

STOP

Children and Adolescent Programmes

“When to worry when your child is sexually acting out”



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Children's Programme



Promoting children being
children

Children's Programme

Programme Goals

To help school age children who have engaged in sexually harmful behaviour and who are ready to stop this behaviour, with help of their families whanau/caregivers and STOP staff :

- Stop their sexually harmful behaviour.
- Be clear on what is OK and not OK sexual behaviour.
- Understand and take responsibility for their sexually harmful behaviour.
- Understand the thoughts and feelings they had prior to sexually harming another child.
- Understand the impact of their sexually harmful behaviour and how they may have affected others.
- Make safe choices for the future.
- Recommend helpful options if they have been sexually harmed themselves.

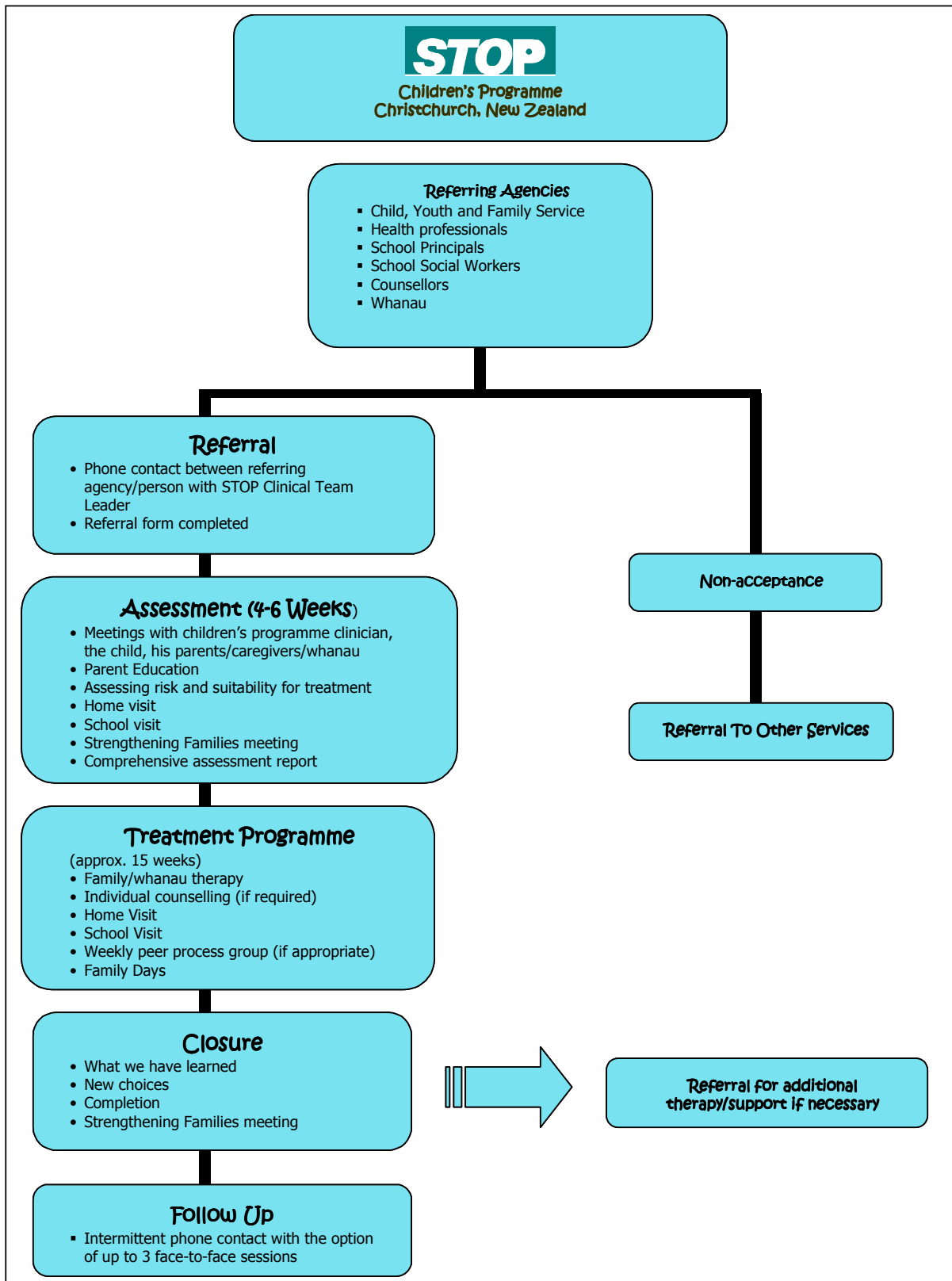
Who is the Programme for?

- Boys and girls aged five to eleven years, who have engaged in sexually harmful behaviour, and who with the help of their families/whanau/caregivers, plus the staff at STOP, are now ready to stop this behaviour.
- Boys and girls who are living in a safe, stable and supportive living environment.

What is the Stop Children's Programme?

The Stop Children's Programme is a 15 week treatment programme for young children aged between 5-11 years and their parents/caregivers. The programme is community based and its focus is to provide an effective treatment intervention programme for children who have displayed sexually harmful behaviours.

Referral Process



What is OK and not OK Sexual Behaviour for school-age children?

It is important to remember there are many normal range developmental sexual behaviours for a young person in this age group. Important to keep in mind:

- Sexual responses are present from birth
- Wide range of sexual behaviours are normal
- Sexual development is influenced by family, social experiences, peer group, culture, biological factors and sexual experiences

The 8-12 year old age group is a time of:

- Curiosity about sexuality issues
- Puberty
- Increased peer contact
- Experimenting
- Acting out, showing off

The Programme provides an initial assessment and treatment, if necessary, based on a continuum model of definable groups.

1. Normal sexual exploration

- Age appropriate exploration
- Sexual play – “I’ll show you mine if you show me yours”
- “Playing Doctor” “playing house”
- Similar age and size, generally mixed gender, more often friends than “siblings”
- Excited, giggly, rarely feel shame or fear
- Children with special needs may develop at different rates
- Differing backgrounds/cultures may have different expectations
- Children explore each other’s bodies visually and involving touch, e.g. playing doctor, playing house. With guidance and good boundaries from safe role models children learn what behaviour is appropriate.

Sexual behaviours may include:

- Drawing genitals on human figures
- Asking questions about sexual differences, puberty, pregnancy
- Curiosity about nudity
- Wants to touch genitals, breasts and buttocks of other same aged children
- Kissing familiar adults and children
- Erections
- Masturbates in private
- Rubbing genitals against objects

- Interest in breeding behaviour of animals
- Interested in sex words and swearing, dirty jokes and sexual media

2. Concerning/sexually reactive Behaviour

- Behaviour that appears to be outside the normal range
- Child appears to be preoccupied or obsessed by sexual behaviour
- Behaviour out of balance with peer group
- Some children may have been sexually abused or over exposed to sexual stimulation e.g. Poor boundaries around sexual behaviours of adults in the living environment or exposure to explicit media.
- Some children may act in a sexually harmful way.

Sexual behaviours may include:

- Drawing genitals in disproportionate size to body
- Stares/sneaks to stare at nude persons
- Wants to compare genitals with much older or much younger children or adults
- Preoccupied with touching genitals, breasts, buttocks of other children (even when told not to)
- Attempts to engage in oral, anal/vaginal sex
- Excessive erections
- Inserts objects in own or others genital/rectum
- Touching genitals of animals
- Persistent masturbation, particularly in public
- Excessive interest and or preoccupation with sexual matters

3. Sexually harmful behaviour

- Sexually harmful behaviour is complex
- Behaviours go far beyond developmentally appropriate sexual exploration
- Persist over time
- Part of pattern rather than isolated events
- Unable to stop with help
- Impulsive, compulsive and aggressive
- Feel anger, anxiety and confusion
- Children may have been abused, may have experienced too much sexual stimulation
- Poor boundaries or physical violence

Sexual behaviours may include:

- Explicit sexual drawings
- Plays male or female roles in a sad, angry or aggressive manner, hates own/other sex
- Asks people to take off their clothes at times using force
- Demands to see genitals/breasts/buttocks of children and adults
- Forces other children into sexual touching
- Forced or mutual oral, anal or vaginal sex
- Sneaky sexual behaviour
- Coercion or force used when inserting objects into genitals/rectum of others
- Sexual behaviour with animals
- Persistent masturbation particularly in public
- Masturbates with objects
- Excessive interest and/or preoccupation with sexual matters
- Asks to watch sexually explicit TV, makes sexual sounds or imitates intercourse

What makes sexual behaviour harmful?

Force or Coercion:

- Threats
- Violence
- Bribery (money,treats)
- Trickery

Lack of consent:

- Compliance may not mean consent
- Consent implies full knowledge, understanding and choice

Inequalities:

- Age Differences
- Intellectual functioning
- Emotional development
- Knowledge/Life experiences
- Power and Authority
- Physical differences/size

Some Characteristics of Problematic Behaviors in Children

(From Updated Understanding Children's Sexual Behaviours. What's Natural and Healthy. Toni Cavanagh, Johnson, PH.D)

- The children engaged in the sexual behaviours do not have an ongoing mutual play relationship
- Sexual behaviours are engaged in by children of different ages or developmental levels
- Sexual behaviours are out of balance with other aspects of the child's life and interests
- Children who seem to have too much knowledge about sexuality and behave in ways more consistent with adult sexual expression
- Sexual behaviours are significantly different than those of other same-age children
- Sexual behaviours continue in spite of consistent and clear requests to stop.
- Children appear unable to stop themselves from engaging in sexual activities
- Children's sexual behaviours elicit complaints from other children/and /or adversely affect other children
- Children's sexual behaviours are directed at adults who feel uncomfortable receiving them
- Children (4 years and older) do not understand their rights or the rights of others in relation to sexual contact
- Sexual behaviours progress in frequency, intensity or intrusiveness over time
- Fear, anxiety, deep shame or intense guilt is associated with the sexual behaviours
- Children engage in extensive, persistent mutually agreed upon adult-type sexual behaviours with other children
- Children manually stimulate or have oral or genital contact with animal/s
- Children sexualise nonsexual things, interactions with others, or relationships
- Sexual behaviours cause physical or emotional pain or discomfort to self or others
- Children use sex to hurt others
- Verbal and/or physical expressions of anger precede, follow or accompany the sexual behaviour
- Children used distorted logic to justify their sexual actions ("she didn't say no")
- Coercion, force, bribery, manipulation or threats are associated with sexual behaviours

Guidelines for Parents

What to Watch Out For

When an adult or an adolescent is looking after the needs of a child there are some things that need to happen to ensure the safety of the child. This is the responsibility of the older person who should be offering a safe, trusting, caregiving role to the child.

The modelling should be positive with safe boundaries and respectful behaviour not a chance to use this position to take advantage over children.

When an adult is taking care of children we would expect to see:

- Respect of the child's wishes around touching e.g. accepting that "stop tickling me" means stop now
- Respect and privacy - in the toilet/bathroom and bedroom. E.g. knocking before entering
- Adults or adolescents listening to others concerns about their behaviour towards the child (e.g. she/he doesn't like you doing that or speaking about him/her like that)

Concerning Behaviour by adults or adolescents around children

The most important rule of thumb to follow is listen to your instinct. If you have concerns regarding behaviour of adults or adolescents you observe which may include behaviour like:

- Continues to hug, hold, touch, kiss or tickle when the child has indicated he/she doesn't like it
- Comments repeatedly around the physical developments of the young person
- Orchestrates play opportunities to spend lots of time alone with the child much younger than themselves
- Buys the child treats, gifts or gives money over and above what feels normal
- Invades privacy of the child by seemingly accidentally walking in on the child in the toilet or in the bath
- Encourages the child to sleep in the same bed as them
- Bullies the child

It may be important you explore further. Some times there is no reason for concern, other times there is reason for concern.