



## VICTORIAN **A**BORIGINAL **C**HILD **C**ARE **A**GENCY **C**O-OPERATIVE **L**IMITED

ABN 44 665 455 609

139 Nicholson Street, Brunswick PO Box 494 Northcote Plaza, Vic. 3070.

Tel: (03) 8388 1855 Fax: (03) 8388 1898

Website: [www.vacca.org](http://www.vacca.org) Email: [vacca@vacca.org](mailto:vacca@vacca.org)

### POLICY FOR RESPONDING TO PROBLEM SEXUAL BEHAVIOURS.

UNDER REVIEW

## 1. Policy: Context & Purpose.

VACCA provides out of home care to Aboriginal children who have had a range of adverse experiences during their lives. This policy aims to articulate an approach that promotes in the first instance the prevention of problem sexual behaviours through early intervention. However, where such behaviours emerge, the policy offers ideas as to appropriate responses that are in keeping with VACCA 's overarching philosophy, model of trauma informed practice and procedures.

VACCA requires that all children and young people in the organisation's care are provided for in a manner which:

- Addresses their individual needs, taking into account particular strengths and limitations and the difficulties arising from adverse developmental experiences
- Actively promotes a trauma informed, relationally grounded, strengths-based and solution-focused approach to problem-solving and healing interventions
- It starts from the premise that all people involved in VACCA Out of home care programs, children and staff alike, have a right to feel safe.

## 2. Understanding & Responding to Problem sexual behaviour.

Human beings have a natural sexuality which manifests itself in particular ways at each stage along the life trajectory. This sexuality has a natural and normal expression throughout infancy and childhood. The DHS Specialist resources referred to below in this section provide a clear and concise explanation of normal and abnormal sexual expression at each developmental stage.

Where a child has not had any inappropriate or abusive experience these expressions are not problematic and may be understood as a natural part of development.

## 3. Indicators of child sexual abuse.

Where a child has had experiences of sexual abuse, either by acts of commission or by exposure to sexual acts or material on videos or in their actual experience they will become traumatised by this exposure. As well as displaying the usual signs of trauma they are at high risk of becoming fixated on the sexual behaviour that they have been exposed to. This may be manifested in a number of ways:

- Compulsively re enacting sexual behaviour with peers or siblings
- Initiating or participating in sexual acts in a predatory and dominating way with peers or siblings, particularly younger children
- Behaving in a sexually seductive, provocative or aggressive way with adults,
- Behaving in a sexually submissive way towards adults in the belief that this is what all adults want.
- Seeking sexual feelings through compulsive masturbation, sometimes not understanding social norms regarding this behaviour
- Sexually abused children are frequently confused regarding the functions of the anal/genital area and can express this via inability to control or manage bowel and bladder functions
- Fear of toilet or shower

- Sexually abused children will often have found some element of the abuse physically pleasurable despite their feelings of 'wrongness' about the abuse. This creates extreme confusion.

If a child demonstrates these behaviours it is reasonable to explore whether they have experienced some type of inappropriate sexual experience or abuse. It is important for carers and staff to know what is normal child sexual development so that they can tell the difference between what is normal and what is not. It is very important to be able to distinguish in this way so that we do not react inappropriately to healthy and normal expressions of sexuality in children.

The DHS 'Every child every chance' documentation provides material on the detail of this in two Specialist Practice Guides "Children with Problem Sexual behaviours and their Families" and "Adolescents with Sexually abusive behaviours and their Families"

#### 4. How VACCA expects staff and carers to respond.

- In keeping with its overarching trauma informed philosophy and approach to working with children VACCA expects that children demonstrating problem sexual behaviour will be understood as victims of abuse and responded to with compassion.
- In all out of home care settings VACCA expects that such behaviours will be promptly reported to case managers or other staff and that the child will be responded to in a non shaming and non punitive way that is firm, calm and clear.
- A simple "We don't do/say that here" response is the most appropriate way to respond to any expressions of inappropriate sexual behaviour and firm diversion to another activity. The case manager should be advised.
- The Therapeutic Specialist and Aboriginal Children's Healing Team will become involved and work with the staff, carer and child protection to elicit the best way of responding and making sense of the origins of the behaviour. This may include assistance with ways of working with children who are disclosing sexual abuse.
- It is very common that once children feel they are safe in an out of home care placement, they may disclose abuses of all types, particularly sexual abuse. Disclosures are not always made in a direct way. They may emerge through behaviour or through drawings or play. Staff and carers require training and support to respond to this.
- Part of the response to disclosures of sexual abuse in the past may well involve the child being interviewed by the police specialist sexual offences team existing for this purpose (SOCIT). This would usually be facilitated in conjunction with DHS Child Protection.

VACCA is clear in its position that sexual behaviour or comments towards any child in its care by any carer or staff member is totally unacceptable and will not be tolerated. Such behaviour also constitutes a criminal offence.

From time to time sexually abused children may, as a consequence of their distorted expectations of adult/child relationships, misinterpret behaviour on the part of a carer or staff member and allege that sexual abuse has occurred. This becomes a “Quality of Care” investigation and will follow a specific process. Carers and staff may well find such an experience very harrowing, particularly the sense that it may be believed that this behaviour occurred. VACCA will provide support to staff and carers in these situations should they occur.

## References

DHS ‘Every child Every chance’ Practice Guides. “Adolescents with Sexually Abusive Behaviours” & “Children with Problem Sexual Behaviours” 2010.

UNDER REVIEW