



Amitabh Mohan , Chief Editor

PREFACE

Dear Reader

'Sexuality' is integral to a person's identity and develops throughout life. Children begin to explore their bodies at a very young age. They may touch, poke, pull, see or rub their own or other's body parts out of curiosity. Although some of this may be considered normal but some child sexual behavior may be a cause of concern. When a child exhibits such behavior in the school environment, it is important to handle it with care and maturity, as it can have significant impact on other children.

It is time that we, as educators, stop shying away from discussing and dealing with any child sexual behavior. In this issue, we hope to empower teachers with strategies to deal with 'Sexual Mal-behavior' amongst children. We have included information and tips to help teachers tell the difference between 'normal' sexual behaviors and behaviors that may signal a problem.

If you are currently dealing with any of these issues or have any additional questions, feel free to get in touch with our team of expert HLS counsellors. We will be happy to sort out your queries as we all want what is best for our children.

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Editorial Team-
Nivedita Mohan
Neelam Rakesh
Neha Bagri
Sahana Mitra

The HLS PsychoAnalyst

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Sexual Mal-behavior in Children

Educators, care givers and parents of children face some kind of minor or major issues related to children's sexual mal-behavior. In school particularly it is very prevailing area of concern as sexual behavior of one student can deeply affect other students in the school. To deal with this problem behavior effectively we need to keep in our mind. Children are sexual beings. Sexual exploration and play are a natural part of childhood sexual development, and help children not only to learn about their own bodies, but about the social and cultural rules that govern sexual behavior.

Some childhood sexual behaviors, however, indicate more than harmless curiosity. In some cases, sexual behaviors pose a risk to the safety and well-being of the child and other children in his or her world. These *sexual behavior problems* tend to continue even after the child has been told to stop or limit the behavior, and usually have one or more of the following characteristics:

- Are clearly beyond the child's developmental stage
- Involve threats, force, or aggression
- Involve inappropriate or harmful use of sexual body parts
- Involve children of widely different ages or abilities
- Are associated with strong emotional reactions in a child—such as anger or anxiety
- Interfere with typical childhood interests and activities.

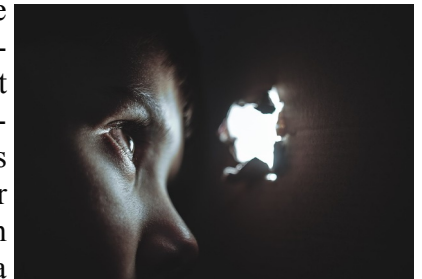
Causes of Sexual Behavior Problems

Some of the factors that have been linked to the development of sexual behavior problems include:

- Exposure to traumatic experiences, such as abuse, natural disasters, or accidents.
- Exposure to violence in the home.
- Excessive exposure to adult sexual activity or nudity in the home (including media exposure through television or the Internet).
- Inadequate rules about modesty or privacy in the home.
- Inadequate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences due to work.

A Guide Line To Categorize Sexual Behavior

Sexual behavior among children can be categorized in to three main categories as per the degree of severity. The sexual behavior also varies as per the age levels. Here is *guideline* for identifying different categories of sexual behavior. It is not exhaustive. All behavior must be considered in its contexts of wide variety of cultural, religious and social values as well as the physical and intellectual capacity or the mental health of the child/young person.



Serious

Concerning

Moderate

Birth to 5 years

1. Simulation of explicit foreplay or sexual behavior in play
2. Persistent masturbation
3. Persistent touching of the genitals of other children
4. Persistent attempts to touch the genitals of adults
5. Sexual behavior between young children involving penetration with objects
6. Forcing other children to engage in sexual play

1. Preoccupation with adult sexual type behavior
2. Pulling other children's pants down/skirts up against their will
3. Explicit sexual conversation using adult language
4. Preoccupation with touching another's genitals (often in preference to other child focused activities)
5. Chronic peeping
6. Following others into toilets to look at them or touch them

1. Thumb sucking, body stroking and holding of genitals
2. Wanting to touch other children's genitals
3. Wanting to touch the breasts, bottoms or genitals of familiar adults (eg when in the bath)
4. Games (eg 'doctor/nurse', 'show me yours and I'll show you mine')
5. Enjoyment of being nude
6. Interest in body parts and functions

5 to 9 years

1. Persistent masturbation, particularly in front of others
2. Sexual behavior engaging significantly younger or less able children
3. Sneaking into the rooms of sleeping younger children to touch or engage in sexual play
4. Simulation of sexual acts that are sophisticated for their age
5. Persistent sexual themes in talk, play, art etc

1. Questions about sexual activity which persist or are repeated frequently, despite an answer being given
2. Writing sexually threatening notes
3. Engaging in mutual masturbation
4. Use of adult language to discuss sex (eg 'Do you think I look sexy?' or 'Look at my dolls—they're screwing')
5. Single occurrence of peeping

1. Self-soothe
2. Increased curiosity in adult sexuality (eg questions about babies, gender differences)
3. Increased curiosity about other children's genitals (eg playing mutual games to see or touch genitals)
4. Telling stories or asking questions, 'toilet' words or names for private body parts

9 to 12 years

1. Persistent masturbation, particularly in front of others sexual activity
2. Arranging a face-to-face meeting with an online acquaintance who is not known to or approved by protective parents
3. Sending nude or sexually provocative images of self or others electronically
4. Coercion of others, including same age, younger or less able children, into sexual activity
5. Presence of Sexually Transmitted Infection (STI)

1. Uncharacteristic behavior (eg sudden provocative changes in dress, mixing with new or older friends)
2. Consistent bullying involving sexual aggression
3. Pseudo maturity, including inappropriate knowledge and discussion of sexuality
4. Giving out identifying details to online acquaintances
5. Preoccupation with chatting online outside of familiar peer group

1. Use of sexual language
2. Having girlfriends/boyfriends
3. Exhibitionism (eg flashing or mooning amongst same age peers)
4. Increased need for privacy
5. Consensual kissing with known peers
6. Use of internet to chat online with peers

12 to 18 years

1. Compulsive masturbation (especially chronic or public)
2. Degradation/humiliation of self or others with sexual themes (eg via threats, phone, e-mail, website)
3. Attempting to/forcing others to expose genitals or forced sexual contact (touch/assault/rape)
4. Preoccupation with sexually aggressive pornography
5. Sexually explicit talk with younger children
6. Sending nude or sexually provocative images of self or others electronically or Genital/anal injury to others/self
- Joining adults-only online sites if under age

1. Sexual preoccupation/anxiety which interferes with daily function
2. Preoccupation with pornography
3. Preoccupation with chatting online
4. Giving false gender, age, sexuality details online in adult chat room
5. Use of sexually aggressive themes/obscenities
6. Sexual graffiti (chronic/impacting on others)
7. Violation of others' personal spaces
8. Single occurrence of peeping, exposing, non-consenting sexual touch with known peers; mooning and obscene gestures.

1. Sexually explicit conversations with peers
2. Obscenities and jokes within the cultural norm
3. Flirting
4. Interest in erotica
- Use of internet to chat online with peers
5. Solitary masturbation
6. Interest and/or participation in a one-on-one relationship (with or without sexual activity)
7. Sexual activity including hugging, kissing, holding hands

Idea – An idea that can change your teach-

Dealing with Sexual Mal behavior in School

According to Ryan (1998) an effective school response to children’s problem sexual behaviors has three goals

1. **Encourage Communication** — adults provide a model for the child by being able to talk clearly and calmly about the sexual behavior.
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 behavior on others.
3. **Promote Accountability** — adults help the child develop the ability to “catch” his or her thoughts, recognize thinking errors, and understand that behavior does not “just happen.”



A student’s sexual behavior may be reported to school by another student, or a parent, or observed directly. When ever such incidence occurs the fore most action should be, 1. Acknowledge the person reporting for bringing the behavior to his or her attention, 2. Reassure the reporter that the school will take appropriate action, 3. In- form the school principal of the alleged incident,4.Consider reporting to School Counselor or even child protection social worker if necessary.

All school personnel should be prepared and willing to intervene immediately when they observe sexual behavior by a student, or when a student reports such a behavior to them.

Responsibility of Different Levels of School Personnel

The Teacher	The Principal	The Counselor	The Support Staff
1) Talks to the students in- volved and the student who was mistreated to gather more information as required. 2) Informs the principal of incidents when they occur. 3) Consults with school coun- selor concerning needs of stu- dents. 4) Documents the incident and the intervention. 5) Informs parents of students or assists principal and coun- selor in talking to parents. 6) Participates in the develop- ment and implementation of a safety and support plan. 7) Implements behavior man- agement strategies in the classroom, as necessary.	1) Receives information (i.e., reports) from any staff person or parent concerning problem sexual behavior by students. 2) Sores documentation in a confidential, secure location (not part of student file). 3) Contacts and meets with parents. 4) Convenes and chairs safety and support plan team. 5) Assumes role of case man- ager or delegates the responsi- bility to a staff member in the school 6) Participates in the develop- ment and implementation of the safety and support plan.	1) Assists the principal in talk- ing with parents 2) Determines students’ need for further support 3) Consults with a mental health professional (with par- ents’ written permission) 4) Participates in the develop- ment of a safety and support plan. 5)Provides support for the classroom teacher in imple- menting behavior management strategies. 6)Discusses boundary issues with his or her class works with students involved. 7)May provide classroom les- sons/work shops on boundaries.	1) Informs principal of inci- dents of problem sexual be- havior. 2) Documents the incident participates in the develop- ment and implementation of the safety and support plan as requested by the principal. 3) Assists classroom teacher in implementing behavior management strategies

Tips for dealing with Problem Sexual Behaviors

Initial Response

Management of a student’s inappropriate sexual behavior begins with your initial response Speak to the child in private, not in front of the class, to avoid shaming or embarrassing him or her. Labeling or describ- ing the behavior is important. Try to use words that will be easily understood by the child such as “You have your hands on your private parts” is sufficient to clearly identify the behavior you are addressing.

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 behavior. Simple verbal or visual cues will act as reminders for the student to stop the behavior and get back to work without em- barrassing 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, or saying the student’s name.

Redirection

The aim of redirecting is to help the student find more appropriate ways of dealing with the feelings that underlie the behavior 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. Activities that require concentration (e.g., puzzles, computer work) and those that expend physical energy may be helpful.

Reinforcement for Appropriate Behavior

Provide positive reinforcement as incidents of the self-touching become less frequent and periods of attention to task more frequent. Reinforces can be as simple as giving a student a smile, 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 behavior. 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. Involve parents or guardians in the child’s safety and support plan whenever possible.

As we know that children are also sexual being so rather than isolating the child with sexual mal behavior we need to handle the child with care and affection and help them to grow with smile.

Guidelines for Documentation of Incidents of Problem Sexual Behaviors:

- 1) **Documentation should be in a professional manner:**
 - Providing a factual description of the incident as the date and time it occurred, names of students, name of person who reported and a statement specifically describing what occurred by using quotation
 - Avoiding generalizations, opinions, evaluative comments.
- 2) **The Immediate Response:**
 - Record the immediate action taken in response to the behavior, including intervention with all students involved and contact with parents
 - Document the steps taken to keep other students safe.
- 3) **Consultation and Reporting:**
 - Record the names of other professionals who were consulted concerning the incident and the nature of the consultation.
- 4) **Support and Safety for the Student:**
 - Record the safety and support plan, the names of the plan developer, plans for implementation, follow-up and assessment of the safety plan.
- 5) **Storage and Retention of Documentation:**
 - Store documentation in a confidential, secure location.

Dreamers are Believers

Believers are Achievers

Amitabh Mohan



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- For Students:- Psychological/Personality, Motivational, Career issues etc.
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Offices

Lucknow, Kolkata, Delhi

Head Office

Kolkata

P-400 B, Keyatala Lane, Golpark Kolkata – 700029

Phone: (033) 40086576, 7044067906, 9831134906

Email: info@hlsindia.org Website: www.hlsindia.org

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