



Sexual abuse and sexual development

Programme

8:30-8:45 - Registration

8:45-9:00- housekeeping, ground rules, objectives, icebreaker

9:00- 11:00 - who is at risk?

- types of abuse
- who abuses
- what is sexual abuse
- signs of abuse

11:00-11:15- Break

11:-1:00

- Online harm
- Ages and stages of sexual behaviour
- Brain development
- Problem sexual behaviour safety planning

1:00-2:00 lunch

2:00 - 3:00

- Problem sexual behaviour safety planning
- Managing disclosures

3:00--3:15 Break

3:15 - 3:45

- Creating a safer culture
- Check in, revision of Learning objectives, evaluation.

Learning objectives

At the end of this course you should be able to demonstrate :

1. Clear understanding of who is at risk of abuse, and who the offenders are
2. Clear understanding of types of sexual abuse.
3. Understanding of risk concerning the internet and able to develop strategies to keep children/young people safe.
4. Clear understanding of indicators of sexual abuse.
5. Understanding of ages and stages of sexual development ranging from normal to concerning.
6. Understanding of the effects that early life trauma can have on brain development, and possible effects later in life.
7. How to manage disclosures, safety planning and supporting a safe environment to speak out when concerned.

Ice breaker

What's your favourite animal?

- Think of your favourite animal, do not write it down
- Fold the card, on one side write three adjectives that describe that animal
- On the other side write your name
- Take in turns telling the group what your animal is and how you see it.

Who is at risk?

Children with a physical or mental impairment
811,460 children

Poverty
2.9 million children by 2015

Parental learning disability
23,000 to 250,000 children

Low parental capacity
unknown

Parental mental ill health
50,000 to more than 2 million children

Domestic violence
1,796,244 children

Social isolation
unknown

Social inequality and poorer neighbourhoods
unknown

Ethnicity
mixed ethnic **629,000 children**
Asian **1.3 million children**
black **606,000 children**
other **166,000 children**

Parental history of being abused as a child
unknown

Parental substance misuse (drugs)
250,000 to 978,000 children

Parental substance misuse (alcohol)
920,000 to 3.5 million children

Children in the care system
60,447 children

What is abuse or neglect?

Physical abuse: can involve hitting, shaking, burning, scalding, drowning, suffocating, causing any physical harm to the child.

Emotional abuse: persistent emotional maltreatment causing severe and persistent effects on the child's emotional development.

Neglect: persistent inability to meet basic physical and/or emotional needs of the child likely causing serious impairment of the child's health and development

Activity: Quiz

what is acceptable behaviour between children and young people?

Traffic light tool

As developed by Brook, the traffic light tool is used worldwide to help professionals, parents and carers understand ages and stages of sexual development. <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

ACTIVITY: In groups match the appropriate answer to the correct colour.

Green: Green behaviours reflect safe and healthy sexual development. They are reflective of natural curiosity and experimentation which involved informed consent and positive choices. They are displayed by children/ young people of a similar age and development.

Amber: Amber behaviours have the potential to be outside the area of safe and healthy development and need to be monitored with possible intervention from health care professionals.

Things to consider, is this outside the normal behaviour for this child?
Frequency of behaviour, are they able to be redirected when asked?

Red: Red behaviours are outside the area of safe and healthy development and require immediate intervention!

They may be secretive, coercive, compulsive, degrading. It may involve significant age differences, development and power imbalances. They may be of particular concern due to the type of activity, frequency, inability to be redirected from that activity.

Green Behaviours: 0-5

holding or playing with own genitals

attempting to touch or curiosity about other children's genitals

attempting to touch or curiosity about breasts, bottoms or genitals of adults

games e.g. mummies and daddies, doctors and nurses

enjoying nakedness

interest in body parts and what they do

curiosity about the differences between boys and girls

Green Behaviours: 5-9

feeling and touching own genitals

curiosity about other children's genitals

curiosity about sex and relationships, e.g. differences between boys and girls,
how sex happens, where babies come from, same-sex relationships

sense of privacy about bodies

telling stories or asking questions using swear and slang words for parts of the
body

Green Behaviours: 9-13

use of sexual language including swear and slang words

having girl/boyfriends who are of the same, opposite or any gender

interest in popular culture, e.g. fashion, music, media, online games, chatting
online

need for privacy

consensual kissing, hugging, holding hands with peer

Green Behaviours 13-17

solitary masturbation

sexually explicit conversations with peers

obscenities and jokes within the current cultural norm

interest in erotica/pornography

use of internet/e-media to chat online

having sexual or non-sexual relationships

sexual activity including hugging, kissing, holding hands

consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age
and developmental ability

choosing not to be sexually active

Amber behaviours: 0-5

preoccupation with adult sexual behaviour

pulling other children's pants down/skirts up/trousers down against their will

talking about sex using adult slang

preoccupation with touching the genitals of other people

following others into toilets or changing rooms to look at them or touch them

talking about sexual activities seen on TV/online

Amber behaviours: 5-9

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Amber Behaviours: 9-13

uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing

verbal, physical or cyber/virtual sexual bullying involving sexual aggression

LGBT (lesbian, gay, bisexual, transgender) targeted bullying

exhibitionism, e.g. flashing or mooning

giving out contact details online

viewing pornographic material

worrying about being pregnant or having STIs

Amber behaviours: 13-17

accessing exploitative or violent pornography

uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing

concern about body image

making and sending naked or sexually provocative images of self or others

single occurrence of peeping, exposing, mooning or obscene gestures

giving out contact details online

joining adult- only social networking sites and giving false personal information

arranging a face to face meeting with an online contact alone

Red behaviours: 0-5

persistently touching the genitals of other children

persistent attempts to touch the genitals of adults

simulation of sexual activity in play

sexual behaviour between young children involving penetration with objects

forcing other children to engage in sexual play

Red behaviours: 5-9

frequent masturbation in front of others

sexual behaviour engaging significantly younger or less able children

forcing other children to take part in sexual activities

simulation of oral or penetrative sex

sourcing pornographic material online

Red behaviours: 9-13

exposing genitals or masturbating in public

distributing naked or sexually provocative images of self or others

sexually explicit talk with younger children

sexual harassment

arranging to meet with an online acquaintance in secret

genital injury to self or others

forcing other children of same age, younger or less able to take part in sexual activities

sexual activity e.g. oral sex or intercourse

presence of sexually transmitted infection (STI)

evidence of pregnancy

Red behaviours 13-17

exposing genitals or masturbating in public

distributing naked or sexually provocative images of self or others

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sexually explicit talk with younger children

sexual harassment

Who are sexual offenders?

Of offenders what proportion are

- Adult males 50% + ?
- Adult females 5 – 20% +?
- Adolescents and children 30% + ?

Source: Home Truths about Child Sexual Abuse Itzin 2000, Myths and Facts about Sex Offenders Center for Sex Offender Management 2000, Preventing Child Sexual Abuse Smallbone 2008

“The majority of perpetrators sexually assault children known to them, with about 80% of offences taking place in the home of either the offender or the victim”.

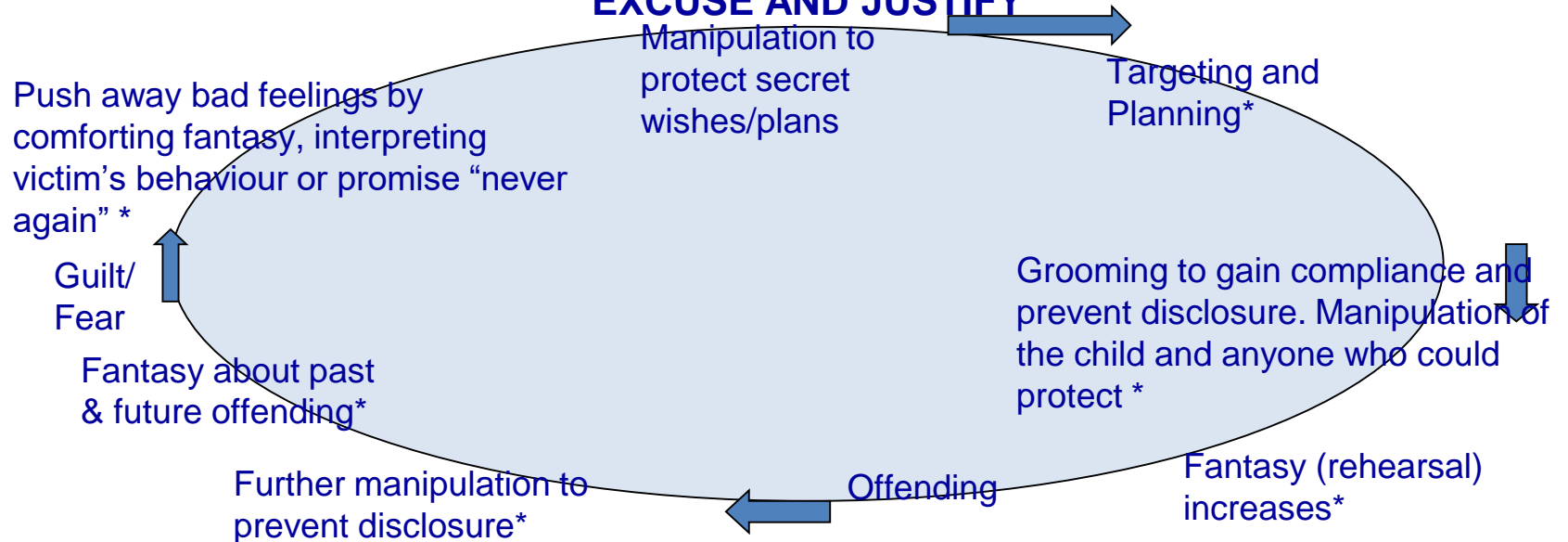
Source: Sexual Offending against Children: Understanding the Risk Grubin (1998)

CYCLE OF OFFENDING

PROLONGING THINKING/FANTASY/BEHAVIOUR*

INTERNAL INHIBITORS OPERATE UNTIL...

INHIBITORS OVERRIDDEN BY BUILD UP OF THOUGHTS & FEELINGS WHICH EXCUSE AND JUSTIFY*



*distorted thinking

Definition of child sexual abuse

“Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles.” C.H. Kempe

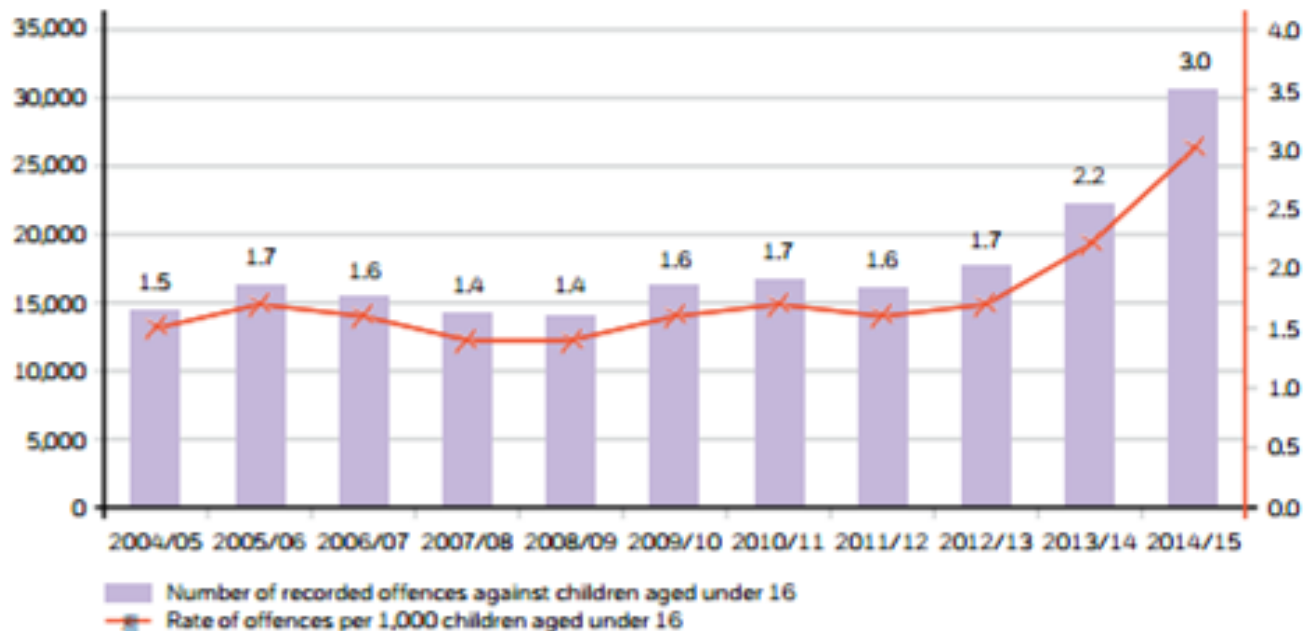
Number of recorded sexual offences recorded against children

- Police recorded **47,008** sexual offences against children in the UK in 2014/15.*
- All four countries in the UK saw an increase in the number of recorded sexual offences against children in the past year.
- 2014/15 has seen the highest number of recorded sexual offences in the last decade.

<https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2016-report.pdf>

Why do we think there has been an increase in recorded sexual offences?

England Number and rate of sexual offences against children under 16 Latest figure: There were 38,575 recorded offences against children in 2014/15



*Based on FOI data obtained by the NSPCC for England and Wales and data provided by the Police Service of Northern Ireland and Scottish Government.

**UK Statistics Authority (2014) Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales.

Activity:

In groups write down as many indicators of sexual abuse, both physical and behavioural.



Behavioural indicators of sexual abuse

- Regressive behaviour e.g. excessive clinginess in pre-school children or the sudden onset of soiling and wetting when these were not formerly a problem. smearing
- Sleep disturbances and nightmares.
- A child may appear disconnected or focused on fantasy worlds.
- Changes in appetite.
- Fear states e.g. anxiety, depression, phobias, obsession.
- Overly compliant behaviour, as often young people who have been abused have experienced extensive grooming behaviours.
- Parentified or adultified behaviour e.g. acting like a parent or spouse.
- Delinquent or aggressive behaviour.
- Arriving late at school or leaving early.
- Poor or deteriorating relationships with peers and school performance. .
Truancy/running away from home.

- Destructive behaviour e.g fire lighting and/or sexual activity. (This is an effect of the sexual abuse rather than a cause).
- Drug/alcohol abuse.
- Prostitution. There is a strong correlation between child sexual abuse and late teenage prostitution.
- Self-mutilation ie cutting of arms, legs,
- Suicidal ideation
- Fear of adults of the same sex as the abuser.
- Unexplained accumulation of money or gifts.
- When a child reports sexual abuse either directly, or indirectly in a disguised way e.g. "I know a girl who..."
- Persistent and inappropriate sexual play with peers, toys, animals or themselves. e.g. child habitually inserting objects in her vagina or sexually aggressive behaviour with others.
- Detailed and overly sophisticated understanding of sexual behaviour (especially by young children).

Physical indicators of sexual abuse

- Bruises, bleeding or other physical trauma in genital or rectal area. There may be pain or problems with urination/defecation or bloodstained and/or torn underwear. The physical discomfort may cause the child to limp, perform poorly at sport,
- Foreign bodies in genital, rectal or urethral openings.
- Abnormal dilation of the urethral, vaginal or rectal openings.
- Itching, inflammation or infection of urethral, vaginal or rectal openings.
- Presence of semen.
- Trauma to breasts, buttocks, lower abdomen or thighs.
- Sexually transmitted diseases.
- Pregnancy
- Psychosomatic illness e.g. abdominal pain, nightmares.

Consent and the law

In law, a child under 13 cannot consent to sexual activity in any form.

Sexual activity between 13 and 16 years of age remains illegal (Sexual Offences Act 2003)

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. (source: Working together to safeguard children 2015)

The response of adults requires judgement and understanding, including understanding the level of consent between peers.

Discussion: In pairs discuss the idea of informed consent, and challenges in helping children and adolescents understand consent (consider the extra overlay of vulnerability concerning children with a disability)

LUNCH

Don't Panic

Health
Foot

LAND & BA... NI



LITTER



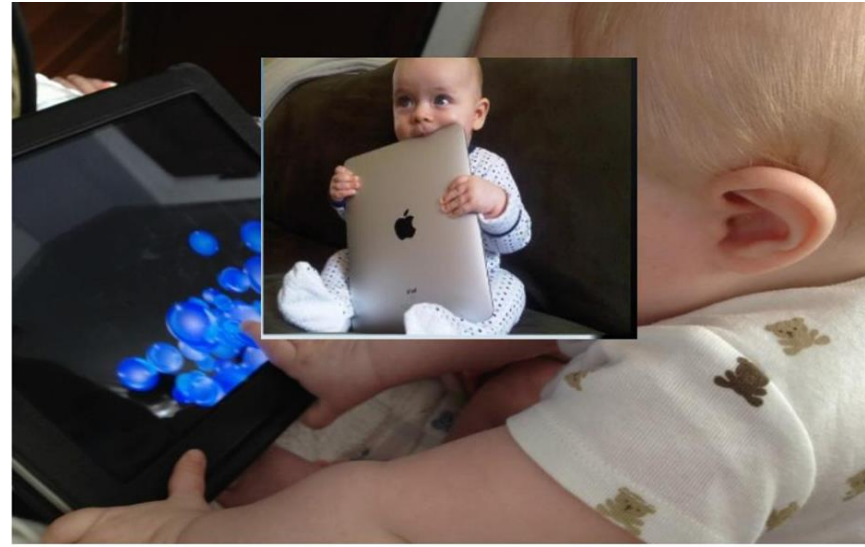
Activity

Scenarios:

In pairs please rate each scenario in order from least amount of risk to highest amount of risk.

Online harm: online sexualised images

- Research has shown that more children accidentally find online porn than deliberately search for it.
- Graphic images and scenes can be very disturbing for children:
 - 28% of young people felt that pornography had changed the way they thought about relationships (NSPCC 2013)
 - Children and young people who watch online pornography can believe that it gives a true picture of sex and relationships
- Distribution of sexualised images, pictures of the “private parts” of a child under 18 years of age is illegal.



Online harm: Statistics

- In 2015/16 there were 1,392 counselling sessions on sexting, which is a 15 per cent increase on the previous year.
- In 2015, the Internet Watch Foundation (IWF) identified and worked with partners to remove 68,092 webpages confirmed to be hosting child sexual abuse images worldwide – representing a 118% increase from the previous year.
- In 2014/15 the number of police-recorded offences for obscene publications rose by 62% in Northern Ireland, 69 per cent in England, and 114% in Wales

Source: <https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2016-report.pdf>

Sexual behaviour between children/young people

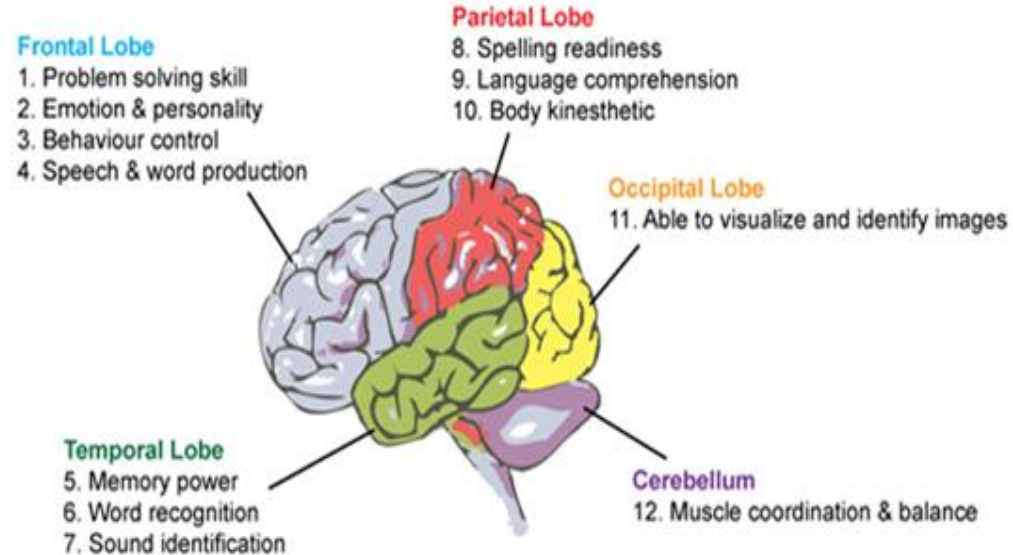
Why is it harmful?



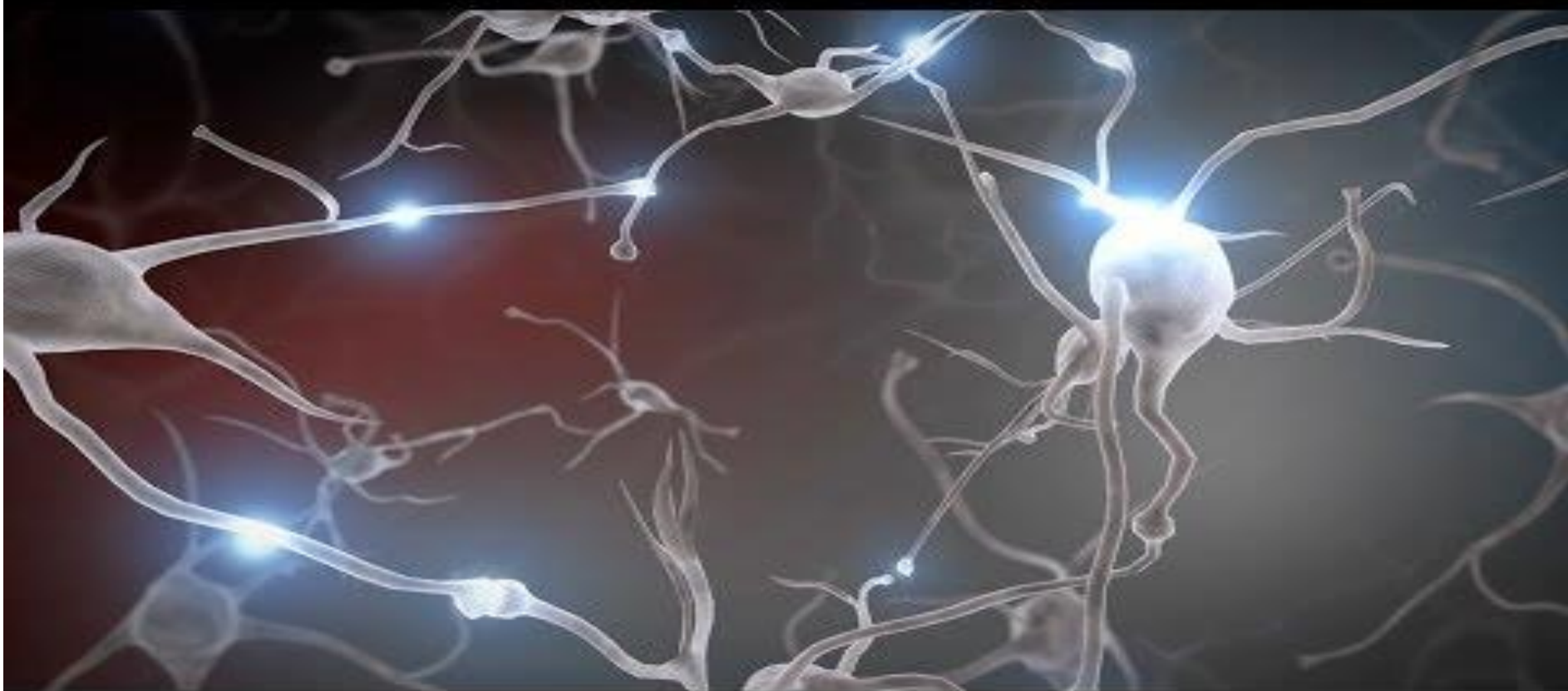
Trauma, development and the brain

Healthy development of the brain in the early years is crucial to support the building blocks of healthy development later in life.

Video: Architecture of the brain



50% of a child's ability to learn is formed between the ages of 3 to 7 years old.



Video: Toxic stress



NORMAL



These are the brains of two three-year-old children. The image on the left is from a healthy child while the image on the right is from a Romanian orphan who suffered severe sensory deprivation. The right brain is smaller and has enlarged ventricles - holes in the centre of the brain. It also shows a shrunken cortex - the brain's outer layer.

EXTREME NEGLECT



Children with problem sexual behaviours - supervision and safety planning

A safety plan should require a collaborative approach between parents, extended family, friends and professionals involved in the child's life.

Decrease the opportunity for behaviors to emerge by ensuring: Adequate supervision of the child/young person while interacting with other children/young people. (supervision means the child is in the line of sight of an informed adult)

Discourage games the child may have used during the sexualised behaviour.

Try and ensure the child is sleeping in their own bedroom.

Teaching sexual safety and privacy rules (can be done in conjunction with relevant professionals)

Development of house/class rules with all members in the class/unit, regarding privacy, bathing, toileting and nudity.

Reinforcement of these in any new setting.

Interrupt and redirect misuse of power and problem sexual behaviours

Give clear messages about privacy and personal boundaries.

Interrupt and identify the impact the behavior has or could have on others.

Discuss with and educate the child with appropriate ways of expressing themselves, rather than acting out with problem sexual behaviours.

Discourage bossiness or aggression in the child in their interactions with other children.

Encourage your child to give their best rather than be the best or the first in the activities.

Limit experiences that increase sexual thoughts

Avoid exposure to violent, pornographic or sexually explicit material.

Interrupt sexual jokes or stories that detail harm to others.

Give clear consistent messages about what is sexually acceptable and appropriate.

If you are unsure seek professional help and support.

Managing disclosures

Children who have been sexually assaulted may feel:

Scared about getting the perpetrator into trouble.

Worried that they are to blame for the abuse.

Ashamed that they have been abused.

Angry that they have been abused and not protected.

Powerless to change their situation.

Confused about what might happen if they tell

Key responses from workers should be Calm; do not over react, be respectful and believe the child/young person (as they may still be very emotional connected with that person and still in contact, consider safety). Often a child may not know what they need, so asking how to help can cause more distress. Be honest about what will happen next, attempt to keep the child/young person as informed as possible about

Children disclose over time!

Listen and support the child/young person: Let them say what happened in their own way, and in their own words.

Take your time. You do not need to have the full story to discuss your concerns with a professional.

You need to give the child your full attention and provide a safe place to talk:
Children/young people do not think about the best time or place to talk.

If a child/young person does disclose or you suspect an instance of abuse it is important to document clearly what you have seen/ heard and inform your line manager, team leader, principal of the incident.



She cannot protect
herself. Her only
defence against
abuse is YOU.

SILENCE IS DEADLY

If you are concerned about
a child, never stay silent.

REPORT CHILD

ABUSE.

How to create a safer culture to speak out!

In your group you have a coloured marker pen. Around the room are 4 sheets of paper each showing one of the following objectives:

Having effective procedures in place

Setting acceptable standards of behaviour

Taking concerns seriously

Increasing awareness/commitment to safeguarding

Self care. How do you manage the degree of risk?

- Take 2 minutes to write down suggestions about how you and your school could achieve that objective or the evidence that would show inspectors that it had been achieved. Then move on to the next sheet and repeat until you have completed all 5 sheets. Use the same colour pen throughout so that your group's comments can be identified on all the sheets.

Check in

Learning goals:

1. Clear understanding of who is at risk of abuse, and who the offenders are
2. Clear understanding of types of sexual abuse
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Debrief