

Play, prey or “sexploration”? Understanding and responding to sexual actions by children at primary school.

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Abstract

Schools and teachers are expected to respond appropriately when they encounter children acting sexually. This article describes the literature on child sexual development and behaviour and the responses of Waikato primary school principals to a questionnaire. Specific issues for New Zealand primary schools and teachers are investigated with suggestions for child educators to develop relational and collaborative approaches to support children and families.

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Imagine...

A nine year old boy is excluded from a rural school. He engaged in a single act of pulling another boy's pants down and touching his genitals. Local schools refuse to enrol him: his 'reputation' is made known through the 'bush telegraph'. Twelve months later the Ministry of Education direct a school to enrol him. Assessment by Special Education finds an intellectual disability. He requires educational learning support. His original school did not offer him or his family any support or referral to appropriate services.

A seven year old girl tells her mother during the summer school holidays about 'games' played by a number of children in her class the year before. (These 'games' involved genital touching beneath clothing among boys and girls). After the holidays the girl's mother tells the teacher. The girl's mother is informed that the school was aware of the behaviour. When asked why she (as a parent) wasn't informed the teacher said, "A lawyer on the Board told us not to say anything. It might give the school a bad name"!

These scenarios do occur in schools around New Zealand. Teachers and principals, Resource Teachers Learning & Behaviour (RTLBs) and Special Education staff are expected to respond when children act sexually towards other children. Many have questions about how to navigate such a territory. Where children's actions include a sexual component the actions and responses of adults are significant. If entered into unhelpfully, responses can be problematic when adults under-respond or overreact.

NZ research about children's sexuality and behaviour in schools

A study of Waikato primary school principals I conducted in 2001 found that management responses to child sexual behaviour in schools were often inconsistent, and that there was a gap for schools in relation to support, training and policy development (Flanagan, 2001). Where one child and their family may find support from a principal and teachers, another child and family can face exclusion and social isolation (Flanagan & Lamusse, 2000). Support services such as RTLB and Special Education are sometimes called to assess the situation and provide intervention to help a child. Frequently referrals are made to social services and/or health/mental health practitioners.

Other New Zealand research includes a recent Wellington study which surveyed teachers about abusive and inappropriate sexual behaviour among Year 7 and 8 students (Russell, Buckley, Walton, Gerring, & Black, 2008) and an informal study in the Manawatu surveying teachers about children's sexualised behaviour at school (Ayland, 2009). Together these studies contribute to a growing understanding that teachers in NZ are challenged by children acting sexually with other children. My hope is to encourage school staff to respond in ways that support respect and fairness, yet invite accountability and safety for all involved.

A limitation of these studies and this paper is that there is no cultural perspective of children's sexuality and actions. This is an idea I intend to pursue in a later article.

Human development theory and children's sexuality

Human development texts appear indifferent to child sexual development. Mainstream northern hemisphere texts refer to early sexual behaviour as relating to adolescence (Papalia, Olds & Feldman, 2007; Santrock, 2008) or continue Freud's idea (1905/2000, cited in Egan & Hawkes, 2008) of referring to children's sexuality as latent – until puberty. Childhood is referred to as a period of latency with the literature suggesting that sexuality only becomes part of girls' and boys' lives at puberty.

However, children are not a-sexual, but are sexual beings before birth (DeLamater & Friedrich, 2002; Steelhammer, 2003). From birth, children play and learn about themselves and each other, exploring and constructing meaning about themselves and their sexuality (Sandfort & Cohen-Kettenis, 2000; Volbert, 2000).

Understandings of sexual development and behaviours have been explained in a number of publications (e.g. Johnson, 1999, 2001a, 2001b; National Center on Sexual Behavior of Youth, 2004). Exploration of these ideas is limited within this article due to constraints of size, but the web addresses provided with these references offer the reader an avenue for further learning. I recommend Johnson's ideas about *natural and healthy behaviours*; *sexually reactive behaviours*; *mutual sexual behaviour*; and *molesting behaviours* (2001a, 2001b), as one approach to a range of meanings for sexual behaviour. In addition, two further articles are available online that may help teachers think about the ways they understand and respond to children and these behaviours (Flanagan, 2003; Flanagan & Lamusse, 2000).

The Waikato study

In 2001 I conducted a research project on the responses of schools to children's sexual behaviour. As a therapist at *Manuwai* Specialist Services (Child Youth & Family) in Hamilton, I had co-developed and facilitated a group for boys referred because of sexual behaviour towards other children (Flanagan & Lamusse, 2000). My curiosity was awakened by the different responses from schools. In one school a boy experienced ostracism by his school principal and local community. In another school a compassionate principal engaged the parents of both a boy who initiated sexual activity and the child affected by the behaviour, ensuring that each child and set of parents had information and access to support services. To further explore what was happening in schools I made a survey of primary principals.

Who participated?

Thirty-six Waikato primary school principals responded to a questionnaire that inquired about incidence, policy and consultation (See Table 1).

Table 1: Characteristics of participating schools

Gender of principal	21 male, 15 female
Location of school	9 rural, 9 urban
Decile of school	12 low decile (1-3), 12 medium (4-7), 12 high decile (8-10)
School type	26 state schools, 6 state-integrated, 4 kura kaupapa Māori

Twenty five principals (69.4%) had responded to complaints of sexual behaviour among children at school during their time as a primary school principal.

Principals' responses to complaints of sexual behaviour ranged from one to more than 20 occasions (See Table 2).

Table 2: No. of complaints principals received of sexual behaviour

<u>No. of principals (N=25)</u>	<u>No. of complaints</u>
16 (64%)	1-4
1 (4%)	5-9
3 (12%)	10-15
1 (4%)	20+
4 (16%)	several/numerous/unknown

Did principals distinguish the sexual behaviour?

Participants were also asked whether they distinguish the sexual behaviour as normal or abusive. Five of the 36 participants did not respond to this question. One participant did not answer "yes" or "no", but asked the question, "What is normal?" Most participants (80%) stated that they do distinguish normal from abusive sexual behaviour, and only 20 per cent indicated they do not. Those that do distinguish were asked to explain how this is done and by what criteria. Their responses were broadly arranged into four categories: policy, consultation, behaviour of the children, and other (see Table 3). A behavioural approach was mainly used in responding to actions of concern. Alarmingly, only four referred to their school policies to guide or support the way they responded.

Table 3: Principals' criteria distinguishing normal/abusive sexual behaviour

Criteria	No. Principals	Description
Policy	4	Referral to what policy includes (complaints, sexual abuse).
Consultation	3	Literature read; agencies (Public Health, Child, Youth & Family); internal sources

		(board members, school counsellor).
Behaviours	13	The seriousness of the behaviour; age Appropriate / exploratory, playful, curious; Coercive, invasive, interfering, involving fear/denial, violence, unwanted; the child's developmental stage.
Other	4	Principal/teacher discretion; personal education on sexual behaviour; personal experience as parents, teachers, administrators.

Did schools have policies relating to sexual abuse?

Thirty one participants (86%) had a policy related to sexual abuse. The fact that some schools did not have a policy to which they could refer to was concerning. All but one of the schools with an appropriate policy in place had reviewed that policy within the previous five year period. Schools should have a policy which covers response to events of sexual behaviour by children against other children, which is current and appropriate.

Twenty four principals sought professional consultation when developing this policy. Another noted that they were in the process of forming a policy. The consultants used by schools were categorised into three groups (health, education, social service agencies). These 25 schools engaged in 51 'consultations' in developing policy (see Table 4).

Table 4: Consultants used to form sexual abuse policy

Professionals/agencies consulted	No. consultations
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Health	16
Public Health Nurse	11
Psychological Service (unspecified)	1
Family Planning Association and Dental Nurse	2
Health Department (sic) and Health Waikato (unspecified)	2
Education	13
Special Education	7
Counsellors (in school and NZEI)	2
Other schools	1
Ministry of Education/School Trustees Assn/NZEI (one each)	3
Social Services	20
Child, Youth & Family	16
Parentline	2
Counsellor and Maatua Whangai	2
Other	2
Human Rights Commissioner	1
Literature (TC Johnson)	1

What actions were taken when child sexual behaviour was reported?

Principals were asked what action they took in their most recent actual experience of dealing with child sexual behaviour (see Table 5). The majority of actions were not punitive. Relatively few children were stood down (4) or suspended (4) as a result of sexual behaviour. No children had been excluded. Most parents/caregivers were informed of their child's behaviour, and the board of trustees was notified in fewer than half of the cases. Child, Youth & Family was notified in 65 per cent of the cases, and schools referred to other agencies in 68 per cent of the cases.

Table 5: Actions in response to child sexual behaviour

<u>Action</u>	<u>No. responses</u>	<u>Principals' responses</u>		
		<u>Yes</u>	<u>No</u>	<u>Other</u>
Board notified	22	10	12	
Parents/carers informed	22	20	1	1 ¹
Child stood down	9	4	5	

¹ This was defined as “depended”

Child suspended	9	4	5
Child excluded	5	0	5
Child, Youth & Family notified	23	15	8
Referral to other agencies	19	13	6
Social services		7	
Education		7	
Health		6	
Police		4	
Other action ²	13		

One student was stood down and then suspended, citing the inability to put in place adequate “safety measures”. Another was sent home until an after-school meeting with parents and the board chair. In nine responses, principals spoke of “eliciting” or “ascertaining” facts from the child, providing lessons on unacceptable behaviour, and having “spoken to” the child about the behaviour. Eight stated that the child was “monitored” and behaviour management procedures were put in place – to cover the child’s behaviour both inside the classroom and out in the playground.

What happened to children abused or affected by sexual behaviour?

Eight principals said they informed the victim child’s parents, and six made arrangements or gave information about counselling. Six said that the child was listened to, believed and supported, including informing the child that they were right to tell, and not at fault. One principal mentioned “a meeting was held between abuser (sic) and victim where an apology was offered”. One stated that there was discussion with the child about how to deal with such a situation, and another referred to the child taking a “Keeping ourselves safe” programme.

² These 13 actions included: two referrals to Special Education; five actions involving parents (e.g. supporting them to seek further help, and providing an information night for parents by Family Planning Association); four actions with the student (arranging a counsellor out of the school, arranging an ACC funded teacher aide, having a contract for behaviour, and monitoring the child); communicating with the Education and Social Welfare Ministers; and “court action”.

What provision was made for staff?

Twelve principals stated that staff were informed or the matter was discussed, with a mind to providing increased supervision. Individual responses included

- involvement of NZ Educational Institute and provision for counselling
- regular support meetings with a case worker, Special Education psychologist, teacher aide, deputy principal and foster parents
- supervision guidelines redrawn to monitor children better
- brought in health expert and had a staff meeting to update on questioning [the child(ren)], rights of the child, and options available to the school
- providing immediate teacher aide support.

Were family/whanau of the child who acted sexually somehow involved?

Twenty one participants indicated discussions with family/whanau, at home or at school, or over the phone. These discussions focussed on what had happened, where to access help, and ongoing meetings to discuss safety management and involvement with other agencies or counsellors. It appears that principals were clearly available to provide ongoing support and guidance to family/whanau. Only one stated that there was no contact with the family, leaving that to Special Education.

What needs were identified?

Policy

Principals identified the need for policy, and for this to be reviewed. Comments included: “policy needs to ensure support for person in child advocacy role” and “more specific policy and procedures [need to be] developed in this area”.

Other responses focussed on staff training and awareness of safety for other children.

One respondent claimed that they had no needs for this area and was dealt with appropriately with the “Keeping ourselves safe” programme planned in their health curriculum. Another acknowledged that each year the Family Planning Association came and provided student lessons.

Training

Principals identified three main areas for training needs: policy; staff training; and involvement with agencies. Policy issues were about reviewing the current policy, and redefining documentation and procedures.

The issue of staff training received most comment. Principals wrote:

- *we provide ongoing training to new staff and revise with staff two yearly prior to the Keeping Ourselves Safe unit*
- *staff need to know how to handle allegations, what and how to report sexual behaviours*
- *staff need to know how to manage this behaviour and who to consult*
- *[this is] related to teacher awareness to signs of sexual abuse*
- *we are dealing with sexualised behaviours in very young pupils.*

Other comments from principals:

Twenty-one principals added further comments. One acknowledged he was:
...unaccustomed to dealing with explicit sexual behaviour in one so young.

Another wrote about feelings of inadequacy, while yet another expressed shock at a five year old exhibiting sexualised behaviour following watching television and certain “rap” songs.

One participant wrote about noticing a gradual increase in child sexual behaviour “year by year”, although still at a low level. Another considered the most recent experience was:

Low priority and relatively common among schools

but

at previous schools some behaviours have been extreme and I have had real concerns about the safety of other children.

One principal explained that he acts in consultation with a team, and does not respond to any incident without involving others:

[I do] not act alone – must discuss with D.P. and any other relevant staff before acting.

There were comments about Child, Youth & Family, in relation to how long it can take for children to access assessment and counselling. One principal commented:

The difficulty for schools is the response time to requests for (CYF) as the child exhibiting sexualised behaviour may be a victim – and the perpetrator may live in the home – hence the lack of action for the child until support comes on stream.

Another principal wrote:

inept bungling of initial information by agencies and turnover of staff not prepared to face the issues directly resulted in the delay.

Yet another principal complained about the difficulty of accessing appropriate help:

it should not be such a struggle to get help – support and funding to enable schools to keep such children in society – this means at school.

This principal then criticised the lack of available professionals experienced in dealing with children. Included amongst these were trained counsellors for primary schools, and the shortage of child psychiatrists. Schools,

cannot provide the extra funding they need for supervision of children who sexually offend/abuse other children. We don't want to add victims to the list in accommodating such children.

Another principal reflected on how “sad and disappointing” the response was regarding the experience she noted in her questionnaire.

I got a phone call three years after reporting this, (with) the same questions being asked. Basically, this child still had problems and nothing had really been done.

Lastly, comment from this participant perhaps reflects a number of principals’ concerns when responding to this issue:

I find it difficult dealing with parents who over-react and traumatisise all children involved. I believe children are sexually curious and play sexual games. In my own experience as a child this was the case and we were not abused or abusers. But where do you draw the line between learning sexual games and abuse indicators?

What approaches are possible for responding to children acting sexually?

So where does one draw the line in recognising a child's activity as play or prey? Understanding a child's actions must include consideration of their social and cultural contexts (Frayser, 2003) as well as their age and stage of development. Unfortunately, adults' often apply ideas to children which are informed by adult experiences and understandings of sexuality. Consequently, meanings are ascribed inaccurately, and in ways that close children to talking or sharing.

An immediate response is needed where someone is abusive and hurting another. In every occasion the manner of response will have effects for how the child might then explain their actions. Teachers, and parents too, will know the benefits of being able to distract or calmly intervene to diffuse a situation.

An interview or interrogation may convey a message of judgement, implying that the child is at fault or in trouble, and subsequently close communication. Furthermore, interviewing may impede any investigation if one is required by legal authorities. In all cases, school policies should give guidance to staff about process and which personnel to consult and advise.

Using respectful curiosity, and a patient, gentle and inquiring approach can be helpful Gail Ryan (2000) proposes “universal goals” to guide people this work:

1. Open communication – to promote ways to talk about sexuality without fear and shame, and to reduce anxiety and embarrassment
2. Responsibility – acknowledge and not excuse where responsibility sits when someone acts in ways that hurt, abuse or are violent

3. Developing empathy – supporting understanding of the effects of actions for others, and the wider group of people affected by the actions – including where the actions were not intended to be hurtful

Teachers know appropriate techniques for managing children who are aggressive or bullying. Those knowledges will prove valuable, but some examples of other responses to child sexuality may be constructive.

- A classroom teacher overhears a seven year old boy telling a girl, "...and that is when I put my penis in your vagina." The teacher is unsure how to respond. She pauses, takes a deep breathe, and then tells the children to go outside and play. She contacts the boy's parents and they clarify that there is a new baby in the family. The boy has asked questions at home about where children "come from" (reminiscent of the car advertisement on television when a boy asks his father the same question – and he receives a full explanation of the 'facts of life'). Parents and teacher together map a response to the individual child, as well as exploring whether an approach to the girl's parents might be necessary.
- Five year old Mary gives her friend a French kiss in the playground. The friend tells the duty teacher that Mary had put her tongue in her mouth. The teacher asks Mary, "What was that about?" Mary says excitedly, "it's a French kiss". "How do you know about French kisses?" asked the teacher. "My uncle Jimmy showed me", said Mary. "Oh" said the teacher, "has Uncle Jimmy shown you anything else?" Then came a disclosure of sexual abuse that had occurred for over 12 months by Mary's teenage uncle. The teacher tells the principal, writing a record of the events and what was said. Mary's parents

are invited in by the principal to a meeting with the teacher. Collectively they plan how to support Mary at school, while her parents consider how they might respond to this predicament for their family.

What community resources are available?

There are a number of agencies that schools can consult about sexual actions between children, and who offer services to children and families. Information and training are increasingly available for professionals who work with children. I have held workshops on child sexuality development and behaviour with social workers (Flanagan, 2006) and in 2007 at the Royal NZ Police College with Child Abuse Team managers. Regional conferences organised by Relationship Services in Tauranga (Flanagan, 2007) and Special Education with Child, Youth and Family and WellStop in Palmerston North (Ayland, 2009; Flanagan, 2009) have been open to social services and education providers. Teachers attended both of these events. I have also held workshops with Family Works Northern, and in Whangarei the group included participants from Special Education and the Children's Health Camp.

Community based programmes are available throughout New Zealand for children where sexual behaviour is considered abusive. SAFE Network (Northern half of the North Island), Safer Centre (Taranaki), WellStop (lower half of the North Island) and STOP (in the South Island) offer services to children and families. ACC approved counsellors can provide counselling if a child has been sexually abused. Social Workers in Schools and Child Youth & Family social workers are more frequently the first call by school staff for questions and concerns about child sexual behaviour.

Conclusion

Child sexuality, and ways of responding to children's sexual actions, will challenge most adults responsible for the care and education of children. This paper has explored issues involved in understanding and responding to children's sexual behaviour. Ideas and practices vary in primary schools, and experiences of consultation and avenues for advice are often uneven.

It is clear that, if we are to respond effectively to children's sexual behaviour in primary schools, teachers require some awareness of child sexual development to guide their thinking and response. They can then consider whether the action is a playful action, or raises concerns about abuse, or is an inappropriate but less severe engagement.

Recent research in child sexual behaviour in New Zealand schools, and efforts to disseminate information and develop staff awareness and preparedness to respond, highlight a tension in this work. There is a concern for staff and possible child victims, but also the recognition that children who act sexually should not be dealt with harshly and inappropriately. If these occasions are viewed as opportunities for development and learning, and children can be treated respectfully and not made to feel judged, then possibilities exist for children to negotiate the territory of sexual development and relationships with respect, trust, and appropriate guidance.

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