

Responding to Children's Problem Sexual Behaviour in Elementary Schools

*A Resource
for Educators*



When I am festive I feel like a hummingbird humming in a field of wild flowers.
Age 10



When I am happy I feel like a dolphin playing with a beach ball.
Age 11



When I am brave I feel like a mouse under an elephant.
Age 11



When I am negative I feel like a hungry hyena in an empty desert.
Age 10



When I am lonely I feel like an abandoned puppy.
Age 11



When I am scared I feel like a little yellow and white dragon running from its shadow.
Age 11



When I am scared I feel like there's a monster in my closet.
Age 11



When I am sad I feel like a goldfish trapped in a small bowl.
Age 10



When I am depressed I feel like a turtle hiding in its shell.
Age 11



When I am hurt I feel like two smashed cars.
Age 10



When I am frightened I feel like a mouse being chased by a group of alley cats.
Age 10



When I am afraid I feel like a monster is sleeping under my bed.
Age 12



When I am upset I feel like a wild horse running and jumping.
Age 10



When I am low I feel like a kite tangled in a tree.
Age 11



When I am mad I feel like a massive volcano exploding.
Age 10



When I am jealous I feel like a kitten who doesn't get any milk from her mother.
Age 10



When I am surprised I feel like a jack in a box popping out.
Age 10



When I am cheerful I feel like a bird singing.
Age 11



When I am frantic I feel like a crazy lion out of control.
Age 11



When I am excited I feel like a striped horse kicking up its heels.
Age 12



When I am stunned I feel like a doe caught in headlights.
Age 10



When I am nervous it feels like bats flying around in my stomach.
Age 10



When I am miserable I feel like a broken lamp sitting in a dark room.
Age 11



When I am angry I feel like a thermometer exploding.
Age 10



When I am furious I feel like a lightning bolt striking a sleeping city.
Age 11



When I am joyful I feel like morning sunshine in the forest.
Age 12

THE CHILDREN'S QUILT OF FEELINGS

The children's art on the cover of this resource was created by Conor Murphy's grade 5 class at Sir James Douglas Elementary School in Vancouver, British Columbia. Their artwork was chosen to reflect the range of feelings that children experience.

In preparing for this art project, Conor Murphy introduced the topic of emotions and feelings to the class, using the book *My Many Colored Days* by Doctor Seuss. As a class, they studied descriptive writing and poetry. The children then visited artist George Littlechild who displayed and spoke about his work. The idea of drawing borders around their pictures originated with Littlechild's creations. Back at school, the children brainstormed and created a master list of emotions. From this list they selected emotions to depict in their drawings. Accompanying their illustrations are the children's own narrative descriptions of their artwork, found on the inside of the cover.

The Ministry of Education acknowledges the contribution of the students' colourful pictures and descriptions, full of such feeling and imagination. Thanks are also extended to Conor Murphy, teacher, and Barbara Claridge, Principal of Sir James Douglas Elementary School.

CONTEXT

This guide is intended to help all school staff respond to children’s problem sexual behaviour in a practical and preventative manner—one that helps the student better understand the behaviour and its effects. The primary goals of this guide are communication, empathy, and accountability.

It is important that school staff do not over-react or under-react, or respond to children’s sexual behaviour in a way that labels and “pathologizes” them. It is the response of the adult to the child’s behaviour that gives the behaviour meaning for the child. Accordingly, this guide presents a model that can assist staff in distinguishing between levels of behaviour and in identifying appropriate levels of response to a range of problem sexual behaviour among elementary school children.

The topic of sexual behaviour in childhood is a sensitive one for many reasons. The language associated with problem sexual behaviour can be difficult for some staff, both in terms of the words that children use and the language that staff should use in characterizing the behaviour in more appropriate terms. As well, the model presented in this guide suggests that problem sexual behaviour is not driven by specific cultural factors. The norms referred to in this document represent very broad standards of society. When children’s sexual behaviour significantly deviates from such standards, it may be because they lack knowledge of appropriate behaviour.

Some students have disabilities that may be neurologically based and may sometimes be a contributing factor in the appearance of sexual behaviour problems. When children already face some of these developmental challenges, and are exposed to sexual material or behaviour, no matter how incidental, or when they are sexually abused, they are more vulnerable to developing problem sexual behaviour. Some medical terms designating neurological conditions and learning capabilities have been mentioned at some points in this guide, but no disability causes problem sexual behaviour.

It is important that all staff members are able to recognize children’s problem sexual behaviours in the school, are able to talk openly about sexual behaviour, and know how to respond. When students see that the adults around them are comfortable, open, and able to deal with sensitive topics, including sexual behaviour in the school, they in turn will feel more comfortable talking about and reporting problem sexual behaviour. In this way, all staff members can begin to establish a practical and effective system for responding to and preventing sexual behaviour problems in the elementary school setting.

ACKNOWLEDGMENTS

The Ministry of Education wishes to extend appreciation to Dr. John Taylor, psychologist, for his significant contribution as the principal researcher and writer, and to Jan Sippel, educational consultant and principal writer, for making this document relevant to elementary schools. The Ministry is very appreciative of the extensive efforts, beyond initial expectations, undertaken by John and Jan in researching, focus testing and producing a useful resource for educators on this emerging and sensitive issue—children’s problem sexual behaviours.

The Ministry of Education is indebted to Gail Ryan, Kempe Center, University of Colorado and Toni Cavanaugh Johnson, psychologist in Pasadena, California for their pioneering work and research in this area.

Particular thanks go to the following educators and school counsellors who served on the focus group which offered guidance and technical advice to the principal writers:

Robert Butler	SD # 28 (Quesnel)
Micheline Cawley	SD # 68 (Nanaimo – Ladysmith)
Ronnie Riehm	SD # 40 (New Westminister)
Judith Rourke	SD # 22 (Vernon)
Lynda Sheperdson	SD # 6 (Rocky Mountain)

In addition, special thanks are extended to the Lower Mainland Consortium of Child Abuse Prevention Educators for important guidance during the developmental phase:

Dyan Burnell	Donna Schmirler
Sandra Congdon	Ginny Tahara
Joan Henderson	Heather Tatchell
Veda Hotel	Terry Waterhouse
Esther Reoch	

The following School District #39 (Vancouver) elementary school principals, vice-principals and staff gave generously of their time to contribute to the final draft:

Sean Smith	Barbara Gauthier	Darrell Cavanagh
Cheryl Costello	Gwen Smith	Jane MacEwan
Denise Johnson	Barbara Johnson	Jackie Lee

• **Acknowledgments**

SD #39 (Vancouver) generously gave permission to use and redraw the graphics found in Appendix A. This original artwork was contributed by Mary Jane Muir. Special thanks to Chris Thompson, Justice Institute, Vancouver.

The Ministry appreciates the advice and useful feedback provided by the following educational partners:

British Columbia Teachers' Federation

Grace Wilson, First Vice-President

Nancy Hinds, Coordinator, Professional Development Division

Randy Noonan, Legal Services Division

British Columbia School Trustees Association

Judith Clark, Legal Services Division

British Columbia School Superintendents Association

Desmond Sjoquist, Assistant Superintendent

British Columbia Principals' & Vice-Principals' Association

Sharon Cutcliffe, Staff Officer

British Columbia College of Teachers

Marie Kerchum, Assistant Registrar

British Columbia Confederation of Parent Advisory Councils

Hanna Kohut, Vice President

British Columbia Council of Administrators of Special Education

Bonnie Spence-Vinge

Royal Canadian Mounted Police

Corporal Vic Bowman, Policy Analyst/Criminal Operations

The Ministry appreciates the advice and useful feedback provided by the Ministry for Children and Families, the Ministry of Attorney General, the Ministry of Health, the Ministry of Finance, the members of the Western Consortium of Special Educators, Krishan Pallan and Philip Braz, Cooperative Education Students.

CONTENTS

CONTEXT	ii
ACKNOWLEDGMENTS	iii
INTRODUCTION	1
How to use this manual	2
CHILDHOOD SEXUALITY	5
What is the range of normal sexual behaviour?	5
What is problem sexual behaviour?	6
How do children develop problem sexual behaviour?	7
RESPONSE	9
Introduction	9
Responding to problem sexual behaviour in the school setting	10
Level 1: What to do when sexual behaviour appears to be normal	14
Level 2: What to do when sexual behaviour appears to be cause for concern	16
Level 3: What to do when sexual behaviour appears to be cause for serious concern	20
Reporting children's problem sexual behaviour to the Ministry for Children and Families	26
Informing police (students 12 and over)	26
MANAGEMENT	29
Supporting the student with problem sexual behaviour	29
School safety and support plans	29
Strategies for classroom teachers	32
Working collaboratively with service providers and therapists in an intervention program	33
Working collaboratively with parents/guardians	33
Treatment	34
Supporting the student who was mistreated	35

• Table of Contents

Supporting the parents	37
Supporting other students who were affected	37
Supporting the teacher	38
SPECIAL ISSUES	41
Sexually exploited children	41
Masturbation and self-stimulation	41
Sexual talk	44
Safety on the Internet	45
LEGISLATION AND POLICY ISSUES	47
Introduction	47
Developing school policies and local protocols between Ministry for Children and Families, police, and school districts	49
APPENDIX A: Guidelines for Teaching Boundaries in the Classroom	53
Personal space	53
Types of touch	54
Types of relationships	55
APPENDIX B: Responding to Students with Disabilities and Problem Sexual Behaviour	57
Disabilities and problem sexual behaviour	59
Limitations in comprehending verbal communication	59
Limitations in comprehending non-verbal communication	60
Limitations in making generalizations	60
Limitations of impulsivity and distractibility	61
APPENDIX C: References	65
APPENDIX D: Resources for Teachers and Counsellors	69
APPENDIX E: Glossary of Key Terms	73
APPENDIX F: Identifying and Reporting Child Abuse and Neglect	79
APPENDIX G: Guidelines for Documentation	85

INTRODUCTION

This manual deals with a sensitive and complex subject. Sexual behaviour and sexuality are difficult topics to confront for several reasons, only one of which is the reluctance of many people to address or discuss the subjects. The topics become even more difficult when we have to speak about them in relation to children. When children engage in sexual behaviour in school settings, teachers and principals are faced with sensitive cultural, gender, religious, spiritual, legal and professional issues. This manual will help school staff understand how sexual behaviour problems develop, and how teachers and other school staff can respond appropriately to them. It will also assist school principals by providing information with respect to issues of liability and accountability.

Although more is known about adolescent sexuality now than 15 years ago, it has only recently been recognized that children under 12 years of age are capable of a wide range of sexual behaviours, from harmless (*Sample Scenario 1*) to problem and hurtful behaviour (Cantwell, 1989; Gil & Johnson, 1993; Johnson, 1988; Johnson, 1989; Johnson & Berry, 1989). We are also learning more about the relationship between sexual behaviours and developmental delays and other disabilities.

Even though problem sexual behaviour can be quite upsetting, it can and should be handled like any other behaviour problem — calmly and firmly.

Most importantly, this manual deals with safety — the safety of students who might be affected by other students with sexual behaviour problems, as well as the safety of the child with the problem. Children with sexual behaviour problems may be at risk for sexual abuse and exploitation by adults. This is because adults can take advantage of their social and emotional immaturity, social isolation, impulsivity, lack of boundaries, curiosity and previous exposure to adult sexual behaviour. They may also attract the attention of such adults because of their precocious sexuality. These children may be especially vulnerable to being recruited into prostitution and the making of child pornography.

How to use this Manual

This manual will use the term “first responders” to refer to any school staff member who responds immediately to a reported or observed incident of problem sexual behaviour. The objective is to encourage all school staff to respond to inappropriate behaviours just as they would to any other problem behaviour. Following through on such behaviours is the responsibility of specific school staff (e.g., principal, teachers and counsellors, or youth and family workers). Some teaching staff dealing with students who have intellectual disabilities in secondary school settings may find the materials in this manual very useful.

This manual is not intended to be a tool for diagnostic purposes or clinical assessment of children’s problem sexual behaviour. It is instead intended to act as a manual for elementary school staff who are faced with the task of responding to problem sexual behaviour at the elementary level.

The manual has been written with the 1998 edition of *The B.C. Handbook for Action on Child Abuse and Neglect* in mind. Direct links are made between this manual and the Handbook. This manual will not assist school staff in determining if sexual abuse has occurred, because such an assessment is not the responsibility of the school. It does, however, offer guidance about when a student’s problem sexual behaviour warrants a report to child protection officials, and provides guidelines for making the report.

It is also important to note that this manual is not *just* about managing behaviour for purposes of safety and professional liability. It contains guidelines for responding to problem sexual behaviour with the goal of preventing the development of aggressive or offending behaviour in children who may be considered “at risk”.¹ Therefore, the guidelines for responding have three essential goals:

1. to increase the *communication** between “at risk” students and the adults around them. This is accomplished by adults speaking directly and matter-of-factly to children about appropriate and inappropriate behaviour. The students come to realize that the adult is comfortable communicating directly about sexual behaviour.
2. to increase the degree of *empathy** the child feels for those affected by his or her behaviour. This is accomplished by the adult demonstrating concern for those involved and providing information about the effect of the behaviour on all persons involved.
3. to increase the *accountability**, or sense of self-control, of the student over his or her behaviour. This is accomplished by providing limits, reminders of rules, consequences for misbehaviour, and by encouraging students to accept responsibility for misbehaviour.

Repeated reference to these three goals will be made throughout this manual.

¹ There are several key terms used throughout this guide. These are marked with an asterisk and defined in Appendix E (Glossary).

SAMPLE SCENARIO 1

As he walked by the boys' washroom, during class time, a teacher heard the raised voices of several students. When he entered he found four grade 1 and 2 boys with their pants part way down, laughing at each other. The floor was wet. After sending them back to class, he asked their teachers to talk to the boys separately. They, in turn, determined that the boys were having a "peeing contest" to see who could pee the farthest away from the urinal.

A parallel set of goals can also be made for school staff. Staff members can be supported in acquiring skills to communicate clearly and calmly when it comes to issues of problem sexual behaviours so that children will see adults as people they can come to for help. As this manual emphasizes, it is important for staff members to be informed about issues so that they can respond to the children with empathy. And finally, staff members in all schools should learn management strategies that will enable them to be more accountable for the safety of *all* students, including those with problem sexual behaviours.

With the prospect that the reader may have a limited amount of time to access the necessary information, the handbook has been organized so that the reader can go directly to the section of interest. However, it is recommended that all readers begin with Chapter 1, which provides important background information about the distinctions between normal and problem sexual behaviour at the elementary school level.

Appendix E is a glossary containing definitions of key terms (marked with an asterisk), and Appendix D is a list of additional resources for teachers and counsellors. Appendix F provides a copy of sections of the *Child, Family and Community Service Act* important to school staff and Appendix G provides guidelines for documentation.

Chapter 1



CHILDHOOD SEXUALITY

What Is The Range Of Normal* Sexual Behaviour?

Children usually do sexual things for at least two different, quite normal reasons. Firstly, and most commonly, they engage in sexual behaviour because it is pleasant. Children discover at an early age that the genital areas of the body are pleasant to touch. Boys frequently experience erections and girls show vaginal lubrication at an early age (Martinson, 1994)². Secondly, children engage in sexual behaviour because they are curious. They want to know what others' bodies look like, and how boys (and girls) are different from each other. Pre-school aged children will undress, or touch others, without much forethought or embarrassment. In our society, normally this behaviour (but not the curiosity) changes significantly by grades 1 and 2, because by that age children understand what is socially acceptable and gain increased self-control.

Sexual exploration in childhood is also an information-gathering process about gender roles and behaviours (e.g., playing house). It takes place between friends who are of similar age, size and developmental level. Participation is mutual, voluntary, light-hearted, and spontaneous. When children are discovered engaged in normal sexual exploration, they may show embarrassment, but usually not anxiety or shame. The behaviour diminishes or disappears when adults state what is appropriate behaviour in school or redirect students to other activities.

Children's normal sexual behaviour is limited in type and frequency (see *Table 1*) and balanced by curiosity about other aspects of their lives.³ It had been commonly thought that between age six and the onset of puberty, sexual

²Early normal sexual development might also be described as sensual development. The skin is the most important organ in this process. By being stroked, touched and hugged by a parent, the child is being enabled to become an adult capable of healthy intimacy. Without such stimulation, the child suffers developmental problems. However, in the extreme, if one part of the child's body becomes over stimulated, for example, through continuing sexual abuse, the child may become prematurely focused on this part of his or her body. It appears that parts of the body can be sensualized, or eroticized (Yates, 1993), by means of the contact that those parts of the body receive, and that there are optimal levels of this stimulation.

³The Ministry of Education is indebted to Toni Cavanaugh Johnson (1998) for her research in this area.

• Childhood Sexuality

interest and instincts are dormant or repressed in order to allow for development in other areas. Current research (Gil & Johnson, 1993) suggests that sexuality remains a strong factor in the lives of elementary school aged children, but is simply not as overt as it was at an earlier age.

Even though there are significant hormonal changes during adolescence, it has now become the common view that sexual development is a fairly gradual and continuous process.

There is a wide range of differences in the way that sexuality is handled in different cultures. For purposes of this manual, the term “normal sexual behaviour” refers to behaviour that is typical of children in our society. It is important to note, however, that despite the differences in cultural practices (e.g., exposure to parental nudity), normal sexual behaviours do not continue when they are corrected. Children who have disabilities (e.g., fetal alcohol syndrome, autism, severe learning disabilities) that tend to interfere with social development or increase impulsivity may not respond as quickly to redirection by adults as their typical peers.

If a sexual behaviour persists despite redirection or correction, it can be considered within the problematic range.

SAMPLE SCENARIO 2

James (6) seemed to be adjusting to a new group of students who spoke a language that was new to him. One day in November he found himself alone in the cloak room with another student from his class, a girl, whom he suddenly pushed to the floor, then forcibly rubbed her genital area. James had never done anything similar, or even remotely aggressive before. He was referred for counselling.

During his first counselling session, he drew pictures of a knife with blood dropping from it, and a gun, reporting (with some difficulty) that his Dad’s gun was no longer at home, because he had to give it to somebody, and that he had seen “my Dad try to rip my Mom’s clothes off.” It became clear during counselling that James was reacting to what he had seen (some of which was sexual violence between mother and father), and didn’t know how to handle it other than to act it out. Once this experience was no longer a secret, he had no need to (and never did) repeat the behaviour.

What Is Problem Sexual Behaviour?

There is a wide range of behaviour that can be considered problematic. Such behaviour can include:

- a single incident that indicates a child has knowledge of adult sexual behaviour beyond his/her age and developmental level
- a pattern of sexual behaviour, which, although the behaviours themselves may be normal (*Table 1*), does not respond to correction by adults
- sexual behaviours that are atypical for a child’s developmental level or suggest that a child is pre-occupied with sexual matters (*Table 1*)
- sexual behaviours that do not involve other students but are a problem for the student himself or herself (e.g., excessive masturbation that interferes with academic work and/or peer relationships)
- sexual behaviours that bother or seriously disturb other students (*Sample Scenario 2*)

Reports of problem sexual behaviour have been increasing in this province and other jurisdictions (Gil & Johnson, 1993; Pithers, 1998; Ryan, 1998;

Yates, 1993). It may be that increases in the number of reports are due to the increased availability of pornographic* materials (especially videos) to children. We also know that the problem behaviour is more prevalent in some groups than others (e.g., a recent B.C. study of children in foster care found that a significant proportion of such children under 12 were showing or had exhibited a pattern of problem sexual behaviour (Taylor J., Woods, K., McCarron, B., & Bowden, C. 1992).

SAMPLE SCENARIO 3

Brian (8) and Garth (9) were abused by their older brother (12), witnessed violence between their mother and father, and were left alone a great deal. Along with their younger brother and sister, they have now been in foster care for six years. They have had difficulty sleeping throughout the night and often climb into bed with each other or their younger siblings. Although they often fight with each other, they also snuggle up to each other under a blanket while watching television.

Following a spontaneous disclosure by Brian that he has been being touched by Garth, it is learned—during many therapy sessions—that all of these children have been playing with each other's genitals for several years, in bed and under the blanket, without the knowledge of the parent. The foster parent assumed that this cuddling behaviour was their way of soothing and comforting each other. This behaviour was restricted to the sibling group and did not extend into the school setting with friends, fellow students, etc. It is a learned pattern of behaviour that has been highly reinforcing and that, at least for the older boys, has served to compensate for feelings of loneliness.

How Do Children Develop Problem Sexual Behaviour?

The information that follows is to help the reader understand the causative factors related to children's problem sexual behaviour and to encourage empathy for children who struggle with these kinds of problems. It is not intended or provided as a means for diagnosis or treatment. When students display serious sexual behaviour problems, schools should work collaboratively with therapists or other professionals to establish a safety and support plan for the child and to ensure consistent responses to the behaviour.

Children's problem sexual behaviours can be placed in three groupings, each with different origins:

1. *Reactive Sexual Behaviour*

Some children do sexual things because of what they have experienced or witnessed (e.g., *Sample Scenario 2*).

Reactive sexual behaviour is often a re-enactment of what the child has experienced, or an imitation of what he or she has witnessed. It occurs when a child is overwhelmed by what he or she has experienced or seen, and is unconsciously attempting to make sense of the experience. Some children who have been sexually abused,

especially if that abuse is undisclosed, will engage other children in behaviour that is similar or parallel to what has happened to them (see *Sample Scenario 2*). Children who have observed adult sexual activity or seen pornographic videos (either with or without their parents' knowledge) may attempt to imitate what they have seen by, for example, pretending intercourse (lying on top of another child, or pushing the pelvis into another, etc.).

Reactive sexual behaviour is spontaneous, impulsive, without planning. The child who has engaged in this behaviour simply finds himself or herself in a

circumstance that seems to trigger the memory of an earlier similar experience. This kind of behaviour is problematic for schools because it is not usually predictable. However, responding to such behaviour in a firm but helpful way is necessary (see *Responding to Problem Sexual Behaviour in the School Setting*, page 10).

2. Sexualized Behaviour

Some children have had so much trouble in their lives that they feel profoundly sad, lonely, or empty, and discover that sexual behaviour helps them cope with unpleasant and negative emotions.

Such children are sometimes described as having “attachment problems” (i.e., they have failed to achieve a consistently close emotional bond with another person). These are often children who may have experienced severe physical and emotional neglect. If these children have also been sexually abused, exposed to adult sexual activity, or lived in a sexualized environment, they may engage in a pattern of sexualized behaviour. They learn that sexual feelings and arousal (even at the age of 7 or 8) can serve to compensate for, or cover up, unpleasant feelings of sadness or worry (*Sample Scenario 3*).

SAMPLE SCENARIO 4

Robert, an 11-year-old boy who was physically abused over a long period, had been placed in a large group care facility for short-term assessment. However, it took over a year to find a suitable home for him. During that time he became especially discouraged (watching several other children come and go), and he occupied his time by playing sneaky games with the staff and other kids. He prided himself on his ability to sneak past the motion detectors and being able to get into a girl’s room during shift change meetings—in fact, to have touched the genitals of a six-year-old girl while staff were in the room next door.

An excellent foster home was found for Robert. Initially, he continued in the same patterns, being sneaky, playing with contraband objects (e.g., matches), and befriending only those persons who were physically smaller. However, the foster parents succeeded in involving him in many activities, along with their two sons, and refused to be “freaked out” by his behaviour or statements. He is still doing well in this situation.

Children who have sexualized behaviour often gravitate to children with similar problems, and find themselves engaged in mutual sexual behaviour. Although this behaviour is not coercive and may appear voluntary, it is still problematic. Children who engage in this kind of behaviour find it reinforcing. The process is more complicated than reactive behaviour because there is some understanding involved.

3. Coercive Sexual Behaviour

A few children who have experienced a long history of powerlessness and physical and sexual abuse, or have witnessed violence, come to engage in coercive sexual behaviour that mimics that of aggressive adult sexual behaviour.

Such children have few close friends and often engage in aggressive and bullying behaviour (because it is a way to help them feel the power that they have not experienced normally). Occasionally this aggressive behaviour has sexual components (see *Sample Scenario 4*).

They may befriend less competent, younger, or smaller students with the plan of engaging them in some sexual behaviour, or use force and intimidation to achieve goals of dominance or power. Children who engage in coercive behaviour plan their actions.

Chapter 2



RESPONSE

Introduction

School personnel intervene daily in students' inappropriate behaviour, reminding them of school rules, setting limits, and imposing consequences. However, when students' misbehaviour is of a sexual nature, it can evoke feelings of discomfort in adults that may interfere with their ability to respond effectively.

Staff responses to students' problem sexual behaviour can range on a continuum from under-reaction to over-reaction. At one extreme, staff may conclude that a student's sexual behaviour is normal and therefore requires no response. At the other extreme, they may react strongly by imposing overly restrictive limits on a student in the belief that any sexual behaviour exhibited by a student indicates that she or he poses a serious risk to others.

Although school personnel may find such behaviour upsetting or alarming, it is important that they respond in a calm, matter-of-fact way, just as they would with any other inappropriate behaviour. Younger students, in particular, will take their cues as to the meaning of the behaviour from the adult's response. A strong negative reaction, such as shock or disgust on the part of the adult, can be upsetting to a child.

A wide range of dynamics and contextual factors influence children's sexual behaviours. However, children whose sexual behaviour is problematic—whatever the underlying causes—typically have the following in common: difficulty identifying and communicating their needs and feelings; reluctance to talk to adults, especially about sexual matters⁴; lack of understanding of and empathy for others; distorted attributions or thinking patterns about responsibility (“It’s not my fault”; “I don’t care, nobody does”; “It just happened”; “Everything’s OK, I didn’t get caught”).⁵

It is the response of others – especially adults – to the behaviour, that gives it meaning for the child.

⁴ It is also likely that the adults with whom they have lived are reluctant to talk about feelings, relationships and, especially, sexuality.

⁵ The adults in their lives may also make the same statements.

- **Response**

An effective school response to children's problem sexual behaviours has three goals (Ryan, 1998):

1. **Encourage communication** — adults provide a model for the child by being able to talk clearly and calmly about the sexual behaviour.
2. **Develop empathy** — adults help the child to recognize and interpret cues that signal others' feelings and needs, and tell the child about the impact of her or his behaviour on others.
3. **Promote accountability** — adults help the child develop the ability to "catch" his or her thoughts, recognize thinking errors, and understand that behaviour does not "just happen."

Responding to Problem Sexual Behaviour in the School Setting

All incidents of sexual behaviour in school merit a response, as they are opportunities for school staff to teach students about personal boundaries and appropriate behaviour.

A student's sexual behaviour may be reported to school personnel by another student, or a parent, or observed directly. When an incident is reported by a parent to a staff person, he or she should:

- acknowledge the person reporting for bringing the behaviour to his or her attention
- reassure the reporter that the school will take appropriate action
- inform the school principal of the alleged incident
- consider reporting to child protection social worker / police. See page 26 for information on when to report to the Ministry for Children and Families.

Ideally, all school personnel should be prepared and willing to intervene immediately when they observe sexual behaviour by a student, or when a student reports such a behaviour to them. As first responders, they will:

- describe the behaviour
- respond by pointing out the impact on others and remind the student(s) of the norm (see *What to do when sexual behaviour appears to be normal*, page 14).

First responders may choose to speak to the student in front of others only when:

- they know the student and his or her circumstances
- they are sure they have the student's attention
- it won't humiliate the student
- it won't cause distress to the student who was mistreated
- they want the other students present to 'hear the message.'

If all of these conditions are not met, it is advisable to speak privately to the student about her or his behaviour.

The school principal and teacher, in consultation and collaboration with other professional staff, can proceed with the other steps outlined at each level of response. (see *Levels of Response*, page 13)

RESPONSIBILITIES OF SCHOOL STAFF

All school staff are responsible for the initial intervention when they observe problem sexual behaviour by a student, or when such behaviour is reported by a student. The initial intervention includes talking to the student who exhibited the behaviour, documenting the incident, informing the principal, and reporting to a child protection social worker/police when necessary. However, school personnel have specific responsibilities beyond the initial intervention. Responsibilities may vary depending on the seriousness of the behaviour.

*The teacher:

- talks to the student(s) involved and the student who was mistreated to gather more information as required
- informs the principal of incidents when they occur
- consults with school counsellor concerning needs of students
- documents the incident and the intervention
- informs parents of students or assists principal and counsellor in talking to parents
- participates in the development and implementation of a safety and support plan
- implements behaviour management strategies in the classroom, as necessary
- may provide classroom lessons/discussion on boundaries

*The principal:

- receives information (i.e., reports) from any staff person or parent concerning problem sexual behaviour by student(s)
- stores documentation in a confidential, secure location (not part of student file)
- contacts and meets with parents (i.e., Levels 2 and 3, page 13)
- convenes and chairs safety and support plan team
- assumes role of case manager or delegates the responsibility to a staff member in the school
- participates in the development and implementation of the safety and support plan

*The counsellor:

- assists the principal in talking with parents
- determines students' need for further support
- consults with a mental health professional (with parents' written permission)
- participates in the development of a safety and support plan
- provides support for the classroom teacher in implementing behaviour management strategies
- discusses boundary issues with his or her class
- works with student(s) involved

*The support staff:

- informs principal of incidents of problem sexual behaviour
- documents the incident
- participates in the development and implementation of the safety and support plan as requested by the principal
- assists classroom teacher in implementing behaviour management strategies

*NOTE: Any staff member who has reason to believe that a student needs protection or has received a disclosure of abuse or neglect must report promptly to the Ministry for Children and Families. If the student is in danger call the police.

- Response

Gathering Information

Whether reported or observed, if it is not clear what has happened between the students or if there is reason to believe that a report may be false, it is advisable to gather more information before proceeding. The teacher, principal, or counsellor should:

- talk with each of the students involved, separately, including those who witnessed the incident, to find out what happened
- ask open-ended questions to determine the nature of the behaviour, when and where it occurred, who was involved, what the students were doing prior to the incident and, most importantly, how each student feels⁶ about what happened
- ask the student who allegedly exhibited the behaviour to tell what happened
- listen to what she or he says about the incident, and pay attention to the student's emotional state as well as the words expressed
- talk to other staff who have direct knowledge of the student's other behaviours
- at any point where there is reason to believe that a student may be in need of protection as outlined in section 13, *Child, Family and Community Service Act*, stop gathering information and promptly report to a child protection social worker. If a criminal offence has occurred report to the police.

⁶ The reader is reminded that most 'normal' sexual behaviour occurs between children involved in a mutual play relationship, about which the children feel no sense of coercion or anxiety.

FIGURE 1

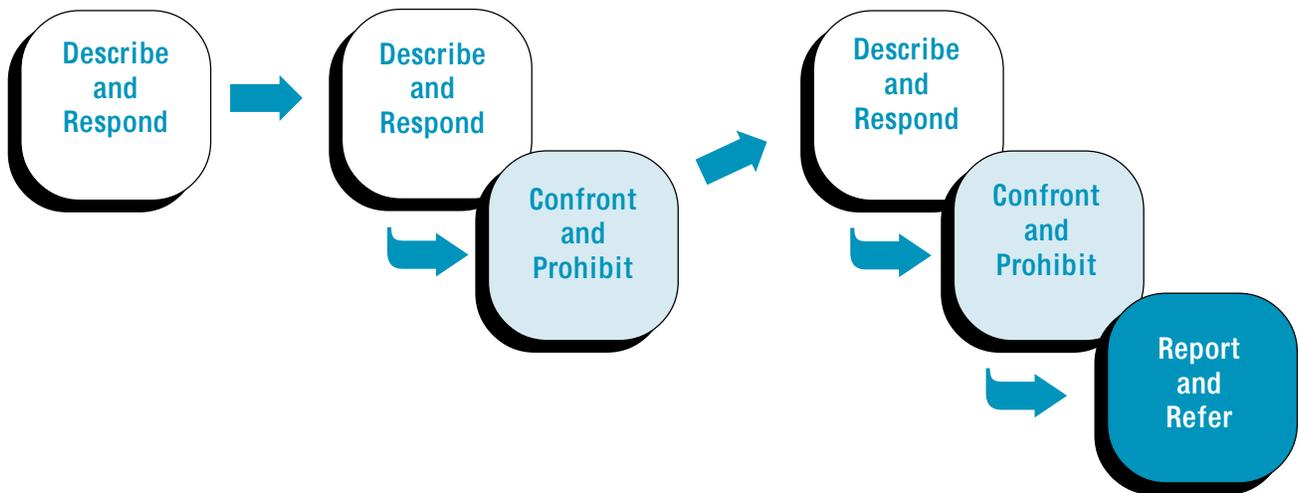
AN OVERVIEW OF LEVELS OF RESPONSE TO PROBLEM SEXUAL BEHAVIOUR

There are three levels of response (Ryan, 1998) to a child's sexual behaviour, normal or otherwise. The severity of the behaviour determines the level of response required. Each level of response builds upon the preceding one.

Level 1
What to do when sexual behaviour appears to be *normal* (p.14)

Level 2
What to do when sexual behaviour appears to be *cause for concern* (p.16)

Level 3
What to do when sexual behaviour appears to be *cause for serious concern* (p.21)



► LEVEL 1

What to do when sexual behaviour appears to be *normal*

NORMAL CHILDHOOD SEXUAL BEHAVIOUR⁷

The following list is not exhaustive but is representative of the range of normal sexual behaviour typical of children in Canada. What is considered normal will vary somewhat from culture to culture.

- shows private parts to peers in reciprocal fashion (show me yours; I'll show you mine)
- plays doctor (primary age)
- compares genitals with friends
- shows interest in viewing others' bodies, e.g., peeking at others in the bathroom
- looks at nude pictures
- uses 'dirty' words for bathroom functions, likes to hear/tell dirty jokes or songs
- touches own genitals (may occur in public, e.g., during story time [primary age], while watching TV, or when tense or excited)
- masturbates occasionally in private
- imitates flirtatious behaviour of adults
- imitates behaviour associated with sexual intercourse, e.g., pelvic movements
- uses dirty words or jokes (which may not be understood), within cultural or peer group norm

Sexual behaviours are considered normal when they are mutual, light-hearted and occur between children of similar size, age and developmental level.

Caution must be taken that this table is not used too prescriptively. It is intended to present a range of children's normal sexual behaviours and cannot be considered exhaustive.

⁷ This list of descriptors represents a synthesis of the work of Dr. John Taylor, Jan Sippel, school counsellors and therapists in British Columbia, Dr. T.C. Johnson and Gail Ryan.

Although a child's sexual behaviour may be within the normal range, it may be inappropriate for it to occur at school. When it does, it merits a response designed to teach boundaries and important distinctions, such as the difference between private and public behaviour at school. At the first level of response, any school staff—including supervision aides, lunch hour supervisors and support staff—may talk to the student(s) when sexual behaviour is observed or reported. In talking to the student(s), staff are taking advantage of a "teachable moment" to:

- *communicate* to the student concern about the specific behaviour
- *demonstrate* that you can and will talk in a direct, calm and matter-of-fact way about sexual behaviour
- *provide* information about the impact of the student's behaviour on you and others, in order to improve the student's ability to control his or her behaviour because of concern for others (*empathy*), not just because he or she anticipates consequences.

1. Talk to the Student Who Exhibited the Behaviour (Sample Scenario 5)

Describe the behaviour in terms that are clear and direct ("You had your underpants down on the playground.")

Respond by:

- pointing out the impact on others ("When I saw you both with your pants down, I felt uncomfortable. Clothes stay on at school.")
- reminding student of the "norm" ("Taking your clothes off is what you do in a private place, and the school yard is a public place.")

SAMPLE SCENARIO 5

A supervision aide discovered two grade 1 boys in the bushes near the playground with their pants down, showing each other their penises. She instructed them to put their pants back on and stated, "Taking your clothes off is what you do in a private place, and the school yard is a public place. When I saw you both with your pants down, I felt uncomfortable. Now let's go back to the playground."

2. *Talk to the Other Student(s) Involved*

Sometimes it is not clear whether one child was the initiator or both children were willingly engaged in the sexual activity. In such cases, school personnel should speak to both students about their behaviour in the same manner as indicated previously (example in *Sample Scenario 5*).

If it appears that the other student was not a willing participant in the incident, reassure the student that he or she is not at fault. Tell the student that you will talk to her or his parents/guardians about what happened. Determine the student's need for further support.

3. *Document the Incident*

Documentation is important because it enables the school to track whether the student's behaviour has changed as a result of the adult intervention. Also, the nature and extent of a student's problem sexual behaviours may not be immediately evident, based on a single incident. A record of the incident can help the school to determine if there is a pattern of behaviour that may be cause for concern (see: *Guidelines for Documentation - Appendix G*).

4. *Inform the Principal*

As a matter of course, the principal should be informed of the incident.

5. *Inform Parents*

The principal should contact the parents or guardians of both students to inform them about the incident. Explain that the behaviour does not appear to be cause for concern, but that it is always important to let the parents or guardians know what has happened. Inform the parents that the student's behaviour has been dealt with at the school and suggest that the parents may wish to reinforce the same message at home. To protect the privacy of the other student(s), do not reveal their identity.

► LEVEL 2

What to do when sexual behaviour appears to be cause for concern

BEHAVIOURS THAT ARE CAUSE FOR CONCERN⁸

- attempts to expose genitals of peers
- plays sexual “games”, despite being told not to
- peeks at others in washroom, despite being told not to
- engages in peeking, exposing
- uses obscenities
- shows persistent fascination with nude pictures, interest in pornography, brings these to school
- has sexually explicit conversations with peers that reflect adult level of knowledge (intermediate age)
 - writes or draws sexual graffiti (especially chronic or which impacts others)
 - teases or embarrasses peers with sexual comments
 - interprets sexual meaning to neutral events, pictures, etc.
- is preoccupied with masturbation
- touches, rubs genitals in public despite being told not to
- engages in sexual behaviour directed at adults
 - touches, or stares at the breasts and/or buttocks of adults
- simulates intercourse with clothing on, with dolls, peers, animals
- is preoccupied with sexual themes (especially sexually aggressive ones)

Any sexual behaviour is cause for concern when it elicits complaints from other students, does not respond to correction from adults, and/or is part of a pattern of behaviour that indicates that the student lacks a fundamental understanding of boundaries.

Caution must be taken that this table is not used too prescriptively. It is intended to present a range of children's sexual behaviours that are cause for concern and cannot be considered exhaustive.

⁸ This list of descriptors represents a synthesis of the work of Dr. John Taylor, Jan Sippel, school counsellors and therapists in British Columbia, Dr. T.C. Johnson and Gail Ryan.

At the second level of response, the student has either been reminded of the effects of his or her behaviour several times, or a pattern of behaviour indicates that the student lacks a fundamental understanding of boundaries. Therefore, the goals for responding are to encourage clear communication, help the student develop empathy and promote accountability. First responders will repeat the step of *Describing and Responding*. The principal, teacher, or counsellor will add the steps *Confront and Prohibit*.

For example: “I’m very concerned because the supervision aide told me you were again hitting your crotch against Enrique (*Describe and Respond*). I told you before how much that upsets me and angers Enrique. You must stop this behaviour!” (*Confront and Prohibit*)

1. Talk to the Student Who Exhibited the Behaviour

Describe the behaviour in terms that are clear and direct. (“Jessica, I heard you talking about another student’s private parts.”)

Respond by pointing out the impact on others. (“I felt very angry when I heard you talk that way to Debby. The other students feel like avoiding you, because of the way you have talked to them.”)

Confront the student about the behaviour (*Sample Scenario 6*). Unlike the first level of response, a strong tone of voice and wording is used to communicate a more serious response. (“You do not have the right to speak that way to any person here.”)

Prohibit the behaviour or set limits. Give a consequence to the student, or tell the student what will happen if the behaviour is repeated. (“This must stop! For the next week, you will work in the group only when I am present.

- **Response**

Otherwise, you must work at your individual work station.”) Let the student know that you are so concerned about the behaviour that his or her parents will be informed of the incident.

2. *Talk to the Student Who Was Mistreated*

Try to gather more information to determine the scope of the problem. Reassure the student who was mistreated that she or he is not at fault. Tell the student that you will talk to her or his parents/guardians about what happened. Consult with the school counsellor to determine the student’s need for support and/or counselling. Ask the student whether this has happened before. Encourage him or her to tell you or another adult if it happens again.

Sometimes it is not clear whether one child was the initiator or whether both children were willingly engaged in the sexual activity. In such cases, school personnel should speak to both students about the inappropriateness of their behaviour in the same manner as indicated above.

3. *Document the Incident*⁹

Record the facts about the incident and who was involved. Document the response of the student who exhibited the behaviour and the consequences imposed. Record any statements made by the student. Make a note of the action taken. Document the statements of the other students in the same manner. Store the information you have gathered in a confidential file.

Sometimes, students may exhibit more than one type of sexual behaviour. Accordingly, it may be useful to use a chart for tracking the behaviour and any changes in the pattern resulting from your intervention.

4. *Inform the Principal*

Inform the principal when a student’s problem sexual behaviour appears to fall in the “cause for concern” category. The principal will take further steps to ensure the student’s safety and well-being and that of other students who may be at risk.

Where possible, the principal should convene a meeting with the student’s teacher, the school counsellor and other school staff who work closely with the student (e.g., youth and family worker) to:

- share information about the behaviour that has been observed or reported
- discuss their concerns about the student
- begin to make a plan for supporting the student
- take concerns about the student to school-based team, if appropriate.
- consider involving district-based resource staff, such as a behaviour resource teacher, in the meeting. The staff who attend the meeting may become the safety and support plan team for the student (see point #7).

⁹ Guidelines for documentation are provided in Appendix G.

SAMPLE SCENARIO 6

Jessica (9) had been told several times that her behaviour and language are offensive and upsetting to other students. Jessica seemed not to be concerned about the effect of her behaviour, in fact, appeared to have such a “bad me” self-image that she liked the negative attention she was receiving.

When she was overheard making reference to another student’s “pussy”, the teacher told her immediately that she was to leave the area and that she would talk to her at the end of class. Later, the teacher stated that he recalled having conversations before about Jessica’s choice of words and the effect this had on other students: “Jessica, I heard you talking about another student’s private parts. I felt very angry when I heard you talk that way to Debby. The other students feel like avoiding you because of the way you have talked to them. You do not have the right to speak that way to any person. This must stop! For the next week, you will work in the group only when I am present. Otherwise, you must work at your individual work station. I will be talking to your parents about this matter.”

If, at any time, the student discloses abuse, it should be reported immediately to a child protection social worker with the Ministry for Children and Families. In such a case, do not contact the student’s parents—this is the responsibility of the child protection social worker. See page 26 for further information on when to involve the Ministry for Children and Families.

5. Inform Parents

Because of the sensitive nature of these concerns, it is important that the principal, teacher, and school counsellor meet with the students’ parents or guardians.

The principal and/or counsellor should contact the parents/guardians of both students to inform them about the incident and ask to meet with each separately. The identity of the other students involved should be kept confidential.

In their meeting with the parents/guardians of the student with problem sexual behaviour, the principal, the teacher and/or counsellor should:

- discuss the student’s behaviour and the school’s immediate response
- explain the school’s procedure for responding to problem sexual behaviours and the next

step in helping their child to control her or his behaviour

- request their involvement in decisions concerning the details of a safety and support plan for their child, and how it is implemented, bearing in mind that the school principal is ultimately responsible for the safety of all students
- offer school-based support for the student and/or refer the student and her or his family to appropriate services in the community.

For suggestions on talking to the parents of the student who was mistreated, see page 33.

6. Consult with Other Professionals

With parents’ written consent, the school counsellor should consult with a children’s mental health professional when:

- school staff are having difficulty determining how serious the behaviour is and/or how to best provide safety and support for the student
- there appear to be other behavioural and/or mental health concerns (i.e., the child appears depressed) in addition to the sexual behaviour
- making a referral for assessment or treatment.

- Response

7. Develop a Safety and Support Plan

The principal convenes a safety and support plan team comprised of school staff who work directly with the student and his or her parents/guardian, as well as district staff and/or other professionals, as appropriate. See the Management section (page 29) of this handbook for guidelines on developing, monitoring and concluding a school safety and support plan for a student.

8. Follow-up and Monitor

It may take some time for a child with external controls and supports to begin to develop internal control over her or his behaviour. The principal, teacher, or counsellor can help by:

- observing the student and providing feedback on his or her behaviour
- taking opportunities to talk with the student about his/her friendships, interests and activities
- repeating the steps, *Describe and Respond* and *Confront and Prohibit* several times, especially in the case of a child with poor social skills or a hidden disability such as fetal alcohol syndrome.

► LEVEL 3

What to do when problem sexual behaviour appears to be cause for *serious concern*

SAMPLE SCENARIO 7

Jennifer, a grade 3 student, had engaged in several inappropriate sexual behaviours with other students. She seemed to delight in shocking the other students, and had been talked to several times about this behaviour. However, when she prevented another student from leaving the toilet stall, and pulled down her pants and panties, she succeeded in frightening the younger student.

When the teacher was told about the incident, she removed Jennifer from the classroom to a study carrel in the main office. Later, the teacher and the principal met with Jennifer saying that they had been told that she had shown her private parts to another student "...and you used force to do this. You forced her to stay in the toilet cubicle in the washroom. This was very frightening for that student, and it upsets us both very much!"

After, the principal spoke with Jennifer about the incident, Jennifer continued working on her classwork in the office. A report was made to a child protection social worker at the Ministry for Children and Families, and a school safety and support plan was developed, in consultation with the student's parents.

The hurtful nature and extent of a student's sexually inappropriate behaviour may be immediately evident, based on the single incident, or may have become a problem for teachers and students because of its repetitive nature. At the third level of response, the seriousness of the student's behaviour requires action beyond school-based interventions. School staff will continue to *Describe and Respond, Confront and Prohibit*.

If, at any time, the student discloses abuse, it should be reported immediately to a child protection social worker with the Ministry for Children and Families. In such a case, do not contact the student's parents—this is the responsibility of the investigating social worker. See page 26 for further information on when to involve a Ministry for Children and Families child protection social worker.

1. Talk to the Student Who Exhibited the Behaviour

Describe the behaviour in terms that are clear and direct. ("Jennifer, I heard that you pulled down your pants in front of another student...").

Respond by pointing out the impact on others. ("I felt very upset when I heard that you

exposed yourself and forced Susie to stay in the cubicle. This was very frightening for Susie.")

Confront the student about the behaviour. Like the second level of response, a strong tone of voice and wording is used to communicate a more serious response. ("Nobody is allowed to use force and show his or her private parts!")

Prohibit the behaviour or set limits. Give a consequence to the student, or tell the student what will happen if the behaviour is repeated. ("You must stop this! You will have to work by yourself in the office, until we find a solution.") Let the student know that you are so concerned about the behaviour that her or his parents(s) will be informed of the incident. Take immediate steps to ensure the student's safety or the safety of other students by finding a separate space with supervision for the student to work (out of direct contact with other students).

- **Response**

Report and Refer: Tell the student of the importance of again speaking with the parents and specialists from outside agencies. “Jennifer, it seems hard for you to stop this behaviour. We will have to talk again with your parents, and get some help from someone outside the school. We need some special help to solve this problem.”

2. Talk to the Student Who Was Mistreated

Reassure the student who was mistreated that she or he is not at fault. Tell the student that you will talk to her or his parents/guardians about what happened. Consult with the school counsellor to determine the student’s need for support and/or counselling. (See *Support for the Student Who Was Mistreated* on page 35.)

BEHAVIOURS THAT ARE CAUSE FOR *SERIOUS CONCERN* ¹⁰

- induces fear/makes threats of force to get others to expose themselves
 - repeatedly exposes self in public despite correction
 - exposes self forcibly to others
- touches genitals of others with force
 - forces others to play sex-related games
- engages in chronic peeking/exposing/obscenities/pornographic interest
 - sexually explicit conversations with students of significantly lower power or age
- forces/manipulates others to view nude pictures or pornography
- has sexually explicit conversations with peers that reflect adult level of knowledge (primary age)
 - makes sexually explicit proposals/threats including written notes
 - degrades self or others with sexual language or gestures
- engages in compulsive masturbation which interferes with normal functioning
 - engages in masturbation which includes penetration
- rubs up against others (peers or adults) in a secret or apparently accidental way
- demonstrates repetitive simulation of intercourse with dolls, peers, animals with clothing on
- simulating intercourse with clothes off
- engages in oral, vaginal or anal penetration of other children, animals
 - exposes other’s genitals using physical force
 - inflicts genital or anal injury or causes bleeding.

These behaviours may be coupled with strong emotions of fear and anger, may cause physical pain to self or others, and may be directed at adults.

Caution must be taken that this table is not used too prescriptively. It is intended to present a range of children’s sexual behaviours that are cause for serious concern, but cannot be considered exhaustive.

¹⁰ This list of descriptors represents a synthesis of the work of Dr. John Taylor, Jan Sippel, school counsellors and therapists in British Columbia, Dr. T.C. Johnson and Gail Ryan.

- Response

3. Document the Incident ¹¹

Record the facts about the incident and who was involved. Document the response of the student who exhibited the behaviour and the consequences imposed. Record any statements made by the student. Make a note of the action taken. Document the statements of the other students in the same manner. Store the information you have gathered in a confidential file in a secure location, not in the student's school file or on an incident report form.

4. Inform the Principal

At this level of response, when a student's problem sexual behaviour appears to fall in the "cause for serious concern" category, further steps should be taken to ensure the safety and well-being of other students, as well as the student involved. Accordingly, the principal must be informed.

The principal should, as soon as possible, convene a meeting with the student's teacher, the school counsellor, and other school staff who work closely with the student (e.g., youth and family worker) to:

- share information about the behaviour that has been observed or reported
- discuss their concerns about the student
- begin to make a plan for supporting the student
- take concerns about the student to school-based team.

Steps 4 and 5 can occur simultaneously.

The principal may also want to involve district-based resource staff, such as a behaviour resource teacher, in the meeting. The staff who attend the meeting may become the safety and support plan committee for the student.

5. Report and Refer

The principal must contact a Ministry for Children and Families' child protection social worker if there is reason to believe the student needs protection. In addition the principal may discuss:

- concerns about the student's continuing problem sexual behaviours
- concerns about the student's need for treatment
- involvement of a child protection social worker in the development of a community safety plan for the student.

6. Inform Parents

If a child protection investigation is launched, the child protection social worker may want to interview the child and parents before the school contacts them. Because of the sensitive nature of these concerns, it is important that the school principal, teacher, and counsellor meet with the student's parents or guardian if the child protection social worker does not investigate or when an investigation is completed. Ask the child protection social worker to advise when the school may contact the parents in order for the school to involve the parents in the development of the support and safety plan.

¹¹ Guidelines for documentation are provided in Appendix G.

- **Response**

The principal or school counsellor should contact the parents/guardians of both students to inform them about the incident and ask to meet with them separately. The identity of the other student(s) involved should be kept confidential.

In their meeting with the parents/guardians of the student with problem sexual behaviour, the principal, teacher, and counsellor may:

- discuss the student's behaviour and the school's immediate response
- explain the school's procedure for responding to problem sexual behaviours and the next step in helping their child to control her or his behaviour
- request their involvement in decisions concerning the details of a safety and support plan for their child, and how it is implemented. It may be necessary to ask that the child be kept home for a day or two until a safety plan can be put in place.
- request their written permission to involve a children's mental health professional in the development of a safety and support plan, if necessary
- offer school-based support for the student (i.e., Special Education Services¹²)
- refer the student and his or her family to appropriate services in the community for assessment and treatment.

For suggestions on talking to the parents of the student who was mistreated, see page 33.

7. Develop a Safety and Support Plan

The principal convenes a safety and support plan committee comprised of school staff who work directly with the student and parents/guardians, as well as district staff and other professionals, as appropriate (see pages 29-32 for guidelines on developing, reviewing, monitoring and concluding a school safety and support plan for a student).

8. Follow-up and Monitor

It may take several months for a child, with external controls and supports, to begin to develop internal control over his or her behaviour. The principal, teacher, or school counsellor can help by:

- observing the student and providing feedback on his or her behaviour
- developing a system to reinforce the student when she/he meets behavioural expectations
- implementing behaviour management strategies (see Management section, pages 29-39)
- repeating the steps, *Describe and Respond* and *Confront and Prohibit* several times, especially in the case of a child with poor social skills or hidden disability such as attention deficit/hyperactivity disorder, or fetal alcohol syndrome.

¹² An Individual Education Plan (IEP) and the safety plan are separate documents.

TABLE 1: TYPES OF PROBLEM SEXUAL BEHAVIOUR AND TYPES OF RESPONSE ¹³

“NORMAL RANGE” – Describe and Respond

- 1 shows private parts to peers in reciprocal fashion (show me yours; I'll show you mine)
- 2 plays doctor (primary age)
- 3 compares genitals with friends
- 4 shows interest in viewing others' bodies, e.g., peeking at others in the bathroom
- 5 looks at nude pictures
- 6 uses 'dirty' words for bathroom functions, likes to hear/tell dirty jokes or songs
- 7 touches own genitals (may occur in public, e.g., during story time [primary age], while watching TV, or when tense or excited)
- 8 masturbates occasionally in private
- 9 imitates flirtatious behaviour of adults
- 10 imitates behaviour associated with sexual intercourse, e.g., pelvic movements
- 11 uses dirty words or jokes (which may not be understood), within cultural or peer group

“CAUSE FOR CONCERN” – Confront and Prohibit

- 1 attempts to expose genitals of peers
- 2 plays sexual “games”, despite being told not to
- 3 peeks at others in washroom, despite being told not to
- 4 engages in peeking, exposing, uses obscenities
- 5 shows persistent fascination with nude pictures, interest in pornography, brings these to school
- 6 has sexually explicit conversations with peers that reflect adult level of knowledge (intermediate age)
 - writes or draws sexual graffiti (especially chronic or which impacts others)
 - teases or embarrasses peers with sexual comments
 - interprets sexual meaning to neutral events, pictures, etc.
- 7 is preoccupied with masturbation
 - touches, rubs genitals in public despite being told not to
- 8 engages in sexual behaviour directed at adults
 - touches or stares at the breasts and/or buttocks of adults
- 9 simulates intercourse with clothing on, with dolls, peers, animals
- 10 is preoccupied with sexual themes (especially sexually aggressive ones)

“CAUSE FOR SERIOUS CONCERN” – Report and Refer

- 1** induces fear/makes threats of force to get others to expose themselves
 - repeatedly exposes self in public despite correction
 - exposes self forcibly to others
- 2** touches genitals of others with force
 - forces others to play sex related games
- 3** engages in chronic peeking/exposing/obscenities/pornographic interest
 - sexually explicit conversations with students of significantly lower power or age
- 4** forces/manipulates others to view nude pictures or pornography
- 5** has sexually explicit conversations with peers that reflect adult level of knowledge (primary age)
 - makes sexually explicit proposals/threats including written notes
 - degrades self or others with sexual language or gestures
- 6** engages in compulsive masturbation which interferes with normal functioning
 - engages in masturbation which includes penetration with objects
- 7** rubs up against others (peers or adults) in a secret or apparently accidental way
- 8** demonstrates repetitive simulation of intercourse with dolls, peers, animals with clothing on
- 9** simulates intercourse with clothes off
- 10** engages in oral, vaginal or anal penetration of other children, animals
 - exposes others' genitals using physical force
 - inflicts genital or anal injury or causes bleeding

Note: Caution must be taken that these tables are not used too prescriptively. They are intended to present a range of children's sexual behaviour, from normal to cause for serious concern, but cannot be considered exhaustive. Sexual behaviours are described in general terms, although they will take different forms at different age/developmental levels. Where a behaviour applies specifically to an age group it has been so indicated by either "primary age" or "intermediate age."¹³

¹³ This list of descriptors represents a synthesis of the work of Dr. John Taylor, Jan Sippel, school counsellors and therapists in British Columbia, Dr. T. C. Johnson, and Gail Ryan.

Reporting Children’s Problem Sexual Behaviour to the Ministry for Children and Families¹⁴

School staff should report a student’s problem sexual behaviour to a child protection social worker from the Ministry for Children and Families when:

- the student discloses abuse or neglect at any level
- the behaviour is consistent with that defined by Section 13 of the *Child Family and Community Service Act* (see *Appendix F*)
- the behaviour falls into the category “cause for serious concern” (refer to Level 3 in Response section, pages 20-23, and *Table 1*.)
- parents are unwilling or unable to follow through on having the child assessed or treated
- the behaviour persists despite behavioural intervention
- the student’s parents are not cooperating with the school’s support and safety plan (i.e., do not provide agreed upon supervision to and from school, or refuse to inform after-school care staff of information that is important to the safety of their child and others)
- the school has information that the parents do not provide adequate supervision at home, or in the community
- the problem sexual behaviour is one of several indicators that lead you to believe that the student needs protection or is being abused or neglected
- there are younger and/or vulnerable children in the home or in the community

In summary, in the case of children sexually touching other children, the school staff member must report to the Ministry for Children and Families for two reasons:

- (1) he or she feels that the problem sexual behaviours indicate that the child needs protection, according to section 13 (refer to Appendix F, *Child, Family and Community Service Act*), and/or,
- (2) he or she suspects that other children (for instance, in the student’s home or neighbourhood) may be at risk of being sexually mistreated by the student with problem sexual behaviours.

Informing Police (Students 12 and over)

When a complaint is made about a student who is 12 or older involving conduct that might constitute a criminal offence, the police should be informed, with the knowledge that charges may not necessarily follow.

School staff are sometimes reluctant to make such reports to school administrators, child protection social workers or police for a variety of other reasons:

- “It’s not *really* a problem—she or he is not likely to do it again”

¹⁴ The list of situations identified here is not exhaustive or definitive. Refer to *The B.C. Handbook for Action on Child Abuse and Neglect* for further information on indicators of sexual abuse.

- **Response**

- “I don’t personally feel comfortable being interviewed by police.”
- “I don’t want him or her to be in trouble with the police.”

However, it is important that school staff report to the police those behaviours that might constitute criminal conduct. Not only is this important for the school, its climate, and the safety of others, it is important for the student against whom the complaint has been made. Even though the student may not be charged, making a complaint increases the probability that the student will get help for the problem sexual behaviours.

In order to protect the health and safety of students, relevant information concerning a police complaint or investigation may be shared with police by school staff.

Whether or not the complaint or incident involves possible criminal conduct, responses should be made in accordance with Level 3 response procedures.

Chapter 3



MANAGEMENT

Supporting the Student with Problem Sexual Behaviour

SCHOOL SAFETY AND SUPPORT PLANS

A school safety and support plan is a set of external controls and limits designed to help a student gain control over his or her sexual behaviour and to protect other students from possible harm. An effective plan also supports the student's participation in age-appropriate activities with peers. It is one component of a larger treatment plan for a student who has problem sexual behaviours.

The School Safety and Support Plan Team

The safety and support plan is developed by a team of school staff members (it may be the school-based team) in collaboration with professionals working with the student in the community, and in consultation with the student and her or his parent. The individual student and his or her parent or guardian should participate in decisions concerning the details of the plan.

The school team is responsible for developing, implementing, monitoring, reviewing, revising, and concluding the plan. It may include the following school staff and community professionals:

- School Principal
- Student's Teacher
- School Counsellor
- School District Psychologist
- Student's Special Education Assistant
- Behaviour Resource Teacher
- Youth and Family Worker
- School Liaison Police Officer
- Student's Probation Officer
- Social Worker
- Therapist/Mental Health Professional

SAMPLE SCENARIO 8

Sally (7) was frequently rubbing against other students, and talking in sexual ways with them, e.g., telling some of the male students that she wanted to “sex” them, etc. However, whenever either the teacher or teacher assistant tried to talk to her about these behaviours, she would hold her hands over her ears, or make loud noises, or run away from the area.

So, initially staff were unable to communicate with her about her behaviour. In consultation with her therapist, they worked out a plan of signalling her, by *pointing* to a table at the back of the room, where she was to go whenever she was being sexually inappropriate.

With continued therapy, which helped her deal with sexual abuse by an adolescent babysitter, these behaviours and her anxiety abated.

Elements of a School Safety and Support Plan

The school safety and support plan should be designed to address the needs of the individual student and the school. A safety and support plan may include, but is not limited to, the following elements:

- supervision of the student upon arrival at school, during recess and lunch, and upon departure
 - supervision of the student during other times of the day that are less structured or have reduced supervision
 - designated play areas on the playground
 - supervision of the student’s use of the washroom
 - supervision for sports, including changing areas (e.g., swimming)
 - procedures for the student to check in with a designated adult throughout the day
 - a plan for responding to subsequent inappropriate sexual behaviour, which may include a set of escalating consequences
 - specific behaviour management strategies including a plan for reinforcing appropriate behaviour
 - a plan for involving the student in positive activities with peers
- a communication plan that specifies how and with whom information will be shared
 - a designated case manager (preferably the school principal)
 - a scheduled review and update of the plan.

The written safety and support plan should be dated. It should include the names of the committee members and the case manager and specify a review date. It should be stored in a locked confidential file, separate from the student file.

However, a safety and support plan should never be a permanent arrangement. As therapy continues and more information is available, it should be updated to reflect the real risks. In the absence of knowledge about the extent of the problem, it may initially be more restrictive. (See *Sample Scenario 9*).

Reviewing the Safety and Support Plan

There are several factors that may assist in developing, implementing, reviewing and/or terminating a safety and support plan. The school may not have direct knowledge related to all of these factors. Therefore, it is important for school staff to consult with the family, social worker and therapist, before adjusting or terminating the safety and support plan.

- Management

In addition, schools will want to consider factors related to school environment, community (including agency involvement) and family. These factors include whether or not:

a) The student is aware that the behaviour is a problem

When a complaint is made about a student's behaviour and when the student is confronted about the behaviour, the student may respond to the confrontation with a range of stances or reactions. Denial or minimizing are common ones. The student may claim that he or she was only "fooling around" or "it was no big deal." Another option is that the student will distract, disrupt or act out when confronted, indicating that the subject is "off limits" for her or him (*Sample Scenario 8*). Alternatively, the student may demonstrate shame or guilt about the behaviour, acknowledging that she or he is aware that the behaviour is not acceptable. If the student is able to acknowledge that there is a problem, the likelihood of further problems is reduced.

b) The student's parents acknowledge the problem behaviour

If the parents of the child have difficulty acknowledging a problem with the student's behaviour, this may also increase the likelihood of the behaviour

continuing. However, if the parents recognize that there is a problem and are willing to do something about it, the likelihood is reduced significantly.

c) The student demonstrates understanding of the problem

Even young children can give reasons for their behaviours. Some reasons are valid, others are excuses. During the course of therapy, a child may say that he or she has a touching problem because of the sexual abuse he or she has experienced. Any indication that the student has an understanding of the cause of the behaviour reduces the likelihood of it occurring again, especially once it has been confronted in the course of therapy.

d) The student has an adequate social network

If the student with problem sexual behaviours has no friends and is otherwise socially isolated, it is likely that he or she will gravitate to younger or more vulnerable students. The more socially engaged and busier the student, the lower the risk. The problem behaviour is also less likely to recur with greater supervision both at home and at school.

SAMPLE SCENARIO 9

There had been frequent complaints about Coby (7) running up to students during recess and grabbing them in the crotch area or trying to pull down their pants. There were also complaints about him grabbing others in the cloak room, prior to lunch break and recess. Coby was generally an impulsive boy.

After the first and second complaints, his teacher spoke directly to Coby, telling him how she and others felt about his behaviour. After the third complaint, she told Coby that he would not be able to have his recess break outside with the other students for the next three days. The problem continued when he returned to the playground for recess.

A safety plan was therefore established by the parent, vice-principal, teacher, and Coby. Coby took all of his recesses and lunch breaks inside, with supervision. His coat hanger was moved to the inside of the classroom, so that he did not have to use the cloakroom. The teacher ensured that there was always an adult present when the students arrived at the classroom. The plan was to be reviewed after three weeks.

- Management

The school should not make an assessment of a student's therapeutic needs. This is the responsibility of a child mental health professional.

e) Student is engaged in therapy

If the child is receiving therapy, the risk is reduced. However, therapy should be structured and directed toward helping the child gain self-control. While less-structured play and art therapy may be useful to the sexually abused or traumatized student, the first focus should be on helping the child stop the sexually inappropriate behaviour.

f) Student demonstrates understanding of the impact on others (empathy)

If the child has some awareness of the impact of his or her behaviour on others, especially the student who was touched, the risk of the behaviour continuing is reduced. Some students, especially younger ones or those with disabilities, struggle to view their behaviour from another's perspective, and fail to appreciate what impact they have had. Such students need to be educated about the impact of their behaviour.

The longer a problem has existed, the greater the risk of it recurring. If it is learned that the problem sexual behaviour has been continuing, despite efforts to correct it, the support plan should be modified accordingly.

STRATEGIES FOR CLASSROOM TEACHERS

- Teach the student about privacy and personal space. Reinforce these concepts by providing the student with a clearly designated work area and a place for her or his belongings. Model respect by always asking permission before using the student's workspace or touching his or her belongings. When younger students are participating in circle or carpet time, provide a small mat to designate the place where the student will sit.
- Communicate clear messages about touching others (e.g., "kissing other children at school makes them feel uncomfortable"). They also need clear and consistent limits about touching others and respecting personal space.
- Be consistent in imparting consequences. If the student comes to think that the behaviour is sometimes OK, the behaviour will actually be strengthened.
- Make a plan with the student for getting help from an adult when the student is experiencing the thoughts and feelings that typically precede her or his problem sexual behaviours. This can be effective if the student has progressed in therapy to the point where he or she is aware of the antecedents of the problem sexual behaviour. Such a plan requires input from the child's therapist and the involvement of several adults in the school setting who are given specific strategies for helping the student defuse feelings and gain control. It may include a simple hand signal that a student can use to indicate that she or he needs immediate help.
- Be aware of times when the environment is becoming excessively stimulating for the student, and provide opportunity for the student to take time out to calm down.

- **Management**

- Teach specific social skills (e.g., making friends, joining groups, making conversation).
- Encourage social interaction with peers, but discourage the student from interacting exclusively with an individual child or adult.
- Teach other students to label inappropriate behaviour and respond assertively (see *Appendix A*).
- Develop a system for reinforcing appropriate behaviour and/or times when the student's sexual behaviour is under control.

WORKING COLLABORATIVELY WITH SERVICE PROVIDERS AND THERAPISTS IN AN INTERVENTION PROGRAM

Consult with the child's therapist and school counsellor to develop a common language that can be used both at school and in therapy.

Given the complex nature of sexual behaviour problems in children and youth, close collaboration between the school and the community professionals providing services and treatment to the child and family is essential (*Sample Scenario 10*). Working together to create, implement, monitor and periodically review the student's safety and support plan, developing intervention strategies for the classroom, and sharing information will help to ensure that the services provided are meeting the student's needs.

WORKING COLLABORATIVELY WITH PARENTS/GUARDIANS

Although behavioural goals and strategies are sometimes included in students' Individual Educational Plans (IEPs), it is not recommended that a safety and support plan be included in the IEP.

Frequent reference has been made to the importance of team work when dealing with these kinds of problems, but the most important people on this team are the child's parents. Therefore, emphasize the following when working with parents/guardians:

- before contacting parents, consult with a child protection social worker if a report has been made to the Ministry for Children and Families
- use a non-judgmental approach
- express concern for their child's safety and well-being
- clarify for parents/guardians how the school will respond to incidents, and enlist their cooperation with respect to consequences whenever possible
- work together to reduce the risk that the child will repeat the behaviours and to help the child learn boundaries and positive social skills
- aim for a consistent approach to the child's behaviour, at home and at school
- involve parents in developing, monitoring and reviewing the safety and support plan
- obtain permission to consult and share information with the child's therapist
- communicate with parents promptly when there has been an incident
- encourage communication between home and school
- remember to share the child's successes with parents/guardian
- ask about parents'/guardians' goals for their child (educational, social, recreational) and incorporate these into the student's educational plan, if possible
- encourage the student's interests and promote her or his strengths.

SAMPLE SCENARIO 10

Jordan (11) had been excluded from school for several weeks, following complaints that he had anally penetrated two other children in his neighbourhood. A child protection social worker from the Ministry for Children and Families arranged for Jordan to be placed in a group home for child protection purposes. The new school insisted that he could not start in the (special-remedial) classroom until he started in a treatment program. Once he started in the treatment program, his therapist met with the teacher, teacher aides, and the staff of the group home where he now lived. All of these professionals learned about the key concepts Jordan was to learn in his treatment program (e.g., “red flag” people, places or feelings, boundaries, etc.). All of the students in his class (including Jordan) were taught about several different kinds of touch and what to do about each type, if and when they happened (See *Appendix A*). Through this collaboration, Jordan “received the same message” from all of the adults in his world. He also knew that the other students in his class had been told about problem touching and what to do about the problem touching.

TREATMENT

When a child demonstrates long-standing problem sexual behaviours, he or she requires specialized treatment by qualified mental health practitioners. Treatment may involve individual therapy and family therapy. It must directly address the problem behaviour, with the goal of improving impulse control and social judgment. This may take an extended period, given the fact that some children with problem sexual behaviours are also affected by conditions such as fetal alcohol syndrome, attention deficit/hyperactivity disorder, etc.— conditions that can interfere with the learning process.

In his or her therapy, the child will learn to recognize and respond to “red flags,” those situations, feelings, and/or persons that have been associated with the problem sexual behaviours in the past, which when present, increase the probability of the behaviour recurring (*Figure 1, page 35*). She or he will learn about self-talk, or how to “talk back” to the problem or talk themselves through difficult situations.

In family therapy, members will discuss ways in which family history or dynamics might have played a role in the development of the problem, or how the family might adjust to manage their

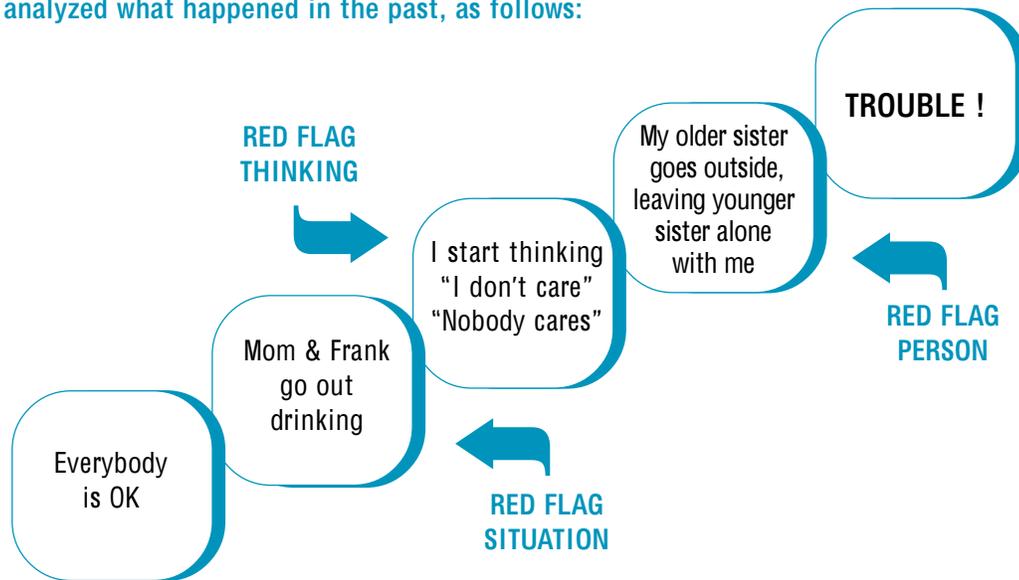
child’s (perhaps previously undiagnosed) problem sexual behaviours, and how family members can support the child.

Most importantly, the child learns about how he or she “got” the problem, that other children have had similar difficulties, and that they learned how to “be the boss of it.”

FIGURE 2: A TREATMENT PLAN

In order for Juan (age 11) to visit his family for the weekend, he had to first create a treatment plan. In therapy he had learned a great deal about his touching problem, how he got it, what the “red flags” were, and what kind of “thinking mistakes” had been part of the problem.

He analyzed what happened in the past, as follows:



In his treatment plan, he committed to phoning his aunt who lived next door, and who knew of his treatment plan. She agreed to come over if Mom and Frank went out drinking. Most importantly, he told his mother and sisters of his plan (i.e., removed secrecy) so that they could be aware of what triggered Juan’s red flags and help prevent problems.

Supporting the Student Who Was Mistreated

- Support for a student who has been involved in inappropriate sexual behaviour by another student begins with the staff person’s initial intervention in the incident. It is important to speak privately with the child, acknowledge what happened and ask how the child is feeling about it.
- Remain calm and matter-of-fact. Remember, the student’s emotional response to the incident will be determined, in part, by your facial expression, body language, tone of voice and words. Let the child know that you are sorry it happened.
- Depending upon the circumstances surrounding the incident, it may be appropriate to reassure the child that the behaviour was not his or her fault, and that telling an adult about it was the right thing to do.
- Talk about the rules (e.g., “It is not okay for other children to touch your private parts”) and instruct the student to tell an adult immediately if it happens again.

- **Management**

- Let the student know what will happen next (e.g., that her or his parent will be informed, and that there are consequences for the student who initiated the behaviour). Make a plan to check back with the student in a day or two to determine how he or she is faring and whether further support is needed.

A student who has been sexually mistreated by another student may need further support if:

- the student continues to show signs of anxiety and is upset after the initial intervention. These may be evident at school and/or at home.
- the student tends to be unusually quiet, overly compliant and non-assertive
- the student has very few friends and/or has social skills deficits
- the student begins to act out sexually (e.g., self-stimulating behaviour, exposing private parts, touching others in a sexual way)
- the student has a problem maintaining appropriate boundaries

The school counsellor may be the most appropriate person to provide individual support. The goal is to help the student resolve feelings of fear and anxiety by equipping him or her with some skills and strategies for self-protection and self-control.

Making Safe Choices

Learning to make safe choices is key to helping a student avoid situations in which further incidents of sexual behaviour could occur. Discussion may include:

- how to respond to invitations by the other student to go somewhere inappropriate
- safe and unsafe places to play or “hang out”
- what to do if the student finds himself or herself alone with the other student (e.g., in the washroom).

Discussing “what if” situations and providing opportunities for practice and role play will help the student apply the skills and strategies in other situations.

Being Assertive

Most students will benefit from opportunities to learn and practice how to be assertive. Keep in mind that assertive behaviour involves both words and actions and can give students the confidence and sense of mastery to be able to deal with a potentially high risk situation.

Reporting Skills

Reporting skills require that the student is able to recognize situations that merit a report. Encourage the student to identify, by name at least, three adults she or he can approach for help should the sexual behaviour recur.

- Management

Social Skills

Some children who are victims of other children's problem sexual behaviours are vulnerable because they lack the necessary social skills to interact with their peers. Students who have difficulties making friends and getting along with others may, nonetheless, have a strong desire to belong or be part of the group. This can put them at risk for being drawn into inappropriate sexual activity by a child who approaches them and shows interest in them. Social skill training that may be helpful includes: making friends, joining in a group, resisting peer pressure, or taking turns.

Understanding Boundaries

Many children who have been victims of unwanted touching can benefit from discussions about different kinds of touches (see *Appendix A*). Learning that there are limits around the kinds of touches we get from, and give to, the different people in our lives will help the child to establish personal boundaries. It is also important to talk about the range of feelings that different kinds of touches can evoke and that, while some touches are caring or helpful, others can hurt our bodies and our feelings. Understanding boundaries and being assertive go hand in hand, as students need to know what to do and/or say when someone is touching them in an inappropriate or confusing way.

Supporting the Parents

- Immediately notify the parents/guardians of the student who was mistreated unless a report has been made to a child protection social worker or police. Follow procedures for reporting to a child protection social worker on page 26. In that case consult with a child protection social worker and/or police before contacting parents.
- Meet with the parents/guardians to tell them what happened and the actions the school has taken. Keep in mind the need for confidentiality.
- Reassure the parents that the school has a plan for managing the student's behaviour and for keeping other students safe.
- Listen to their concerns and answer their questions.
- Offer school-based counselling support for the student, and if appropriate or requested by parents, refer the child or family to services in the community, such as a children's mental health worker.

Supporting Other Students Who Were Affected

Students who have witnessed or been exposed to the inappropriate sexual behaviour of a school mate may react in a variety of ways. Some will react in a matter of fact way about the misbehaviour, viewing it as a nuisance. They may ignore the behaviour, tell the student to stop, or report recurrent behaviours to the teacher. This is often the typical response of a majority of students in the class. Others, however, may be upset or intimidated by the behaviour and/or

- **Management**

fearful of the student herself or himself. And some students may become fascinated with the sexual acting out and either try to provoke the student to repeat it or mimic the behaviour themselves.

Class discussions and activities on boundaries around touching, talking and other behaviours can help students gain perspective on the sexual behaviours (see *Appendix A*). Learning how to be assertive, knowing when to seek adult help and practicing a range of positive social skills will help them to feel safe and stay safe. School rules and boundaries concerning inappropriate behaviours should be clearly stated. However, empathy and compassion for others who are struggling to overcome behavioural problems should be the foundation of all class discussions (see *Appendix A*).

Supporting the Teacher

The following guidelines will help teachers to:

- remain aware of their responsibilities to other students and the school
- recognize any personal values or attitudes that might be connected to student behaviour problems.

When a student sexually mistreats another student at school, some teachers may feel guilty that they were not aware of the behaviour and did not stop it. In fact, this behaviour often is so secretive that the teacher is the last one to find out about it.

Although teachers are not expected to undertake the counselling or treatment of such children, they can help such children learn appropriate self-control skills and be very powerful in improving their self-esteem.

Discomfort, surprise and shock are common reactions when working in this area. One purpose of this manual is to increase teacher awareness and level of confidence in responding to sexual behaviours.

Clear Communication

Teachers should be encouraged to talk about sex, body parts, private and personal parts – the penis, the vagina, the anus, the buttocks, etc. – openly and frankly. The more children see that the adults around them are not uncomfortable with discussing bodily functions, the more they will feel comfortable talking and even reporting problem touches (see: *A Very Touching Book*. Hindman. J. (1996); Appendix D)

Balance

Setting limits on sexual behaviour needs to be balanced with acceptance, praise, understanding, and patience for the student. The sexual behaviour is only one aspect of the child's behaviour. No matter how shocking the behaviour, or how others feel toward the student, he or she is "more than a sexual problem."

Ideally, any child with a "touching problem" should receive specialized treatment or counselling, and the student's teacher would work in conjunction with the counsellor or therapist who specializes in children's problem sexual behaviours.

- Management

Personal Past Experience

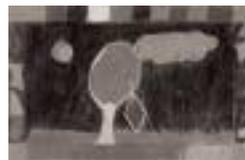
Having a student who acts out sexually can trigger past experiences for some staff. Should this happen, consult with other professionals or the school counsellor. This consultation should take place so that the child's ability to talk about the problem is not inadvertently blocked.

Comfort with Sexuality

Some teachers may not, initially, be comfortable with sexual topics and/or a child's sexual acting out behaviours. They may fear that talking to the child about problem sexual behaviours compounds the problem. This is not the case.

The teacher may want to practice talking about specific topics, thereby lessening the level of discomfort (in the same way that he or she might rehearse talking about death when a student has lost a parent or close relative). Teachers may need support when responding to children who raise the subject during both appropriate and inappropriate times (see *Appendix A*). Response to a child's questions and actions should be brief and frank.

Chapter 4



SPECIAL ISSUES

Sexually Exploited Children

Sexually exploited children (e.g., children involved in the sex trade) are not included in the category of children with problem sexual behaviours despite the fact that they engage in self-injurious behaviour. Children who are sexually exploited may be different from children who are the focus of this manual for the following reasons:

- they are under the control of an adult, whose motives are exploitative
- they are typically not living at home, and may be out of the reach of many of the helping systems or agencies
- they may not be attending school
- they may misuse alcohol and/or drugs.

The combination of their emotional and social immaturity and their precocious sexuality may make such children vulnerable to being recruited into prostitution and child pornography.

Masturbation and Self-Stimulation

A majority of children fondle their own genitals or masturbate at some time during childhood. Children may touch their own genitals for the pleasant physical sensation it brings and/or as a way to calm or comfort themselves before going to sleep. Infants and young children will touch or fondle their own genitals at random as they explore and learn about their own bodies. Self-touching may progress to more deliberate self-stimulation as children approach puberty. Children may use their hands or rub themselves on objects such as furniture, stuffed toys and blankets. However, by the time they enter school, most children understand that this is a private behaviour, usually reserved for times when they are alone in the bathroom or their bedroom.

There is reason to be concerned about a child's masturbation or self-touching when:

- *The child continues the behaviour in public, even after adult intervention.* Dr. Suzanne Sgroi defines excessive masturbation as when "a child, older than

Children with problem sexual behaviours can be at risk for sexual abuse and exploitation by adults. This is because adults can take advantage of young children—that is, their curiosity, social isolation, impulsivity, lack of boundaries and previous exposure to adult sexual behaviour.

- **Special Issues**

three years of age ... continues to masturbate in public, even when redirected, scolded or punished by a caretaker or authority figure" (Sgroi, 1988, p.12).

- *The behaviour interferes with the child's participation in other activities.* The child appears to be preoccupied with self-touching or masturbation and less interested in other childhood activities such as playing with peers, exploring his or her environment, participating in classroom activities and doing school work. The behaviour may or may not be occurring in public. Nonetheless, when a child appears to prefer masturbating (even in private) over other age-appropriate activities, it is an indicator of a more serious underlying problem.
- *The behaviour is self-injurious.* The child is causing himself or herself emotional discomfort or physical irritation, pain, bleeding or infection.

Why do some children have this problem?

There are several possible reasons for children to masturbate or fondle their genitals excessively or compulsively:

- to ease the physical symptoms associated with an underlying medical problem, such as an infection
- to avoid interaction with others, when social interaction is experienced by the child as stressful or difficult
- to alleviate boredom, particularly if the child lacks the skills for social interaction with others
- to decrease anxiety and tension, masturbation may help the child to cope with upsetting feelings such as fear, anger, sadness, emptiness, loneliness and worry
- to cope with intrusive thoughts, memories and feelings related to trauma (including abuse, witnessing violence).

Managing the Behaviour at School

Inappropriate and excessive masturbation may be one of the most common forms of problem sexual behaviour. As with other such behaviours, school staff will need to work closely with other professionals and the student's parents/guardians. Behaviour management strategies should not be used in isolation from a larger plan for assessing and treating the underlying cause of the behaviour.

The following suggestions are not intended to be a substitute for the three levels of intervention described in the Response section (pages 13-25), nor the other management strategies provided in the Management section (pages 29-39) of this manual.

The first task is to rule out the possibility of an underlying medical problem. Ask the student's parents/guardian to take the child to the doctor to determine whether she or he has a genital or urinary tract infection or other condition. Request that parents provide a note from the doctor indicating her or his findings.

- **Special Issues**

(Note: while a genital infection can be a sign of sexual abuse, it is possible for children to contract genital infections in other ways, such as poor hygiene. A sexually transmitted disease is a strong indicator of sexual abuse. Report to a child protection social worker at the Ministry for Children and Families.)

Initial Response

Management of a student's inappropriate sexual behaviour begins with your initial response (refer to *Response* section). Speak to the child in private, not in front of the class, to avoid shaming or embarrassing him or her. Labeling or describing the behaviour is important, but finding the right words can be difficult. Try to use words that will be easily understood by the child. A simple statement such as "You are rubbing your private parts on the chair" or "You are pushing your private parts into the corner of the desk" or "You have your hand(s) on your private parts" is sufficient to clearly identify the behaviour you are addressing. Then state the behavioural norm (i.e., "Touching your private parts (or genitals) is a private activity and school is a public place"). Caution must be taken to ensure that the child does not receive the message that, when he or she has feelings of distress or anxiety, it is acceptable to go to a private place to masturbate. In fact, during such moments the child needs to be with an adult who can distract and redirect the child.

Cueing

Make a plan with the student about what you will say and do when she or he is rubbing or touching his or her genitals. Keep in mind that the student may not always be aware of his or her behaviour. Simple verbal or visual cues will act as reminders for the student to stop the behaviour and get back to work without embarrassing or shaming the student. A verbal cue could take the form of a simple, positively stated instruction, for example; "Kevin, time to get to work." Visual cues such as a single tap on the student's desk with your hand, a small stop sign placed briefly on the student's desk, or saying the student's name, followed by a hand signal, such as touching your forefinger to your forehead can also be effective.

Redirection

The aim of redirecting is to help the student find more appropriate ways of dealing with the feelings that underlie the behaviour and to teach the child how to refocus on another activity. The teacher may find that giving the student a small soft ball (a stress ball) will serve to distract or otherwise soothe the student and help him or her to carry on with work. If the child can be given choices concerning an alternative activity, the teacher can problem-solve with the student and help her or him to make an appropriate choice. Activities that require concentration (e.g., puzzles, computer work) and those that expend physical energy may be helpful. If students are doing seat work when the behaviour occurs, the teacher can spend a few minutes with the student to get him or her back on task and help with any difficulties the student is having with the work. In some cases, the student may need to be given a more

- **Special Issues**

challenging task. Some students may need a few minutes of free drawing to release some tension and anxiety before getting back on track with the class. Having the assistance of a trusted adult at times of high stress encourages children with problem sexual behaviours to see adults as sources of help and guidance.

Preparing the Student for Transitions

Paying attention to when the behaviour occurs (e.g., during silent reading, or at group time) may enable the teacher to prepare the child to make a transition from one activity to another. The teacher can remind the student about an upcoming activity and behavioural expectations. Visual prompts such as a photograph of the student participating appropriately in the activity, or a personal card with pictures and/or words describing the behavioural steps can be used. For example, for silent reading the steps might be: book open, hands on desk, mouth closed.

Reinforcement for Appropriate Behaviour

Provide positive reinforcement as incidents of the self-touching become less frequent and periods of attention to task more frequent. Reinforcers can be as simple as giving a student a smile, a wink or a thumbs up when he or she is behaving appropriately. A coupon system or a personal chart can be used to keep track of progress and help the student see that she or he is gaining control over the behaviour. A specified number of coupons or points earned per day or per week could be followed by some personal words of praise by the teacher and a positive note sent home to parents. Tangible rewards such as a small story book, pencils or stickers can also be used when the student has achieved a set goal.

Involve parents or guardians in the child's safety and support plan whenever possible. A powerful reward for most children is spending extra time with a caring adult (e.g., a parent taking her or his child for a bike ride, playing a game together or practicing a sport). When parents can be involved in a positive way, reinforcing and rewarding their child's positive behaviour, it helps to strengthen the child's attachment to and reliance upon his or her parent.

Sexual Talk

In the same way that this document has presented a continuum of touch (*Appendix A*), there also is continuum of talk—from “neutral talk” and “soothing talk” to “confusing talk” and “problem talk” (or use of sexually aggressive words). Although no touch takes place, students may make threatening or very graphic comments to others, which may be quite frightening for the receiving student (*Sample Scenario 10*).

SAMPLE SCENARIO 10

Toni had few friends at his school, but didn't seem to care. Because it was known that he had had a sexual behaviour problem last year, he was closely supervised. No complaints about his sexual behaviour had been made for many months. However, during a period that he was away from school for a prolonged illness, it was learned that he had begun a pattern of speaking to some of the more vulnerable female students in a very frightening but quiet manner. For example, while serving up his hot dog during lunch, he told the girl next to him in line that the hot dog was his "dick," and the bun was her "pussy." He had made several such comments to other students who were afraid to complain for a variety of reasons. Only when he was away did one student complain and the teacher learn how prevalent the problem was. When he returned, the problem was discussed openly during class. His inappropriate sexual language stopped.¹⁵

This behaviour should be considered and responded to in the same way that any other problem behaviour is dealt with—calmly, and firmly. For example: "Toni, you are using offensive words for private parts of the body, which shock and upset others. This is not OK behaviour!"

Safety on the Internet

Students who have used the Internet are amazed to realize that many of their teachers have yet to explore this new world of information and images. They are fully aware that the Internet is like a highway where one is able to drive anywhere on a map, and regardless of where you stop (when you shut the computer off), you can 'bookmark' where you were and start the journey again the next time you sit at the computer.

Schools are faced with the dilemma of trying to provide students with the richness of information and research available through the Internet while protecting them from potentially harmful information and images.

Many people don't realize that when they log on to the Web, or a virtual community, or post to a newsgroup, they are leaving a trace of themselves. Each person's unique IP Address (identifying the location from which one "logs" in) could be made known to someone with proper access and tools.

A significant concern is created by the ease with which students can access Internet sites with banner advertising that is sexually oriented. Consent screens, intended to guard against minors' access to sexually explicit material, offer only legal warnings and can neither prevent use nor identify the user's age.

Filter Programs and Their Limitations

A filter program can be installed on the school's computers and configured to whatever provider or applications run on these machines. Filters such as 'Net Nanny,' 'CyberPatrol,' 'Surf Watch,' and other such programs have helped to remove or 'block' access to information of a sexual or hostile nature.

These filters stay current with automatic updates of new objectionable sites, and the school can ask the filter company to add sites to its list. Sites providing objectionable information about hate crimes, drugs, alcohol, sex and pornography can be filtered out.

¹⁵ School counsellors can assist with such meetings.

- **Special Issues**

A false sense of security can be established if one is not familiar with the Internet or does not have the time to properly supervise the user. Potential problems lie in unsupervised access to the Internet.

Nevertheless, a proliferation of sexual images and graphic stories of sexual activity can be easily reached with the touch of a key. Seemingly innocent words such as “blue smurf” or “bears” can immediately lead to links (threads of information) that are sexual. As words such as these are filtered, an increasing number of new words must be monitored for possible sexual content. Sometimes graphics can be cut out but text remains, thus the problem still exists.

Safety Tips for Teachers

- the internet opens the classroom to the exploitation of children by unscrupulous adults
- child exploiters will use innocent and clever ways to entice the student via the internet
- supervise where students are surfing, ensure they visit appropriate sites and use chat rooms safely
- if messages or bulletin board items are suggestive, obscene, belligerent or threatening, forward them to your system’s administrator
- “contract” with students that they must tell, if approached, or sense that a contact is inappropriate

Internet Tips to Pass to Your Students

- do not give out personal information like your name, school, address or phone number or put your picture on a web page
- remember, not everyone you meet in a chat room is who they say they are— a 53-year-old may pretend to be a 12-year-old
- if you are having problems at home or school, or if someone harasses you on-line or says something inappropriate or makes you feel uncomfortable in any way, tell your teacher and/or parent, or see the school counsellor for help; do not tell an internet stranger

Chapter 5



LEGISLATION AND POLICY ISSUES

Introduction

This segment is not intended to provide a comprehensive list of issues, nor is it intended to provide legal guidance in particular cases. It is the responsibility of the school administrator to assess the circumstances of a particular case and determine the appropriate action. When necessary, this will include seeking assistance from the school district's legal counsel with respect to legal issues and concerns.

Federal legislation that is relevant to this section includes the *Young Offenders Act* (YOA), the *Criminal Act* the *Privacy Act*. The following provincial statutes include the *School Act*, the *Child, Family and Community Service Act*, and the *Freedom of Information and Protection of Privacy Act*.

The *School Act* defines the legal obligation of school boards to provide an educational program for all children and youth of school age resident in the district who are enrolled in schools. A basic tenet of our school system is that students with special needs will be integrated with their typical peers, unless there is a legitimate reason not to do so. A student who has problem sexual behaviours may be viewed as having special needs in that he or she often requires an individualized support and safety plan in order to gain control over his or her behaviours. In the vast majority of cases, the needs of these students can be met in the school setting, especially when there is a coordinated approach that involves specialized treatment for the student, as well as behaviour management in the school.

School staff are expected to act according to the common law doctrine *in loco parentis* ("standing in the place of the parent"). That is, given the absence of the parent, they are expected to respond to the behaviour of the children in their school in the manner of a reasonable and caring parent. This means that, among other things, the school must provide reasonable supervision and protection for all students.

• Legislation and Policy Issues

School staff are not responsible for all injuries that occur in the school, for example those that happen accidentally or those that could not have been foreseen (see *Sample Scenario 2* p. 6). However, when the school has received some information about a student's sexually inappropriate behaviour, it must document that it has undertaken reasonable measures to provide for the safety of students. "Reasonable" may represent the development of a safety and support plan which has been outlined in the earlier sections on safety and support plans (page 29), and preventative classroom discussions (see *Sample Scenario 10* p. 34 and *Appendix A*).

A few students pose a very serious risk to others and may not be manageable in a regular classroom with a safety and support plan. In such cases, one strategy is alternate placement in a special classroom.

The *Child, Family and Community Service Act* (CFCSA) is British Columbia's child protection legislation. Section 14 (1), *Duty to Report*, states that any person who has reason to believe that a child has been or is likely to be physically harmed, sexually abused or sexually exploited or needs protection due to the specific circumstances outlined in the CFCSA section 13 (e) – (k), must report the concern to a Ministry for Children and Families child protection social worker. A person who contravenes this section commits an offence. Section 13, *Child in Need of Protection* outlines forms of abuse and neglect that should be reported (*Appendix F*).

Sharing information with other professionals about a student who has problem sexual behaviours is an essential component of any plan for helping the student gain control over her or his behaviours. A communication plan should include information-sharing among the following people: student, parents/guardian, social worker, probation officer, therapist, and specific school staff such as the principal, the school counsellor, and the teacher.

It is essential that written permission be obtained from the parent or guardian to share information about the student or his or her behaviours and circumstances with professionals outside the school district except in child protection matters. Such written permission required by the *Freedom of Information and Protection of Privacy Act* (FOIPPA) would include the names of those persons outside the school who will receive the information.

This act is superseded by the CFCSA in the instance where a report is made to a child protection social worker.

When you make a report, include information on the following:

- the specific nature of the student's problem sexual behaviours (e.g., who, what, when, where, how)
- the student's social, emotional and intellectual development, including any special needs
- the nature of the school and classroom setting
- the school-based resources available to support the student
- recurrent incidents of problem sexual behaviours whether they occur in or outside of school

- **Legislation and Policy Issues**

- the school's safety and support plan for the student
- behavioural strategies that will be used both at school and at home for intervening in inappropriate and/or harmful sexual behaviours and reinforcing appropriate behaviours and healthy boundaries
- techniques and language used in the child's therapy that can be supported in specific ways at school
- any changes in the child's life, at home, at school or in the community, that have the potential to cause the child's problem sexual behaviour to recur or escalate.

The timely exchange of information is also critical when a student moves from one school (or school district) to another and between two settings, such as school and child care. It is in the best interest of the child that there are both consistency and continuity in the support she or he receives to overcome the problem sexual behaviours.

The sharing of information enables the professionals involved to consider the possible risk the student poses to other students and to take reasonable steps to reduce that risk.

Problem sexual behaviours thrive in an atmosphere of secrecy.

It is critical that schools address the needs of students with problem sexual behaviours in a reasonable and responsible manner, and that both parents and social workers understand that it is potentially harmful, not helpful, for a student to keep her or his behaviour hidden from the adults in her or his environment.

Developing School Policies and Local Protocols Between Ministry for Children and Families, Police, and School Districts

Children who have these problems need caring and consistent limits and guidance from all the adults in their lives to develop internal control over their behaviours.

A *policy* should convey the school board's commitment to addressing problem sexual behaviours of students, while, whenever possible, maintaining the student in the educational setting. The safety of all students must be the paramount concern. Policy that endorses a collaborative approach, that involves service providers, parents and relevant ministries and states clearly the limitations of the school's role, is the most effective.

A *protocol* provides a school with a calm and reasoned approach to intervening with students who exhibit problem sexual behaviours. It should include terms of reference that define and address a range of sexual behaviours, from those that are *typical but inappropriate*, to those that are *cause for concern*. Protocols should reflect interagency responsibilities, with procedures outlining the roles of child protection social workers, the police, and educators. Developing a protocol with these key agencies and service-providers will help to ensure a collaborative approach to supporting students who are exhibiting problem sexual behaviours. Please refer to the local *Trilateral Protocol on Responding to Child Abuse and Neglect* between the Ministry for Children and Families, Police and Board of Trustees of the School District for further direction.

AN EFFECTIVE PROTOCOL:

- encourages a calm and reasoned approach to children's problem sexual behaviours
- outlines procedures for intervening in an incident or responding to a report of inappropriate sexual behaviour
- provides levels of intervention appropriate to the severity of the behaviour
- provides clear guidelines concerning the role of the school and the roles of staff members
- labels the behaviour and not the student
- describes a collaborative approach that involves child protection social workers, police, child mental health professionals, school personnel and parents
- describes guidelines for documenting problem sexual behaviour and for storage and retention of the documentation
- clarifies what information can be shared and with whom
- defines the elements of a school safety plan and describes the process for developing a safety plan
- emphasizes that placement and safety decisions will be made collaboratively
- provides for ongoing evaluation and revisions.

Appendix

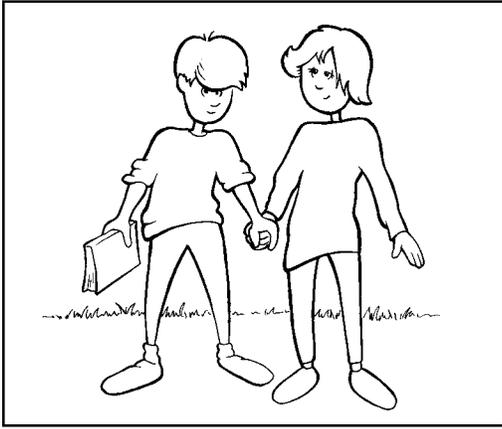
A



GUIDELINES FOR TEACHING BOUNDARIES IN THE CLASSROOM

Guidelines For Teaching Boundaries In The Classroom

There are three key concepts that can be taught to the student with inappropriate sexual behaviours: personal space, types of touch, and types of relationships.



“friendly touch”

PERSONAL SPACE

In Canada, most young children have learned by grade 2 or 3 that there is physical distance that is appropriate or normal in social interaction. They know for example, that students, especially boys, don't snuggle up to one another, or lean on each other, and although girls often hold hands until grade 2 or 3, boys don't, and neither kiss each other. They also develop a sense that personal space changes, depending upon the social context.

For example, during “circle time” our personal space is smaller than it is on the playground (i.e., we sit closer to each other at circle time, usually because of space limitations, than we would when playing at recess). Regardless, most children are aware that even though our personal space is smaller at some times, it still remains. Many students with disabilities have difficulty with these subtleties. For some children, circle time or the proximity that comes with the bus ride is too difficult for them, and they need to be seated close to an adult, or near the edge of the circle. The cloak room area just prior to dismissal or recess is also a space for the occurrence of boundary problems. Therefore, students with boundary problems may have to proceed first, when preparing for recess.

In addition to these management techniques, other methods can be used to reinforce the idea of personal boundaries. Many teachers have conducted a special lesson using the “walk up exercise” during which, in front of the class, the teacher or teacher aide will walk slowly toward a volunteer student, both maintaining eye contact (as best they can). The student is instructed to say “stop” and/or hold up his or her palm when the adult has reached “the edge,” or the outside of her or his personal space. A marker or piece of coloured tape can be placed on the floor, perhaps even in the form of a circle on the floor, to visually highlight the concept of interpersonal space. The class is told that “personal space is magic; nobody can see it but we know that it is there.” The same process can be repeated but with the best friend of the student volunteer. In this case, the mark on the floor or the circle would likely be closer to the student standing still, than when the teacher walked to the child.

Following the lead of Toni Cavanaugh Johnson, a therapist in Los Angeles, it is proposed that all elementary students need to be able to describe, recognize and respond to at least seven different kinds of physical contact.

FIX-IT TOUCH

FRIENDLY TOUCH

LOVING TOUCH

ACCIDENTAL TOUCH

SPACE INVADER TOUCH

HURTFUL TOUCH

PROBLEM TOUCH

TYPES OF TOUCH

It is important to talk about how students can and do touch each other, and how teachers touch students and vice versa. By making this a more public issue, many problems can be prevented.

Students are much more interested in talking about hurtful touch (e.g., bullying). It is important for the teacher to state firmly but calmly that he or she is aware that problem touch can happen in a school setting, between students, and that problem touch is not just something that is done by a stranger.

Each touch¹⁶ is discussed so that it is clear that each student can define each type. Using feeling faces, students are taught how each type of touch feels (with the possibility that one type might cause two or even three feelings). For example, accidental touch (touch that is not done on purpose) could hurt, or shock you; problem touch (when someone touches or grabs your private parts, or asks to see your private parts, or shows his or her private parts) could confuse you, or make you feel mad.¹⁷ “Fix-it” touch might hurt (e.g., when you get a scrape cleaned, it is still good touch because of its intent).

Depending upon what the teacher knows about where the problem touching is or was happening, he or she might stipulate, when talking about problem touch (again, firm but calm tone), that “sometimes it happens in the downstairs washroom or in the bushes by the playground, and that sometimes a student will ask another to go there to do problem touch. This is not OK and we need to tell someone.”

The final part of this process is to ask what needs to be done about each kind of touch. Of course, students will be told that although they don’t have to do anything about friendly and loving touch, except “enjoy it,” they might “ask” somebody about accidental touch to be sure that it was in fact accidental; and that they should “tell” (*Appendix A*) when “hurtful touch” and “problem touch” happen.

“Telling” should be framed as helping a student with a problem. Not telling, or “keeping it a secret,” only makes the problem¹⁸ bigger and stronger. “Telling” is different than “tattling”; you tell when you want to get someone

¹⁶ For more complete definitions of each kind of touch, the reader may refer to the Greater Vancouver Mental Health Services Society Handbook for Foster Parents (1998) or Johnson (1997) (see Appendix D Resources).

¹⁷ The teacher should be aware of the possibility that problem touch for some children also feels good. The teacher should be prepared to acknowledge this, but also suggest that, even though it might feel good, it might be confusing because it was not really a good or friendly touch.

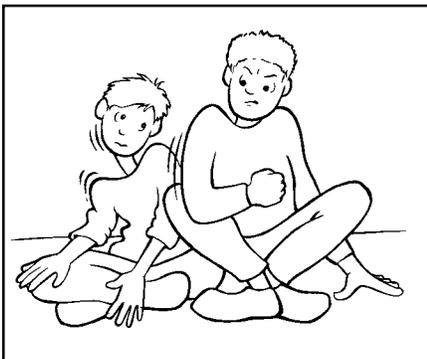
¹⁸ The reader will notice here that the language is addressing the problem, not the students. The teacher can state, strongly, that he or she wants “to keep touching problems (or bullying) out of the classroom!” This is, in a way, externalizing the problem from the student, lessening the shame that he or she might have.



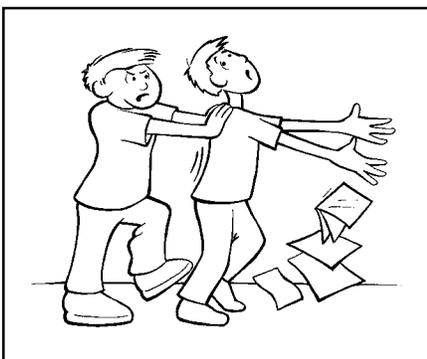
“accidental touch”



“fix-it touch”



“space invaders touch”



“hurtful touch”

“out of trouble” or when you need help; you tattle when you want to get someone “in trouble.”

It is useful if the principal of the school could be present at these kinds of discussions. The students can then hear directly from the most authoritative person in the school that something will be done about hurtful and problem behaviour, even though they do not see it.

TYPES OF RELATIONSHIPS

We speak of boundaries in many different dimensions (i.e., personal boundaries, physical boundaries, emotional and professional boundaries). A useful curriculum for elementary school-aged students is contained within the “Circles” program—a program for the student who is intellectually disabled (see Resources; Appendix D)—which teaches many different kinds of boundaries. This program essentially teaches about different types of relationships.

The Big Hug Circle

The people in the big hug circle are the people you trust the most—with whom you can wear your pj’s. They are those to whom you give close hugs: your mother and father and pet. This is where loving touch happens.

The High-Five Circle

These are the people you hold hands with, trust a lot, but from whom you would withhold some information. This is where friendly touch happens. Are the people in this classroom in the high-five (or sideways hug) circle?

The Wave Circle

The people in your wave circle are those who are “acquaintances”—your neighbour, your dentist. No touch happens here, but we smile at people in the Wave Circle.

The Stranger Circle

Strangers are people we don’t know, that we haven’t met before. We don’t touch them or very often smile at them.

The teacher may ask; “Where would “loving touch” and “friendly touch” happen? Could “accidental touch” happen in any circle? Of course!” The trickiest question is: “Where could problem touch happen?” The answer is that it could happen in any of the circles, that friends or family could do problem touch, even though it is unlikely.

What is important is that all students learn a common language about the kinds of touches which are valued and which are not, what needs to be done about each, and that they hear all of this in the presence of their peers. If there are students who engage in problem behaviours, they will benefit from knowing that others know what to do about them.

Again, it is believed that as children come to realize that the adults around them are comfortable talking openly about issues such as personal space (and those times when others invade this space) and different ways in which we relate to each other physically, including inappropriate touch, they in turn will feel safer and more able to talk about such issues.

Some classroom teachers (especially those teaching students with intellectual disabilities) have asked parents to come to the classroom to demonstrate the kind of touch that occurs in the “big hug circle,” or they have asked a volunteer (an acquaintance, the supervision aide, the lifeguard) to come to the lesson to demonstrate the appropriate behaviour within that kind of relationship.

SAMPLE SCENARIO 13

“Class Meeting”

As a children’s mental health therapist, I am sometimes asked to come to elementary school classrooms to give a brief talk about personal space and different ways of touching.

On one such occasion, I knew that one student (age 7) in particular was grabbing other students frequently (in the crotch area) and sometimes asking a student to play with him in the washroom. When I present these talks, I avoid naming any particular student, but I know that there is the possibility that the other students might single out the student. Indeed, while discussing “problem touch,” two other students stated quite firmly that “that’s what Frankie does!”

I knew that this was true, the other students all knew that it was true, the teacher knew that it was true, and Frankie knew that it was true. I asked, “And is it true that you don’t like that kind of touch?” They agreed, and I was able to quickly reinforce the students for talking about it, and by doing so they would help Frankie, or anyone who had a touching problem, or a hitting problem (we had also talked about hurtful touch). I had talked to lots of children who had a touching problem and another kind of problem, like temper problems, and I knew the best way to help them be the boss of the problem was to tell and talk about it.

In this case Frankie was able to publicly agree that he knew secrets made the problem bigger, and that if people told it would make the problem go away. I felt that this was a very powerful conversation, and that the resources of his peer group were enlisted in helping him solve a problem, without shaming him for having the problem.

Appendix

B



RESPONDING TO STUDENTS WITH DISABILITIES AND PROBLEM SEXUAL BEHAVIOUR

Disabilities and Problem Sexual Behaviour

Many children, at some period in their growth, experience one or more developmental lags—some are temporary and some are permanent disabilities. Some of these challenges make children susceptible to developing behavioural problems. They include:

1. difficulty understanding social norms concerned with personal space, and the concepts of ‘private’ and ‘public’
2. difficulty communicating their needs, or understanding the needs of others
3. difficulty with impulsivity and distractibility
4. difficulty with making generalizations.

When children already face some of these developmental challenges, and are exposed to sexual material or behaviour, no matter how incidental, or when they have been sexually abused, they are more vulnerable to developing problem sexual behaviour.

What follows are some guidelines for teachers and school staff to help such students learn to improve functioning and self-control. The text will refer to specific disabilities for purposes of illustration. No disability is thought to involve sexual behaviour as one of its essential characteristics.

LIMITATIONS IN COMPREHENDING VERBAL COMMUNICATION

It is sometimes the case that students who are intellectually disabled engage in problem sexual behaviour because of their lack of knowledge or training in “boundaries” and social skills. Usually their behaviour reflects what has been called “sexual mistakes” or demonstrates “counterfeit deviance” (Hingsberger, 1991) rather than the deviant sexual arousal that is more characteristic of adolescent and adult sexual offenders. Students who are intellectually disabled may masturbate in class because they are bored, or anxious (*Sample Scenario 14*), or because of skill deficits. They find sexual behaviour very reinforcing. They can benefit from programs like “Circles” (See *Appendix D*) or those described in *Appendix A*.

Guidelines:

- Speak in a specific and concrete manner.
- Use visual materials (e.g., the pictures of different kinds of touch contained with this manual).
- Repeat the rules and communications frequently, without expecting rapid learning.

SAMPLE SCENARIO 14

Fred, a 13-year-old student with an intellectual disability, had a very difficult first day at school. When he had to go to the bathroom, he waited until he could go with his long-time friend. The vice-principal caught both boys touching each other in the washroom. They were confronted about the behaviour and warned not to repeat it.

Even more anxious on his second day of school, Fred avoided the washrooms. Therefore, when he was waiting for the bus to take him home after school, he couldn't hold his urine any longer and went behind some bushes to urinate. Because he was not really cognizant of the distinction between "private" and "public," he was still zipping up his pants as he walked out from behind the bushes. It was reported that he was "exposing" himself. Initially, the school thought that this incident, along with the previous day's incident, constituted a serious problem. In a discussion with Fred's parents and the elementary school counsellor, high school staff came to understand that, in the initial incident, the two boys had engaged in similar behaviour in the past. They also learned that Fred is typically very fearful about new experiences and was quite anxious about attending a new school. This knowledge helped the staff to understand Fred's behaviour. Together with Fred's parents, school staff developed a safety and support plan, which would help him become more comfortable with school and would teach and reinforce appropriate boundaries.

LIMITATIONS IN COMPREHENDING NON-VERBAL COMMUNICATION

Difficulties in the ability to accurately perceive or decipher social situations (*Sample Scenario 15*) may explain the persistence of some sexual behaviour problems. Children may not understand the effect of their behaviour.

Guidelines:

- Discuss facial features, use pictures of faces and interactions to teach social understanding, use role plays, pantomime, play 'charades' with increasing sophistication of models.
- Use a simple language for body language and physical interactions (e.g., the notions of "space invader," "problem touch" discussed in *Appendix A*).
- Teach how different kinds of touch feel (to the self), and what different reactions others might have to each kind of touch.

LIMITATIONS IN MAKING GENERALIZATIONS

Understanding cause and effect and learning from consequences are not easy for some children. Performance may vary significantly from day to day. These children may appear to understand a boundary or rule, but the next day, may have forgotten it. They may know that a behaviour is not appropriate in one context but may not generalize that knowledge to other, even similar, settings.

Guidelines:

- Use drawings to show how events are connected in time. This may help in recognizing "red flag" places or people (see Management Section, pages 34-37).
- Use drawings to show how thoughts (which can be explained as "events") are also part of sequences.
- Use the same language referred to in *Appendix A* in a wide range of settings.
- Remind the student of each kind of touch whenever you see it occur, in each of the settings. "Hey, that's what I call 'friendly touch'!" The student can be helped to realize that the same concepts apply to several settings.
- Expect to repeat rules and boundaries frequently.

SAMPLE SCENARIO 15

James (10) had been sexually abused at age 5 by an uncle. Shortly thereafter he started to engage in some precocious sexual behaviour but with therapy, the behaviour abated.

James was a quiet and shy boy, who, although apparently bright, had trouble succeeding at school work. Because of his shyness, it was not determined until grade 4 that James had Attention Deficit Disorder (i.e., Attention Deficit Hyperactivity Disorder without the hyperactivity). Through appropriate management, his concentration and school performance improved substantially.

His school performance took a 'nose dive' shortly after his class was given a sexual abuse prevention program. He seemed despondent and discouraged, and there was another incident of sexual acting out. His mother took him back to see his therapist, and through talking, it became apparent that, indeed, something had happened during one of the sexual abuse prevention sessions.

It was learned that the teacher had been teaching the students about which parts of the body were private, and predictably, many of the students giggled when it came time to talk about the penis and the possibility that someone could do 'inappropriate touch' by touching your penis. Because his uncle had touched his penis, James instantly recalled his uncle doing this. He couldn't be sure that the other students couldn't read his mind, when he was having these memories. In other words, when he heard the other students giggling, at the time he was having these memories, he assumed that they knew what had happened to him.

The therapist was able to discern James' concern and show him that other people can't read his mind. His mood and performance at school improved almost immediately.

LIMITATIONS OF IMPULSIVITY AND DISTRACTIBILITY

Attentional problems, including a tendency to be easily over stimulated by the environment, may create stressors that may provoke problem sexual behaviours. Children with attention deficit/hyperactivity disorder and/or fetal alcohol syndrome are often impulsive and need to be taught to stop and think before they act.

- Sometimes students who are impulsive or have attention deficit/hyperactivity disorder are not formally diagnosed; in fact the symptoms of AD/HD (hyperactivity, distractibility, difficulty attending and impulsivity) are sometimes mistaken for symptoms of trauma or abuse.
- Students who are impulsive (usually with average intelligence) can understand the effect of their behaviour better than children with other disabilities, and can therefore feel a great deal of "after the fact" shame about themselves and their impulsive behaviour. Therefore, if they do not know the reason for their impulsivity, they may conclude that they are "bad" or "stupid." As a result, defiant and oppositional problems may ensue. This is particularly true when such students have remained undiagnosed for a long period.

Guidelines:

- When speaking to the student, do so in a one-on-one, or small group context, that is free of distractions.
- Link verbal communications to visual cues or prompts, if possible (see "Cueing," page 43).

Appendix

B



RESPONDING TO STUDENTS WITH DISABILITIES AND PROBLEM SEXUAL BEHAVIOUR

Disabilities and Problem Sexual Behaviour

Many children, at some period in their growth, experience one or more developmental lags—some are temporary and some are permanent disabilities. Some of these challenges make children susceptible to developing behavioural problems. They include:

1. difficulty understanding social norms concerned with personal space, and the concepts of ‘private’ and ‘public’
2. difficulty communicating their needs, or understanding the needs of others
3. difficulty with impulsivity and distractibility
4. difficulty with making generalizations.

When children already face some of these developmental challenges, and are exposed to sexual material or behaviour, no matter how incidental, or when they have been sexually abused, they are more vulnerable to developing problem sexual behaviour.

What follows are some guidelines for teachers and school staff to help such students learn to improve functioning and self-control. The text will refer to specific disabilities for purposes of illustration. No disability is thought to involve sexual behaviour as one of its essential characteristics.

LIMITATIONS IN COMPREHENDING VERBAL COMMUNICATION

It is sometimes the case that students who are intellectually disabled engage in problem sexual behaviour because of their lack of knowledge or training in “boundaries” and social skills. Usually their behaviour reflects what has been called “sexual mistakes” or demonstrates “counterfeit deviance” (Hingsberger, 1991) rather than the deviant sexual arousal that is more characteristic of adolescent and adult sexual offenders. Students who are intellectually disabled may masturbate in class because they are bored, or anxious (*Sample Scenario 14*), or because of skill deficits. They find sexual behaviour very reinforcing. They can benefit from programs like “Circles” (See *Appendix D*) or those described in *Appendix A*.

Guidelines:

- Speak in a specific and concrete manner.
- Use visual materials (e.g., the pictures of different kinds of touch contained with this manual).
- Repeat the rules and communications frequently, without expecting rapid learning.

SAMPLE SCENARIO 14

Fred, a 13-year-old student with an intellectual disability, had a very difficult first day at school. When he had to go to the bathroom, he waited until he could go with his long-time friend. The vice-principal caught both boys touching each other in the washroom. They were confronted about the behaviour and warned not to repeat it.

Even more anxious on his second day of school, Fred avoided the washrooms. Therefore, when he was waiting for the bus to take him home after school, he couldn't hold his urine any longer and went behind some bushes to urinate. Because he was not really cognizant of the distinction between "private" and "public," he was still zipping up his pants as he walked out from behind the bushes. It was reported that he was "exposing" himself. Initially, the school thought that this incident, along with the previous day's incident, constituted a serious problem. In a discussion with Fred's parents and the elementary school counsellor, high school staff came to understand that, in the initial incident, the two boys had engaged in similar behaviour in the past. They also learned that Fred is typically very fearful about new experiences and was quite anxious about attending a new school. This knowledge helped the staff to understand Fred's behaviour. Together with Fred's parents, school staff developed a safety and support plan, which would help him become more comfortable with school and would teach and reinforce appropriate boundaries.

LIMITATIONS IN COMPREHENDING NON-VERBAL COMMUNICATION

Difficulties in the ability to accurately perceive or decipher social situations (*Sample Scenario 15*) may explain the persistence of some sexual behaviour problems. Children may not understand the effect of their behaviour.

Guidelines:

- Discuss facial features, use pictures of faces and interactions to teach social understanding, use role plays, pantomime, play 'charades' with increasing sophistication of models.
- Use a simple language for body language and physical interactions (e.g., the notions of "space invader," "problem touch" discussed in *Appendix A*).
- Teach how different kinds of touch feel (to the self), and what different reactions others might have to each kind of touch.

LIMITATIONS IN MAKING GENERALIZATIONS

Understanding cause and effect and learning from consequences are not easy for some children. Performance may vary significantly from day to day. These children may appear to understand a boundary or rule, but the next day, may have forgotten it. They may know that a behaviour is not appropriate in one context but may not generalize that knowledge to other, even similar, settings.

Guidelines:

- Use drawings to show how events are connected in time. This may help in recognizing "red flag" places or people (see Management Section, pages 34-37).
- Use drawings to show how thoughts (which can be explained as "events") are also part of sequences.
- Use the same language referred to in *Appendix A* in a wide range of settings.
- Remind the student of each kind of touch whenever you see it occur, in each of the settings. "Hey, that's what I call 'friendly touch'!" The student can be helped to realize that the same concepts apply to several settings.
- Expect to repeat rules and boundaries frequently.

SAMPLE SCENARIO 15

James (10) had been sexually abused at age 5 by an uncle. Shortly thereafter he started to engage in some precocious sexual behaviour but with therapy, the behaviour abated.

James was a quiet and shy boy, who, although apparently bright, had trouble succeeding at school work. Because of his shyness, it was not determined until grade 4 that James had Attention Deficit Disorder (i.e., Attention Deficit Hyperactivity Disorder without the hyperactivity). Through appropriate management, his concentration and school performance improved substantially.

His school performance took a 'nose dive' shortly after his class was given a sexual abuse prevention program. He seemed despondent and discouraged, and there was another incident of sexual acting out. His mother took him back to see his therapist, and through talking, it became apparent that, indeed, something had happened during one of the sexual abuse prevention sessions.

It was learned that the teacher had been teaching the students about which parts of the body were private, and predictably, many of the students giggled when it came time to talk about the penis and the possibility that someone could do 'inappropriate touch' by touching your penis. Because his uncle had touched his penis, James instantly recalled his uncle doing this. He couldn't be sure that the other students couldn't read his mind, when he was having these memories. In other words, when he heard the other students giggling, at the time he was having these memories, he assumed that they knew what had happened to him.

The therapist was able to discern James' concern and show him that other people can't read his mind. His mood and performance at school improved almost immediately.

LIMITATIONS OF IMPULSIVITY AND DISTRACTIBILITY

Attentional problems, including a tendency to be easily over stimulated by the environment, may create stressors that may provoke problem sexual behaviours. Children with attention deficit/hyperactivity disorder and/or fetal alcohol syndrome are often impulsive and need to be taught to stop and think before they act.

- Sometimes students who are impulsive or have attention deficit/hyperactivity disorder are not formally diagnosed; in fact the symptoms of AD/HD (hyperactivity, distractibility, difficulty attending and impulsivity) are sometimes mistaken for symptoms of trauma or abuse.
- Students who are impulsive (usually with average intelligence) can understand the effect of their behaviour better than children with other disabilities, and can therefore feel a great deal of "after the fact" shame about themselves and their impulsive behaviour. Therefore, if they do not know the reason for their impulsivity, they may conclude that they are "bad" or "stupid." As a result, defiant and oppositional problems may ensue. This is particularly true when such students have remained undiagnosed for a long period.

Guidelines:

- When speaking to the student, do so in a one-on-one, or small group context, that is free of distractions.
- Link verbal communications to visual cues or prompts, if possible (see "Cueing," page 43).

Appendix

C



REFERENCES

• Appendix C: References

- Becker, J. V., Kaplan, M. S., & Cunningham-Rathner, R. (1986). Characteristics of adolescent incest sexual perpetrators: Preliminary findings. *Journal of Family Violence, 1*, 85-96.
- Camp, B., & Bash, M. (1981). *Think aloud: Increasing social and cognitive skill - A problem solving program for children - Primary level*. Champaign, IL: Research Press.
- Cantwell, H. B. (1986). Child sexual abuse: Very young perpetrators. *Child Abuse and Neglect, 12*, 579-582.
- Champagne, R. M., & Walker-Hirsch, L. (1993). *Circles: Intimacy and relationships*. Santa Barbara, CA: James Stanford Publishing Co.
- Cunningham, C., & MacFarlane, K. (1991). *When children molest children: Group treatment strategies for young sexual abusers*. Orwell, VT: Safer Society Press.
- De Jong, A. R. (1989). Sexual interactions among siblings and cousins: Experimentation or exploitation. *Child Abuse and Neglect, 13*, 271-279.
- Friedrich, W. M., Grambsch, P., Broughton, D., Kuiper, J., & Beilke, R. L. (1991). Normative sexual behaviour in children. *Pediatrics, 88*, 456-464.
- Friedrich, W. M. (1993). Sexual victimization and sexual behaviour in children: A review of recent literature. *Child Abuse and Neglect, 17*, 59-66.
- Gil, E., & Johnson, T. C. (1995). *Sexualized children*. Boston, MA: Launch Press.
- Haugaard, J. J., & Tilly, T. C. (1988). Characteristics predicting children's responses to sexual encounters with other children. *Child Abuse and Neglect, 12*, 209-218.
- Hingsberger, D., Griffith, D., & Quinsey, V. (1991). Detecting counterfeit deviance: Differentiating sexual deviance from sexual inappropriateness. *Habilitative Mental Health Care Newsletter, 10*, 51-54.
- Johnson, T. C. (1988). Child perpetrators - Children who molest other children: Preliminary findings. *Child Abuse and Neglect, 12*, 219-229.
- Johnson, T. C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse and Neglect, 13*, 571-585.
- Johnson, T. C., & Berry, C. (1989). Children who molest. *Journal of Interpersonal Violence, 4*, 185-203.
- Kendall, P. C. (1992). *Stop and think workbook*. (Available from Philip C. Kendall, 208 Llanfair Road, Ardmore, PA 19003)
- Kope, T. (1984). Behavioural indicators of sexual abuse in children and adolescents. *BC Medical Journal, 26*, 440-441.

• Appendix C: References

- Martinson, F. M. (1991). Normal sexual development in infancy and childhood. In G. Ryan & C. Lane. (Eds.), *Juvenile sexual offending: Causes, consequences and correction* (pp. 57-82). Toronto, ON: D. C. Heath.
- McFadden, E. J. (1989). The sexually abused child in specialized foster care. *Journal of Child and Youth Care Services*, 12, 91-105.
- Okami, P. (1992). Adversaria: Child perpetrators of sexual abuse: The emergence of a problematic deviant category. *Journal of Sex Research*, 29, 109-130.
- Pierce, J., & Pezzot-Pierce, T. (1994). Attachment theory and its implications for psychotherapy with maltreated children. *Child Abuse and Neglect*, 18, 425-438.
- Pithers, W. D., Gray, A. S., Cunningham, C., & Lane, S. (1993). *From trauma to understanding: A guide for parents of children with sexual behaviour problems*. Brandon, VT: Safer Society Press.
- Pithers, W. D., Gray, A. S., Busconi, A., & Houchens, P. (1998). Caregivers of children with sexual behaviour problems: Psychological and familial functioning. *Child Abuse and Neglect*, 22, 129-141.
- Ryan, G. (1986). Annotated bibliography: Adolescent perpetrators of sexual molestation of children. *Child Abuse and Neglect*, 20, 125-131.
- Ryan, G. (1989). Victim to victimizer: Rethinking victim treatment. *Journal of Interpersonal Violence*, 4, 325-341.
- Ryan, L. S., Davies, J., & Isaac, C. (1987). Juvenile sex offenders: Development and correction. *Child Abuse and Neglect*, 11, 385-395.
- Sgroi, S. M., Bunk, B., & Wabrek, C. J. (1988). Children's sexual behaviours and their relationship to sexual abuse. In S. M. Sgroi (Ed.), *Vulnerable populations: Evaluation and treatment of sexually abused children and adult survivors, Volume 1*.
- Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of twenty-five cases. *Child Abuse and Neglect*, 11, 101-108.
- Stringer, G. M. (1995). *What's the big deal? Sexual harassment information for teens*. (Available from King County Sexual Assault Center, Box 300, Renton, WA. 98057)
- Taylor, J. H., Woods, K., McCarron, B., & Bowden, C. (1992). *A study of the incidence of sexually problematic behaviours in foster children*. Vancouver, BC: Greater Vancouver Mental Health Services Society. (Available from 230 – 1070 West Broadway, Vancouver, BC V6H 1E7)
- Wachtel, A. (1995). *Sexual behaviour problems in childhood: An annotated bibliography*. Vancouver, BC: Greater Vancouver Mental Health Services Society. (Available from 230 - 1070 West Broadway, Vancouver, BC V6H 1E7)

Appendix

D



RESOURCES FOR TEACHERS AND COUNSELLORS

• Appendix D: Resources for Teachers and Counsellors

The following list includes materials useful to school counsellors that will assist them in understanding counselling interventions or other processes that take place in the treatment of children with serious problem sexual behaviours.

Allen, J., and Nairne J. (1984). *Class discussions for teachers and counsellors in elementary schools*. Toronto: Guidance Centre, OISE Press.

Camp, B. & Bash, M. (1981). *Think aloud: increasing social and cognitive skill – A problem solving program for children – Primary level*. Champaign, IL: Research Press.

Committee for Children. *Second step: A violence prevention program – Kindergarten to Grade 8*. Seattle, WA.

Dreikurs, R. & Soltz, V. (1990). *Maintaining sanity in the classroom*. New York: Harper and Row.

Gil, E. & Johnson, T. C. (1993). *Sexualized children: Assessment and treatment of sexualized children and children who molest*. Rockville, MD: Launch Press.

Greater Vancouver Mental Health Services Society (1998). *Responding to children's sexual behaviour: A handbook for foster parents*. (Available from Greater Vancouver Mental Health Services, 230-1070 West Broadway, Vancouver, BC V6H 1E7)

Hickling, M. (1996). *Speaking of Sex: Are you ready to answer the questions your kids will ask?* Vancouver, Canada: Northstone.

Hindman, J. (1996). *A very touching book*. (Available from Alexandria Associates, 911 SW 3rd St., Ontario, OR 97914. Phone: 503-889-8938)

James, B. (1989). *Treating traumatized children; New insights and creative interventions*. Lexington, MA: Heath & Co.

Johnson, T. C. (1997). *A workbook of treatment exercise for children with sexual behaviour problems*. (Available from Toni Cavanaugh Johnson, Suite 101, 1101 Fremont Ave., South Pasadena, CA 91030)

Johnson, T. C. (1998). *Helping children with sexual behaviour problems*. (Available from Toni Cavanaugh Johnson, Suite 101, 1101 Fremont Ave., South Pasadena, CA 91030)

Johnson, T. C. (1998). *Understanding children's sexual behaviours: What's natural and healthy*. (Available from Toni Cavanaugh Johnson, Suite 101, 1101 Fremont Ave., South Pasadena, CA 91030)

• Appendix D: Resources for Teachers and Counsellors

Mornbush, M.P., & Pruitt, S.K. (1995). *Teaching the tiger: A handbook for individuals involved in the education of students with Attention Deficit Disorder, Tourette Syndrome or Obsessive Compulsive Disorder*. Duarte, CA: Hope Press.

Pumsy: A psycho-educational program for affective development (1992). Eugene, OR: Timberline Press.

Stringer, G.M. (1995). *Sexual behaviour problems in childhood: An annotated bibliography*. (Available from Greater Vancouver Mental Health Services, 1070 West Broadway, Vancouver, BC)

Wachtel, A. (1995). *Sexual behaviour problems in childhood: An annotated bibliography*. Vancouver, BC: Greater Vancouver Mental Health Services Society.

Appendix

E



GLOSSARY OF KEY TERMS

For the purposes of this guide, the following definitions apply:

- Accountability** The ability to accept responsibility for one’s own actions. This is an ability that increases with age, but is at an adequate level at approximately age nine. Prior to this age, it is quite common for children to explain their behaviour as the result of forces external to the self (i.e., “he made me do it”). At all ages, accountability should be taught and reinforced through the adults’ reactions or comments to the student’s behaviour.
- “At risk”** When it is considered probable that a child will develop offending behaviour at some later point, that child is considered “at risk.” Although it is possible that problem sexual behaviours can dissipate without intervention, children with sexual and aggressive behaviour problems who experience deficits in the areas of communication skills, empathy and accountability are more likely to experience later difficulties.
- Boundaries** This is a multi-faceted concept, since there are many kinds of boundaries—physical, personal, professional. In this guide, however, the concept of boundaries applies to an area of social knowledge. It reflects a person’s ability to locate himself or herself at an appropriate distance from another person, to recognize categories of other persons (friends, relatives, acquaintances, strangers), and to then behave in commonly accepted ways with such persons (i.e., not touching or sitting too close to strangers, not hugging acquaintances).
- Communication** With reference to sexual behaviour, communication involves clearly describing both behaviour and feelings of others about the behaviour. Communication in this context may involve a clear statement about the appropriateness of the behaviour. When describing the behaviour bluntly, the tone of voice and words used by the communicator should be relaxed and without hesitation. When the communicator makes reference to genital parts of the body, he or she should use the commonly accepted proper words, so that the child will feel comfortable talking to the adult about his or her, or others’, sexual behaviour.
- Empathy** The ability to understand and place oneself in the role of another. Empathy involves, to some degree, feeling or knowing clearly what another is feeling or experiencing. There are degrees of empathy. Some researchers argue that forms of empathy are evident even in infants who, for example, will cry when viewing another infant in distress. Generally, however, the ability to act on empathic feelings has reached its greatest strength by the age of nine. Empathy development is greatly impaired in children who have neurological problems such as FAS or AD/HD. Early exposure to trauma or neglect may also delay, but not necessarily arrest, the development of empathy.

- Harassment** Usually a pattern in which a person is annoyed, troubled, or frightened by another's sexual or gender-based language, sexual threats, or promises. Sexual harassment between students can take the form of threatening sexual behaviour, aggressive sexual comments, or use of sexual language where it is not appropriate. In this guide, the term harassment applies largely to older students (11 and over). In very general terms, "any word, phrase, look, gesture, or touch which makes your identity as a sexual being more important than your identity as a person, student, or friend is inappropriate and should be considered sexual harassment" (Stringer, 1995, p. 7).
- Masturbation** With respect to children in school settings, masturbation involves rhythmic rubbing of a genital area with hand or finger, an object, or against an object or chair, etc. This manual uses the term masturbation interchangeably with the term self-stimulation. There is a wide range of behaviour in this domain. Some forms are self-soothing, and some (associated with anxiety and distress) cause irritation, chafing, or bleeding, and persist despite this discomfort. Masturbation is to be distinguished from the exploratory behaviour of very young children. It is quite common among older children, especially boys, even though many children tend to feel quite guilty about this behaviour.
- Normal** There is sufficient evidence to argue that even young children and infants, regardless of culture, show physiological reactions that centre on genital parts of the body. Therefore, all children (regardless of culture) are capable of a pleasant, reinforcing experience centred on the genital areas (penis, labia, clitoris, anus). However, there have been significant variations in how this sexuality has been responded to in different cultures, and during different historical periods (Foucault, 1978). All of the various cultural standards and practices around sexuality could not be dealt with in this guide. Therefore, *normal*, as it is used here, means that behaviour which is typical of children in the North American industrialized centres. The word "healthy" has been avoided because of the many possible value positions that such a word may represent.
- Pornography:** Any written, pictorial, or video material that depicts adults and or children engaged in oppressive (distinct from offensive) sexual behaviour. For most professionals in the field, pornography is defined by its sexual/social subordination of females. Boys are equally at risk of exploitation involving pornography. Not only might such material shape attitudes about gender differences and intimacy (and how it is established), but it raises significant emotional difficulties for children by providing them with a degree of sexual knowledge that they may not know is unavailable to other children. Therefore, when such knowledge becomes evident in their language, there may be negative repercussions from either peers or adults.

Sexual

There are many different associations with this word—for some it means having to do with sexual intercourse, for others it means a form of “attractiveness,” and for others it has to do with the differences between the genders. For the purposes of this resource, which deals with children’s sexuality, the word means only that the behaviour involves the genital or sexual parts of the body—either touching, showing, or seeking to look at or talk about the genital parts of the body. This more limited definition is required because of the significant qualitative differences between sexuality in children and in adults. With the exception of the “sexualized” patterns of behaviour, children’s sexual behaviour is less sensual than that of adults. It is often very *brief* (grabbing, poking) and, although it sometimes involves *planning*, it does not appear to have any fantasy associated with it.

Sexual abuse

Sexual abuse generally means any sexual use of a child by an adult or a significantly older or more powerful child. *The B.C. Handbook for Action on Child Abuse and Neglect* (1998) states that sexual abuse is any behaviour of a sexual nature toward a child, including touching or invitation to touch for sexual purposes; intercourse; menacing or threatening sexual acts; sexual references to the child’s body or behaviour by words or gesture; requests that the child expose his or her body for sexual purposes; and deliberate exposure of the child to sexual activity or material. Sexual activity between children or youth may constitute sexual abuse if the difference in age or power between the children is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child. This would exclude consensual, developmentally appropriate sexual activity between children where there is no significant difference in age or power between the children.

Sexual assault

Because of the *Criminal Code*, this term applies only to those 12 and older. It involves touching another person against that person’s will, or when there is such a significant difference in age or status that consent cannot be assumed. Other forms of illegal behaviour in or around the school setting are: obscene phone calls, peeping (looking into others’ windows, or otherwise violating another’s privacy).

Treatment

The treatment or counselling for children with serious problem sexual behaviour includes sexual abuse treatment (if the child has been abused), but it also involves individual and family therapy. Individual therapy contributes to the child’s understanding of the behaviour and its impact on others, and encourages the child to become more empathetic. It also involves teaching the child basic concepts, such as boundaries, types of touch, self-control, etc.

Appendix

F



IDENTIFYING AND REPORTING CHILD ABUSE AND NEGLECT

Child, Family and Community Service Act

Section 13 When Protection Is Needed

Section 14 Duty To Report

**Guidelines for Reporting to the Ministry for Children
and Families**

The B.C. Handbook for Action on Child Abuse and Neglect (1998)

CHILD, FAMILY AND COMMUNITY SERVICE ACT

Section 14: Duty To Report Need For Protection

1. A person who has reason to believe that a child
 - has been, or is likely to be, physically harmed, sexually abused or sexually exploited by a parent or other person, or
 - needs protection under Section 13 (1) (e) to (k)
 - must promptly report the matter to a child protection social worker.
2. Subsection (1) applies even if the information on which the belief is based (a) is privileged, except as a result of a solicitor-client relationship, or (b) is confidential and its disclosure is prohibited under another Act.
3. A person who contravenes subsection (1) commits an offence.
4. A person who knowingly reports to a child protection social worker, false information that a child needs protection commits an offence.
5. No action for damages may be brought against a person for reporting information under this section unless the person knowingly reported false information.
6. A person who commits an offence under this section is liable to a fine of up to \$10,000 or to imprisonment for up to 6 months, or to both.
7. The responsibility for making a report to a child protection social worker rests with the person who has reason to believe that a child needs protection. The duty to report is not discharged by a complainant reporting to any other person other than to a child protection social worker.

Section 13 (1): When Protection Is Needed

- A child needs protection in the following circumstances:
 - e) if the child is emotionally harmed by the parent's conduct;
 - f) if the child is deprived of necessary health care;
 - g) if the child's development is likely to be seriously impaired by a treatable condition and the parent refuses to provide or consent to treatment;
 - h) if the child's parent is unable or unwilling to care for the child, or has not made provision for the child's care;
 - i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;

• **Appendix F: Identifying and Reporting Child Abuse and Neglect**

- j) if the child's parent is dead and adequate provision has not been made for the child's care;
- k) if the child has been abandoned and adequate provision has not been made for the child's care;
- for the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe
 - a) anxiety,
 - b) depression
 - c) withdrawal, or,
 - d) self-destructive or aggressive behaviour.

GUIDELINES FOR REPORTING TO THE MINISTRY FOR CHILDREN AND FAMILIES

(from *The B.C. Handbook for Action on Child Abuse and Neglect*, (1998))

Sexual behaviour between students often involves an imbalance of power. This behaviour has many different causes and occurs along a continuum of severity (*Table 1 pp. 24-25*).

A sensitive, collaborative approach and careful analysis by service providers, parents, and the community are key components of any effective response.

The decision as to whether to report to a child protection social worker is made on a case-by-case basis. There is no need to report:

- normal sex play or exploration between children of similar ages (see *Table 1 pp. 24*)
- minor altercations or aggression between children
- any other activity that is in the bounds of normal childhood behaviour.

Factors to be considered when deciding to report include:

- the seriousness of the behaviour (*Table 1 pp. 24-25*)
- the existence of a power imbalance between the children
- whether the behaviour resulted in harm to the child(ren)
- the willingness and ability of the involved child's parents to respond appropriately.

In deciding whether to report to a child protection social worker, ask yourself, (or your team)

- are the children behaving appropriately for their age?
- are they being coercive or exploitive?
- is the behaviour impulsive or premeditated?
- is there a pattern of domination, force, or aggression (actual or threatened) or intimidation which endangers the physical or psychological well-being of another child?
- does the behaviour lead you to suspect that the child may be abused or neglected?

- **Appendix F: Identifying and Reporting Child Abuse and Neglect**

The child protection social worker may contact the parents of the affected children (both the victim and the aggressor) to determine whether the child needs protection. The child protection social worker may also:

- determine whether the parents will take appropriate action to prevent further abuse
- where appropriate, speak to the children.

The child protection social worker shares the results of his or her assessment with the person in authority where the abusive behaviour occurred (i.e., school principal). It is important for the child protection social worker to work with other service providers to develop and implement a community safety plan, when and where appropriate, and to assist with arranging for counselling services as needed for the affected child(ren) and family / families.

Appendix

G



GUIDELINES FOR DOCUMENTATION

Guidelines for Documentation of Incidents of Problem Sexual Behaviours

Document incidents of problem sexual behaviour.

Documentation of problem sexual behaviour is important because:

- it can assist in the process of accessing services for students in need
- it can help school principals demonstrate that reasonable efforts have been undertaken to deal with problem sexual behaviour
- it can help to determine if interventions are working.

The Incident

Document in a professional manner by:

- providing a factual description of the incident which includes the date and time it occurred, names of students, name(s) of staff person(s) who witnessed the incident or to whom it was reported, name of person who reported and a statement specifically describing what occurred
- quoting the students verbatim
- using quotation marks for statements made by student(s)
- avoiding generalizations, opinions, evaluative comments.

The Immediate Response

- record the immediate action taken in response to the behaviour, including intervention with all students involved and contact with parents
- document the steps taken to keep other students safe (if such steps are necessary).

Consultation and Reporting

- record the names of other professionals who were consulted concerning the incident (i.e., school-based team, other school resource staff, mental health professionals) and the nature of the consultation.
- if a report is made to a child protection social worker in the Ministry for Children and Families, document the name of the child protection social worker and the action to be taken by the child protection social worker.

Support and Safety for the Student

- record the safety and support plan, if one is developed, including the names of committee members who developed the plan, the identified case manager, plans for implementation, follow-up and assessment of the safety plan.

Storage and Retention of Documentation

- store documentation in a confidential, secure location such as a locked filing cabinet in the office, not in the student's permanent record.
- documentation on computer should be password protected.

Prepared by
Special Programs Branch
Ministry of Education
1999

Canadian Cataloguing in Publication Data

Main entry under title:

Responding to children's problem sexual behavior in
elementary school settings

Includes bibliographical references: p.
ISBN 0-7726-3757-1

1. Sexual disorders in children. I. British
Columbia. Ministry of Education.

HQ784.S45R47 1998 306.7'083 C99-960031-1

Additional copies of this resource can be purchased at
OFFICE PRODUCTS CENTRE
4248 Glanford Avenue
Victoria, British Columbia V8Z 4B8
250-952-4460 (Victoria)
1-800-282-7955 (toll free)

