



Ninth Australasian Conference on Child Abuse and Neglect

Australian Childhood Foundation

**Dimensions - A pilot program for
children with a disability who
engage in problem sexual
behaviour**

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Joe Tucci

Dimensions

A pilot program for children with a disability who engage in problem sexual behaviour

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The Dimensions Project aims to:

- Understand the therapeutic, support and protective needs of these children and their families
- Develop a relevant body of knowledge about the nature of the problem
- Design, pilot and evaluate an intervention program
- Providing training and advice to health, welfare and education professionals
- Develop and distribute written resources
- Recommend directions for the development of public policy

Key themes in the literature

- Children with disabilities are at heightened risk of abuse and victimisation
 - In their survey of 50,000 children Sullivan and Knuston found children with a disability were
 - 3.8 times more likely to experience neglect
 - 3.8 times more likely to experience physical abuse
 - 3.1 times more likely to experience sexual abuse
 - 3.9 times more likely to experience emotional abuse
- (2000)

Key themes in the literature cont.

- One impetus for children with disabilities engaging in problem sexual behaviour can be sourced in experiences of abuse, disempowerment, distress and violation
- Problem sexual behaviour as a function of the context
 - The sexual development of children is often neglected or denied by individuals in the child's context (Schwier and Hingsburger 2000)
 - A lack of privacy and opportunities to develop appropriate boundaries (Couwenhoven 2001)

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Key themes in the literature cont.

- Children with disabilities who engage in problem sexual behaviour display a wide range of behaviour from self-directed behaviour to penetrative acts targeted towards others

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Mapping the territory – a snapshot of the Victorian experience

- Consultation Forums
- Interviews with key practitioners in the field
- Statewide survey

The sample

88 respondents identified 217 children

Research findings - profile of children with disabilities and problem sexual behaviour (n=217)

- Mild intellectual disability 36%
- Moderate intellectual disability 35%
- Severe intellectual disability 10%
- Developmental delay 10%
- Autism (without ID) 6%
- Physical disability 3%

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Gender of children

Female	26%
Male	74%

Age of children

0-4 years	6%
5-9 years	31%
10-14 years	51%
15-18 years	12%

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% of children engaging in types of problem sexual behaviour (n=217)

- | | |
|--|-----|
| • Exposure | 78% |
| • Masturbation in public | 66% |
| • Excessive masturbation | 64% |
| • Inappropriate touching of other's genitals | 63% |
| • Sexual talk/sexual harassment | 38% |
| • Attempted penile penetration of other's | 18% |
| • Masturbation of others | 17% |
| • Collection/wearing of other's underwear | 17% |
| • Penetration of others using objects | 16% |
| • Penile penetration of others | 14% |
| • Other | 11% |

Background experiences of abuse/trauma (n=217)

- Known or suspected physical abuse 30%
- Known or suspected sexual abuse 29%
- Known or suspected emotional abuse 28%
- Disruption to living arrangements 24%
- Known or suspected family violence 23%
- Divorce or parental separation 22%
- Known or suspected neglect 14%
- Death of parent or significant carer 7%
- Other 6%

Proposed aetiology of problem sexual behaviours

- Experience of sexual victimisation
- Need for sensory stimulation
- Mimicking sexual behaviour they had witnessed or experienced
- Ineffective responses at onset of problem sexual behaviour
- Need for comfort in response to distress caused by trauma, disruption, abuse, family violence and neglect

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Needs and challenges for parents and carers

- Social isolation due to child's behaviour
- Limited available information to understand and respond to problem sexual behaviour
- Methods of responding vary from minimisation and inaction to punishment and physical restraint
- Increased stress in attempts to respond to behaviours whilst protecting others
- High caregiver turnover means a less consistent response
- Reluctance to engage in services due to stigma associated with the problem sexual behaviour

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Key challenges faced by the service system

- Lack of co-ordination of services
- Early signs of problem sexual behaviour are overlooked or minimised
- No routine system of identifying behaviours as signs of sexual abuse
- Little acknowledgement that certain practices of care can contribute to the emergence of problem sexual behaviours
- Poor transfer of information and liaison between services and children and their families

Key challenges faced by the service system cont.

- Children may be punished for the behaviour/ at least a poor level of support/understanding is available to them
- Statutory child protection services viewed as reluctant to become involved with these children
- Protective behaviour programs and sexuality education programs for children with disabilities are generally not available but viewed as very important

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Pilot Intervention Program

- Children with a disability aged between 5 – 13 years
- Intervention is individually tailored and multi-systemic integrating a range of modalities aimed at children, families, carers and the service network.
- Draws on theories of child development, abuse and trauma, disability, sexuality, cycles of abuse, learning, relapse prevention and systems theories.
- Developmental disabilities feature problems in learning new tasks, generalising new skills and using discrimination in applying new skills.

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Pilot Intervention Program cont.

- Intervention offered incorporates cognitive and behavioural strategies that place responsibility for behaviour with the child and position the problem sexual behaviour as a learned behaviour that is changeable.
- Focus on strengthening the capacity of the service system involved with the child to effectively support, protect and reinforce the cognitive and behavioural approaches used to address the problem sexual behaviour.

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Focus of intervention with children includes:

- Understanding basic emotions and cognition
- Stop Think Do
- Developmentally appropriate sexual knowledge
- Awareness of personal risk patterns and triggers
- Denial and sexual preoccupation
- Constructive methods for coping with difficult feelings
- Victimization issues and other behavioural/emotional disturbance

Intervention with parents/carers/professionals

- Appropriate responses to the behaviour
- Support to understand their emotional response to the behaviour
- Understanding the child's emotional needs and need for sexual expression
- Promote protective behaviours
- Reinforce child's new behaviours
- Address issues in family/environment that support and/or maintain the behaviours

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**For more information about the Dimensions project
or to order a copy of the Dimensions research
report email your interest to**

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