

Trauma Responsive Practices for Children and Young People Engaging in Harmful Sexual Behaviours







The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this land and we pay our respect to their Elders past, present and future.



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Outline

- Understanding the impact of this work on self
- Identify the use of language and the role of shame in working with children and young people
- Develop an understanding of the genesis of harmful sexual behavior including the impact of trauma and disrupted attachment
- Understand the continuum of sexual behaviour including age-appropriate, concerning behaviours and harmful sexual behaviour
- Understand risk and develop safety plans
- Explore some key themes in responding to children and young people with harmful sexual behaviour



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Principles guiding this workshop

- We assume a knowledge of child abuse and mandatory reporting requirements
- Abuse related trauma covers the impact of all forms of child abuse, including sexual abuse, physical abuse, emotional abuse, family violence and neglect
- Discussion & questions enhance the session

Your emotional safety is paramount



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“You cannot wipe the tears off another’s face without getting your hands wet”

(Zulu proverb, as quoted in Hagwood et al 2014)



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Trauma and the Brain

How does the neurobiology of trauma help us understand the impact on workers?



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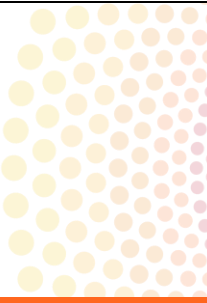
Stress, Trauma and the Brain

Trauma switches off the cortex and makes higher order thinking more difficult.

Trauma means we rely more on sub-cortical functioning, meaning a professional may be more likely to react rather than respond.

Trauma impacts our capacity to form and recall narrative and episodic memories.

Trauma often means we feel out of control and are looking to control our environment. This could present as shutting down or being fixated in our responses.



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Personal impacts on professionals


- Impact of working with trauma and in particular sexual abuse will have a cumulative effect on you – "second hand stroke on the soul"
- Effects of secondary trauma/ vicarious trauma is different for everyone
- May include hypervigilance about the safety of our own/ other children
- Difficulties in talking to our partners about the work, sex or the connection between the two
- Intrusive flashbacks about details about the cases
- Feelings of burnout as a result of listening to stories about abuse and trauma (Hackett, 1997)

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Reducing the impacts of vicarious trauma

- Clarity within the agency about roles, expectations, professional boundaries, decision making process and consistency of treatment of workers/clients
- Staff culture which promotes opportunities for training and development and is open to new ideas and ways of doing things
- Specific and ongoing training to equip workers with appropriate skills
- Formal and informal supervision which provides space and permission for workers to reflect on emotional responses to the work
- Peer supervision and support to reduce isolation and develop a greater sense of ownership of difficult cases

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#SchittsCreek

FOCUS ON YOUR CRITICAL SELF-CARE

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Contextualising Harmful Sexual Behaviour - Current Perspectives



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How common is the problem?

- In the United States – 1/3 of all sexual abuse towards children and young people is carried out by other young people (ATSA Practice Guide 2017)
- In Australia, between 2010-2014, 20% of reports to police were in relation to children being the subject to sexual abuse by other children
- 60% of abuse by children in institutional settings was serious enough for police to lay criminal charges
- Victims of child sexual abuse were mostly female 67% and those engaging in harmful sexual behaviours were primarily male 87%
- The average duration of the abuse lasted 1.6 years (Royal Commission into Institutional Responses to Child Sexual Abuse, Volume 10, 2017)



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Difference between children and adults

- The base rate for young people reengaging in harmful sexual behavior is between 3-10%
- Adolescents experiment with a range of anti-social behaviours (including sexual) which do not always continue into adulthood
- Young people's harmful sexual behavior do not generally feature a defined offence cycle, as well as patterns of grooming behaviour and empathy for the victim is qualitatively different to that of an adult
- Sexual fantasies and sexual scripts are not stable features, and the young person may not be fully aware of the nature of their transgressions (AISA Practice Guide 2017, Research Briefing 2019)

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Contextualising Harmful Sexual Behaviour

Enabling attitudes

Attitudes and responses to children who engage in harmful sexual behaviour vary:

- Collective Silence
- "Boys will be boys"
- Minimise the behaviours e.g., "he/she will grow out of it"
- Overreacting – labeling child as evil or bad. Promotes attitude of punishment
- Children are innocent, children who hurt others betray this ideal
- Sex and sexuality are taboo for adults let alone children

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Contextualising Harmful Sexual Behaviour

Social Discourse

- Recently the influence of MeToo Campaign and Royal Commission have put a spotlight on sexual abuse but may also have contributed to less compassion and polarisation of those who have harmed
- The language and 'discourses' in our culture often reflect this polarisation
- Cultural concepts of good and evil – this is complicated when the field encounters individuals who have both been a victim and are victimising others
- George Pell trial ("celebrity perpetrators") – reinforces stereotypical image of adult paedophile preying on vulnerable children.

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Current issues for adolescents

- Widespread exposure to sexual imagery - TV, movies, radio, advertising, billboards, magazines, internet
- Online safety
- Sexting
- Grooming
- Pornography
- 'real sex' rates have decreased and 'online sex' have increased



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Where's the FILTER?

What if there isn't one??

What if there is a damaged filter??



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Developmental Approach

- Adopting a developmental approach enables us to focus on both adaptive strengths, skill development as well as the harmful behaviour
- Sees HSB as the result of unmet developmental needs and treatment focuses on returning the young person to a prosocial developmental trajectory – meeting the unmet needs.
- Makes it easier to engage young people, families and school community
- Consistent with current research on developing brain

(Creeden 2017)



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What are the words you have heard to describe children and young people who display harmful sexual behaviour?



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Language

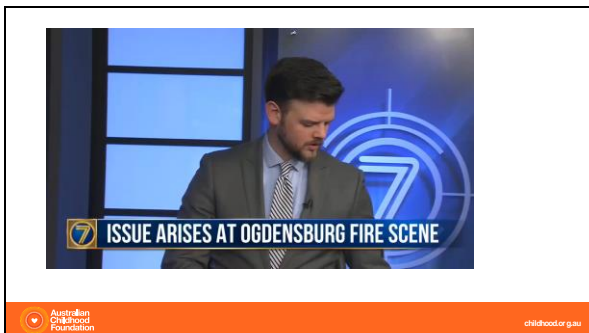


Australian Women's Weekly
May 2014

Department of Education,
Victoria 2016

PROTECT
Identifying and Responding to
Student Sexual Offending







Labelling is shaming

Avoid labelling young person as a (potential) "sex offender"

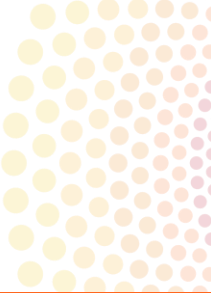

Labelling (or "naming and shaming") increases risk
 They need a SAFE environment to help them distinguish between their behaviour and themselves as a person and to talk about what happened

We should separate the young person from their behaviour
 i.e. they are not a bad person: their behaviour was bad

So what words do we use?

- Harmful Sexual Behaviour (HSB)
- The term 'harmful sexual behaviours' covers a broad spectrum of behaviours. They can range from those that are developmentally inappropriate and harm only the child exhibiting the behaviours, such as compulsive masturbation or inappropriate nudity, to criminal behaviours such as sexual assault. (Royal Commission, Vol. 10, 2017)
- Perpetrated vs engaged in harmful sexual behaviour
- Victim vs young person targeted??

Working with young people with an Intellectual Disability

- Young People with an intellectual disability and or on the Autism Spectrum Disorder - high representation amongst young people who harm sexually
- Young People struggle with executive functioning such as problem solving, poor social comprehension, planning and self regulation
- Young People with an intellectual disability are functioning at much younger level requiring multidimensional assessment and treatment approaches

(Blasingame 2018)



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Working with Aboriginal and Torres Strait Islander children and young people

- Difficult understanding the extent of the problem of harmful sexual behavior in Aboriginal communities due to low rates of disclosure
- Shame, socio economic disadvantage, trauma including intergenerational trauma and mistrust of government services contribute to difficulties in speaking up about the abuse
- Limited tailored responses to meet the needs of Aboriginal children, young people and families which are culturally sensitive to understanding the behavior without minimizing the impact of the abuse (Meikansas et al 2017)



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Working with Aboriginal and Torres Strait Islander children and young people

- Delivering education to family and community both about the effects of abuse and the fact that children who receive support can get back on a healthy developmental track is an important first step
- Working alongside an Aboriginal Elder / liaison worker to better understand cultural variations and nuances around sex and sexuality would be essential



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Four Preconditions of Sexual Abuse

- Must be motivated to engage in Harmful Sexual Behaviours
- Must overcome internal inhibition to engage in Harmful Sexual Behaviours.
- Must overcome external barriers to commit abuse.
- Must undermine the capacity for the victim to resist.

Finkelhor (1987)

Harmful Sexual Behaviour and Trauma

- Many of the young people who engage in harmful sexual behaviours have experienced trauma and abuse
- Disruptions in primary attachment relationships may also affect their capacity to regulate negative feelings and harmful sexual behavior may be a means of self-soothing when distressed
- Harmful sexual behaviours may represent a distorted attempt to meet fundamental relational needs for connection, acceptance and nurturing
- Important to address trauma and relational experiences as well as harmful sexual behaviour for new learning and narratives to occur

(Creeden 2018)

Trauma and Harmful Sexual Behaviours

- Bias toward over-identification of threat
 - Hypervigilance and heightened anxiety
 - Sexual arousal could be generalized to broader range of eliciting stimuli
 - Overlap between anxiety and sexual arousal (heart beating)
 - Overlap between comfort and sexual satisfaction (compulsive masturbation)
- Difficulty regulating intensity and duration of affect
- Young people need to feel wanted, valued and important to someone. Sexual intercourse is a concrete way to feel connected – literally connected to someone.



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Harmful Sexual Behaviour in a relational context

- Impact of parents' unresolved trauma history on responding to their child's sexual behaviour
- Poor personal boundaries by parents serve as a model that are imitated by children
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attached to them (Siegel 2006)
- Children have limited templates to negotiate intimacy and closeness
- Parents struggle to accurately observe and monitor child's harmful sexual behaviour



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Victims of Family Violence

97% of young people referred to treatment for sexually abusive behaviours were victims of family violence



A study by the Children's Protection Society, Melb., 2010

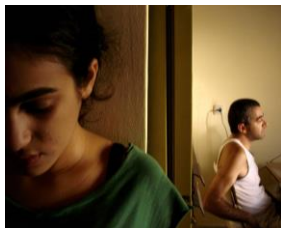


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Sexual abuse

38-48% of children referred to treatment for sexually abusive behaviours were victims of sexual abuse

Bonner et al, 1992



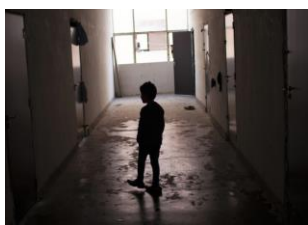
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Neglect

Of children engaging in sexualised behaviours,

60% have experienced neglect

Hackett, 2016



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Pornography

1-4 young people first saw pornography before the age of 12

NZ youth and porn 2018



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It all comes down to

Regulation	Connection	Renactment
<ul style="list-style-type: none"> • Anxiety reducing • Self Soothing 	<ul style="list-style-type: none"> • Poor social skills • Attachment 	<ul style="list-style-type: none"> • Something they have seen or had done to them

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"The most important thing to consider in working with young people ... is to focus on identifying and strengthening the healthy roles and abilities that the trauma has prevented them from developing"

Mario Cossa – Rebels with a Cause, 2006

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Summing Up

The behaviour seldom occurs on it's own or in isolation of other factors:

- Abuse, violence and neglect histories may have a direct bearing on the development of the behaviours
- There is no one pathway or explanation for the behaviour
- The child's care context can play an important part in the development of HSB's
- The caretaking, socialisation (including cultural context) and developmental experiences of children influence the development of these behaviours

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Case Study



Case Study

Josh is a 14-year-old Aboriginal male who has lived with his grandmother since he was 7. She has struggled to manage his high-risk behavior along with his internet use where he accessed pornography. Josh does not have contact with his parents and limited connection to his siblings. Josh was exposed to family violence and neglect in the context of significant substance use when in his parent's care

At school, Josh speaks sexually toward female staff, asking them to have sex with him and makes sexual innuendos constantly. Another young person has recently disclosed that Josh cornered him in the toilets and asked if he wanted to have sex with him. When this request was declined, Josh started yelling at him, physically hurting and threatening the young person.

Case Study

What do you think are some of the underlying factors, contributing to Josh's behavior?

What cultural aspects need to be considered in working with Josh and his family?



Age Appropriate vs Harmful Sexual Behaviour

- Important to understand continuum of childhood sexuality – normal to abusive/violent
- Behaviour that is age-appropriate occurs in private, is consensual & not interfering with their development. Often spontaneous, playful and driven by curiosity.
- Is it harmful:
 - to the child ?
 - to others ?

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Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected Socially acceptable Consensual, mutual, reciprocal Shared decision making	Single instances of inappropriate sexual behaviour Socially acceptable behaviour within the group Context for behaviour may be inappropriate Generally consensual and reciprocal	Problematic and concerning behaviours Developmentally unusual and socially unexpected No overt elements of victimisation Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity	Victimising intent or outcome Includes misuse of power Coercion and force to ensure victim compliance Intensive informed consent lacking or not able to be given freely by victim May include elements of expressive violence	Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/or sexually enervating to the perpetrator Sadism

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Traffic Light System –Family Planning Queensland

Red – sexual behaviours that are problematic or harmful, secretive, compulsive, coercive or degrading. Immediate protection and follow up

Orange – sexual behaviours outside normal behaviour, need to monitor and provide extra support

Green – normal, age appropriate, curious, easily diverted. Provide opportunities to talk, explain and support



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Should I be concerned?



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Questions to ask...

- Does the behaviour:
 - o put the child/young person or others at risk of physical or emotional harm?
 - o Involve aggression or coercion and is abusive (lack of consent, equality)?
- Is child/young person pre-occupied with the behaviour?
- What is the duration and frequency of the behaviour?
- Has the behaviour continued despite redirection/intervention?
- Does the child's/young person's behaviour or sexual interest exceed what is developmentally appropriate?



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Questions to ask...

Is the behaviour:

- o Interfering with the child's/young person's development?
- o Causing the child/young person to be embarrassed, anxious, feel guilty or bad about self?
- o Kept secret or have elements of secrecy?

What is the parents:

- o Understanding of the behaviour?
- o Capacity to intervene and implement a safety plan?
- o Own history of sexual abuse?

Yes to some or all –
be alert to the possibility that the behaviour is a problem



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Identifying Risk

- Risk assessment is always based upon a history of prior harmful sexual behaviour
- Assessments of children and young people must take into account developmental factors and place the behaviour in the context of social and familial/care environment
- Important to consider protective factors in young person as well in understanding risk and guiding intervention

(Rich 2016)



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Identifying Risk

- All risks carried out for children and young people should be time limited and short term in nature
- Fluid nature of risk and developmental change
- Low Base Rate of young people reengaging in sexually harmful behaviour
- Positive responses to treatment

(Fanniff and Letoumeau 2012)



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Understanding and managing risk

Environmental factors

- Child's exposure to sexual material
- Exposure to family violence
- Past and present stresses in child's environment
- How sexuality is expressed or talked about in the home/care environment
- Degree of privacy, bathing and nudity
- Sleeping arrangements
- Level of supervision
- Access to vulnerable children



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Understanding and managing risk

Care Context

- Continued exposure to abuse, violence, relational trauma or trauma triggers
- Carer's understanding of, and capacity to predict and manage risks for the young person

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Understanding and managing risk

Community & Culture

- Community and cultural interpretations of abuse and violence
- A lack of shared definitions and thresholds for risk and safety among service providers working with the child and family
- Communication
- Timeliness of decision making
- Immediate vs. cumulative harm

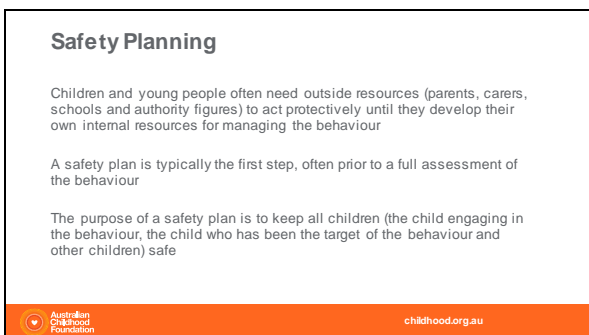
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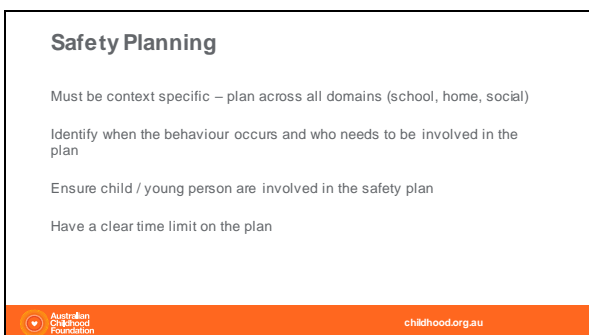
Risk Needs and Responsivity

- Intervention most effective when intensity of service is based on risk factors and treatment targets risk-relevant dynamics.
- RNR adopted more in adult programs however now increasingly in adolescent programs.
- From a developmental perspective;
 - Risks are viewed as risk to successful pro-social development.
 - Needs are the resources, supports and experiences required to maintain a pro-social developmental trajectory.
 - Responsivity requires treatment to be tailored based on developmental assessment (e.g learning style, neurological issues)

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1. I only touch my private parts when I am alone in my room... (Masturbating is ok if I am alone in my room)

2. I practice safe distance when I am alone with my friends and family.

3. When I go to the toilet I shut the door. When I have a shower I shut the door.

4. If I am thinking of doing something around I can't do myself by doing something else. Some things I could do include...
Planning. (Illustration: Planning)

5. I wear clothes when I am outside the bathroom.

6. I do not touch other people's private parts.

7. I let my parents know if anyone does anything around me.

8. I always get changed in my bedroom with the door shut.

9. When I sit on the couch at home, I must stay on my own cushion.

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Ted's Safety Plan Agreement
(as of 31st January 2017)

- I can ride home from school. Mum will drop me off in the morning with my bike and then I will ride home. Mum and I have agreed on the time I should arrive home.

In addition:

- I can go on a 1 hr bike ride, following these conditions:
 - Tell mum or dad that I am going for a ride
 - Dad will show me the route to take and I can stop for a drink
 - I am not to ride to any playgrounds
 - If I am not back within a reasonable time from what was agreed, be it a casual ride or ride home from school then there will be consequences (eg loss independence)
- I will be supervised in all contact with younger children

I agree to this plan and understand that it will change throughout the year. This plan will be reviewed at the end of term 1 2017. I will always be told if the agreed plan changes.

Ted Baker _____

Sandra Baker _____ Allan Baker _____ Catherine Ensor
Counsellor

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Safety Planning - Summary

- Protection for other children at risk
- Support for everybody involved
- Appropriate case discussion & regular reviews
- Maintain good communication with all involved
- Ensure consistent responses
- Assess severity of behaviour & understand triggers and risk factors
- Draw up procedures and boundaries
- Safe containment by minimum necessary measures

Where there are gaps, there are risks!

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Case Study



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Case Study Part 2 - Develop a safety plan for Josh - School


- The school have asked you to develop a safety plan for Josh . In developing a safety plan for school what are risk and protective factors that need to be considered?
- What are the key elements of a safety plan for Josh at school ?

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Case Study – Develop a Safety Plan – Home

- Josh’s grandmother has asked for your support in developing a safety plan for home . She is struggling managing Josh’s behaviours and is caring for two other younger children aged 7 and 10 .
- What are the key elements of the safety plan ?
- What risk and protective factors need to be taken into consideration in developing a safety plan

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Responding and working through a trauma lens

Goals of Therapy

Safety and Stabilisation- critical first step in treatment

Reparative work needs to focus on "bottom up" approach targeting the interaction between emotions, thoughts, body sensations and movements including verbal narrative can lead to change

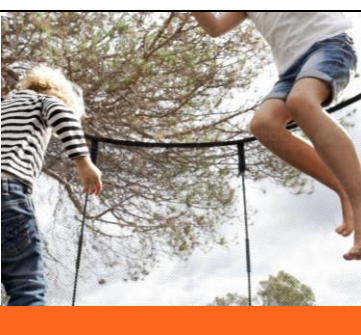
Skill Building

Need to address both the harmful sexual behavior and trauma history

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Key Themes – Working with young people

Shame and secrecy
 Relationship
 Affect regulation
 Boundaries in interpersonal relationships
 Healthy Sexuality



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Relationship



Powell (2015):

- Positive therapeutic relationship most significant factor in terms of constructive outcomes for children and young people
- Important to teach young people the reciprocal nature of relationships , communication, compromise , humor and kindness.

Steele and Malchiodi (2012):

- Engagement – important to start with more enjoyable activities before discussing PSB-specific content
- Arousal – children need to learn to engage in pleasurable activities without becoming hyper aroused before they develop capacity to play with others



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Shame and Secrecy



Guilt – *condemnation of specific behaviour*

Shame – *negative sense of self ('I am bad/evil')*

Blame – *someone else is responsible*


*Move the child/young person towards a guilt response
and away from a shame response*



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Shame and Secrecy

Shame remains the most difficult feeling to resolve – it does not release in the same way other emotions do



Shame only dissipates when it is understood and acknowledged by supportive others - needs contact to diminish

(Rothschild 2010)

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Window of Tolerance

The window of tolerance is a "zone within which various intensities of emotional and physiological arousal can be processed without disrupting the functioning of the system."

(Siegel, 1999 – pg. 253)

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Affect Regulation



The ability to regulate enables one to stay in the window of tolerance and with continual experience, this window is gradually expanded.

Two types of regulation:

- Auto regulation - ability to calm or stimulate oneself without other people
- Interactive - ability to use relationship to regulate

(Ogden 2007)

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Regulated Arousal

Mobilization Hyper-arousal
Too much arousal to integrate

Fight or Flight hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive
Freeze Physically immobilized, frozen, tense, muscle ature

Sympathetic
Hyper-arousal

Immobilization Hypo-arousal
Too little arousal to integrate


Submit Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

Parasympathetic
Hypo-arousal

Ogden, et al., 2006


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Affect Regulation

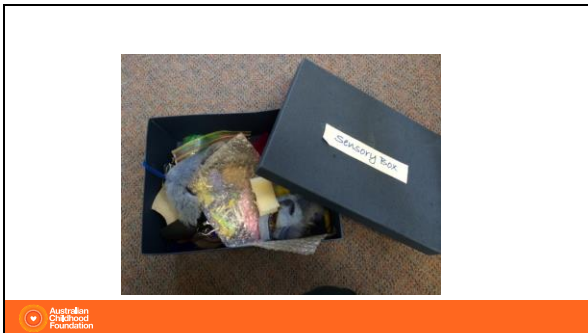




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Affect Regulation- Behaviour Management

- After child is better able to regulate, can start work on behaviour management of harmful sexual behaviour
- Children are assisted to understand triggers and risky situations for their behaviours
- Planning and practicing alternative strategies and adhering to safety plans
- Children and young people are helped to understand the function that the behaviour served – unmet need
- Therapeutic Plans and goals are developed to meet this need manage symptoms and risk and safety

Affect Regulation Behaviour Management

- Challenging Thinking Errors
- Responsibility Taking
- Young Person is assisted to develop an awareness , sensitivity and concern for others including the victim he has harmed
- Develop appropriate and healthy sexual behaviour and relationships



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"Affect Regulation is a persons ability to manage emotions without causing harm to self or others"

(Shore 2003)



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Boundaries

- Healthy boundaries are flexible, change in response to the environment and the inner state of the person
- Children who grow up in traumatic environment have experienced boundary violations and this affects their ability to develop boundaries that are adaptive to their circumstances (Ogden 2007)
- Children who engage in harmful sexual behaviour exhibit boundary styles that lack containment and are experienced by others as intrusive and harmful



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Boundary Exploration

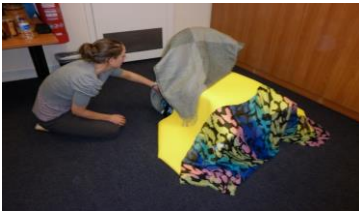
- Build a castle
- Create/imagine body armour or mask
- Draw or imagine a bubble around you
- Hula hoop spaceships
- Move your arms around to explore and draw your space
- Practice the gesture of pushing away
- with the arms- with or without saying 'no' or 'my space'
- Draw or imagine a rainbow around you
- Draw or imagine your favourite cartoon characters around
- Draw a boundary with chalk
- Fly above your worries – hot air balloon



Safe Spaces



Safe Spaces



Safe Spaces



Boundary Exploration: make your own space



Boundaries and interpersonal relationships

Circle what a person's body might do if you get too close



Walk or move away



Cross their arms or strike



Put out their hand to say no

other



Public and Private Bingo

shower	backyard	woman body	toilet
bottom	get dressed	class	bath
show	bath	boy body	playground
play	swim	watch TV	

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Healthy Sexuality



- Sexual and Reproductive Health
- Sexual Behaviour and Practices
- Sensuality
- Sexual Orientation and Gender Identity

(Creeden 2018)

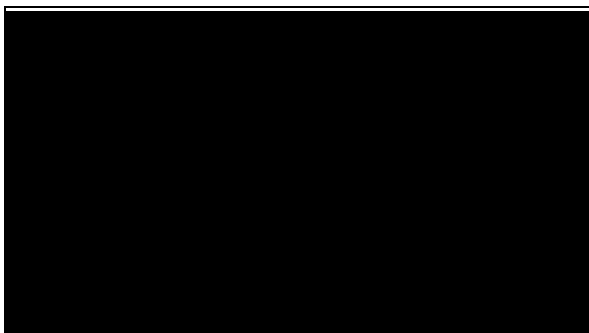
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Remember the CARE principles

- C= Consent
- A= Age
- R= Respect
- E= Equality



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Case Study – Part 3

- What are some key areas that you might work with Josh?
- Discuss some practical ideas / suggestions you may use when choosing particular areas to focus upon?

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Final Tips



Seek to understand and assess young person and harmful sexual behaviour in the broader familial and socio-cultural context

Understand and work with child's shame

Use curiosity, creativity and compassion to enable children and young people talk about sexual behaviours

Address both risk and protective factors

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Final Tips

- Have clear and consistent boundaries
- Don't apply one size fit all model
- Role model respect with every interaction
- Use bottom up rather than top down interventions in working with children and young people
- Take Good Care of yourself



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