

### Understanding harmful sexual behaviours

Dr Jessica Taylor

When it comes to harmful sexual behaviours (HSB), there are a number of myths and misconceptions to deconstruct; the most prevalent being that children who show these behaviours are simply copying the behaviour of abusive adults who have victimised them. This resource uses the latest and most comprehensive research and literature to ensure that professionals understand the reasons why children may show HSB, how to identify and respond to HSB and to explore the programmes and support available for children showing harmful sexual behaviours.

Sexuality has been defined as “An integral part of life and it influences personality. It may be denied, repressed or used effectively but it is part of our selves. Sexuality is a process commencing at birth and ending only with death. Sexuality is culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science.” – *Anna Freud Centre*

It is imperative that professionals understand that sexuality and sexual development is normal and present at every stage of child development. Even very small children touch and explore their genitals, which is perceived by adult society to be a ‘sexual behaviour’ in the same context as masturbation, however, it is usually sensory exploration.

Therefore, children can show a wide range of normal sexual behaviours throughout their childhood development, none of which are a cause for concern. In this resource, we will explore that spectrum whilst keeping in mind that sexual behaviours in children are not always harmful or problematic.

A study by Hackett et al (2013) of children and young people with harmful sexual behaviour suggests that two-thirds had experienced some kind of abuse or trauma such as physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence, and parental drug and alcohol abuse. Around half of them had experienced sexual abuse.

- ❖ 93% of juvenile sex offenders are male (Finkelhor, 2009)
- ❖ 1/4 of all child sexual offences are perpetrated by children (Hackett, 2004)
- ❖ 11.9% of all child sexual offenders are under 18 years old (MOJ, 2011)
- ❖ The average age of HSB onset is 9.5 years old but peaks in severity at around 12 years old (Vizard, 2007)

#### Examples of Harmful Sexual Behaviours In Children

- ❖ Touching another child's genitals
- ❖ Stimulating sex with another child whilst naked
- ❖ Coercing or bullying another child into sexual acts
- ❖ Taking sexually explicit photos or videos of themselves
- ❖ A much older child French kisses an infant child  
child with toys

- ❖ Masturbating in public
- ❖ Threatening children to take their clothes off
- ❖ Watching porn frequently
- ❖ Taking their clothes off in public places
- ❖ Creating and acting out sexually harmful 'games' with other children
- ❖ Sexual harassment and bullying of others

### **Why Do Young Children Display Harmful Sexual Behaviours?**

It's proposed that children display harmful sexual behaviours because:

1. They have been sexually abused
2. They live in a highly sexualised environment; they see sexual behaviours and sexual violence
3. They are exposed to sexual information through media, marketing, films, social media, older siblings etc.

Being exposed to sexual information, confusing messages and poor boundaries can also create confusion, tension and anxiety related to sex.

Other factors may include:

- ❖ Unpredictable and unstable backgrounds
- ❖ Violent or chaotic environments
- ❖ Little warmth or empathy
- ❖ Sex paired with aggression or as an 'exchange' commodity

In general the sexual behaviours are a way of dealing with intense negative emotions and sexual sensations that may be overwhelming for them, and scary and they may not have any positive ways in which to manage them.

### **Why Do Adolescents Display Harmful Sexual Behaviours?**

Adolescents make up approximately 1/3 of those convicted of sexual offences. Many have distorted or stereotypical views about relationships and sexual relationships in particular. Reasons they engage in the behaviours may be to:

- ❖ Meet internal needs
- ❖ Overwhelming anger
- ❖ Anxiety
- ❖ Fear
- ❖ Loneliness
- ❖ Puberty and body changes (hormones create intense sensations and emotions in their bodies)
- ❖ Media and peer pressure to be 'successful' sexually

Not all adolescents who display these behaviours go on to be adult sex offenders. It's important to be holistically looking at all aspects of their life; young people with needs and social and developmental deficits.

## What Are Healthy Sexual Behaviours?

**Mutual:** two children touching each other with evidence of mutual interest or curiosity.

**Consensual:** the children understand and agree to the act (although this is not classed as legal consent, but in children over the age of 16, they both legally consent to the act and have the capacity and freedom to do so).

**Choice:** the children have a choice to say no or yes, and there are no consequences if the child chooses not to do something sexual or intimate.

**Exploratory:** the child or children are simply exploring the body and its functions by asking to look at genitals or private areas.

**No Intent To Cause Harm:** there is no evidence that the child or children engaged in the act to deliberately scare, hurt, threaten, manipulate or harm each other.

**Fun and Humorous:** the child or children talk about or show their genitals whilst laughing, make silly noises and think the whole thing is funny or silly.

**No Power Differentials:** there is no evidence that there is a power imbalance between the children.

Exploration of sexual behaviours or genitals that occur spontaneously are normal. Healthy exploration also tends to be:

**Intermittent:** infrequent and not showing any patterns or obsessive behaviours

**Non-Coercive:** no evidence that the child is being forced or forcing others to explore their body

**Without Causing Emotional Distress:** the exploration of their own body or exploration with other children does not cause any distress.

**Not A Pre-Occupation:** the child is not distracted, obsessed or frequently thinking about the sexual behaviour or fantasy

**Without Advanced Sexual Behaviour:** the child is not displaying or talking about sex acts performed by adults such as oral sex, anal sex, penetrative sex, group sex, BDSM and other concepts from porn and adult sexual activity.

**Able to Respond To Correction From Adults:** the behaviour is easily discussed and managed by adults talking to the child.

### Spectrum of Sexual Behaviours (Hackett, 2014)

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

### What Do We Need To Understand About The Sexual Behaviour?

#### The Cause of The Behaviour

Understanding facilitated by good assessments, exploration of the child's life, access to media, history of abuse and harm, history of neglect and loss, cognitive development issues.

#### Pattern of The Behaviour

Frequency, increase/decrease, gaps, trigger factors, patterns leading up to incidents, situations, contexts, environment.

#### Meaning of The Behaviour

Linked to trigger factors such as emotions; what do they get out of the behaviour; how do they use the behaviour i.e. to control, intimidate.

#### Motivation To Change Behaviour

How able are they to talk about the behaviour, and how willing are they to work on their behaviour and develop internal controls.

#### Children Are Not 'Mini' Adult Sex Offenders Because...

- ❖ Limited cognitive development: young children do not process, reason or understand behaviours, social norms, laws and experiences in the same way as adults.
- ❖ They're more likely to engage in impulsive sexual activity: adults are much less likely for their offending to be impulsive, it is more likely to be planned and meticulous.
- ❖ Intentions and motivations are different in children showing harmful sexual behaviour from adult offenders. Behaviour in children may be more likely to be related to curiosity, anxiety, ion-seeking, self-calming.

## **What Is A Problematic Sexual Behaviour?**

- ❖ Not age appropriate
- ❖ One off incidents or low key such as touching over
- ❖ Clothing
- ❖ Peer pressure
- ❖ Spontaneous rather than planned
- ❖ Self-directed e.g. Masturbation
- ❖ Other balancing factors, e.g. Lack of intent to cause harm or level of understanding, or acceptance of responsibility
- ❖ Other children irritated or uncomfortable but not scared, they feel free to tell someone
- ❖ Other factors such as parents/carers are concerned and supportive

## **What Is A Harmful Sexual Behaviour?**

- ❖ Not age appropriate
- ❖ Elements of planning, secrecy, force or coercion
- ❖ Power differentials e.g. age, size, status, strength
- ❖ The response of the other children e.g. fear, anxiety, discomfort, crying
- ❖ The response of the child e.g. fear, anger, aggression when they show the sexual behaviour
- ❖ Child blames others and takes no responsibility for the sexual behaviour
- ❖ Frequent incidents or increasing in frequency and disproportionate to other aspects of their lives
- ❖ Not easily distracted from the sexual behaviour, compulsive despite interventions and support from professionals or parents

## **Children Who Display Harmful Sexual Behaviours**

There are subgroups of the population of young people who present with HSB, each of which have distinctive needs. Learning disabled children with HSB are vulnerable and neglected and may need discrete intervention responses.

Young people who only commit sexual offences can be distinguished from those whose sexually abusive behaviours occur alongside other criminal and anti-social behaviours. Young people who select prepubescent child victims to those who select peer and or adult victims.

Victimisation and trauma are common in the backgrounds of young people with HSB. While victims of sexual abuse are over-represented among young people who sexually abuse others, experienced sexual abuse is weak evidence of causation. Young women with HSB are a small minority of the population of juveniles who sexually abuse. They have high rates of victimisation in their childhoods.

Concern has grown about young people's sexual behaviours online and the potential for young people to commit internet offences. Young people who present with internet offences do not have backgrounds and risk profiles like those who commit contact sexual offences.

Gang and group-related sexual exploitation and violence is often perpetrated by young men on young women. Gang behaviours require action at individual, community and societal levels.

## **Notes on Interventions (Morrison, 2015)**

- ❖ The most effective responses are holistic and are sensitive to the child's developmental status both abuse-specific and wider aspects of the young person's functioning

- ❖ It is unhelpful to isolate sexually abusive behaviour from other key developmental areas, such as life experiences and skills in communication and relationship
- ❖ Cognitive-behavioural interventions which target offence-specific factors and help young people develop relapse prevention strategies underpin work with young people with harmful sexual behaviours
- ❖ There is no evidence of one “most effective way” for intervening with families of children and young people with sexual behaviour problems; nor can there be, but there is now widespread evidence that family intervention is important
- ❖ Working with carers and parents of children and young people who have displayed HSB should be a central part of intervention, not as an add-on or luxury

### Example of The Brook Traffic Light Tool For 0-5 Year Old Children

	Green Behaviours	Amber Behaviours	Red Behaviours
<b>0 to 5 Years</b>	Holding or playing with own genitals  Attempting to touch or curiosity about other children's genitals	Preoccupation with adult sexual behaviour  Pulling other children's pants down/skirts up/trousers down against their will	Persistently touching the genitals of other children  Persistent attempts to touch the genitals of adults
<b>5 to 9 Years</b>	Solitary masturbation Curiosity about other children's genitals	Questions about sexual activity which persist or are repeated frequently, despite an answer having been given  Persistent sexual images and ideas in talk, play and art	Frequent masturbation in front of others  Sexual behaviour engaging significantly younger or less able children
<b>9 to 13 Years</b>	Solitary masturbation  Use of sexual language including swear and slang words	Exhibitionism, e.g. flashing or mooning  Viewing pornographic material	Exposing genitals or masturbating in public  Distributing naked or sexually provocative images of self or others
<b>13 to 17 Years</b>	Solitary masturbation  Sexually explicit conversations with peers	Accessing exploitative or violent pornography  Sending naked or sexually provocative images of self or others	Exposing genitals or masturbating in public  Preoccupation with sex, which interferes with daily function

## Notes On Safeguarding Children

- ❖ Report your concerns immediately.
  - ❖ In most areas of the UK, there are not specific frameworks for HSB concerns but some LSCB websites have entire sections on how HSB is responded to in your area and whether there are specific teams you can talk to.
  - ❖ Remember to challenge the cultural norms of yourself and others; are you overreacting to a normal sexual behaviour in children, or could you be normalising a harmful sexual behaviour in children?
  - ❖ Advocate for children; they are not 'sex offenders'.
  - ❖ Ensure that any support for the child is extended to the siblings, parents and carers.
  - ❖ Look out for carers and parents who respond negatively to a child showing HSB and begin to see them as 'bad' or 'evil' or 'dangerous'.
  - ❖ If you work with a number of children and one or more of them have a history of harmful sexual behaviours towards other children, ensure the safety plan considers how to keep the child and other children safe.
  - ❖ Look after yourself; it can be very challenging working with children who show abusive, harmful or violent sexual behaviours.
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For more information about HSB or victim blaming, please visit [www.victimfocus.org.uk](http://www.victimfocus.org.uk) or contact Jessica on [jessica@victimfocus.org.uk](mailto:jessica@victimfocus.org.uk)