Government of South Australia
Department for Child Protection

Iceberg Model trauma-informed guide

Understanding and responding to harmful sexual behaviour

Introduction

Curiosity about bodies and sex is a normal part of childhood development. It is how we learn about bodily functions, anatomy, appropriate boundaries and sexual identity. As part of this, it is normal for children from a young age to start exploring and experimenting with sexual behaviour. They might ask lots of questions or spontaneously engage in sexual behaviour. Healthy sexual exploration can occur at different developmental stages, can change in nature and may increase and decrease at different times.

There are also circumstances when a child or young person engages in sexual behaviour that is not common or usual for their chronological and/or developmental age and has the potential to cause harm. This is referred to as a harmful sexual behaviour. Harmful sexual behaviours may involve only the child or young person, or may involve others. Harmful sexual behaviours are generally coercive, obsessive, aggressive, degrading or violent and cause harm. When two or more children or young people are involved in harmful sexual behaviour, there is often a difference in age and/or development between them. It is important to note that developmentally appropriate sexual behaviour may become problematic if it increases in frequency or is resistant to caregiver intervention to guide more appropriate behaviour. Harmful sexual behaviours can interfere with a child or young person's physical, social, cognitive and emotional development.

Tip of the iceberg (what we can see)

It can be difficult to determine if a sexual behaviour is harmful or not. When considering whether a sexual behaviour is harmful, it may be helpful to ask the following questions:

- Is the behaviour happening so frequently that it is impacting the child or young person's ability to carry out their day-to-day tasks?
- Is the behaviour happening in an appropriate location? For example, is the child or young person masturbating in private or in a public space? Are two children hiding away from adults to engage in sexual behaviours?
- Does one child or young person have more power over another? For example, is there is a difference in chronological or developmental age, or intellectual ability?
- Is there force, pressure or coercion?
- Is there intent to harm or shame?

Provided below is a list of commonly occurring age-appropriate and harmful sexual behaviours.

Children aged 0–4 years of age	
Age-appropriate sexual behaviour	**Harmful sexual behaviour**
Interest in body parts and functions	Chronic peeping or following others into bathrooms to look at them or touch them
Enjoyment and preference for being nude	Preoccupation with sexual activities or behaviour
Games where genitals are exposed (e.g., Doctor/Nurse, "Show me yours and I'll show you mine")	Forcing other children to engage in sexualised play, or forcefully pulling other children's clothing down or up against their will
Wanting to touch other children's genitals	Preoccupation or persistent attempts to touch another's genitals
Body stroking and holding of genitals	Simulating sex with other children, or persistent masturbation

Children aged 5–9 years of age	
Age-appropriate sexual behaviour	**Harmful sexual behaviour**
Using 'toilet' names, jokes or language when discussing their genitals	Forcing younger children to engage in sexualised games
Increased curiosity about functions or activities associated with sexual activities (e.g., how babies are made)	Advanced sexual knowledge or acts (e.g., oral sex)
Increased need for privacy	Continually wanting to touch the private parts of other children
Masturbation to self-soothe	Persistent masturbation

Children aged 10–13 years of age	
Age-appropriate sexual behaviour	**Harmful sexual behaviour**
Use of sexual language	Sexualised knowledge which is too advanced for their developmental age
Exhibitionist behaviour (e.g., flashing or mooning their same-aged peers)	Sending nude or sexually explicit images of themselves or others online
Kissing and cuddling with their known peers	Sexual activity such as oral sex or intercourse
Having boy/girl friends	Coercion of others into sexual activity

Children aged 14–17 years of age	
Age-appropriate sexual behaviour	**Harmful sexual behaviour**
Sexually explicit conversations with peers	Sexually explicit talk or contact with others of significant age or developmental difference
Solitary or mutual masturbation	Compulsive, chronic or public masturbation
Sexual behaviour including kissing, hugging, holding hands and foreplay	Sending naked or sexually explicit images of themselves or others online
Interest in erotic material	Chronic pornographic interest
Consenting oral sex, intercourse or other sexual behaviour with same-aged and development status partner	Sexual harassment or forced sexual contact

What is happening underneath the surface?

There are many reasons why children and young people engage in harmful sexual behaviour. It is important to remember that while some children and young people who engage in harmful sexual behaviour have experienced sexual abuse, this is not always the case.

Internal working models

Internal working models are a set of beliefs that children and young people develop based on their experiences. Relationships with caregivers strongly influence whether a child or young person will develop a positive or negative internal working model. Children and young people who experience consistently loving and nurturing care develop beliefs that they are good, capable and worthy of love and care. Through their interactions with their caregivers, they learn that relationships are satisfying and dependable, and that the world is generally a safe and predictable place. Children and young people apply their internal working models to new relationships and experiences. Given this, children and young people with positive internal working models approach new situations and relationships confident in the knowledge that they are likeable and worthy and that relationships are supportive and worthwhile.

Conversely, children and young people who have been harmed by previous caregivers can develop negative internal working models. It is important to understand that in the absence of other explanations that may be too complex for them to understand, children and young people often blame themselves for the harm they have experienced and begin to feel that they are bad and deserve to be hurt. When caregivers behave in ways that they are unavailable, unpredictable, or frightening in their interactions with the child or young person or if they struggle to understand what the child or young person needs, the child or young person can develop a negative working model where they believe:

I am…. bad, not good enough or unworthy

Relationships are….. unavailable, undependable, or scary

The world is….. unpredictable, unsafe confusing.

In an effort to create feelings of power and control (which they hope will protect them from further trauma), children and young people with negative internal working models might re-enact the abuse with others. They may also appear less likely to refuse the inappropriate advances of other children, young people or adults due to a lack of adequate boundaries and a fear of rejection.

It helps the child or young person to manage intense internal emotions and sensations

More often than not, children and young people who engage in harmful sexual behaviour do so as a way of coping with painful thoughts and emotions they might experience as a result of their trauma. Sexual behaviour often feels good or comforting and can initially reduce or distract them from the "yucky" feelings that they are trying to avoid. However, sometimes it can lead to further shame and anxiety afterwards, particularly if they are confused about what engaging in such behavior means for them, or if they receive negative reactions and responses from the adults around them. This might then lead to even more harmful sexual behaviour as the child or young person attempts to escape those painful feelings.

It is a re-enactment of what the child or young person knows

For some children and young people, harmful sexual behaviour might reflect what they were previously exposed to. For example, they might have witnessed sexual acts due to blurred boundaries, poor supervision, access to inappropriate adult content (including pornography, age-inappropriate movies or television shows), or domestic violence. Some children and young people might not have received sexual education and therefore do not understand what is age-appropriate or safe. For children and young people who suffered sexual abuse, the perpetrator may have led them to believe that sexual abuse is a way of expressing 'love' or affection, and so they might engage in harmful sexual behaviour in an attempt to seek connection with others.

Strategies to promote healing

Children and young people who engage in harmful sexual behaviour need the support of their caregivers to understand what is and is not appropriate and to ensure their safety. There are also strategies that can be implemented to reduce the likelihood of ongoing or future behaviours. The following strategies may be helpful.

Intervene calmly

When you discover the child or young person engaging in harmful sexual behaviour, it is important to intervene immediately and stop the behaviour by redirecting them and/or their attention in a calm, matter-of-fact tone (as though you are talking to them about any other behaviour you see). Remember the idea is to stop the behaviour without making the child or young person feel shameful about themselves For example, you could say "Billy, if you want to touch your penis you will need to go down to your room for private time", or you could explain that it is not safe for them to be looking at adult pictures on their device and so you will need to take it for now. For younger children, reminding them of a boundary and redirecting with connection might be all that is needed.

Increase supervision

Supervision is a useful strategy for reducing the risk of children and young people engaging in harmful sexual behaviour. With younger children, this might mean staying very close to them so that you can see and hear what they are doing, and making sure that they are not left alone together. For older children, this might mean having parental controls turned on their devices so that they cannot freely access inappropriate content. While supervision minimises the opportunity that children and young people have to engage in harmful sexual behaviour, it is also means you are physically available to help them manage their feelings during times of stress, without them utilisng harmful sexual behaviours as a coping mechanism.

Look for triggers and risks

Triggers are events that remind us of negative or painful experiences in our past. While we are not always aware of them, our brain and our body remembers, leading us to engage in survival behaviours (such as harmful sexual behaviour) in an effort to calm our nervous system and keep ourselves safe. Triggers might include certain smells, sounds, or situations which evoke similar emotions to how we felt at the time of a traumatic event. Risk factors are things that increase the likelihood of a behaviour occurring (such as being alone with another child or having unsupervised access to a computer).

While we cannot always prevent triggers or risk factors from occurring, understanding the child or young person's unique triggers and risks is helpful in trying to reduce the likelihood of harmful sexual behaviour from occurring. To identify triggers and risks, think about the events or situations which occur immediately prior to the child or young person's harmful sexual behaviour and note whether there are any commonalities or themes that occur repeatedly. For example, perhaps the child or young person is more likely to demonstrate harmful sexual behaviour when they are tired, or when playing with certain children. Caregivers can then support the child or young person to notice the links between their feelings and harmful sexual behaviour, and to identify and practice other coping strategies for times where triggers or risk factors cannot be avoided.

Use appropriate language when talking about harmful sexual behaviour

It is very important to understand that children or young people who display harmful sexual behaviour should not be viewed in the same way as adult perpetrators of sexual abuse. With the right support and intervention, most children and young people who display harmful sexual behaviour do not go on to display sexually abusive behaviour as adults. When you are talking to the child or young person about their behaviour, do not label them as a perpetrator, abuser or sex offender. Also, choose words that describe the behaviour, such as 'inappropriate', 'not okay' or 'unsafe', instead of words that judge the person, such as 'bad', 'misbehaving' or 'nasty', and which might reinforce their feelings of shame and negative internal working model.

Provide consistent and repeated messages about the behaviours that are acceptable, and those that are not

For example, a caregiver might say "In our home, we only take off our clothes when we are having a shower or changing our outfits" or "In this house, children do not touch each other's bottoms, but we can hold hands." These messages establish boundaries around sexual behaviour without appearing critical or rejecting. Focus on clearly sending the message that such rules/actions are in place to keep children and young people safe. Assure the child or young person that they are not in trouble and that they are cared for. Any consequences should be directly related to the behaviour and be safety-focused. For example, they will not be able to play in the bedroom with their sibling alone anymore.

Model personal and general boundaries and limits to the child or young person

The best way to teach children and young people about consent and respect for boundaries is to model this. By communicating personal boundaries in a sensitive and loving way, caregivers are giving the child or young person permission to do the same for themselves. It is also important to remember that we need to respect the personal boundaries that the child or young person sets for themselves. If caregivers ask for privacy but do not offer the same courtesy to the child or young person, the child or young person might conclude that their boundaries do not matter which may leave them vulnerable to abuse in the future. For example, it is important to ask the child or young person if they would like a hug and respect their decision about whether they want one or not. When there are tasks that must be done (such as helping them bathe or brush their teeth, changing a nappy, or seeking medical treatment), caregivers can gently explain the reasons why something needs to occur and give the child or young person choice and control where possible while still getting the task done. For example, "*Do you want to have bubbles in your bath or not?*" or "*Shall we go to the playground or out for a hot chocolate after our doctor's appointment?*".

Provide age appropriate sexual education

All children and young people benefit from age and developmentally appropriate sexual education. In most cases, it is appropriate for children and young people to have sensitive discussions with someone with whom they have a well-established and trusting relationship. Not only does it allow them to learn factual, realistic information about sexual development (rather than from inappropriate adult content like pornography, or misinformation from peers), it can potentially protect them from sexual abuse by empowering them about consent.

For younger children, sex education should include body parts (using the correct anatomical names), privacy, personal space, appropriate touching, appropriate language and protective behaviours. For adolescents, topics can include respect, puberty, managing menstruation, reproduction, sexual health, contraception, consent, sexual identity, different types of touch, sexual abuse and protective behaviours. If certain words or topics feel uncomfortable, try practicing the conversation.

Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.

In addition to the strategies mentioned above, the experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form and maintain relationships. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to offer opportunities to talk about their feelings, thoughts and behaviours.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

Caregivers should also understand that connection to culture, Country, kin and family are highly important for Aboriginal and Torres Strait Islander children and young people therefore it is important for a child or young person's wellbeing to promote these connections. Caregivers should seek additional support from their caseworker to ensure that conversations and strategies used to promote healing are culturally appropriate and responsive to the needs of the child or young person in their care.

Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds

It is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and the impact of it on their worldview. Caregivers should seek additional support from their caseworker to ensure that conversations and strategies used to promote healing are culturally appropriate and responsive to the needs of the child or young person in their care.

Iceberg model in action

Rosie in family based care

12-year old Rosie is found to have been chatting online with someone that she connected with through a social media app. She has engaged in sexually explicit conversation. Rosie's caregiver knows that she was exposed to inappropriate sexual content and unhealthy boundaries when she was younger. Rosie also struggles with low self-worth and struggles to make friends, making her vulnerable to exploitation.

Rosie's caregiver listens to the messages underneath her behaviour; *"I would like to be appreciated, loved, and to feel special. I would like people to think I am important and to like me. It's hard for me to recognise when people don't have safe intentions toward me and I need some help"*

Rosie's caregiver responds by staying calm and supportive but letting Rosie know that this behaviour is unsafe. They speak with the case worker for support and seek out resources that help Rosie to understand the risks. Rosie's caregiver works with her to negotiate boundaries around devices that support safety but respect Rosie's need for social interaction. They also offer increased connection to boost her sense of self-worth and work with Rosie to identify different ways she can find connection and belonging.

Charlie in residential care

6-year old Charlie engages in chronic and public masturbation most often on the couch while watching tv while he is around other children residing at the same house. Charlie also has advanced knowledge of sexual acts and a poor understanding of healthy boundaries around bodies and sexual behavior. Charlie's residential care worker knows that he experienced neglect and was often left alone. Charlie also missed out on education about healthy body boundaries.

Charlie's residential care workers listen to the messages underneath his behaviour – *"Doing this feels good and helps me when I am feeling stressed or lonely. I don't understand that this is inappropriate or uncomfortable for others."*

Charlie's residential care workers respond by increasing supervision especially around the lounge room and gently intervening when Charlie starts to masturbate. They remind Charlie that this behaviour is inappropriate outside of the privacy of his bedroom and re-direct him to an alternative activity which will help him to feel calmer or more connected. Charlie's residential care workers are careful to remain calm and neutral so that he does not feel ashamed. They also have ongoing conversations about sex education and help Charlie to access books and other resources which reinforce these messages.

If you have any further questions, please do not hesitate to contact your case worker for further support.