Attachment 1

Iceberg Fact Sheet #6 Physical Touch

Iceberg Fact Sheet #8 Problem Sexual Behaviour

Fact Sheet #6 Physical Touch

Tip of the iceberg

Children with histories of abuse and trauma often have distorted physical boundaries, or have not learnt what it means to experience appropriate physical touch. Instead of being affectionate or playful in the usual ways, (eg hugs, high-fives, holding hands, tickles or ruffling someone's hair) children who have been maltreated often seek touch in maladaptive ways (eg via aggression, sexualised behaviour or age-inappropriate actions) or they avoid touch altogether.

Underneath the surface

Children who have been subjected to histories of physical and sexual abuse learn that touch from an adult is dangerous. Touch becomes associated with fear, terror and trauma, and therefore can trigger traumatic responses such as avoidance, freezing or anger. To protect themselves from painful touch, children might fight against you or actively avoid you. Children who have been sexually abused might similarly fight against or avoid touch due to fear. However, if they have been groomed for sexual abuse from a young age, they may incorrectly believe that sexual touch is appropriate in interactions with adults, or that adults expect sexual touch, and so the child might engage in sexualised behaviour with you as they expect this is what you want.

Children who have been subjected to profound neglect have few of the experiences of physical comforting and affection that are central to a secure attachment. For these children, touch might be incredibly unusual, frightening or uncomfortable, and therefore they're more likely to avoid touch. They might also believe that they're not worthy of affection, and reject it when it is offered. Other neglected children who crave touch but have never received it, might seek physical touch from you in demanding or inappropriate ways.

Children who are provided with appropriate physical affection are better able to learn to regulate their emotions through being physically comforted when distressed and frightened, and physically protected when feeling threatened. Gradually exposing children to safe touch is needed for healthy emotional development. Appropriate physical touch from adults caring for children with trauma histories is one of the most powerful means to support the development of a secure and trusting relationship, and to help the child work through their trauma history.

Strategies

Avoid confusing messages

Provide physical touch in a manner that keeps you safe and does not provide confusing messages to the child. Ensure there is no ambiguity about your motives for touching the child, or where you intend to touch. When you want to provide physical affection, talk to the child about what you're doing as you do it so they are clear about your intentions (eg "I'm so happy to see you, I'm going to give you a lovely hug").

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A trauma-informed approach to helping caregivers understand and manage challenging behaviours.

Establish boundaries

It is important to ascertain with children what type of touch they are comfortable with, and not to stray outside of those boundaries without the child's permission. It's also important to establish boundaries with the child about who they should share physical affection with. For example, it is not appropriate for a child to hug a person upon meeting them for the first time. Children need to learn that physical touch occurs after a period of relationship development.

Explain reasoning

Always be open and explicit about what type of touch you are comfortable with. If you choose to withhold touch at a certain point in time, always provide your reasons, otherwise the child might perceive this as rejection. For example, some caregivers are comfortable giving children backrubs to help them go to sleep, other caregivers are not. It is okay for different caregivers to have different boundaries as long as your reasons are communicated to the child (otherwise you will risk the child believing that they are the cause of the differences).

Be prepared to initiate touch

Children with abuse histories have learnt that touch from an adult is dangerous and/or unsafe. Therefore some children never seek out touch and are not given opportunities to grow and heal. Exposing children to safe touch will help them understand that they are lovable and that touch can be safe and affirming. Do not take it personally if the child pulls away from your touch.

Observe the child's reactions to physical touch

It is important to observe the child's non-verbal and/or verbal response to physical touch. Check in with the child about how they feel regarding physical contact and follow their lead.

Use natural interactions to increase touch

Natural interactions that occur in everyday relationships can be used to increase touch. Natural touch might include a pat on the back or shaking hands, playfully messing hair, 'high fives', etc.

Explain and discuss social rules

When providing touch, use this as an opportunity to explain and discuss the social rules around appropriate touch.

For further information

Archer, C. & Gordon, C. (2006), New Families, Old Scripts: A Guide to the Language of Trauma and Attachment in Adoptive Families, London: Jessica Kingsley Publishers.

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Fact Sheet #8 Problem Sexual Behaviour

Tip of the iceberg

Problem sexual behaviour can include the use of age-inappropriate sexual language, watching other adults or children undress or bathe, advanced sexual knowledge, seductive behaviour or clothing, 'flirty' behaviour, public or prolonged self-stimulation, sexual behaviour toward animals, or instigating sexualised activities with younger or more vulnerable children.

Underneath the surface

Problem sexual behaviour rarely occurs on its own or in isolation of other events or emotional states. Children who engage in or displays problem sexual behaviour may do so as a way of coping with their feelings of anxiety or fear, which they may have previously expressed though other 'tip of the iceberg' behaviours such as aggression, absconding, self-harm etc. Problem sexual behaviour usually indicates that a child's usual coping strategies (whether these have been appropriate or inappropriate) are breaking down. Problem sexual behaviour can initially feel good and reduce feelings of anxiety and provide comfort, but it can lead to further guilt and anxiety afterwards, as the child becomes confused and stressed and may not understand what engaging in such behaviour means.

Children who display problem sexual behaviour may not have been sexually abused themselves, but may have been exposed to poor sexual practice in the family, blurred boundaries, domestic violence or physical abuse. For children who have been sexually abused, the abuse may have been projected as 'love' and the child may have learnt that sexual behaviour is how love is expressed. It is also likely that children who have been abused have internalised other very powerful and destructive messages from their abuser. They were probably made to feel worthless and experienced helplessness and a lack of personal space, boundaries and trust. They may have seen contempt, disdain, disgust or even hatred in the eyes of the person who abused them. From this they may attempt to turn this powerlessness into superiority and control and victimise other children. They may also appear less likely to refuse the advances of other children due to a lack of adequate boundaries and a fear of rejection.

Normal sexual development in children generally occurs through imitating, asking questions and through play. When a child's sexual behaviour is private, consensual and not interfering with their development or relationships, it may be regarded as age-appropriate and healthy development. The behaviour can be considered problematic when it interferes with the child's physical, social, cognitive and emotional development and when it is abusive to others. It is important for caregivers to receive psychoeducation to understand the difference between appropriate and inappropriate sexual behaviour in children.

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Strategies

Use appropriate language when conversing about problem sexual behaviour

Terminology which reflects the adult context (eg perpetrator, abuser, victim, sex offending) is not helpful when talking with children. Use words that describe behaviour such as 'inappropriate', 'not okay' or 'against the rules'

instead of words that judge the person, such as 'bad', 'misbehaving' or 'nasty'. Instead of 'perpetrator' which is a word that can convey a sense of criminality, use terms such as 'initiator' when talking about children. Instead of 'victim', use 'targeted child'.

Increase supervision

Supervision is the most successful strategy for reducing the risk of children engaging in problem sexual behaviour. Supervision also provides a child with a stable carer who can help them regulate their emotions and cope with overwhelming anxiety and fear, without resorting to less appropriate coping mechanisms.

Look for risks and triggers

Triggers are events that activate a generally negative or painful emotion and provoke problematic behaviour. Children need your help to understand these links between their emotions and the resultant problematic behaviour. Risk factors are those circumstances or situations that may contribute to or reinforce the occurrence of the sexual behaviours. Engage the child in helping to identify these and in developing an agreed prevention plan. Understanding risks and triggers for the occurrence of problem sexual behaviour allows carers to minimise the opportunity of future occurrences.

Provide consistent and repeated messages about the behaviours that are acceptable, and those that are not

For example, "In our home, we keep our bodies private," or "In this house, children do not touch each other's bottoms, but we can hold hands." These messages establish a sound structure around sexual behaviour without the carer appearing critical or rejecting of the child. Focus on clearly sending the message that such rules/actions are in place because you care about them and want to keep them safe.

Provide age and developmentally suitable information about appropriate sexual exploration and behaviour

This should be provided on an ongoing basis by a consistent figure.

Intervene in problem sexual behaviour

When you see a child engaging in problem sexual behaviour, intervene immediately and stop the behaviour by redirecting the child and/or their attention in a calm, matter-of-fact tone. For example, if a child is masturbating in a communal area, state "Billy, touching your private parts in this area is not okay, you need to stop doing that now, we will talk about it later. Right now you can come over and play footy," or "Billy, you need to stop touching your

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private area here. It is not acceptable to do this in a place where other people are present. If you want to continue you will need to take yourself to your bedroom".

Discuss the incident in private with the child in a non-blaming way

Separate out the behaviour from the child and name the behaviour (eg "That kind of touching of other people on their private areas is not okay") and assure the child that they are not in trouble although there may be consequences (eg that they won't be able to sit next to the targeted child).

Encourage the child to talk to you about the incident

Explain to the child that you would like to know the nature of what happened and who was involved in order to provide the best help. Be supportive and reassuring, build honesty and trust, and help the child to make the links between emotional triggers and behaviours and to learn new ways of coping.

Have ongoing conversations with the child around developing strategies for at-risk times

Provide the child with opportunities and support to report times when they have been the targeted child of problem sexual behaviour and sexualised incidents, and provide them with information on self-protective behaviour (eg knowing when to say "No" to physical contact with peers or adults).

Maintain routine and structure

Continue with routines and structures as they provide security and reassurance to the child.

Model personal and general boundaries and limits to the child

Be consistent and try not to give mixed messages. Give appropriate opportunities for the child to have safe, positive, physical contact (eg hugs, rough and tumble play) with carers.

For further information

Crundall, M. & Fernandex, C. (2005), Transforming Problem Sexual Behaviours, Australian Childhood Foundation

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