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CONCERNING OR NOT?

UNDERSTANDING AND MANAGING CHILDHOOD SEXUAL BEHAVIOURS

Webinar Presenters:

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Nancy Falls, Ed.D., RP, Manager, Training and
Consultation

Thursday June 1, 2017

AGENDA AND OBJECTIVES



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At the end of the webinar, participants will be able to:

- Understanding what is “normative”?
- What makes sexual behaviour concerning (CSB)?
- Helpful strategies to effectively manage sexualized behaviour in children



ORGANIZATION

History



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1980 Halton Trauma Centre

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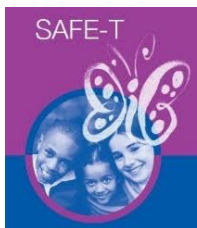
2014



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2016

1983



SAFE-T 2013

Acknowledging the contributions In building healthy futures





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CLIENTS

Who we serve



Children and youth who have experienced sexual abuse or interpersonal violence

Children under 12 engaging in problematic sexual behaviour

Youth who have sexually harmed

Intrafamilial sexual abuse

CHILDREN | YOUTH | FAMILIES

SERVICES

Holistic Approach to Client Services



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UNDERSTANDING WHAT IS “NORMATIVE”

Our assumptions and perceptions
Stages of child sexual development
Why is this an important topic?

BEFORE WE TALK ABOUT SEXUAL BEHAVIOUR ...



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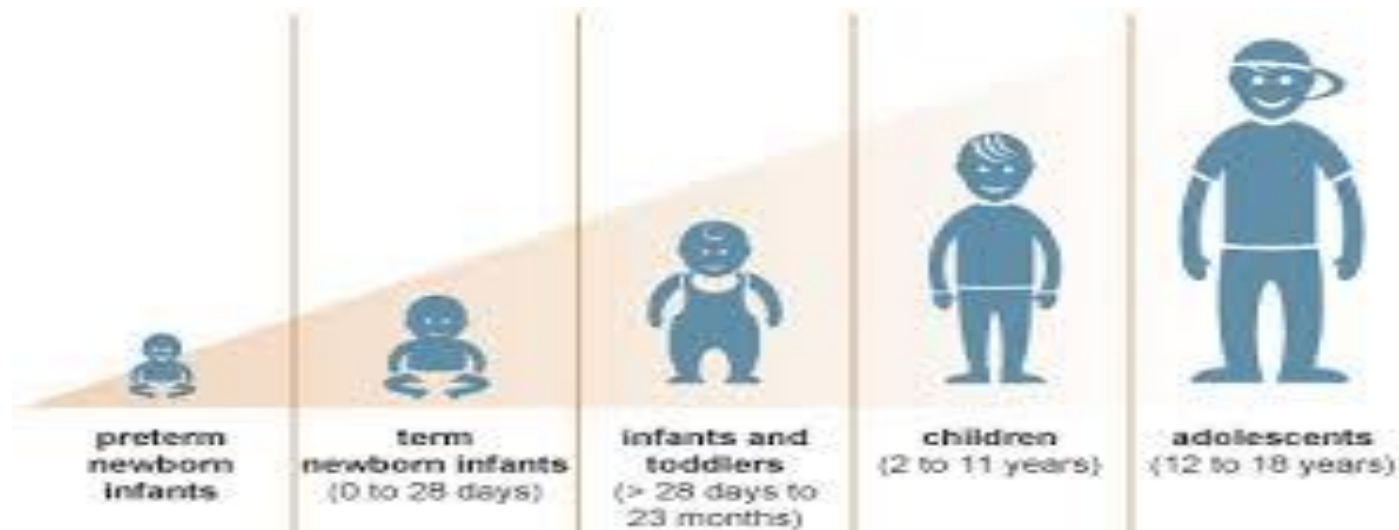
- Sexual development begins in the womb with reflexive displays of genital arousal (erection in boys); both boys and girls continue to experience reflex-induced genital arousal throughout infancy.
- Physical contact and emotional bonding with caretakers is essential for life and begins a child's education about sexuality (the pleasure of touch and emotional intimacy).
- Children are curious about their world and explore their environment.
- Child, adolescent and adult brains are different and so are their “understandings” of sexuality.

DEVELOPMENTAL PERSPECTIVE



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- Critical to understand sexual behaviours from a developmental perspective, i.e. what is normal for a preschooler may be abnormal for an older child



Good Resources:

Understanding Children's Sexual Behaviours: What's Natural and Healthy by Toni Cavanagh Johnson, Ph.D.

<http://www.dhs.vic.gov.au> (Department of Human Services, Victoria, Australia)

The National Child Traumatic Stress Network

CHILD SEXUAL BEHAVIOUR: RESEARCH



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- Retrospective memories from adults
- Observations from parents and caretakers (e.g. daycare professionals)
- Children currently in treatment for difficulties

Consistent Results:

- Children are curious about their own and others body parts; this curiosity decreases as they grow
- Children who have experienced sexual abuse display more CSB compared to non-sexually abused peers

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IMPACT OF WHO SAYS WHAT IS NORMAL...



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Keep In Mind

- Without normative data about children's healthy sexual behaviour and development, adults are likely to impose their own personal standards
- Our “normative” data may not always be culturally relevant

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INCIDENCE AND PREVALENCE OF CSB



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- No national figures available on the number of children with CSB, ~ 40-85% of children will engage in at least some sexual behaviours before 13 years of age. (1)
- Since 2000 an increase in number of children referred to child welfare and treatment services for CSB. (2)
- Unclear if this represents an actual increase in behaviour or increase in awareness and reporting.

1. Finkelhor, 1983; Friedrich, 1991; Gil & Johnson, 1993; Goldman & Goldman 1988; Johnson, Huang, et al., 2004.

2. ATSA Task-force Report 2006

DEVELOPMENTAL SNAPSHOT



INFANT TODDLER

Children ages 3 - 4



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- Exploring and touching private parts, in public and in private
- Rubbing private parts (with hand or against objects)
- Showing private parts to others
- Trying to touch mother's or other women's breasts
- Removing clothes and wanting to be naked
- Attempting to see other people when they are naked or undressing (such as in the bathroom)
- Asking questions about their own—and others'—bodies and bodily functions
- Talking to children their own age about bodily functions such as “poop” and “pee”

<http://www.tcavjohn.com/products.php>

http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf;

PRE-SCHOOL

Children ages 4 – 6



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- Very curious about the world around them and about their own and other's private body parts; have a limited understanding of privacy needs.
- Talks about private body parts.
- Uses words such as 'poo', 'bum' and 'willy' freely.
- Plays 'house' or 'doctor' games.
- Shows, touches, or rubs own genitals, or self-stimulates soothing (often not done discreetly)
- They take redirection quickly and respond well to limit setting.

<http://www.tcavjohn.com/products.php>

http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf;

LATENCY

Children ages 7 – 9



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- Interest in touching and looking at others but has changed from curiosity seeking to game playing (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”)
- Talks about and occasionally shows private body parts to peer-aged friends
- Sometimes uses swear words and/or sex words copied from others.
- Sometime touches or rubs own genitals, or self-stimulates as a comfort habit
- Developing a sense of privacy.
- Starting to ask questions about where they or babies come from
- Tell of stories or “jokes” related to sexual behaviour

<http://www.tcavjohn.com/products.php>

http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf;

PRE-ADOLESCENT

Children ages 10 - 13



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- Starting to engage in sexual activity with peers (may include kissing, sexual fondling, simulating intercourse, and in some cases actual intercourse)
- Purposefully touching own private parts (masturbation), usually in private
- Begin seeking out information about sex and their bodies by looking for books and diagrams explaining their bodies and sexual functions
- Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.)
- Puberty begins
- They can become preoccupied with their appearance.

<http://www.tcavjohn.com/products.php>

http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf;



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WHAT MAKES SEXUAL BEHAVIOUR CONCERNING?

Definitions

What makes sexual behaviour concerning?

Why do children engage in concerning sexual behaviour?

WHO ARE CHILDREN WITH CONCERNING SEXUAL BEHAVIOUR?:



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- No one profile or typology that fits all children with CSB
- Wide range in severity, intensity and type of behaviour
- Diverse race, gender, family factors, socio-economic status and maltreatment history.
- More gender diversity than adults and adolescents who commit sexual offences.
- Often have other behaviour problems/social problems.
- Often have limited coping skills.

CONCERNING SEXUAL BEHAVIOUR VERSUS SEXUAL OFFENDING

3 Distinct Groups



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CONCERNING SEXUAL BEHAVIOUR: DEFINITION



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Children with concerning sexualized behaviour under the age of 12 who initiate behaviours involving sexual body parts, (i.e. genitals, anus, buttocks or breasts) are developmentally inappropriate or potentially harmful to themselves or others.

- “Although the terms sexual is used, the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation”.
- “The behaviours may be related to curiosity, anxiety, imitation, attention seeking, self calming, or other reasons”.

Silovsky & Bonner, 2003 as cited by ATSA: Report of the Task Force on Children with Sexual Behaviour

SEXUAL BEHAVIOURS ARE CONCERNING WHEN...

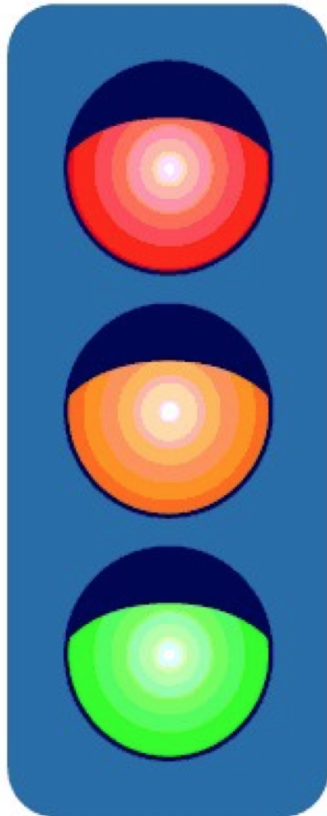


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- (1) Use of threats, force, or violence are used to involve the victim or maintain the victim's silence
- (2) Sexual behaviour is considered to be contextually inappropriate (e.g. public versus private)
- (3) Sexual behaviours are viewed as being developmentally inappropriate (e.g. penetration by a 6 year old)
- (4) Notable difference exists in the age, size, intellectual functioning/developmental stage, or status of the children involved
- (5) Attempts to redirect the sexual behaviours (i.e. whether self-directed or directed at others) have been unsuccessful

Curwen, T. and Costin, D. (2009). Toward assessing risk for repeated concerning sexual behaviour by children with sexual behaviour problems: What we know and how to apply this knowledge. In D. Prescott (Ed.), *Knowledge and Practice: Challenges in the Treatment and Supervision of Sexual Abusers*

Traffic Lights Framework



RED

is for harmful or problem sexual behaviours that indicate a need for **immediate protective intervention and intensive follow-up support**

ORANGE

is for sexual behaviours outside the norm that **require further observation and targeted support**

GREEN

is for normal, developmentally appropriate sexual behaviours **all children benefit from information and learning relevant to their age and stage**

Mike is 11 and lives in a residential treatment centre.

8 year old gives another 8 year old student explicit letters

walk
's be
mo

3 year asks other children in the daycare for a "blow job"

Concerning

Age Appropriate

11 year asks other children in the after school program for a "blow job"

child self relates over othes

girl does to we wear

4 year old child pulls their pants down and show's their penis.

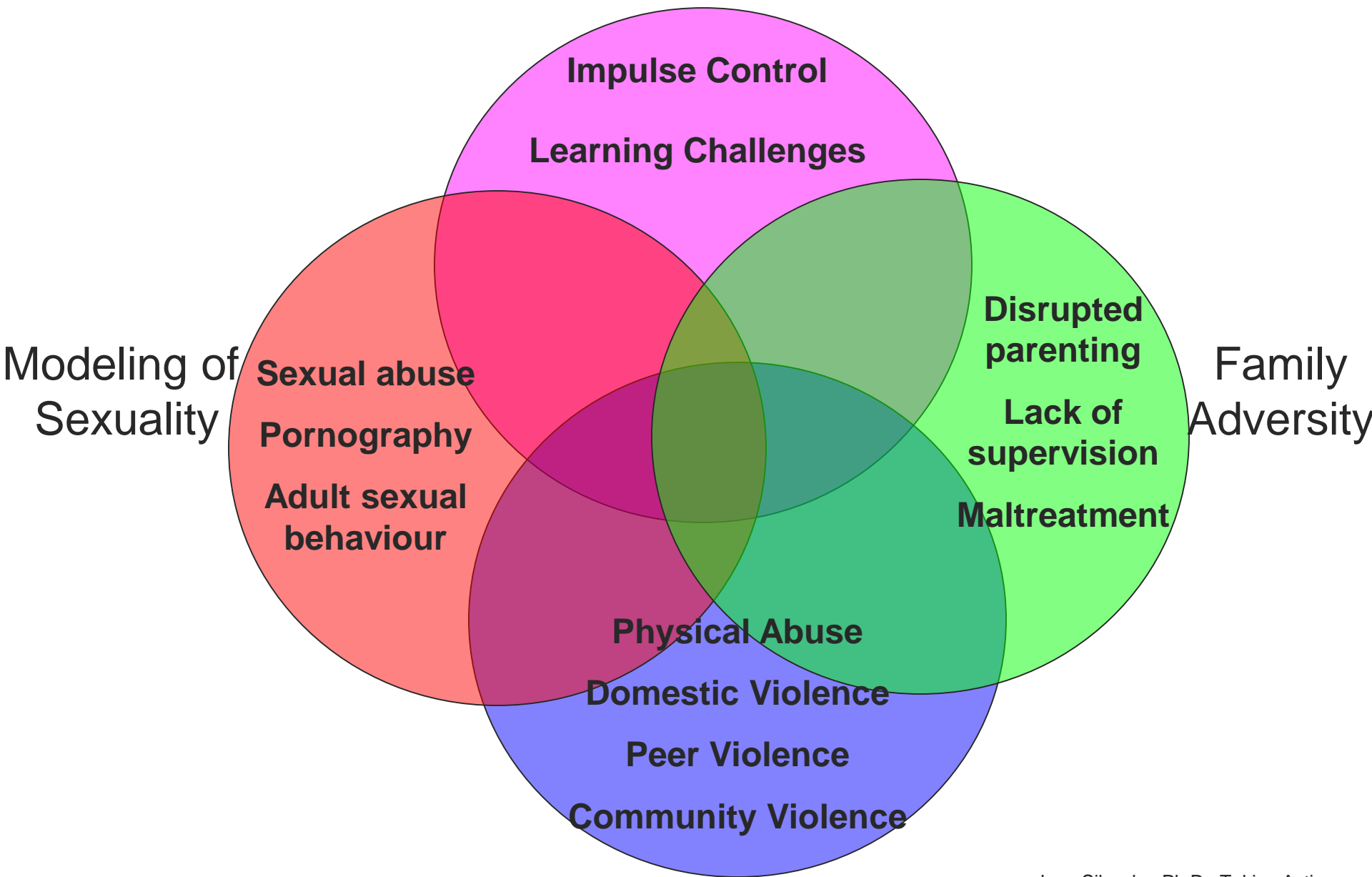
MOTIVATION / ORIGINS



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- Early theories identified sexual abuse as the predominant cause of sexual behaviour problems in children
- Current theories include:
 - all forms of child victimization
 - familial (lack of attachment)
 - developmental (cognitive, biological)
 - Interpersonal relationships (poor social skills)
 - behavioral
 - exposure to sexually explicit material
 - living in a sexualized environment

Child Vulnerabilities



ACCESS TO SEXUAL EXPLICIT CONTENT



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- If the device has access to the Internet, then it has the capability to access sexualized media
- Social Media sites!!!!,
- Premature exposure to sexually explicit materials
- Traditional forms of porn.... Magazines, videos, movies
- Pornification of our culture
 - (Cordilia Anderson)



SEXUALIZED HOME ENVIRONMENT



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- Access to pornography, with or without parental awareness
- Witnessing parents involved in sexual activities
- Hearing adults engaged in sexual activities or discussions
- Rigid, negative or punitive attitudes, sexuality not a discussed topic
- Parent involvement in extramarital affairs

DISCLOSURES



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When adults find out about the CSB

- First Reactions often have to be corrected
- Messages from all of the Community Professionals need to be consistent
- Don't jump to conclusions (Blame Shame Game)
- Don't rush to have them apologize

Things to tell Your Child When Problematic Sexual Behaviour has been disclosed

- ***“I love you and you are special”***
- ***“Your behaviour was inappropriate and unacceptable”***
- ***“I’m glad we found out so we can get you some help”***
- ***“We are going to get through this together”***

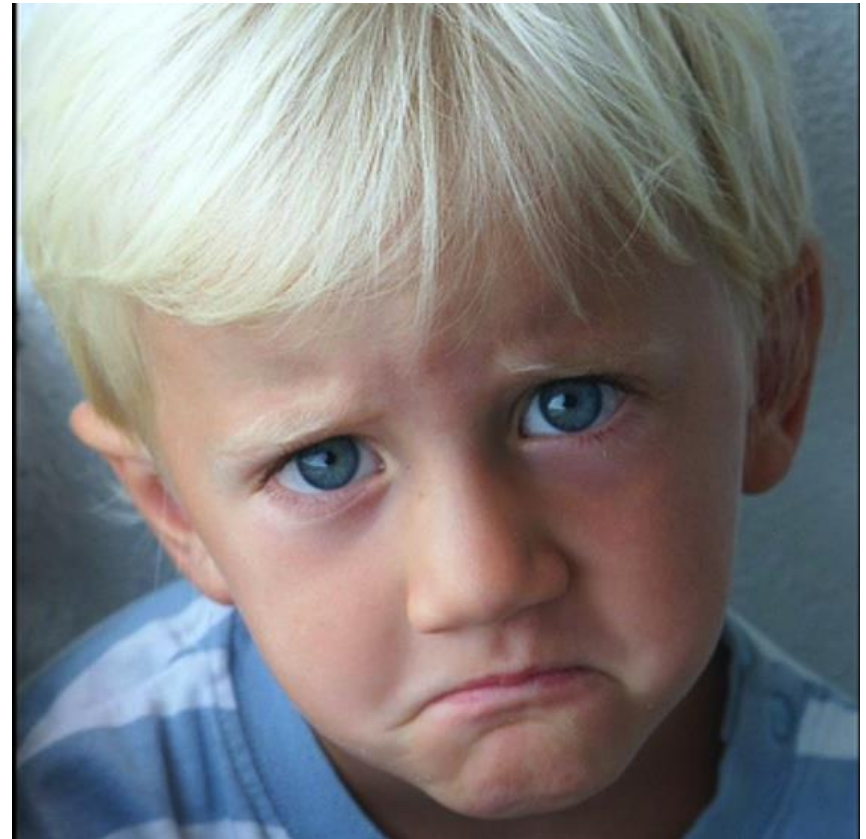
DISCLOSURES



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Children who have been sexually victimized

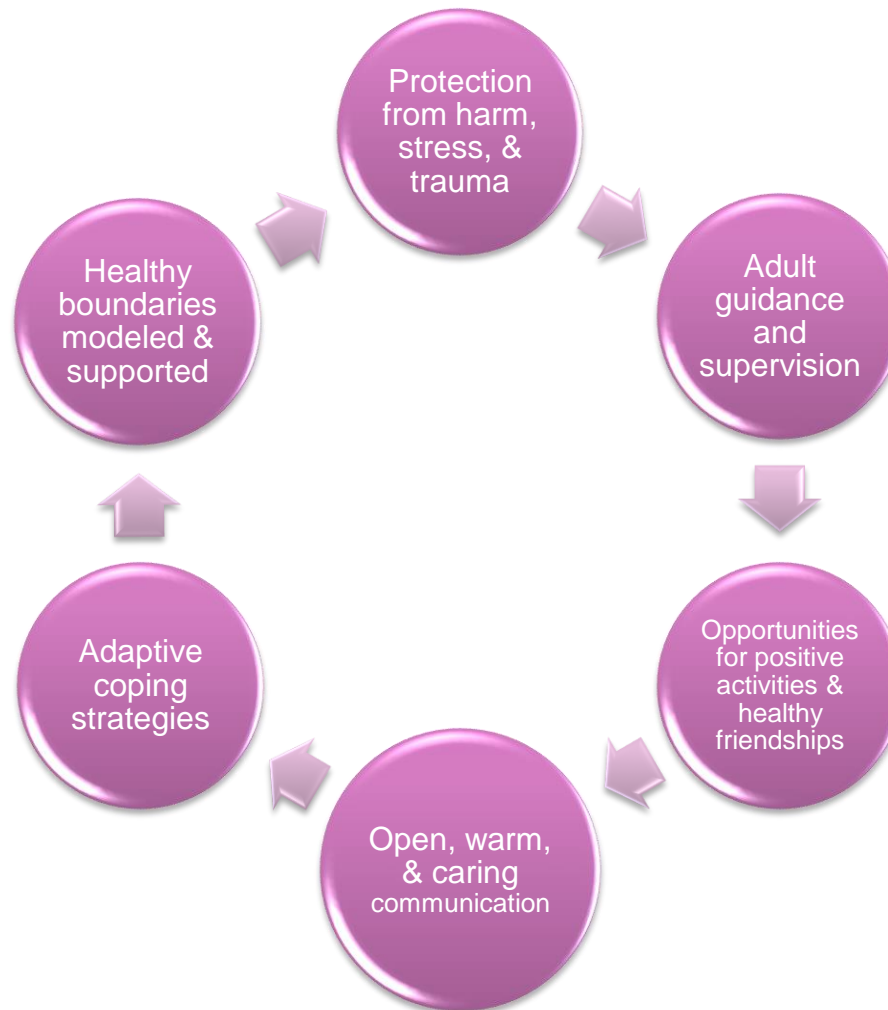
- Not all children who engage in CSB have a victimization history
- Do not be surprised with a disclosure
- 5 things to tell a child who has been sexually abused:
 - “I believe you”
 - “It’s not your fault”
 - “I’m glad you told”
 - I’m sorry that happened to you”
 - “We will get through this together”



PROTECTIVE FACTORS



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Jane Silovsky, Ph.D., Taking Action: Support for families of children with sexual behavior problem

SEXUAL PLAY & EXPLORATION: IT IS NORMAL WHEN....



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- ✓ It is between children of similar age and developmental level
- ✓ It is between children of similar size
- ✓ It is unplanned or spontaneous
- ✓ Exploratory
- ✓ It happens irregularly
- ✓ Both children are agreeing
- ✓ No force, threats or violence is use
- ✓ When kids are not tricked
- ✓ When kids don't feel anger, fear, or other strong emotions after
- ✓ When it is not done in secret
- ✓ When it doesn't have an "adult" sexual behaviours

~ Adapted from: Bonner, Friedrich, Cavanagh Johnson



TWO IMPORTANT THOUGHTS:

We may never know where the behaviour came from

Problematic behaviour is learned, and can be “unlearned”



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HELPFUL STRATEGIES TO EFFECTIVELY MANAGE SEXUALIZED BEHAVIOUR IN CHILDREN

Managing Concerning Sexual Behaviour.....

Responding to CSB

Supporting Parents / Caregivers

Safety Planning and supervision

Parents supporting children

RESPONDING TO CSB

Deal With Your Thoughts and Feelings First!



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RESPONDING TO CSB

An informed approach.....



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- As professionals working with children engaging in CSB::
 - **REALIZE** the impact of concerning sexual behaviours – there is a child who has been harmed and a child who has harmed
 - **RECOGNIZE** the characteristics of concerning sexual behaviour – what makes it concerning at each developmental stage
 - **RESPOND** to concerning sexual behaviours – act in accordance with the seriousness required
 - **REFER** to specialized intervention services – those professionals who can provide the specialized assessment and treatment

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RESPONDING TO CSB

Determining the facts....



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- Try to figure out what actually happened
 - From both the child and the parents perspective
- Ask open ended questions:
 - What were they doing?
 - How did the child get the idea?
 - How did the child feel about engaging in the behaviour?
 - How did the parents respond?

RESPONDING TO CSB

Communicating with Parents



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- Be forthcoming with Parents
- Don't Minimize the Behaviours
- Describe the behaviour as problematic and explain why
- Challenge the use of adult labels
- Alleviate fears – instill hope of behaviour change
- Don't play the blame shame game
- Explain that help is available and how to refer

SUPPORTING PARENTS

Understanding their Experience



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SUPPORTING PARENTS



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Parental involvement is Essential

- Parents need a supportive place to process their thoughts and feelings
- Parents need to feel they have the knowledge and skills to manage their child's behaviour
- Parents provide the safe environment
- Parents need to have their own support network
- Parental histories of child sexual abuse may be triggered and can add complexity to the work
 - Parents may need to get their own therapist to resolve their early traumatic experiences

SUPPORTING PARENTS

Help Parents feel empowered to manage their child's behaviour



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SUPPORTING PARENTS

6-Step Model of Intervention



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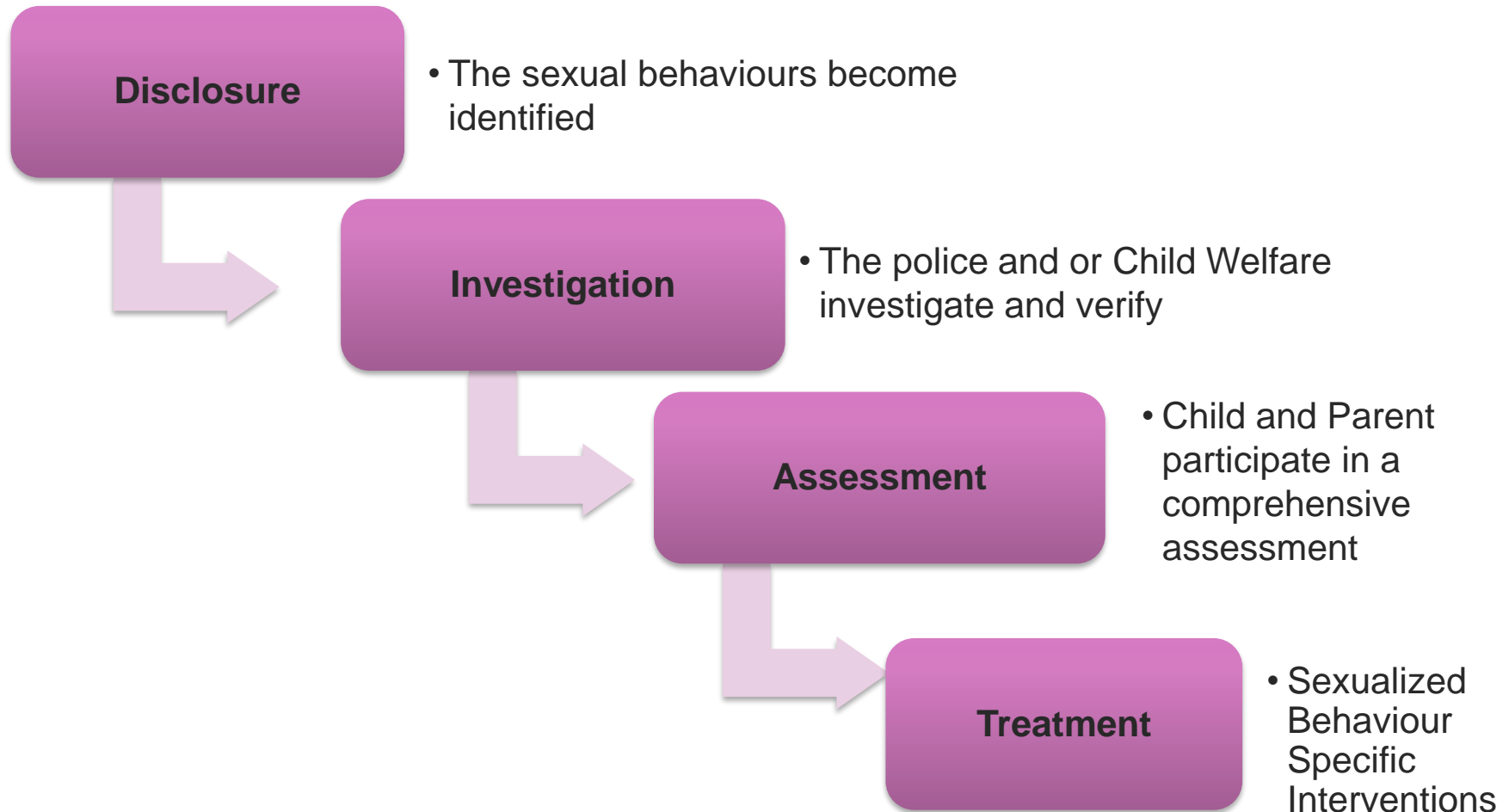
1. Manage your own reaction
2. Neutralize the behavior
3. STOP the behavior
4. Define the behavior, specifically and clearly
5. State house rule or expectation about the behavior
6. Redirect the child and/or enforce the consequences

COMMUNITY BASED PROTOCOL



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Know When and Where to Refer



SAFETY PLANNING



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SAFETY PLANNING



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Essential Criteria to begin

- Prevent Opportunities to Re-engage in sexualized behaviours
 - Highly Supervised (“eyes on, ears on”) sight and sound at all times when playing with other children
 - No access to sexualized media
- Safe Environment
 - Non violent
 - Structured routines
 - Stable environment
 - Safe Touching Rules
 - All adults caring for child are aware of supervision requirements



SAFETY PLANNING



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The “New Normal” home environment

- No access to sexually explicit materials
- No electronics in bedrooms,
- No playing in bedrooms with the doors closed – sight sound supervision
- Positive language (eliminate swearing, sexual jokes, derogatory comments)
- Open Communication – No secrets
- Sexual Behaviour / Safe Touching Rules
- Establish boundaries and privacy practices
- Non Physical forms of behaviour management

SAFETY PLANNING

Parents as Teachers.....



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- Teach about different kinds of touch
- Teach sexual behaviour rules
- Role-play and/or set up a safety plan
- Personal space and boundaries
- Teaching healthy sexuality

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Possible Risky Situations....

- Sleepovers, Camping, Summer Camp
- Contact sports, such as wrestling
- Holiday times
- Summer vacations (which are less structured than school environments)
- Recess, when poorly supervised
- Shared bathrooms at school, etc.
- Cell-phone use, poorly supervised Internet, video game, or television time
- Unstructured, poorly supervised activities

www.ncsby.org

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Teaching the 5 Sexual Behaviour Rules

1. It is not ok to show your private parts to other people
2. It is not ok to look at other people's private parts
3. It is not ok to touch other people's private parts
4. It is ok to touch your private parts as long as it's in private and does not take too much time
5. It is not ok to use sexual language or make other people uncomfortable with your sexual behaviour



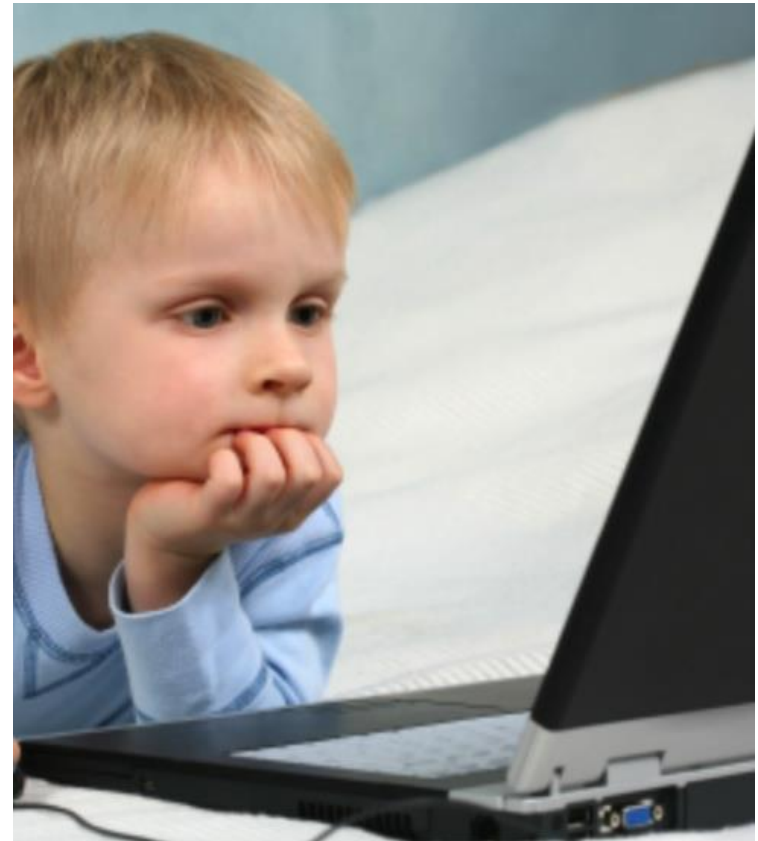
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Internet Safety



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- Parents need to develop and implement a safety plan for the Internet
- Have parental controls in place on all devices
- Check the history
- Do not permit Facebook or other social media for children under 12 without strict supervision
- Keep the dialogue open



<http://www.thedoorthatsnotlocked.ca>

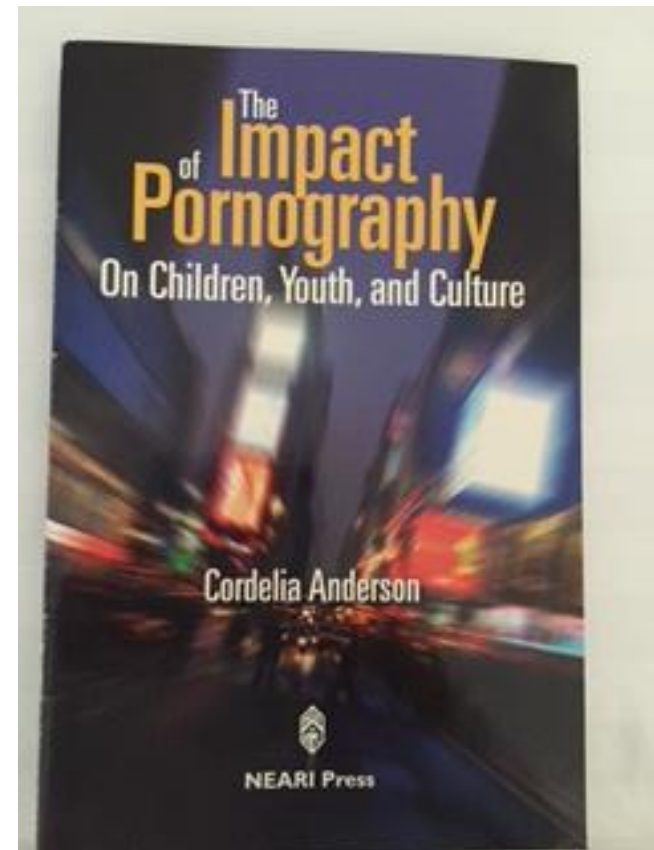
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Impact of Pornography



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- Cordilia Anderson
- <http://cordeliaanderson.com>
- “It is not just about blocking sexualized Internet sites – It is about talking and teaching children how to navigate their world”
- Parents need to become informed (Google: Internet Safety for Parents)

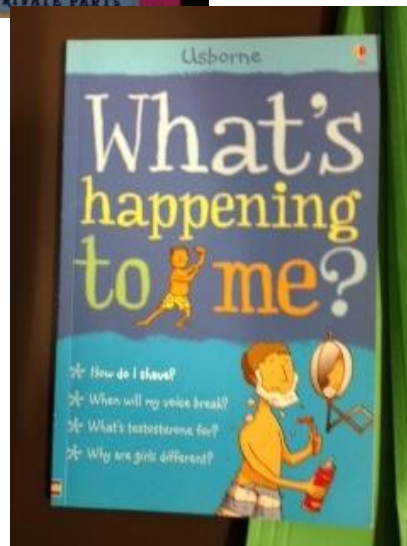
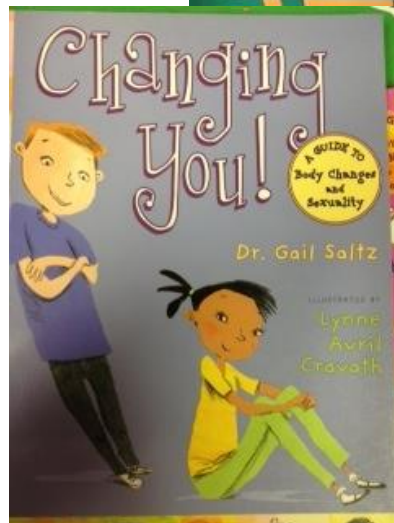
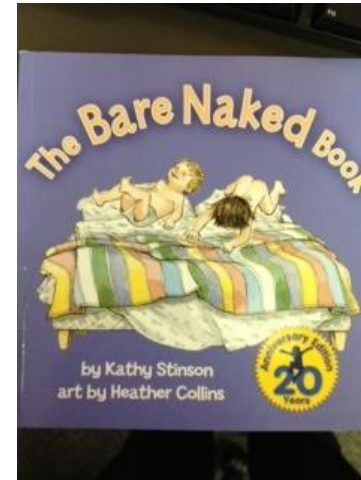
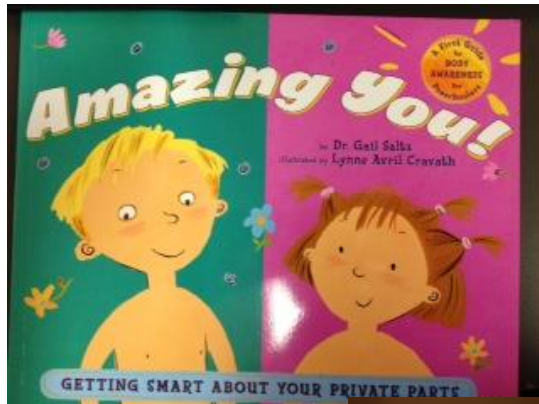


SAFETY PLANNING

Teaching Healthy Age-Appropriate Sexual Education



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WHO ELSE

Needs

TO KNOW?

WHO ELSE

Might Need

TO KNOW?

PARENTS SUPPORTING CHILDREN

Helpful Hints



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- Learn to recognize your child's triggers
- Empower your child
- Help your child learn to manage his/her own behaviour
- Tell her s/he is not alone
- Code word

REMEMBER!

So to assist children in establishing and maintaining sexual health...

- A positive support network.
- Pro-social hobbies, interests and other activities.
- Maintain positive family relationships.
- Positive peer relationships.
- Positive coping skills.
- Positive sexual knowledge, attitudes, interests, and behaviours.
- Realistic future goals.



The building blocks of sexual health are laid throughout childhood!

Concerning Sexual Behaviour





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? QUESTIONS





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THANK YOU

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