtship / Hugging / Kissing.
- Foreplay (petting).
- Mutual Masturbation.
- Intercourse in a long term relationship.

Yellow Flag

- Preoccupation / Anxiety.
- Pornographic interest (e.g. "soft-porn"/"adult" websites/downloads.)
- Promiscuous Behaviour.
- Graffiti (chronic / impacting).
- Violating Body Space.
- Single Occurrences of: Peeping, Exposing, Frottage with known age mates.

Red Flag

- Compulsive Masturbation.
- Degradation / Humiliation of others in a sexual way.
- Attempting to expose others.
- Sexually aggressive porn
- Sexual conversations / contact with younger children.
- Grabbing/ aggressive
- Explicit sexual threats.

Black Flag

- Illegal Behaviour / Sexual
- Abuse.
- Obscene calls.
- Voyeurism.
- Exhibitionism.
- Frottage (deliberately rubbing up against people in confined spaces).
- Sexual Assault.
- Rape.
- Involvement in Bestiality.

RESPONDING TO INAPPROPRIATE SEXUAL BEHAVIOURS

"Using a nutcracker to crack a nut".

The response to inappropriate sexual behaviours will depend on the nature of the behaviour and whether it's occurring for the first time or part of a pattern. As a general rule, if the behaviour is in the Yellow Flag category it is appropriate to proceed in following way.

- First response is to LABEL the behaviour (not the child) and react by saying how it makes us feel. E.g. "I've noticed that you have been…and I want you to know that when you do that I feel uncomfortable because (give reason). I need to tell you that it's not a good idea to do that…."

- If the behaviour disappears nothing more needs to be done. If however, the behaviour continues, the second response is to CONFRONT reoccurrences by expressing concern that the child was not deterred, even knowing how we felt… and we make a rule. "Remember I told you the other day that I feel uncomfortable when you ….. I notice that you're still doing it. Because of that I'm now making a rule that you can't do that anymore[1]. If you continue you need to know that there will be consequences and I will have to…."

- If the behaviour is either of a more serious nature or if there is no positive response to step 2, the third response is to consider if it is serious enough to require seeking professional help by REPORTING the behaviour to an appropriate agency. (See Appendix A for sources)

MONITORING BEHAVIOUR

Frequently, the advice given to parents or carers of children prone to this type of problem is to MONITOR the behaviour. This is, of course, good advice in many cases. However, people often ask what exactly does it mean. Does it just mean keeping an eye out for future occurrences or does it imply something more?

Generally, it is better to take an active rather than passive approach to monitoring and there are many different ways in which one can intervene.

These can be broken down into 6 different types of responses:

- Observation.
- Exploration.
- Education.
- Limit Setting.
- Redirecting.
- Behaviour Managment.

[1] *Or it may be that the behaviour itself is acceptable but only in certain places e.g. in the bathroom.*

Management...

Observation
Observing behaviour obviously means keeping an eye on the child and noting what they do. It does not have to mean trying to catch them out. It can also mean noting when they are behaving appropriately and responding with ample praise when we "catch them doing something right", so to speak. It also means being ready to intervene and not waiting until we have absolute 'proof' before distracting or in some other way moving a child in a better direction.

Exploration
According to one American writer in this area, Jane Gilgun (2006), the best chance we have of preventing sexually inappropriate or harmful behavior from arising is to facilitate appropriate emotional expression. Putting words on feelings offers the chance to make external what may, up to that point, be internal. In doing so one takes away much of the power of inappropriate thoughts and feelings that can translate themselves into fantasies that fuel action. Thus we must explore issues, openly and with sensitivity. This does require that we, too, are comfortable with the topic and will not be put off by our fear of embarrassment. Those unsure of their ability to do so may look for professional advice.

Educating
It is easy to make the mistake nowadays that children and young people are very sophisticated and well-informed on matters related to sexuality. This may be true in many respects compared to the past when even adults were often very poorly informed. However, one should not assume that "sexual knowledge" equals maturity which can only develop over time and with learning from experience. This is one of the areas where parents/ carers can play a vital role in educating at a deeper level. It is not something to be left to schools or professionals. Parents/carers should not under-estimate what they may have to offer, just by talking honestly with children and young people in these circumstances.

Limit setting
Setting limits is another very concrete way in which parents and carers play a vital role in positively influencing the way in which children learn and adapt. From simple, family organisation and play activities, to very 'hands-on' intervention with children, setting limits can create security. While children and young people may protest about limits being set and may say that "all their friends" have parents who allow this or that, they nonetheless tend to feel much safer and more protected when limits are in place.

Redirecting
Redirecting, particularly young children, away from one activity to another, more positive, one can pay real dividends. Simply distracting them away from the undesired activity to something else may be all that is required until they develop a better way of coping.

Behaviour Management
When a child develops a problem of sexualised behaviour there is no option but to put together a plan for its management. What follows is an outline of how this can be approached.

MANAGING SEXUALISED BEHAVIOUR

Bearing in mind what has been set out above, the reader may wish to consider the following questions:

- Is the worrisome behaviour normal sexual exploration?
- Is the behaviour in accordance with age appropriate sexual development?
- Is the behaviour actually a problem? If so, for whom?
- Is there an indication what may have caused the problem?
- Is there a history of sexual behaviour problems?
- When did the behaviour start?
- How long has it been going on for?
- In whats context does the behaviour occur?
- Has the behaviour been increasing or progressing in severity?
- Have there been previous interventions?
- If so, have they worked?

What function does the behaviour serve for the child?

- What need does the behaviour appear to be meeting?
- Is it sexual or non-sexual or a combination?
- If non-sexual could it be:
  - Attention seeking?
  - Distracting from a bigger issue?
  - An attempt to feel more powerful?
  - Boredom reducing?
  - Loneliness related?
  - Peer group status related?
  - Anger related?
  - Related to some other non-sexual pay-off?

Behaviour Management check-list

- Has the behaviour been responded to immediately?
- Has the behaviour been named to the child as a problem?
- Does the child understand why it may be a problem and for whom?
- Have safety rules been re-stated?
- Has the risk of negative attention been taken into account?
- Have proportionate consequences been decided?
- Are rewards for no future repetition of the behaviour appropriate?
- What is the Supervision Plan?
- Is there a need to review policies, procedures and guidelines?

(Foster and residential care)

(Ryan & Blum, 1994)

Issues of Consent

While it may be clear in many circumstances that harmful sexual behavior has occurred, there are also situations where it appears that the behavior was consensual and, in such circumstances, deciding if the behaviour is normal, problematic or harmful may not be so easy. It is useful, therefore, to consider the question of consent and to break it down into its essential elements. It is not simply a matter of considering if one or more of the participants said "yes" to being involved in the activity. A truly consensual relationship should contain the following elements.

Understanding the Proposal.

Each of the participants must truly understand what is proposed at every stage of the matter. They may start out in agreement but may not actually be to everything that follows.

Respect for agreement or disagreement.

Thus, both must be free to say yes or no at every stage, not just at the beginning

Knowing the standard of behaviour.

Giving informed consent to something must include knowing what the standards of behavior are, in what contexts and what circumstances. It is not enough to be told that "everybody's doing it nowadays".

Being aware of possible consequences.

True consent must include an awareness of the consequences of an action. In the sexual area this includes the risks of pregnancy, sexually

transmitted diseases (STDs) and also the psychological consequences of developing a negative reputation.

Affection

One of the building blocks of a consensual relationship is some degree of affection between the parties. It is not truly consensual if one party dislikes or has stereo-typical/exploitative views about the other person. This implies that there is inequality between the participants.

Equality

It is not always easy to determine if there is equality between participants. It can appear at first glance that because they are roughly the same age that they are, therefore, equal in other ways. Obvious aspects of unequal power include: age, size and/or intellectual difference.

More subtle inequalities include when one child has been designated as being "in charge" or has been given a baby-sitting role. Other subtle aspects of unequal power include differences in strength, popularity or the use of arbitrary labels in a group such as "Leader", "Boss". This can also extend to fantasy roles in play such as "King" or "Doctor").

Linking Sexualised Behaviour to other types of behaviour

Sexualised behaviour should not be isolated from other types of behaviour which may be undesirable or anti-social and that may need to be curbed in the child's interest.

Children and young people need to be able to connect intrusive, impulsive and/or bullying behaviour, in other aspects of their lives, to inappropriate sexual behaviours. Limit-setting in other aspects of their lives also has relevance with regard to sexualised behaviours. Self-regulation is an important skill that all young people need to learn. Making the links between these "ordinary" areas of skill development and the regulation of sexualised behaviours is time well spent.

Readers may like to consider whether the connection can be made with day-to-day living and how children/adolescents must learn to adapt to the needs of those around them and not just think of their own needs/wishes.

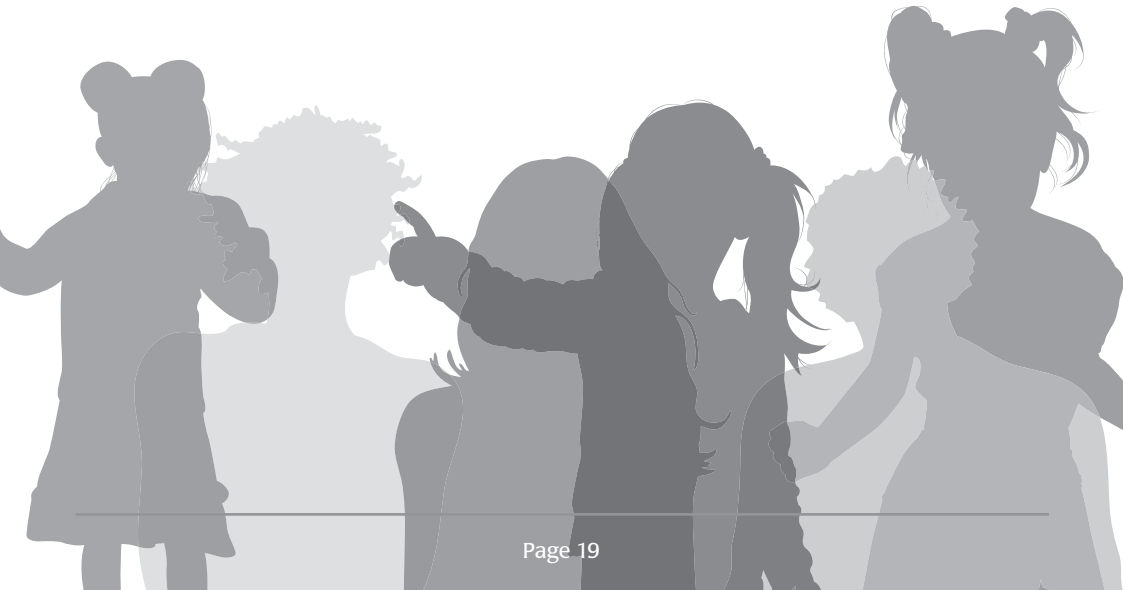
As an example, the following list may be of relevance:

Rules of Living *(Author Unknown)*

If you open it, close it
If you turn it on, turn it off.
If you unlock it, lock it up.
If you break it, admit it and fix it.
If you can't fix it, call those who can and pay them what they're worth.
If you borrow it, return it in the same or better condition
If you value it, take care of it.
If you make a mess, clean it up.
If you move it, put it back.
If it belongs to someone else and you want to use it, get permission.
If you don't know how to operate it, leave it alone.
If it's none of your business, don't ask questions.
If it ain't broke, don't try to fix it.
If it would damage someone's reputation, keep it to yourself.
If it would brighten someone's day, say it.

(Taken from Lists to Live By, Alice Grey, 1999)

In the same way that children and young people need to be taught general sensitivity and respect for others, they also need to understand that inappropriate sexualised behaviour can be another example of that and not something separate from day-to-day living.



Contexts...

SPECIAL CONTEXTS - FOSTER CARE & RESIDENTIAL CARE

FOSTER CARE

There are over 5000 children in care in the Republic of Ireland. Of these, the vast majority live in foster families. Since children coming into care are, by definition, more likely be have experienced adverse circumstances, they are more likely to be vulnerable to expressing sexualised behaviour; either because they are trying to meet some non-sexual need or because they have been exposed to some sort of abuse or neglect, which, as we have seen, leaves children more susceptible to developing problems in this area. Foster carers need to be particularly alert to this, not only for the sake of the children themselves but also to protect their own children (if they have any) from being exposed to it and also to reduce the risk of doubts being raised about their own interaction with the children. It is not unknown for children exhibiting sexualised behaviour to cause questions marks to be raised about whether the foster carers have been behaving inappropriately with the children themselves. Safe foster care practices are, therefore, of crucial importance for all foster carers and their families.

Issues to Consider in Residential Setting.

Residential settings present particular challenges in this area which can be even more complex than the family settings of foster care though, obviously, some of the same questions arise. Foster care usually involves small numbers of children in care, who are often siblings, with the same carers providing care. Residential care, on the other hand, usually involves larger numbers of children, often unrelated to each other, with shifts of staff providing the care.

This means frequent changes that can increase the need for far greater communication and organisation including the following:

Unit Culture

Each residential unit needs to make explicit that part of its culture is the explicit objective of assisting young people to develop a healthy sexuality and an intolerance for inappropriate or harmful sexual behaviour.

Policies

Part of that culture includes the drawing up and implementation of policy documents on this issue. These policy documents need to be readily available, regularly reviewed and the contents known by the young people in the unit and not just the staff.

In-take procedures
As part of the in-take process the question of a history of sexualised behaviour in the backgrounds of all new young people entering the unit needs to be examined. Where appropriate a referral for professional evaluation should be made if it has not been done already.

Reporting forms and incident sheets
Staff need to have access to protocols, including reporting and incident-recording sheets as part of the monitoring and management process.

Desexualising the environment
A major management task is to ensure that the environment of the unit is de-sexualised. By this is meant that there are clear rules about appropriate boundaries, dress codes, TV/DVD viewing, Internet usage etc. This raises issues of staff awareness, daily practices and supervision, as well as the physical environment and policies on the day-to-day monitoring TV/DVD viewing and Internet access.

Supervision
Staff are the greatest asset of any unit, therefore, good supervision is an essential pre-requisite for ensuring a safe working environment.

(For more on this see Carson, 2005)

Comments...

CONCLUDING COMMENTS

Sexualised behaviour is an issue that is presenting itself in more and more ways in more and more settings. It can provide huge challenges but with greater awareness, a unified approach and a lot of common sense it can be managed in such a way that children are afforded more protection and we know that the early detection of potential difficulties is hugely important. This booklet has attempted to contribute to that greater awareness and to the prevention of more serious problems downstream. If you have found that it does not answer your questions in sufficient detail or if you need professional help, the following pages contain sources of more information and professional assistance.

- Kieran McGrath
October 2010

Further reading...

Carson, C. (2005) Guidelines for Understanding & Managing Sexually Problematic/harmful Behaviours in Residential Settings. Manchester: AIM Project.

Carson, C. (2007) An initial Assessment & Intervention - For children under 12 who display sexually harmful behaviours. Manchester: AIM Project

Friedrich, W.N., Fisher, J., Broughton, D., Houston, M. & Shafran, C.R. (April 1998) "Normative Sexual Behavior in Children: A Contemporary Sample" PEDIATRICS Vol. 101 No. 4.

Gilgun, J (2006) Children and Adolescents with Problematic Sexual Behaviors - Lessons from Research on Resilience. In R. Longo & D. Prescott (Eds) Current perspectives on working with sexually aggressive youth and youth with sexual behavior problems. Holyoke, MA: NEARI Press.

Ryan, G, & Blum, J. (1994) Childhood Sexuality – A Guide for Parents. Denver, Kempe Children's Centre, University of Colorado.

Ryan, G. & Lane, S. (1997) Juvenile Sexual Offending: Causes, Consequences and Correction. San Francisco: Jossey Bass

Who can help?...

Appendix 1

WHERE TO GO FOR HELP
CONTACT LIST

AAPT
Adolescent Assessment Prevention & Treatment Service
Garden Centre Complex, St Conal's Hospital, Letterkenny, Co. Donegal
Tel: 074 912 3739
Service Type: Young People and Parents
Provides:
- Individual and group assessment and treatment for males, 12-18;
- Parental support

Catchment area: County Donegal
Funding: HSE funded

ATHRU
Ballard House, Bothar le Cheile, Westside, Galway
Tel: 091 580100
Service Type: Young People and Parents
Provides:
- Risk Assessment for young people with sexually harmful behaviour
- Individual therapy for young people with sexually harmful behaviour
- Advice/consultation re young people with sexually harmful behaviour
- Family therapy

Catchment area: Galway, Mayo, Roscommon
Funding: HSE Funded.

CALLAN INSTITUTE
Crinken House, Crinken Lane, Shankill, Co. Dublin
Tel: 01 272 1030
Service Type: Adults and Carers
Provides:
- Training and support for staff working with adults with intellectual disabilities with challenging behaviour
- Assessment for adults with intellectual disabilities who exhibit harmful sexual behaviour and other relationship difficulties
- Group therapy for adults with intellectual disabilities who exhibit harmful sexual behaviour (as part of a group on relationships and sexuality)
- Training and support for staff and carers of people with intellectual disabilities who have relationship and sexuality difficulties

Catchment area: National, apart from HSE West
Funding: Private (Self funded agency under St. John of God's)

CARI
110 Lower Drumcondra Road, Drumcondra, Dublin 9
Tel: 01 8308529 or HELPLINE – 1890 924567
& Ennis Road, Limerick, Co. Limerick
Tel: 061 582224 or HELPLINE – 1890 924567
Service Type: Children (up to and including 12 years old) and Parents/Carers
Provides:
- Therapy for children displaying sexually harmful behaviour and support for their parents or carers
- Training for interested professionals who deal with issue of sexualised behaviour in children and adolescents

Catchment area: Dublin, Limerick and Cork Regions
Funding: Some HSE Funding, Self funded through Fundraising Department

COSC
Cruagorm House, Main Street, Donegal Town
Tel: 074 972 5386
Service Type: Adults & Partners
Provides:
- Risk assessment of identified adult perpetrators of child sexual abuse.
- Therapeutic Treatment Programmes (in Sligo and Letterkenny). •Men attend one day a week for up to two years.
- Aftercare Groups
- High Support Treatment Group (Letterkenny

based)
- Family Support Groups: (Sligo and Letterkenny based)
- Joint partner work:

Catchment area: HSE West (Donegal, Sligo and Leitrim)
Funding: HSE funded

NIAP
Northside Inter Agency Project, Children's University Hospital, Temple Street, Dublin 1.
Tel: 01 8782790
Service Type: Young People and Parents
Provides:
- Treatment service for young people who have admitted to having sexually abused, and their families.
- Work with young people who are in denial of their offences and young people who are learning disabled and their families.
- Treatment includes individual, group and family work.

Catchment area: North Dublin city and County
Funding: Some HSE funding, other posts seconded.

KIERAN MCGRATH
Independent Child Welfare Consultant
Kilmainham, Dublin 8
Tel: 01 4492144
Service Type: Children, Young People, and Adults
Provides:
- Independent investigation and consultation
- Forensic assessment of young people and adults with harmful sexual behaviour
- Training

Catchment area: National
Funding: Private

SIATT
Southside Inter Agency Treatment Team, c/o St Louise's Unit, Our Lady's Children's Hospital, Crumlin, Dublin 12
Tel: 01 455 8220
Service Type: Young People and Parents
Provides:
- Assessments for adolescent males who have admitted to having sexually abused
- Group treatment program for adolescent males who have admitted to having sexually abused
- Parallel group for their parents/carers

Catchment area: South Dublin, Co. Kildare and Co. Wicklow.
Funding: Unfunded. All posts seconded. (Financed by income generated from training and other events hosted by SIATT).

ST. CLARE'S UNIT
The Children's University Hospital, Temple Street, Dublin 1
Tel: 01 8745214
Service Type: Children and Young People
Provides:
- Assessments of possible Child Sexual Abuse for children and young people, up to their 17th birthday.
- Therapy service for Children who have been sexually abused and support services for their parents.
- Assessment of adolescents accused of having sexually abused
- Assesses children with sexual behaviour problems when there is a concern that their behaviour may stem from having been sexually abused.

Catchment area: North Dublin city and County.
Funding: HSE funded

ST. LOUISE'S UNIT
Our Lady's Hospital for Sick Children, Crumlin, Dublin 12
Tel: 01 455 8220
Service Type: Children, Young People, and Parents
Provides:
- Assessments of possible Child Sexual Abuse for children and young people, up to their 17th birthday.
- Therapy service for Children who have been sexually abused and support services for their parents.
- Assessments of adolescents accused of having sexually abused a relative (when the alleged victim was also seen by the Unit,).
- Assesses children with sexual behaviour problems when there is a grounded reason to believe that the aetiology of the sexual behaviour is due to the child having been sexually abused.
- Consultation
- Training

Catchment area: South Dublin, Co. Kildare and Co. Wicklow.
Funding: HSE funded