A Residential Care Practice Guide

Understanding and working with sexualised behaviour

Families SA
Understanding and working with sexualised behaviour

At some point during their childhood or adolescence all children and young people are likely to display some form of sexualised behaviour. This is a natural part of growing up. However, those who have experienced abuse, neglect or trauma are more vulnerable and therefore more likely to display concerning sexualised behaviour. It is your role to understand this vulnerability and to work to support them and protect them from further harm.

This residential care practice guide will help you to:

- assess and understand both developmentally appropriate and concerning sexualised behaviours in children and young people
- understand how you can help to prevent children and young people from displaying concerning sexualised behaviour
- respond appropriately when a child or young person displays sexualised behaviour.
Our vision

“A childhood in all its fullness”

“Every child and young person has a right to be loved, made to feel special, to be provided with guidance for life, and have real opportunities to fulfil their potential. When children can no longer live safely with their birth family, we will ensure these children are cared for and loved, are nurtured, protected and are assisted to heal and recover.”

“When children in our care are safe, nurtured, culturally strong, respected, encouraged to take active and responsible roles, included, healthy and achieving we will know we are on track to making our vision a reality. When these young people transition to adulthood confident and capable, living safely and with stability, contributing to their communities and continuing to enjoy, learn and achieve, we will know we have done our job.”

Directions for Alternative Care in South Australia 2011-2015
**Foreword**

This practice guide has been developed to reflect the current evidence base of best practice in caring for children and young people. It aims to help staff make the best judgements and decisions based on their skills, knowledge and understanding of an individual child or young person's needs. Rather than instructing how to meet basic needs and 'manage' behaviour, this document presents a holistic approach to child and youth work that is healing and nurturing and based on the *Residential Care Service Principles*.

In order to ensure the relevance of this practice guide, a variety of other documents have been developed including legislation, practice frameworks, DECD policy and other relevant sources, including literature on promising approaches in residential care. This document has also been developed through ongoing consultation with experienced youth work practitioners and with a range of highly skilled professionals working with vulnerable children and young people.

We wish to acknowledge the children and young people in our care as the primary focus of this document. Their right to feel safe, connected, supported, culturally strong and empowered has been the driving force of this project and their opinions and wishes have been highly valued throughout its development.
Table of contents

1. Understanding sexualised behaviour in children and young people  2
   1.1 What is concerning sexualised behaviour?  3
   1.2 Why do children and young people display concerning sexualised behaviour?  8

2. Helping to prevent concerning sexualised behaviour  10
   2.1 Education  10
   2.2 Talking about sexual information with children and young people  12
   2.3 Supervision  13
   2.4 House rules and boundaries  14
   2.5 Positive reinforcement  15

3. Responding to sexualised behaviour  16
   3.1 Immediate responses  16
       3.1.1 Responding to developmentally appropriate sexualised behaviour in residential care  16
       3.1.2 Responding to concerning sexualised behaviour  17
       3.1.3 Responding to very concerning sexualised behaviour  18
   3.2 Long-term responses  19
       3.2.1 Formal/clinical therapeutic intervention  20
       3.2.2 Harm minimisation  21
All children and young people regardless of where they live are likely to display some form of sexualised behaviour at some point during their childhood and adolescence. Many kinds of sexualised behaviour displayed by children and young people are developmentally appropriate and, although they do need to be responded to, should not be cause for serious concern. However, some sexualised behaviours are not developmentally appropriate and therefore should be considered concerning.

Children and young people in residential care have more often than not been exposed to some degree of abuse, neglect, poor role modelling or trauma in their past. They are also likely to be experiencing high levels of anxiety due to being separated from their family and having to adapt to a different living environment. All of these factors can make them more likely to display or be a target of concerning sexualised behaviour.

Make sure you are familiar with the content of the practice guides *Building and maintaining positive relationships* and *Supporting positive behaviour development* before you read this practice guide.
Concerning sexualised behaviour in children or young people is that which is not ‘normal’ for their age or developmental ability. It is behaviour that causes or could potentially cause physical, psychological or emotional harm to them or to others.

It is very important to understand that children or young people who display concerning sexualised behaviour should not be viewed in the same way as adult perpetrators of sexual abuse. Though many adult sex offenders have been known to have displayed concerning sexualised behaviour in childhood or adolescence, the reverse is not true. With the right support and intervention, most children and young people who display concerning sexualised behaviour do NOT go on to display sexually abusive behaviour in adult life.

The kind of sexualised behaviour that is concerning will depend on the physical and developmental age of the child or young person.

All sexualised behaviour in children and young people requires a response, however assessing whether or not the behaviour is developmentally appropriate or concerning will help you to know how you should respond.

The degree to which sexualised behaviour is concerning should be judged according to the following criteria:

- Frequency
- Motivation
- Location
- Level of coercion/ manipulation
- Degree of intent to degrade, shame or humiliate
- Degree of intent to cause harm
- Physical and developmental age
- Degree of difference in physical and developmental age
- Degree of difference in intellectual ability
- Whether or not incest is involved
- Degree of power imbalance

Gender or sexuality should have no bearing on your judgement of a situation. Homosexual behaviour between children and young people is no more or less concerning than behaviour that is heterosexual and it is your responsibility as an informed adult to help children and young people understand this.

With the right support and intervention, most children and young people who display concerning sexualised behaviour do NOT go on to display sexually abusive behaviour in adult life.
It helps to think about sexualised behaviour on a spectrum:

1. **Developmentally appropriate** sexualised behaviour, though it may be inappropriate in a residential care setting, can be considered in line with what is usual for a particular age group in terms of natural development.

2. **Concerning** sexualised behaviour goes beyond what is ‘normal’ because it is more frequent or persistent or because it involves inequality of age or developmental ability. This kind of behaviour should be assessed and monitored and may require some kind of therapeutic intervention.

3. **Very concerning** sexualised behaviour is harmful, dangerous, criminal, violative or abusive and warrants immediate action or intervention.

The following examples will help you to identify what kinds of behaviours are inappropriate for different ages:

**Example 1A: Children aged 0-4 years**

<table>
<thead>
<tr>
<th>Developmentally appropriate (low risk)</th>
<th>Concerning (moderate risk)</th>
<th>Very concerning (high risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Thumb sucking, body stroking and holding of genitals</td>
<td>• Preoccupation with adult sexual type behaviour</td>
<td>• Simulation of explicit foreplay or sexual behaviour in play</td>
</tr>
<tr>
<td>• Wanting to touch other children’s genitals</td>
<td>• Pulling other children’s pants down/skirts up against their will</td>
<td>• Persistent masturbation</td>
</tr>
<tr>
<td>• Games – ‘doctor/nurse’, ‘show me yours and I’ll show you mine’</td>
<td>• Explicit sexual conversation using sophisticated or adult language</td>
<td>• Persistent touching of the genitals of other children</td>
</tr>
<tr>
<td>• Enjoyment of being nude</td>
<td>• Preoccupation with touching another’s genitals (often in preference to other child-focused activities)</td>
<td>• Persistent attempts to touch the genitals of adults</td>
</tr>
<tr>
<td>• Interest in body parts and functions</td>
<td>• Chronic peeping</td>
<td>• Sexual behaviour between young children involving penetration with objects</td>
</tr>
<tr>
<td></td>
<td>• Following others into bathrooms etc to look at them or touch them</td>
<td>• Forcing other children to engage in sexual play</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual behaviour between children who are related</td>
</tr>
</tbody>
</table>
Very concerning sexualised behaviour is harmful, dangerous, criminal, violative or abusive and warrants immediate action or intervention.

Example 1B: Children aged 5-9 years

<table>
<thead>
<tr>
<th>Developmentally appropriate (low risk)</th>
<th>Concerning (moderate risk)</th>
<th>Very concerning (high risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Masturbation to self soothe</td>
<td>• Preoccupation with questions about sexual activity which persist or are repeated frequently, despite an answer being given</td>
<td></td>
</tr>
<tr>
<td>• Increased curiosity in adult sexuality eg, questions about babies, gender differences</td>
<td>• Writing sexually threatening notes</td>
<td></td>
</tr>
<tr>
<td>• Telling stories or asking questions, using swear words, ‘toilet’ names for private body parts</td>
<td>• Engaging in mutual masturbation</td>
<td></td>
</tr>
<tr>
<td>• Increased sense of privacy about bodies</td>
<td>• Using adult language to discuss sex eg, “Do you think I look sexy?” or “Look at my dolls – they’re screwing”</td>
<td></td>
</tr>
</tbody>
</table>

• Persistent masturbation, particularly in front of others
• Sexual behaviour engaging significantly younger or less able children
• Sneaking into rooms of sleeping younger children to engage in sexual play
• Simulation of sexual acts that are sophisticated for their age eg, oral sex
• Persistent sexual themes in talk, play, art etc
• Sexual behaviour between children who are related
### Example 1C: Children aged 9-13 years

<table>
<thead>
<tr>
<th>Developmentally appropriate (low risk)</th>
<th>Concerning (moderate risk)</th>
<th>Very concerning (high risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use of sexual language</td>
<td>• Uncharacteristic behaviour eg, sudden provocative changes in dress, mixing with new or older friends</td>
<td>• Sexual activity eg, oral sex or intercourse</td>
</tr>
<tr>
<td>• Having girl/boyfriends</td>
<td>• Consistent bullying involving sexual aggression</td>
<td>• Sending nude or sexually provocative images of self or others electronically</td>
</tr>
<tr>
<td>• Exhibitionism eg, flashing or mooning amongst same age peers</td>
<td>• Pseudo maturity, including inappropriate knowledge and discussion of a sexual nature</td>
<td>• Meeting online acquaintances face-to-face</td>
</tr>
<tr>
<td>• Increased need for privacy</td>
<td>• Giving out identifying details to online acquaintances</td>
<td>• Coercion of others into sexual activity</td>
</tr>
<tr>
<td>• Consensual kissing with known peers</td>
<td></td>
<td>• Presence of sexually transmitted infection (STI)</td>
</tr>
<tr>
<td>• Use of internet to chat online</td>
<td></td>
<td>• Pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual behaviour between young people who are related</td>
</tr>
</tbody>
</table>
### Example 1D: Young people aged 13-17

<table>
<thead>
<tr>
<th>Developmentally appropriate (low risk)</th>
<th>Concerning (moderate risk)</th>
<th>Very concerning (high risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexually explicit conversations with peers</td>
<td>• Sexual preoccupation/ anxiety which interferes with daily function</td>
<td>• Compulsive masturbation (especially chronic or public)</td>
</tr>
<tr>
<td>• Obscenities and jokes within the cultural norm</td>
<td>• Preoccupation with pornography</td>
<td>• Degradation/humiliation of self or others with sexual themes eg, threats, phone, email, touch</td>
</tr>
<tr>
<td>• Flirting</td>
<td>• Giving out identifying details to online acquaintances</td>
<td>• Attempt/force others to expose genitals</td>
</tr>
<tr>
<td>• Interest in erotica</td>
<td>• Preoccupation with chatting online</td>
<td>• Preoccupation with sexually aggressive pornography</td>
</tr>
<tr>
<td>• Use of internet to chat online</td>
<td>• Giving false gender, age, sexuality details online in adult chat room</td>
<td>• Sexually explicit talk with younger children</td>
</tr>
<tr>
<td>• Solitary masturbation</td>
<td>• Arranging a face-to-face meeting with an online acquaintance</td>
<td>• Sexual harassment, forced sexual contact</td>
</tr>
<tr>
<td>• Interest and/or participation in a one-on-one relationship (with or without sexual activity)</td>
<td>• Sexually aggressive themes/obscenities</td>
<td>• Sexual contact with others of significant age and/or developmental difference</td>
</tr>
<tr>
<td>• Sexual activity including hugging, kissing, holding hands, foreplay, mutual masturbation</td>
<td>• Peeping, exposing, non-consenting sexual touch with known peers; pulling skirts up/pants down; mooning and obscene gestures</td>
<td>• Sending nude or sexually provocative images of self or others electronically</td>
</tr>
<tr>
<td>• Consenting oral sex and/or intercourse with a partner of similar age and developmental ability (age and developmental ability to give consent must be considered)</td>
<td>• Unsafe sexual behaviour, including unprotected sex, sexual activity while intoxicated, multiple partners and frequent changes of partner</td>
<td>• Joining adults-only online dating service</td>
</tr>
<tr>
<td>• Oral sex and/or intercourse (age and developmental ability to give consent must be considered)</td>
<td>• Oral sex and/or intercourse (age and developmental ability to give consent must be considered)</td>
<td>• Sexual contact with animals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Genital injury to others/self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual behaviour between young people who are related (eg, sibling incest)</td>
</tr>
</tbody>
</table>
1.2 Why do children and young people display concerning sexualised behaviour?

If children or young people display concerning sexualised behaviour, you need to think about what has or has not happened in their past to influence the way in which they think, feel and behave. Children and young people should never be labelled as ‘dirty’ or ‘sexualised’. It is not helpful and can be very damaging to judge a child or young person who displays concerning sexualised behaviour in the same way that you would judge an adult.

There are many reasons why children and young people might display concerning sexualised behaviour. Some of these are:

- Lack of sexual education
- Lack of boundaries
- Poor role modelling by adults
- Being a target of physical, sexual or emotional abuse
- Having witnessed physical, sexual or emotional abuse
- Exposure to pornography
- Having experienced trauma
- Being neglected
- Loneliness or social isolation
- Boredom
- Grief
- Anxiety
- Some kinds of disabilities.

You should think about each child and young person with whom you work and consider whether any of the above factors could apply to them. Consider their history. Think about the potential influence and impact of any abuse or trauma they may have suffered in the past?

Think about what it would have been like for them in previous living arrangements. Did they have good adult role models? Were there appropriate rules and boundaries in place? Would they have had appropriate sexual education? Think about how these factors might influence their behaviour.

Children and young people who have suffered sexual abuse in the past may have been told by their abuser that sexual behaviour is how love is expressed. This can make them feel very confused about how to express their feelings.

If a child or young person has been sexually abused, it is likely that the abuser caused them to internalise very powerful and damaging feelings and beliefs about themselves and about love and relationships. They were probably made to feel worthless and powerless when their trust and personal space were abused. They may have seen contempt, disdain or even hatred in the eyes of the person who abused them. Such trauma can have very serious and long-lasting consequences.

It is very important to understand that (just like other challenging behaviours) concerning sexualised behaviour in children and young people is only the ‘tip of the iceberg’ that masks deeper underlying emotions:

It is not helpful and can be very damaging to judge a child or young person who displays concerning sexualised behaviour in the same way that you would judge an adult.
Lisa (12) talks about sex a lot. She often asks adult males if they think she looks ‘sexy’ or if they would like to have sex with her. She tries to flirt with them when she wants something.

Lisa came from a family environment where there were very few boundaries. Her mother suffered from depression and took drugs. She had multiple sexual partners. Lisa saw her mother behaving promiscuously in order to get male attention. Lisa felt neglected and lonely when her mother was with these men, so she would try to get their attention. Some of these men would flirt with her and one of them offered to give her money if she let him touch her. This happened more and more frequently. Lisa hoped that her mother would notice, but she didn’t seem to care. Lisa felt like the only person who cared if she lived or died was the man who was sexually abusing her.
Helping to prevent concerning sexualised behaviour

2.1 Education

One of the best ways to prevent children and young people from displaying concerning sexualised behaviour is to ensure that they have access to age-appropriate sexual education. This will help empower them to make the right choices. It will also help them to understand their bodies, personal space, trust and relationships.

Before you plan to provide a child or young person with this information, you will need to consider the following:

- What is the young person’s age and gender?
- What do they need to know to keep them safe?
- What do they already know? What might they have already experienced?
- What do they need to know to make sense of what they have experienced?
- Are there any cultural considerations?
- Is the child or young person Aboriginal or Torres Strait Islander? (Make sure you refer to the practice guide for Working with Aboriginal and Torres Strait Islander children and young people)
- Does the child or young person have a disability?
- Who is the best person to provide them with this information?

Due to the sensitive nature of this topic, you should discuss how best to approach it with your supervisor and the child or young person’s case manager.

In most cases it is appropriate for children and young people to have these sensitive discussions with someone of the same gender with whom they have a well-established and trusting relationship. You can ask the child or young person whom they would feel most comfortable talking to. This will help them to feel safe and empowered.

In some cases it might be helpful for the child or young person to be connected with an outside service. You can work with a counsellor or therapist to develop the best individualised approach to sexual education.
In most cases it is appropriate for children and young people to have sensitive discussions with someone of the same gender with whom they have a well-established and trusting relationship.

<table>
<thead>
<tr>
<th>Younger children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body parts</td>
<td>Respect</td>
</tr>
<tr>
<td>Privacy</td>
<td>Puberty</td>
</tr>
<tr>
<td>Personal space</td>
<td>Managing menstruation</td>
</tr>
<tr>
<td>Appropriate touching</td>
<td>Reproduction</td>
</tr>
<tr>
<td>Appropriate language</td>
<td>Sexual health</td>
</tr>
<tr>
<td>Protective behaviours*</td>
<td>Contraception</td>
</tr>
<tr>
<td></td>
<td>Sexual identity</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
</tr>
<tr>
<td></td>
<td>Different types of touch</td>
</tr>
<tr>
<td></td>
<td>Protective behaviours*</td>
</tr>
</tbody>
</table>

Schools offer sexual education as part of their standard curriculum. It is important that you work together with teachers to ensure that they have an appropriate level of understanding of how these lessons might affect the child or young person and whether or not they are ready to participate in the sexual education program with other students.

Think about appropriate information for children and young people of different ages. The following topics should be covered in order for children and young people to understand their bodies and how to keep themselves safe.
2.2 Talking about sexual information with children and young people

Talking to children and young people about feeling safe and unsafe and understanding their feelings is perhaps the most effective strategy in preventing sexual abuse that can lead to concerning sexualised behaviour. The key messages you should always reinforce with children and young people in residential care are:

"Everyone has the right to feel safe"

"Nothing is so awful you can’t tell someone about it"

The following practice tips will help you to talk about sexual information with children and young people appropriately:

- **If you are talking to a child or young person about sexual issues, you need to be aware of the language that you use.** Make sure you use appropriate terminology. You should consider age appropriate words and concepts. Try not to use slang and never use any words that are obscene or degrading.

- **Have these discussions with children and young people in a way that is natural and non-confronting.** Try to explain things in terms of what is safe and natural and what is unsafe or inappropriate, not what is ‘dirty’ or ‘naughty’.

- **If you feel embarrassed or uncomfortable, you will probably make the child or young person feel the same.** So try to stay calm and confident. Show the child or young person in your voice and manner that it is a serious and sensible topic.

- **Help them to feel safe and at ease** by having these conversations in a comfortable, quiet place but never in a place or environment that could be misconstrued as ‘secret’ or seductive (e.g., a bedroom with the door closed). Judge the situation accordingly and think about whether or not there is a danger that the child or young person might become confused about the nature of the conversation. In some cases it might be appropriate for two staff members to be involved.

- **Make sure that you maintain firm personal boundaries** when discussing sexual information with a child or young person. If they ask you personal questions or make you feel uncomfortable, try to remain calm. Do not engage in any personal or inappropriate discussions. Refer to the practice guide for Building and maintaining positive relationships for further details.
2.3 Supervision

In residential care you are working with vulnerable children and young people who are likely to be coping with grief, anxiety and trauma as well as bodily changes. Furthermore, they have to share their space with other vulnerable children and young people and a number of staff. This puts every child and young person with whom you work at risk of displaying or being a target of concerning sexualised behaviour.

The best way you can manage this risk is to ensure that you supervise all of the children and young people in your care to the best of your ability.

The following practice tips will help you to supervise children and young people appropriately and effectively:

- Make sure you know where every child and young person is in the house at any given time.
- Make it very clear to all of the children and young people that others bedrooms are off limits unless you have given special permission and are able to ensure adequate supervision.
- Record the whereabouts of each child or young person in the observation log regularly. This will help to keep track of your supervision and to remind you to check on everyone as often as you can. Be particularly wary during the night shift. Do not assume that everyone is asleep just because all is quiet.
- Spend time with the children and young people in your care. The more time you spend engaging positively with them, the less time you need to worry about where they are and what they are doing.
- If you are engaged in an activity with one or more children or young people and there are others at the house, make sure you know where everyone is and remember to check on them regularly. You should keep minimal and random time intervals between checks because regular time intervals might encourage children and young people to predict when you will check on them.
- Be very wary of children and young people being together in any area of the house or property that you cannot easily supervise. Do not allow children and young people to play together behind closed doors.
- Discourage games that involve hiding or secrecy, unless you can supervise thoroughly.
- Be particularly vigilant with showering/bathing. If the children and young people do not have private bathrooms, you may need to have a designated shower time so that you can make sure they are showering and dressing alone and behaving appropriately.
- Know which children and young people are likely to be vulnerable in which situations. If you think there is a particular child or young person who is at risk of displaying sexualised behaviour with another young person, you need to be very wary of them being together at any time.
- If you leave the house to go on an outing, remember to consider supervision. Sometimes children and young people can become particularly excited, anxious or over-stimulated on outings so you will need to be very careful. Avoid high-risk areas that you cannot properly supervise (e.g. playground cubby houses, tunnels, bushes, swimming centre change-rooms, public toilets etc).
2.4 House rules and boundaries

In order to minimise the risk of children and young people who live together in residential care from engaging in concerning sexualised behaviour, you need to have clear rules and boundaries in place to help them understand what is and what is not acceptable and what will happen if rules are broken. You should explain these rules clearly in terms of safety. Make sure they understand that the rules are in place to protect them. For further information about establishing house rules refer to the practice guide on Supporting positive behaviour development.

- Bedrooms are off limits except to the person whose room it is unless special permission has been granted.
- Children and young people need to be dressed appropriately at all times in communal areas.
- Respect personal space.
- No using inappropriate sexual language.
- No making inappropriate sexualised comments to staff or other children or young people.
- No hiding from staff or taking other children or young people to secluded areas.
- No storing, viewing or sharing of sexually explicit images or material at the house (eg, on phones, PCs, iPods etc).

You also need to consider setting boundaries in relation to certain activities involving physical contact such as tickling, wrestling, hugging and kissing. Think about the particular children and young people with whom you are working and the level of risk that they pose to each other.

Part of setting boundaries is for children and young people to understand consequences. You can let children and young people know that there will be consequences for breaking rules. Think about setting constructive and fair consequences that will help children and young people to learn from their behaviour. Consequences should never be thought of as punishment, particularly in relation to sexualised behaviour. If a child or young person feels they are being punished it will probably cause them to feel more guilt, shame and self-loathing.

Make sure children and young people understand that rules are in place to protect them.
2.5 Positive reinforcement

It is very important to give children and young people positive reinforcement for displaying appropriate behaviour rather than sexualised behaviour. This will help to improve their self-esteem and to learn other ways to communicate affection.

Sometimes staff members can become too focused on ‘policing’ negative behaviour and this can cause children and young people to seek ‘negative’ attention because they see it as the only attention to be had.

You need to send out a strong message that positive behaviour will bring positive attention and interaction.

You should think about the different children and young people with whom you work. What will work best for each of them? It will depend on many factors including their age, culture, personality and interests. For more information on positive reinforcement refer to the practice guide for Supporting positive behaviour development.

Example 2A: Positive reinforcement

Lisa (12) often displays concerning sexualised behaviour at the house she lives in. She quite often wears provocative clothing and makes sexual comments to staff and other young people at the house.

One day Rachel (staff member) notices that Lisa is wearing some nice age-appropriate clothing and she has been interacting really well with another younger child. Rachel takes Lisa aside and tells her that she looks really nice and that the clothes really suit her. She also says that she is really impressed with the way she has been interacting nicely and maturely without making any inappropriate comments. Rachel offers to take Lisa out shopping.
Responding to sexualised behaviour

3.1 Immediate responses

When you respond to any sexualised behaviour you need to first consider the needs and feelings of the children and young people involved. Your first priority, no matter what the situation, should be to support them and to keep them safe. Sometimes sexualised behaviour, particularly involving children and young people can evoke an emotional reaction based on your own underlying values that is not helpful.

Some other important things to remember that might help you to respond to all sexualised behaviours in a way that is therapeutic are:

- **Act don’t react.** Try to remain calm and respond in a way that is helpful and supportive, even if it goes against your instinct to feel shocked, embarrassed, angry or disgusted.

- **Neutralise the behaviour in your mind.** Even if the behaviour is very concerning, try to see it as any other kind of concerning behaviour and think how you might respond to that (e.g. how would you respond if you came across a child or young person being aggressive, taking drugs etc?)

3.1.1 Responding to developmentally appropriate sexualised behaviour

All sexualised behaviour in residential care requires a response. Although some sexualised behaviours are developmentally appropriate, you still need to respond to them to ensure that the children and young people in your care are getting the best education and support as they learn and grow.

Even sexualised behaviour that is considered developmentally appropriate requires some form of response, particularly when it occurs in a residential care setting. It may be that the behaviour is developmentally appropriate, but inappropriate in a residential care setting due to the possible risk it might pose to other children and young people.

Children and young people might need help to understand their behaviour, even if it is developmentally appropriate. Responding appropriately to all sexualised behaviour will help children and young people to learn boundaries and social norms.

The best way to respond to developmentally appropriate sexualised behaviour is to support the children and young people involved and ensure that they have access to age-appropriate sexual education.

Try to view sexualised behaviour as an opportunity to open up discussion about age appropriate sexual issues for example:

- sexual health
- sexual identity
- relationships and intimacy
- privacy and respect

Support and education will help children and young people to understand their bodies and the feelings they experience. Being appropriately open and honest with children and young people about sexual development will help them to feel safe and comfortable.

If children and young people know that there is someone they can approach to discuss this sensitive subject with, they are likely to feel less overwhelmed by the feelings they experience. Children and young people are far less likely to display concerning sexualised behaviour if they understand which behaviours are ‘normal’ and natural, which behaviours are socially acceptable, and which behaviours are inappropriate or harmful and why.
3.1.2 Responding to concerning sexualised behaviour

Concerning sexualised behaviour is that which goes beyond what is considered ‘normal’ or developmentally appropriate. It is not very concerning (i.e. harmful or abusive), but may be a warning sign that very concerning behaviour could occur in future without the right intervention. You need to assess the situation in order to determine the most appropriate and helpful response.

Always think about how you can respond to best support and protect the person/people involved and to help them understand why the behaviour was inappropriate and why it should not occur again.

Try to remain calm and supportive and remember never to make the child or young person feel ashamed or embarrassed.

Remember, to think of the concerning behaviour as an opportunity to provide the child or young person/people involved the right kind of support and education to understand their behaviour and the associated feelings better in the future.

All sexualised behaviour in residential care requires a response.

The following steps outline how to respond to concerning sexualised behaviour:

1. **Stop the behaviour:** Tell the child or young person to stop what they are doing. If two or more children or young people are involved in the behaviour get them to separate and if possible move to their own bedrooms, but remember to remain calm and supportive and to respond rather than react.

2. **Define the behaviour:** Let them know what they have done that is not OK and why. If you simply say “Stop that!”, the child or young person may not actually understand what it is they were doing that was inappropriate or why. For example, “You were touching Sam’s penis. Here we respect people’s privacy and personal space”

3. **Explain your response:** Let them know actions you will need to take (if in order to deal with the behaviour. Be as direct and as open as possible. Be careful about the language that you use. They are likely to be feeling shame and guilt so you need to use respectful language that focuses on the behaviour and not on the person. It may be the case that you let them know that you (or another person with whom they feel more comfortable) will need to have a chat with them at another more appropriate time.

4. **Redirect:** Encourage the child/young person/people involved to engage in another positive and appropriate activity, so that they understand that things can go back to normal and that you still like them and care about them. This will help not to intensify feelings of shame or embarrassment.

5. **Report:** Record the incident in the appropriate format and report it to your supervisor.
3.1.3 Responding to very concerning sexualised behaviour

Very concerning sexualised behaviour is usually that which is harmful, dangerous, criminal, violative or abusive.

Your first priority when responding to very concerning behaviour is to ensure the safety and wellbeing of the children and young people involved, however you will also need to notify the Child Abuse Report Line (CARL) on 13 14 78 as soon as possible after the incident has occurred.

In some cases, very concerning behaviour may require police involvement, where an obvious criminal act has occurred. However, your first duty is still to protect the children and young people in your care and support their emotional needs. The best response or intervention to any kind of behaviour will always be that which protects the rights and safety of those involved and causes them the least amount of distress.

Your immediate response will depend on many factors including:

- age and developmental ability of the people involved
- nature of the behaviour
- extent of physical or emotional harm caused by the behaviour

Always ask your supervisor or after hours support for help and advice, if you are unsure of the appropriate response.

The following steps outline how to respond to very concerning sexualised behaviour:

1. **Stop the behaviour:** Tell the child or young person to stop what they are doing. If two or more children or young people are involved in the behaviour ask them to separate and if possible move to their own rooms, but remember to remain calm and supportive and to respond rather than react.

2. **Define the behaviour:** Let them know what they have done that is not OK.

3. **Support the children or young people involved:** Let them know what actions you will need to take in order to deal with the behaviour. Be direct and open. Be careful about the language that you use. They are likely to be feeling shame and guilt so you need to use respectful language that focuses on the behaviour and not on the person.

4. **Notify your supervisor or on-call manager** and the child or young person’s case manager if possible to discuss the appropriate response. This will also help you to talk though your assessment of the incident and to debrief if necessary.


6. **Report** the incident to SAPOL on 131444 if an obvious criminal act has been committed or if advised to do so by your supervisor or manager.

7. **Document** all details of the incident.

8. **Preserve** physical evidence: If a sexual offence has been committed, it may be important to preserve physical evidence such as soiled clothing. You should ask SAPOL for advice about this.

9. **Seek** medical attention for the children or young people involved if you believe a child or young person’s health may be compromised.
3.2 Long-term responses

When a child or young person has either displayed or been the target of concerning sexualised behaviour, you and other key people in their life (eg, case manager, teachers, mentor, psychologist etc) need to consider how you can work with them to avoid engaging in such behaviour in the future.

The best approach is to look at the child or young person’s individual circumstances and develop an Individual safety plan specifically for them. This will depend on the child or young person’s age, developmental ability, cultural background, history of behaviour and level of risk.

The level of intervention will depend on the severity and the risk associated with the behaviour.

In order to assess the level of risk connected with a particular behaviour or incident you will need to consider the following:

- Was the behaviour self-directed (eg, public masturbation or exposure)? Or did it target another person?
- What is the risk of this child or young person being harmed or harming another in the future?
- Where and when did the behaviour occur?
- How coercive was the behaviour?
- How much planning and grooming was involved?
- Was there secrecy, lying or deception involved?
- How did the child or young person respond to discovery?
- How easily can you supervise this child or young person in the future? (eg, do they regularly run away?)

You can use the answers to these questions to help develop an Individual safety plan to protect the young person and other children and young people in your care.

An Individual safety plan for managing sexualised behaviour and minimising risk might include the following:

- Positive reinforcement
- Sexual education
- Sexual health examination
- Appropriate consequences
- Direction/ positive engagement
- Working with schools and mentors
- Increased supervision
- New boundaries and routines
- Counselling
- Intense therapeutic support
- Psychological assessment
- Alternate placement
3.2.1 Formal/clinical therapeutic intervention

Engaging in a formal therapeutic program can be very helpful for children and young people who display or have been a target of sexualised behaviour. Therapeutic intervention works best if it is supported by the people who care for the child or young person on a daily basis.

If a child or young person in your care is engaged in a formal therapeutic intervention program, in most cases it will be helpful if you communicate regularly with the therapist. This way you can keep them informed about the child or young person’s behaviours and they can work with you by providing strategies and guidelines for supporting them and highlighting areas of risk.

You need to respect the child or young person’s right to confidentiality as much as possible, but safety is always the first priority and the need to protect other children and young people who may be at risk. For example, if during a therapeutic session a child or young person makes a threat or discloses intent to harm themself or another child or young person, it is important that you and your team are informed so that you can work to keep everyone as safe as possible.

You should try to work collaboratively with the therapist and the child or young person as much as possible. This will provide a consistent team approach and it will help the child or young person to feel safer and more supported.

Therapeutic intervention works best if it is supported by the people who care for the child or young person on a daily basis.
3.2.2 Harm minimisation

If you have reason to believe that a young person is sexually active and you have no means of preventing this behaviour (eg, behaviour occurs while they are missing), it is appropriate to try and minimise the risk associated with the behaviour.

In this case you can work together with your team and the child or young person’s case manager to:

- help young people to access condoms
- help the child or young person to access and manage appropriate contraception through a medical professional (ie, contraceptive pill/implant)
- organise regular medical assessments to test for sexually transmitted infections
- provide the child or young person with written information about the risks of engaging in sexual activity and contact details for appropriate medical/emotional support.

You should make sure the child or young person understands that engaging in sexualised behaviour puts them at risk of physical and emotional harm and that you would rather they made the choice not to be sexually active. However, if you know that a child or young person is likely to be sexually active you need to ensure that you help them as much as possible to minimise the risk of them harming themselves or another child or young person.

Make sure the child or young person understands that engaging in sexualised behaviour puts them at risk of physical and emotional harm.
### Example 3A: Responding to sexualised behaviour

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment</th>
<th>Response</th>
</tr>
</thead>
</table>
| Emma (11) and Dan (14) are brother and sister living together in a residential care house. Emma tells you that last night before bed Dan asked her to come into his room and “give him a blowjob” and she did. | **Very concerning:**  
- Sibling incest  
- Possible coercion  
- Significant age difference  
- Possible serious care concern (supervision) | • Support both young people involved  
• Define the behaviour and explain why it is not appropriate  
• Contact your supervisor and relevant case manager for advice  
• Report the incident to CARL.  
• Report incident to SAPOL  
• Document incident and complete incident report  
• Develop an Individual safety plan |
| Scott (12) and Tom (8) are caught hiding in Scott’s shower cubicle. They are both naked. Both boys appear to be very upset and embarrassed. Tom is crying. | **Very concerning:**  
- Possible rape  
- Possible sexual assault  
- Significant age difference | • Stop the behaviour (ask boys to get dressed and go to their own rooms)  
• Define how rules have been broken  
• Speak to boys individually, offer support.  
• Find out if injury has occurred and seek medical attention if required  
• Report incident to SAPOL  
• Notify supervisor, case managers and CARL  
• Document incident and complete incident report  
• Develop an Individual safety plan |
| Sam’s (10) teacher contacts you to report that he has been following some girls around at school, trying to lift up their skirts and trying to spy on them in the change rooms. He has also exposed himself in the playground. | **Concerning:**  
- Possible coercion  
- Excessive/repetitive behaviour | • Discuss appropriate responses with teacher before speaking to Sam  
• Address behaviour with Sam.  
• Define rules that have been broken  
• Offer support to Sam  
• Develop an Individual safety plan for Sam with teacher, case manager etc |
| Mick (14) and Sarah (13) live together in a residential care house. They are seen kissing in the living room. | **Developmentally appropriate:**  
- This behaviour is developmentally appropriate, yet inappropriate in residential care | • Stop the behaviour  
• Define the behaviour  
• Explain why it is and is not appropriate in different situations  
• Organise sexual education |