



Responding to children's sexual behaviors

Rhiannon Reeves

Meg O'Rourke



Our goal for you:

**Leave today's training
feeling empowered to
keep children safe!**



Learning objectives

- Understand spectrum of age-appropriate sexual behaviors and response
- Increase knowledge and skills around recognizing and responding to concerning behaviors in children.
- Improve ability to create and maintain safe physical spaces for children in our programs.
- Improve understanding of how disability and/or culture can impact and influence children's sexual behaviors.

HEARTLAND
ALLIANCE
HUMAN CARE

www.chicagocac.org/heartland





Chicago Children's Advocacy Center and our partners are the front-line responders in Chicago to reports of child sexual abuse, as well as reports of physical abuse of children under 3 years old.



Multi-disciplinary team partners

- **Illinois Department of Children & Family Services (DCFS)**
 - child safety, protection and well-being
- **Chicago Police Department**
 - criminal investigation
- **Cook County State's Attorney's Office**
 - felony review
- **Cook County Health & Hospitals System**
 - forensic medical exams and holistic treatment
- **Chicago Children's Advocacy Center**
 - coordination of investigation, and support services



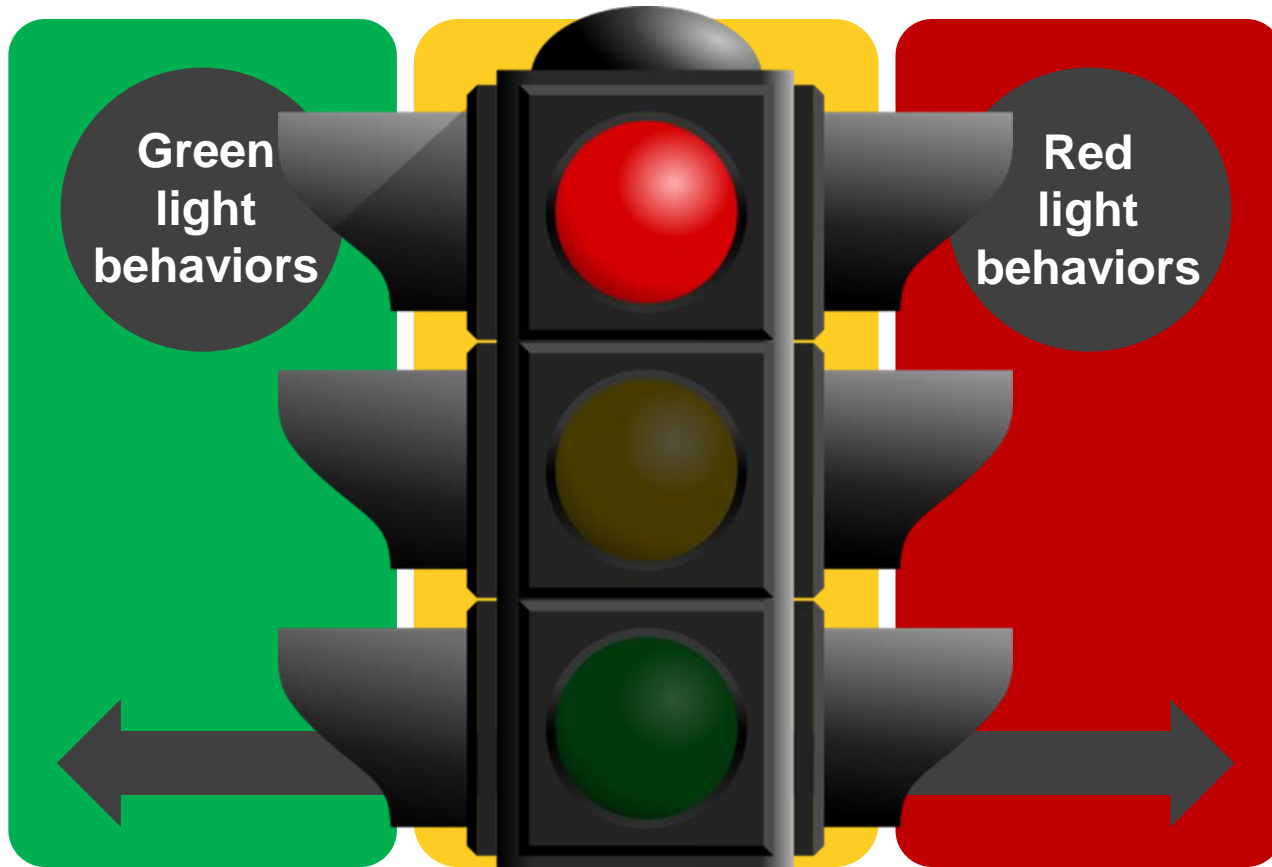


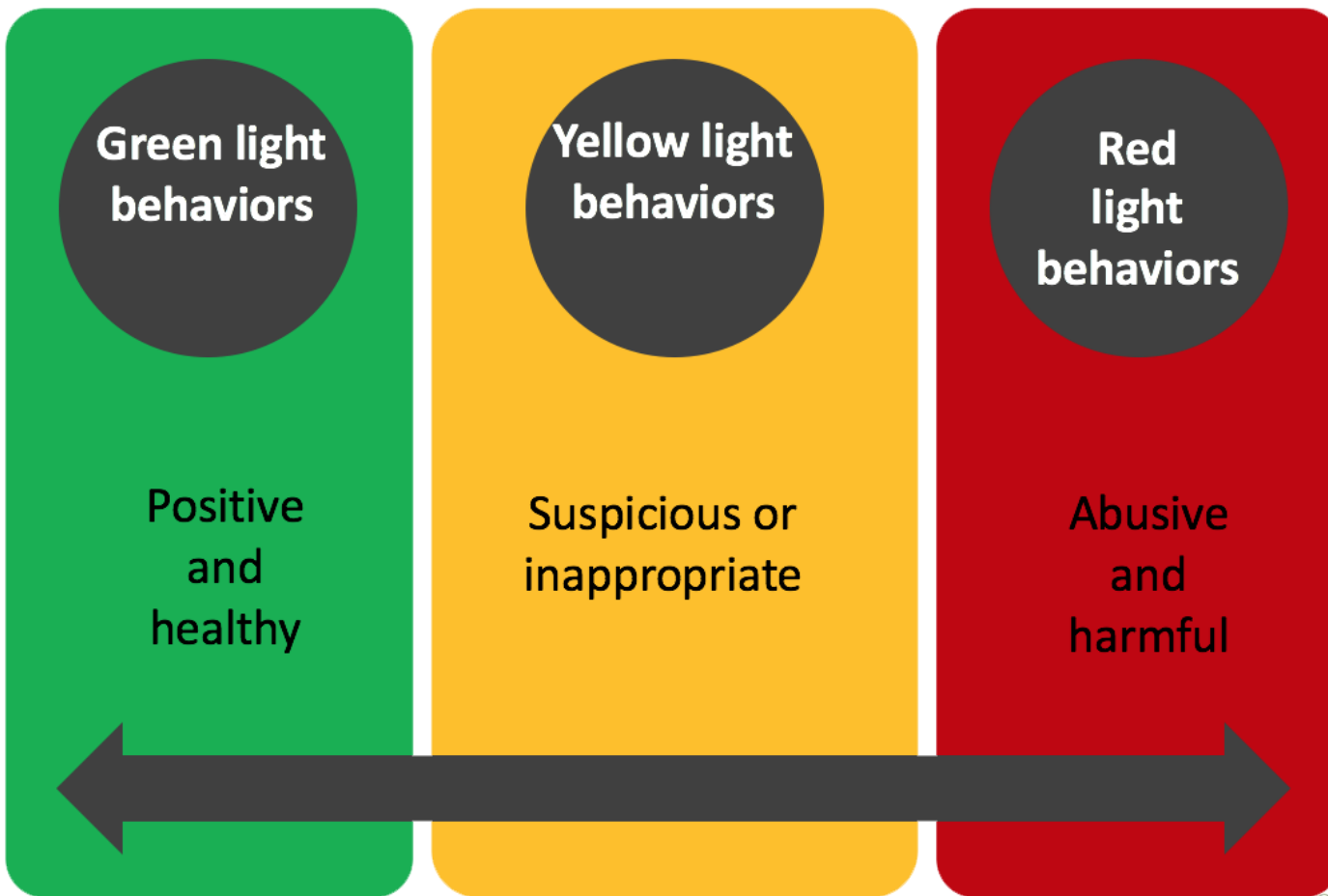
2,200 children

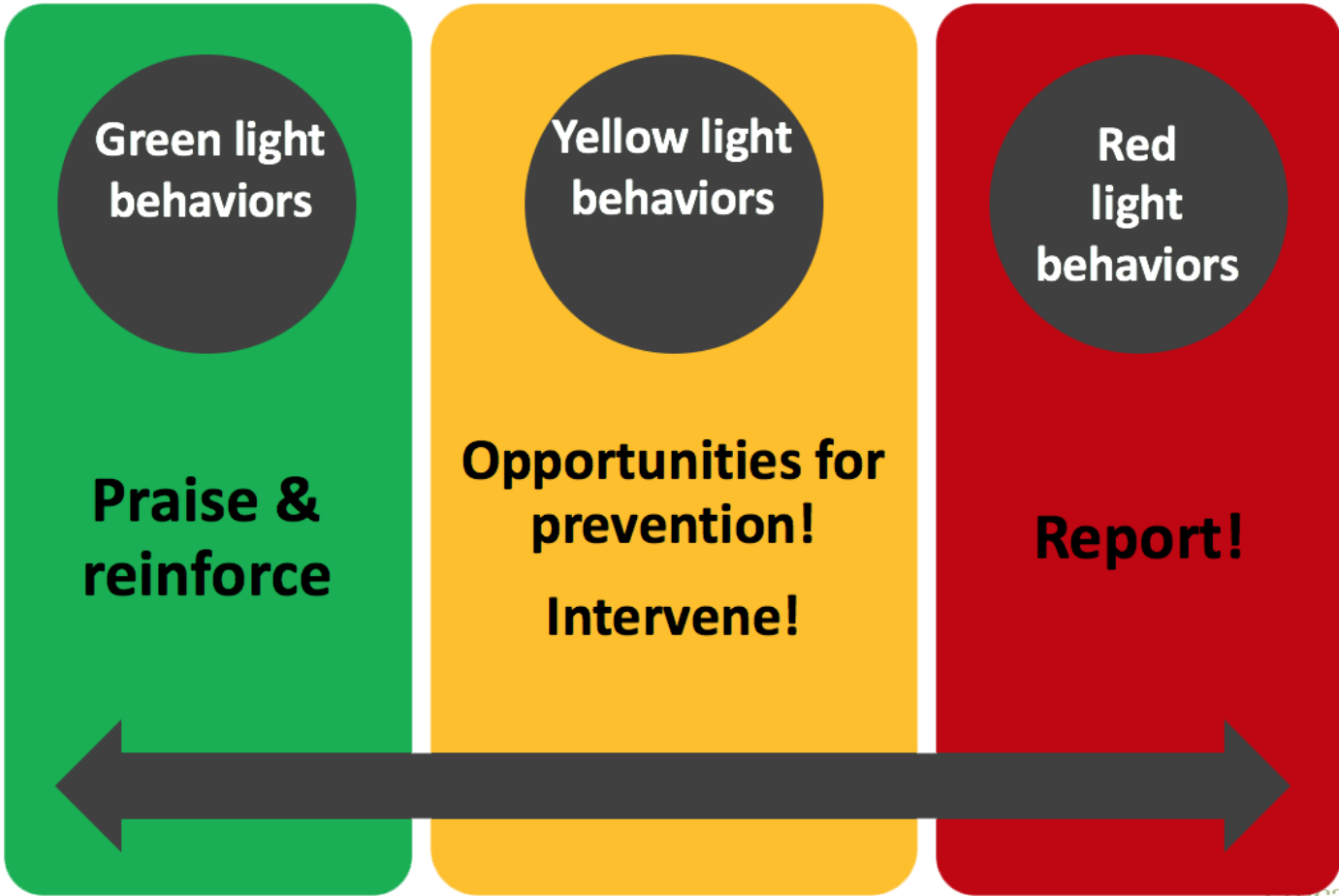
are referred to
ChicagoCAC for
reports of sexual
abuse each year.



Spectrum of behaviors and response







Sexual abuse



Red light behavior = abuse

- Coerced sexual activity between two children can be considered abuse.
- 30% of sexual abuse cases are perpetrated by youth under 17.
- Age disparity, development and physical size, coercion may play a role in the abuse.

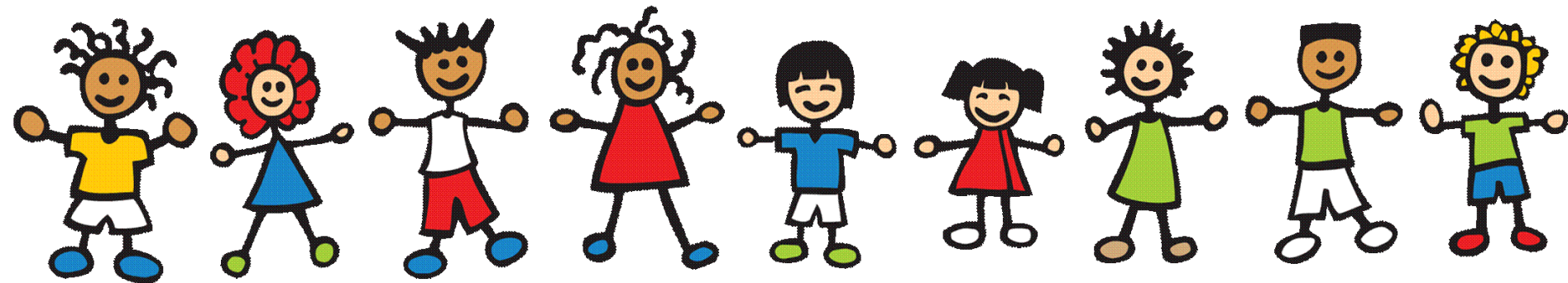


Responding to children's problematic sexual behaviors in an immediate and clinically appropriate manner is vital to prevention and healing.



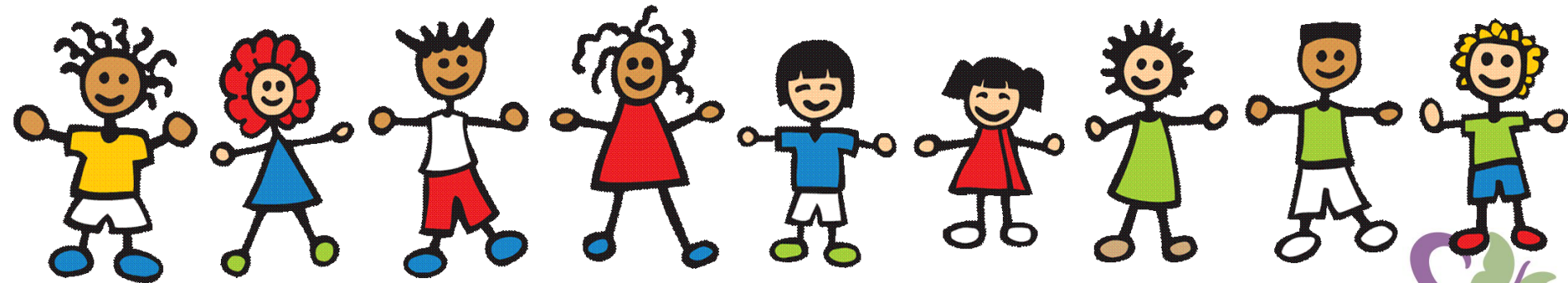
Diversity of cultural viewpoints

What are some things to understand and consider about each child and how that might affect boundaries, consent, sexuality, etc.?



Diversity of cultural viewpoints

- Religious beliefs about sexuality
- Views about marriage, sex and consent
- Ideas about adult authority over children
- Gender roles
- Issues of modesty and privacy



Disability – impacts and considerations

- developmental stage often not the same as their chronological age
- children in Special Ed are often not provided with sex education in school
- children with I/DD less likely to benefit from “environmental learning” about sex
 - observing appropriate and inappropriate behavior in others, and the reactions to it
 - learning from peers
 - learning boundaries from typical childhood interactions

Spectrum of behaviors

Age-
appropriate
sexual
behaviors

Concerning
sexual
behaviors

Abusive
sexual
behaviors



Knowing **age-appropriate sexual behaviors** can help adults protect children.

- ✓ Preschool (0 to 5 years)
- ✓ School-Age (6-8 years)
- ✓ School-Age (9-12 years)
 - ✓ Adolescents

Preschool age (0 to 5 years)

Common:

- Will have questions and express knowledge relating to:
 - differences in gender, private body parts,
 - hygiene and toileting,
 - pregnancy and birth.
- Will explore genitals and can experience pleasure.
- Showing and looking at private body parts.

Preschool age (0 to 5 years)

Uncommon:

- Having knowledge of specific sexual acts or explicit sexual language.
- Engaging in adult-like sexual contact with other children.
- Compulsive masturbation which interferes with normal activities

Pre-school sexual behavior rules:

Source: NCSBY

No touching other people's private parts.

(This includes kicking, hitting, biting, hurting, etc.)

No other people can touch your private parts.

(The person doing the touching would be the one breaking the rule. Exceptions to this rule are for caregivers who may need to help with hygiene and for doctors who may need to check to make sure that all parts of a child's body are healthy.)

No showing of private parts to other people.

(Or: Keep your clothes on when other people can see you.)

No touching of private parts in public.

Or: Touching your own private parts when you are alone is OK.)

School-age (6-8 years)

Common:

- Will need knowledge and have questions about
 - physical development, relationships, sexual behavior
 - menstruation and pregnancy,
 - personal values.
- Experiment with same-age and same gender children, often during games or role-playing.
- Self stimulation in private is expected to continue.

School-age (6-8 years)

Uncommon:

- Adult-like sexual interactions
- Having knowledge of specific sexual acts
- Behaving sexually in a public place or through the use of phone or internet technology.

School-age (9-12 years)

Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

Common:

- Will need knowledge and have questions about
 - Sexual materials and information,
 - Relationships and sexual behavior,
 - Using sexual words and discussing sexual acts and personal values, particularly with peers.
- Increased experimentation with sexual behaviors and romantic relationships.
- Self stimulation in private is expected to continue.

(9-12 years)

Uncommon:

- Regularly occurring adult-like sexual behavior
- Behaving sexually in a public place.

Adolescence (13 to 16)

Common:

- Will need information and have questions about
 - Decision making
 - Social relationships and sexual customs
 - Personal values and consequences of sexual behavior.
- Self stimulation in private is expected to continue.
- Girls will begin menstruation; boys will begin to produce sperm.
- Sexual experimentation between adolescents of the same age and gender is common.
- Voyeuristic behaviors are common in this age group.
- First sexual intercourse will occur for approximately one third of teens.

Adolescence (13 to 16)

Uncommon:

- Masturbation in a public place.
- Sexual interest directed toward much younger children.

School-age rules:

- It is not OK to show your private parts to other people
- It is not OK to look at other people's private parts
- It is not OK to touch other people's private parts
- It is OK to touch your private parts as long as it is in private and does not take too much time.
- It is not OK to use sexual language or make other people uncomfortable with your sexual behavior

Pornography

Each year about 40 percent of teens and preteens visit sexually explicit sites either deliberately or accidentally.

- Education yourself on impact of porn on children/youth
- Be proactive about rules and safeguards around electronics and other media.

www.Netsmartz.org

Source: American Psychological Assn



Let's review:

Typical sexual behavior.....

- Involve parts of the body considered to be “private” or “sexual”
- Are normally part of growing up for many children and which most experts would not consider to be problematic
- **Influenced by cultural and social factors**

Let's review:

Problematic sexual behavior (PSB).....

- Behavior involving “private parts”
- Developmentally inappropriate and/or potentially harmful
- Could be illegal
- Wide range of motives and origins
- Continuum of normal sexual behavior to concerning to problematic sexual behavior

Characteristics of Children and Adolescents with PSB

- No distinct profiles for children or adolescents with PSB
- Do not share central characteristics of adult sex offenders.
- Most show lower sexual behavior problems after short-term outpatient treatment
- Co-occurring concerns:
 - Disruptive behavior disorders: ADHD, ODD, CD
 - Trauma related disorders: PTSD, Adjustment
 - Other internalizing disorders: Depression, Anxiety
 - Learning and language delays

Chaffin, Letourneau, & Silovsky (2002); Johnson (1989); Silovsky & Niec (2002)



Origins of PSB: Sexual Abuse?

- Historical assumption – “All children with sexual behavior problems have been sexually abused”
- Physical abuse, witness to violence, other trauma and mental health issues can be factors.

Sexually reactive children may act out in sexual ways to:

- Attempt to deal with difficult emotions (sadness, anxiety, fear, shame, abandonment).
- Decrease tension.
- Satisfy impulsive sexual needs.
- Cope with intrusive, trauma related memories.

Let's Talk

How do I determine if sexual behaviors are a problem? Think about.....

- Frequency
- Developmental Considerations
- Harm
- Affect
- Behavior
- Control
- Development



CASE EXAMPLE

Frequency	Developmental Considerations	Harm
High frequency	Among youth of significantly different ages/ developmental Abilities	Intrusive behaviors
Excludes normal childhood activities	Longer in Duration than Developmentally Expected	Use of force, intimidation, and/or coercion
<p>Unresponsive (i.e., does not decrease) to “typical parenting strategies”</p> <p><i>National Center Sexual Behaviors in Youth</i></p>	Interferes with social development	Elicits fear or anxiety in other children

Is this behavior problematic?

- We cannot, as a rule, categorize specific sexual behaviors as healthy, problematic or abusive.
- When trying to make sense of a child's sexual behaviors it is also important to pay attention to the **A-B-C-D of the context** in which the behavior occurs.

Adapted by Boston Area Rape Crisis Center from Prevent Child Abuse Vermont and from the Primary, Secondary & Tertiary Prevention of Sexually Abusive Behaviors in Childhood and Adolescence Curriculum presented by Gail Ryan, Perpetration Prevention Program, Kempe Children's Center of Denver Colorado, 2002.



Is this behavior problematic?

Affect/Emotion:

- Is this spontaneous, lighthearted play/activity?
- Does the child respond with strong feelings of guilt, aggression, fear, anxiety, etc.?
- Does the child appear numb or dissociate in relation to the sexual activity?

Behavior:

- Has this behavior occurred before? In the same or different way? How often and in what contexts?
- What other patterns of behavior (sexual or non-sexual) have you noticed?
- Is it compulsive? Does it interfere with other activities?

Is this behavior problematic?

Control:

- Is the interaction a mutually understood and wanted activity among peers?
- Is there an imbalance of power between the children?
- Does everyone involved understand what is happening, want to be there and feel free to leave or say no? Is any form of pressure, manipulation, coercion or force being used?

Development:

- Does the behavior match the child's age and developmental level?
- Do we expect most children in this culture/community to act this way?
- Is the child's sexual development in balance with the rest of his/her development?

How do I react?

- Be clear
- Be calm
- Be empathetic
- Promote accountability
- Do not shame



What do I say?

Set an appropriate limit, rule or expectation to promote the child's responsibility for their behavior:

- “Stop pulling your friend’s pants down”
(Be specific, children may need to hear again what it is you are telling them that they need to stop doing)
- “Your friend asked you to stop _____.”
- “When you and your friend _____ are playing together, I will be close by” (“the door will be left open” etc.).
- “Remember our rule, we treat our friends with care and respect.”

What do I say?

“It is not OK for someone to show you their private parts (*or body parts covered by swim suit*) or to ask you to show you their private parts.”

**Let child know they did nothing wrong
but the behavior of the youth was not OK.**

“The reason I asked Cam to leave you alone was because I felt they were not being safe around you. You did nothing wrong, but Cam was breaking a safety rule.”



Let the aide know that behavior is unacceptable:

“We respect boundaries and consent in this program, and kids are the bosses of their bodies. We have these rules to keep children safe. Do you have any questions about this?”

What do I say?

“In this program we ask before we give hugs. You can say, ‘Ali, can I have a hug?’ And if Ali says no, that means no hug. We respect everyone’s personal space here. Do you understand?”

Difference between public and private spaces and behaviors

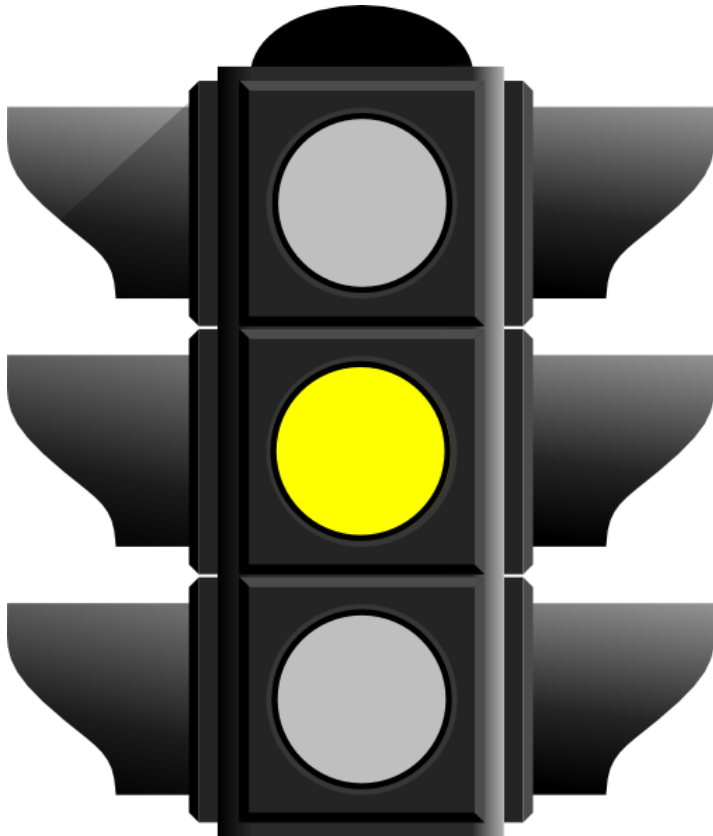
What do I say?

“We don’t take off our clothes in public. We change our clothes in the dressing room to keep our bodies safe.”

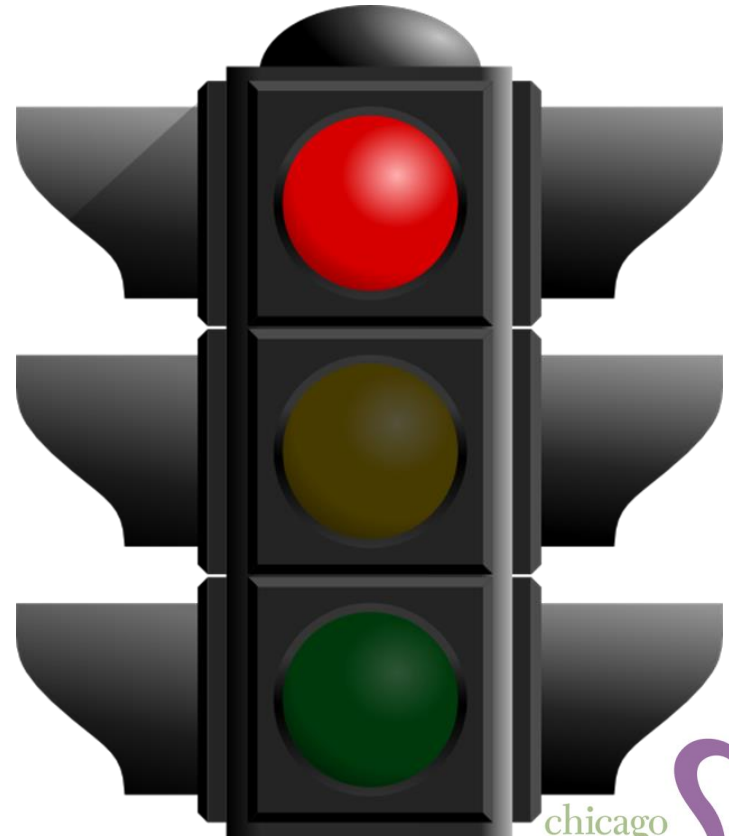
***Remember:** some individuals with autism and other I/DD may have difficulty with the concepts of public vs private, and cultural issues may make these concepts confusing too.*

Remember spectrum of sexual behaviors

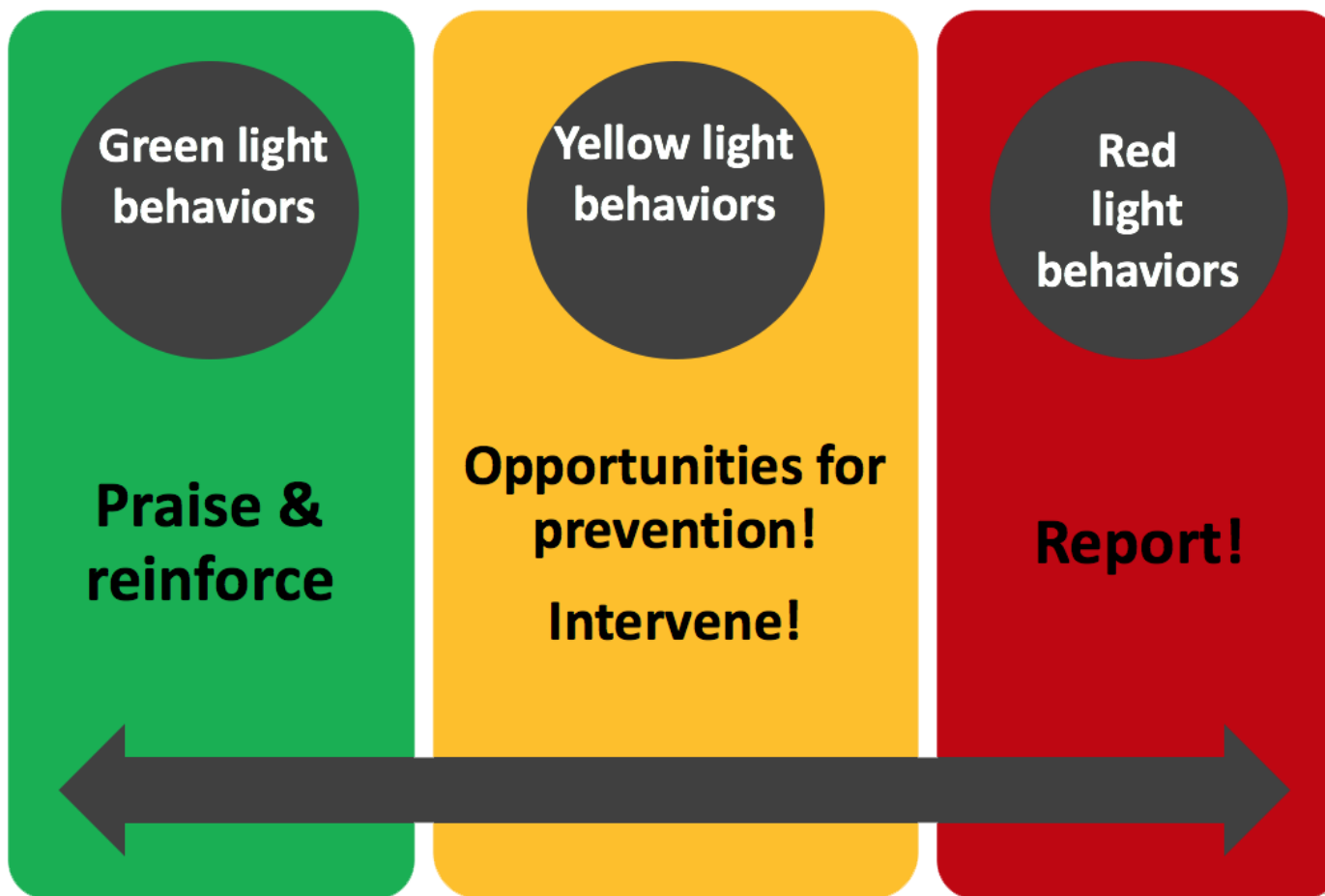
Yellow light = concerning



Red light = abusive



Remember spectrum of response



Creating and maintaining safe environments:

Physical space and healthy
communication and modeling

Physical Spaces:

Remember, about 80 percent of child sexual abuse occurs during one-on-one situations.



What might increase risk for sexual abuse?

- When children and youth are unsupervised
- “Hidden spots” in areas of your program space as well as public spaces for field trips, such as parks and beach.

What could be done to make spaces safer?



Strategies for ensuring safe environments

Ongoing support

- Actively interact with youth
- Actively interact with your staff
- Listen, watch and observe behavioral cues
- Be aware of children who may be vulnerable
- Support each other with proactive prevention efforts

Implement safety and supervision plans

Specific safety plans address the need for supervision. Can include considerations for:

- not being alone with younger or vulnerable children.
- bathroom and sleeping arrangements with other children

Safety Planning

- Develop specific rules for your program. Name the rules something that you can refer to in public, to help remind children to follow the rules, such as the Bathing Suit Rules, or Privacy Rules.
- Have an agreed-upon gesture or word that you can use when child looks like they are about to violate a Private Parts Rule.

Source: NCSBY



**What are you “house rules” around privacy,
consent, touching, etc.?**

Give us some examples.....



Safety Planning

Teaching and modeling healthy communication and relationships is an important part of promoting safe environments.



What is consent?



- **Ask permission if you have to touch a child.**
- **Respect a child's "no" to being touched.**
- **Empower children around their personal space.**

Teaching children they have the right to say “no” when it comes to their bodies.



“I’m the boss of my body!”

How do kids learn about boundaries?

- Observing appropriate and inappropriate behavior in others, and the reactions to it
- Learning from peers
- Learning boundaries from typical childhood interactions

What are some ways these concepts can be taught in your program?

Boundaries, Privacy and Consent: Tools to keep children safe

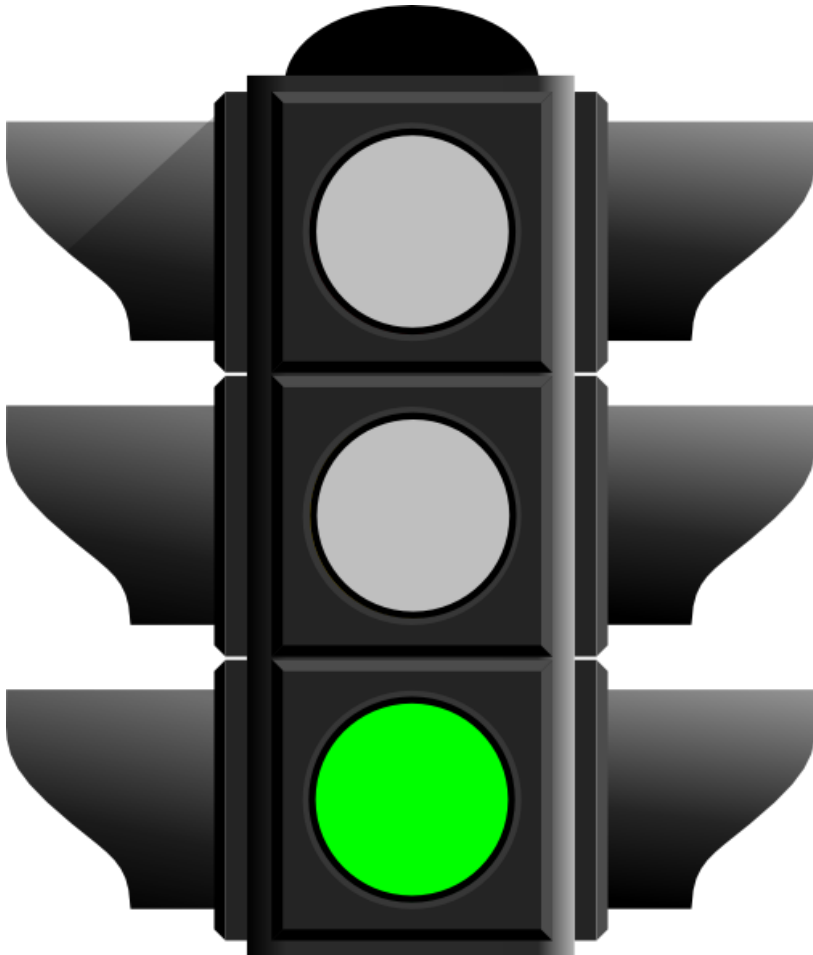
- When everyone is clear on rules and expectations, everyone is safer.
- Be clear about the difference between OK touch and inappropriate touch.
- “No tricks of trades for touching.”
- Explain the difference between a secret and a surprise.
- Be comfortable having these conversations!

Healthy communication

- Talking openly and honestly sends the message that their bodies are special and their own, nothing to be ashamed or embarrassed about.
- This knowledge gives children the correct language for understanding their bodies, asking questions and telling about any behavior that could lead to sexual abuse.

Heartland staff can:

- Learn and practice strategies to prevent and decrease sexual and acting out behaviors.
- Provide sexual education to the child that is age-appropriate.
- Teach the child abuse prevention techniques and skills.
- Work to improve child's communication skills and enhance relationship skills.
- Practice identifying and expressing feelings and skills to decrease distress levels.
- Address and work through other issues or other psychological conditions.



Heap on the praise when kids do exhibit positive behaviors, communication and expression of feelings!

Reinforce these “green light,” positive behaviors.

Observe and respond to green, yellow and red light behaviors



Resources about sexual behaviors in children

- www.tcavjohn.com/
- www.ncsby.org/
- www.atsa.com
- www.nctsn.org
- www.Stopitnow.org
- www.advocatesforyouth.org/

Questions and follow-up



You enrich kids' lives!

Appropriate, positive interactions among youth and staff are essential for:

- supporting positive development
- making children and youth feel valued
- providing the caring connections that serve as protective factors for children and youth

Speak up



As adults, we have a responsibility to protect the children around us.

- Prevent sexual abuse.
- Recognize the signs.
- Respond with compassion.
- Report suspected abuse.

Thank you for your participation!

For more information, please contact:

Meg O'Rourke

Chicago Children's Advocacy Center

morourke@ChicagoCAC.org

