

Solid Foundations for Children and Young People's Healthy Sexual Development

Lesley-Anne Bray (HSB Senior Practitioners)
Dr Meltem Osman (Clinical Psychologist)
Practice Week – 24.05.2024

The HSB Team:

Francesca Burgess, HSB
Specialist & Operational Lead
Dr Sarah Supple, Principal
Counselling Psychologist
Lesley-Anne Bray and Amy
Byford, HSB Senior Practitioners
Dr Meltem Osman, Clinical
Psychologist
Liliana Cybulska, Assistant
Psychologist

Welcome and thanks for joining us

We want to create a safe, open and reflective space to learn together – please be considerate of others.

Please use the 'raise hand' facility to ask questions and contribute when others are talking.

Live captions are available by clicking on the 3 dots at the top of your screen.

Your feedback is invaluable to us – please take a couple of minutes to complete it at the end of the session.

Thank you!



flourish

Learning outcomes

- Understand how foundations of healthy relationships at the earliest stages can support children and young people in their sexual development.
- Understand how to support children and young people to develop skills for healthy sexual relationships and safe sexual exploration in the future.

The HSB Team

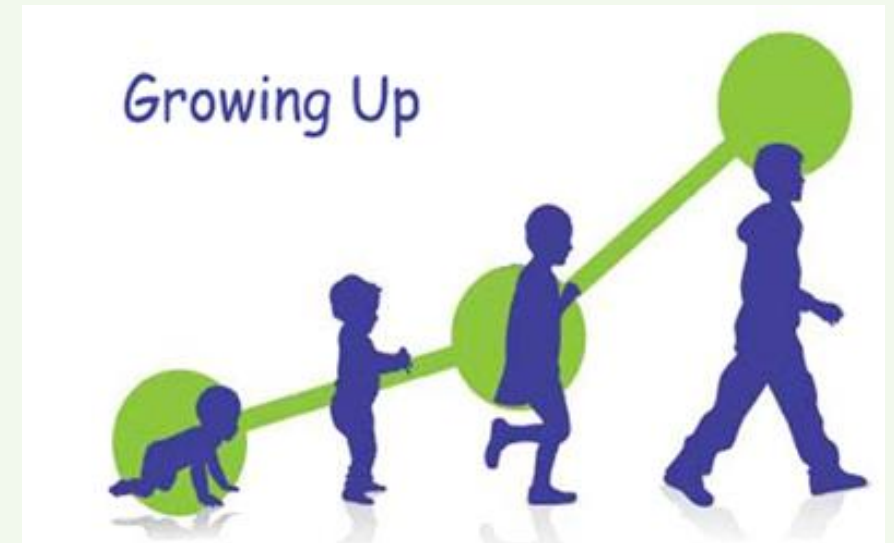
- NSFT and NCC partnership comprising of Applied Psychologists and HSB Specialists
- Support & specialist advice for the team around the child
- Children under the age of 18 living in Norfolk & Waveney
- Worries and concerns around harmful sexual behaviour
- Where there has been 'No Further Action' from the police
- Request for HSB Case Consultations can come from any professional working with children
- Enabling professionals to assess, understand and offer interventions for HSB to manage levels of concern and risk through training, consultation and support
- Aim to support the system around the child to undertake the work if possible
- Specialist intervention for most complex cases where other intervention has been ineffective

Child Sexual Development

The foundations for healthy sexual functioning in later years starts with the child's physiological, emotional and social development.

Infants and children may not think about sexuality in same way as adults, but they learn and interpret messages related to sexuality that will shape their future actions and attitudes.

Children go through phases of sexual development just like any other form of development.



Child Sexual Development

0-4 years



5-9 years



9-13 years



13-17 years



Child Sexual Development



0-4 years

- Having no inhibitions about nudity
- Sensory driven
- Touching their own private parts
- Showing curiosity about other people's private parts or naked bodies
- Talking about bodily functions, using words like 'poo' and 'wee'
- Consensually role playing with their peers, exploring different relationships or roles such as 'playing house', 'playing mummies and daddies' or 'playing doctor'



5-9 years

- Becoming more modest and asking for privacy
- Increasing curiosity about others bodies - Asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships
- Consensually exploring relationships with peers, for example mimicking adult relationships by holding hands with a 'boyfriend' or 'girlfriend' or giving them a kiss on the cheek
- Use words they've heard from other people to test boundaries
- Gender roles more identifiable
- Increased touching of genitalia for sensual stimulation



9-13 years

- Having or wanting to have a romantic relationship with peers (of the same or different gender)
- Using sexual language, making jokes about sex or discussing sexual acts with peers
- Wanting more privacy
- Looking for information about sex in books, online or in the media (this might lead to accidentally finding sexual pictures or videos)
- Masturbating in private



13-17 years

- Explore their sexual identity
- Experimenting sexually and consensually with the same age group
- Looking for information about sex and sexual relationships
- Masturbating in private

Supporting Children and Young People with Healthy Sexual Development

- Social
- Emotional
- Physical
- Identity
- Knowledge

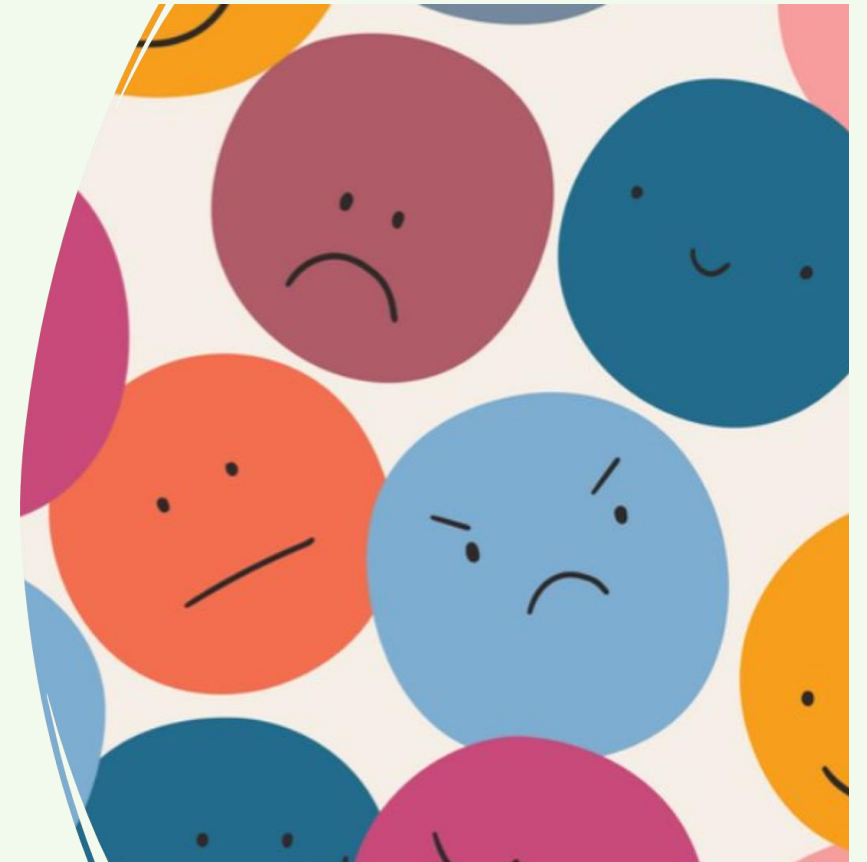
Social

- Parenting styles, peer relationships, cultural influences, media and education are important social factors in relation to healthy sexual behaviours and attitudes.
- Importance of the opportunity for exploratory play and to explore and learn about sex and gender through play.
- To learn or be curious about boundaries or have inappropriate behaviours challenged in the same way.
- Much is learned through play and socialising in regard to social interaction, reciprocity, relational boundaries and personal space - all of which is vital for healthy and appropriate sexual interactions.
- Also understanding of language/communication associated with sex – importance of using the right terminology over ‘privates’ ‘daisy’ etc. enables children to ask if they are unsure about something or express needs/desires/understand others and inform if being sexual abused/experiencing inappropriate behaviour.



Emotional

- Children and young people learn emotion regulation from their parents or carers.
- The emotional climate within the home can impact on relationships and how children and young people learn what is an appropriate way to behave or respond.
- Children and young people need support to be able to communicate their emotions to help their understanding of what is going on for them.
- Puberty can be an emotional and difficult time for adolescents, and they will need support and understanding around this.



Physical

- Early experiences of touch/comfort set the scene for how this is experienced in later relationships.
- Touch can be safe and soothing or a sensory need.
- Do not force children to give hugs or display or display affection when they do not want to.
- Possible difficulties with physical intimacy in the future if children and young people have experienced negative experience of touch.
- Support children and young people to understand when it comes to biological changes and puberty.



Identity – our sense of self

Children learn about who they are through the eyes of others, the stories they hear and tell.

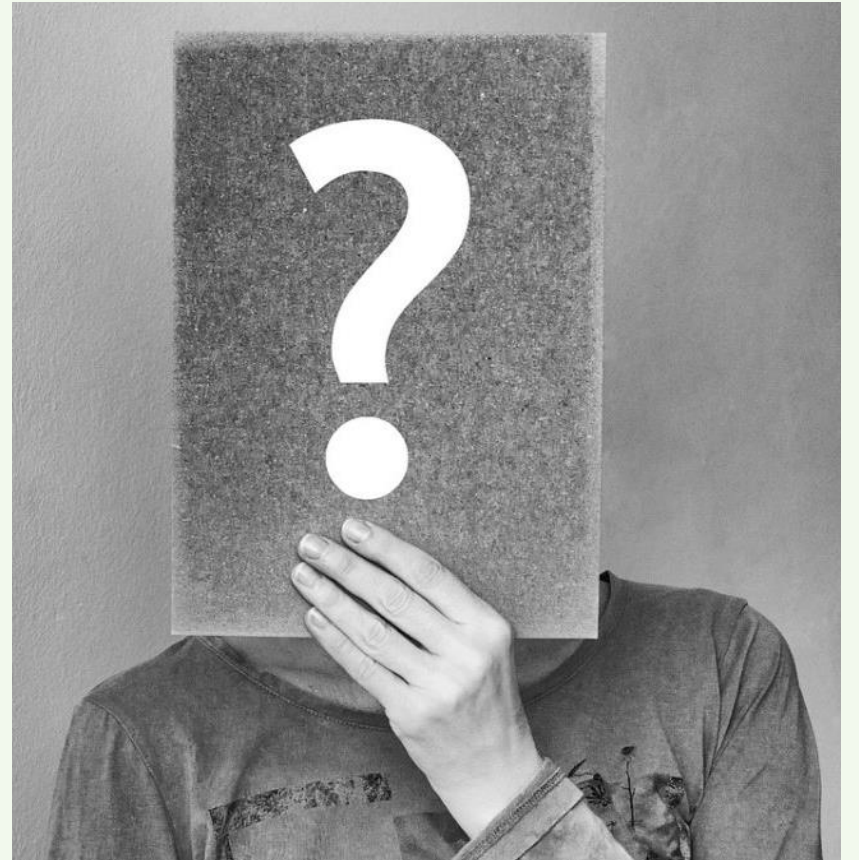
People around us confirm or deny our identity. This can impact how they feel about themselves.

Developing a defined and valued sense of self supports mental wellbeing and self-esteem.

Aspects of identity that often emerges in our work:

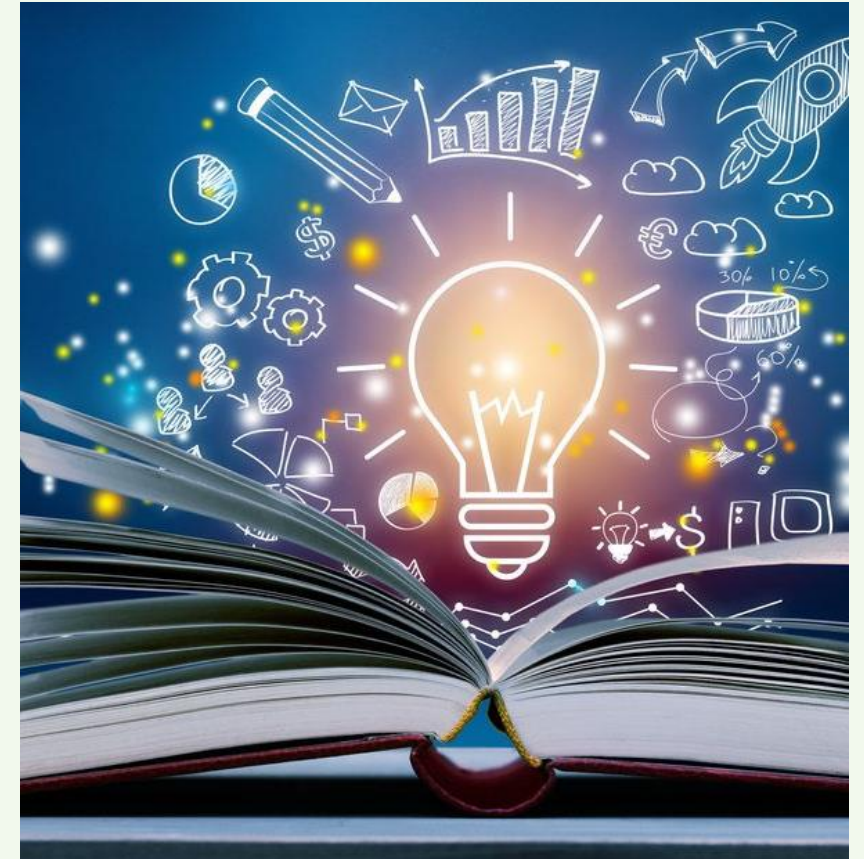
- Sexual identity; Gender identity; Neurodivergence
- Consider intersecting identities – race, gender, sexuality, religion, class

Importance of curiosity, empathy, acceptance from adults around a child



Knowledge

- Comprehensive sex education is a critical component of sexual and reproductive health care.
- Children and young people need developmentally appropriate information about their sexuality and how it relates to their bodies, community, culture, society, mental health, and relationships with family, peers, and romantic partners.
- Impact:
 - Understand their body, gender identity, and sexuality.
 - Build and maintain healthy and safe relationships.
 - Engage in healthy communication and decision-making around sex.
 - Practice healthy sexual behaviour.
 - Understand and access care to support their sexual and reproductive health.
- Considerations: cognitive abilities; curriculum differences; parental views; school moves; different sources of information (peers, social media, porn etc.)



What impacts the emergence of HSB?

Knowledge:

- Not accessed sex education
- Access to inaccurate or harmful information e.g. from peers, porn, social media

Trauma:

- Repeated trauma results in decreased flexibility in cognition when danger is present resulting in over reliance of attachment strategies
- Potential confusion between comfort and sexual satisfaction
- Patterns of previous relationships become generalised to sexual relationships (e.g. powerful/helpless; dominance/submissive; control/compliance abuser/victim)
- Communicating distress

Emotional regulation skills:

- HSB as a coping strategy e.g. masturbate when anxious; make sexual comments when scared

Neurodivergence:

- Mismatch in social judgements; differences in executive functioning

Defining harmful sexual behaviour

“A shared and meaningful range of terms is important to enable clear communication between professionals and to allow accurate assessment” (Hackett, 2016)

“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.” (Hackett, 2014)

Hackett's Continuum

Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

Inappropriate

- Single instances of inappropriate behaviour
- Socially acceptable within peer group
- Context may be inappropriate
- Generally consensual or reciprocal

Problematic

- Problematic or concerning behaviours
- Developmentally unusual or socially unexpected
- Consent unclear
- Lacking reciprocity or equal power
- May include compulsivity

Abusive

- Victimising intent/outcome
- Misuse of power
- Coercion/force to ensure victim compliance
- Intrusive
- Lacking informed consent or not able to be freely given
- May include expressive violence

Violent

- Physically violent sexual abuse
- Highly Intrusive
- Instrumental violence which is physiologically/sexually arousing for the perpetrator
- Sadism

(Hackett, 2010)

Types of HSB

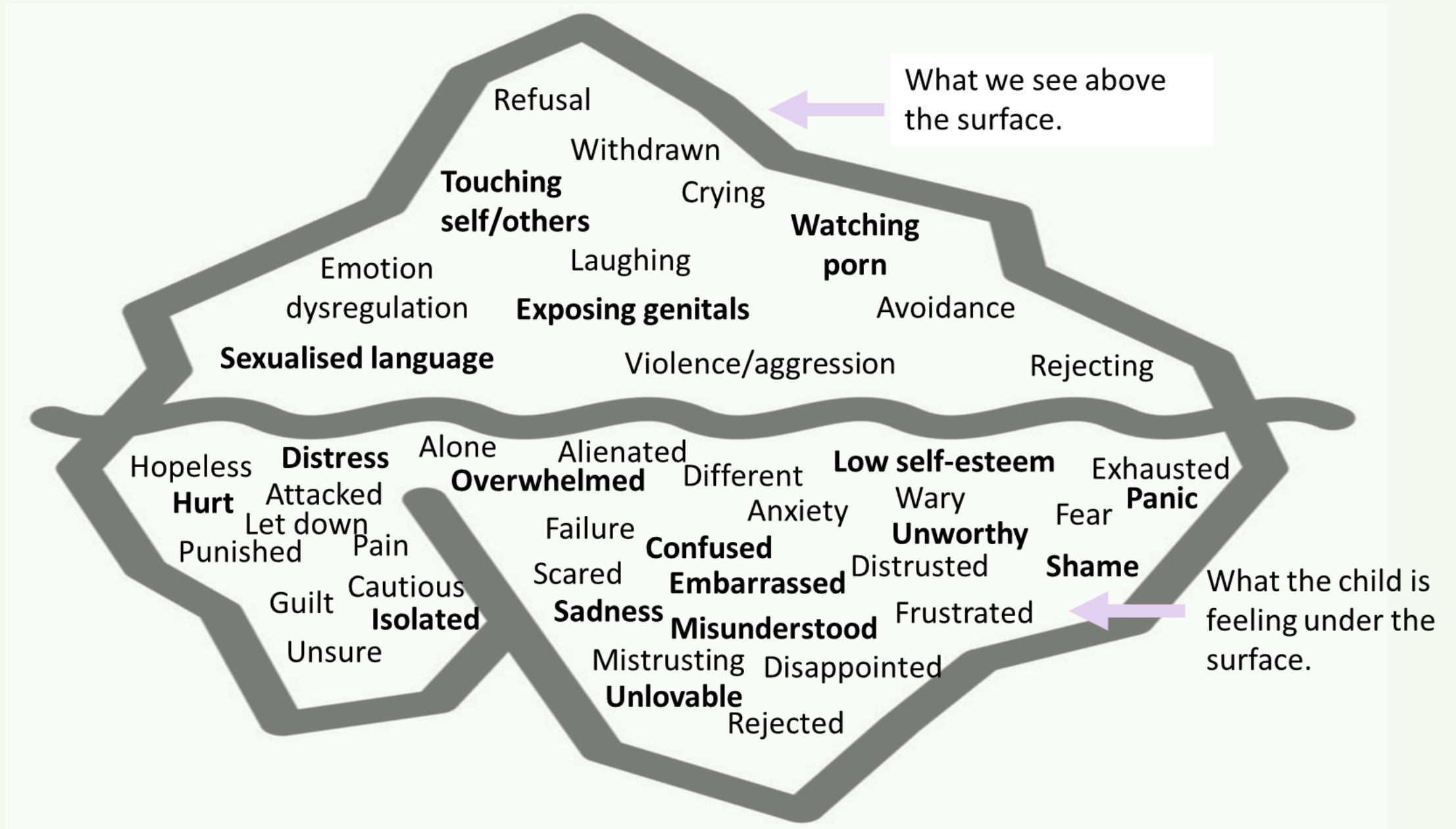
Sexualised Behaviour
(use of language; non
contact)

Sexualised Contact
(not intrafamilial)

Intrafamilial

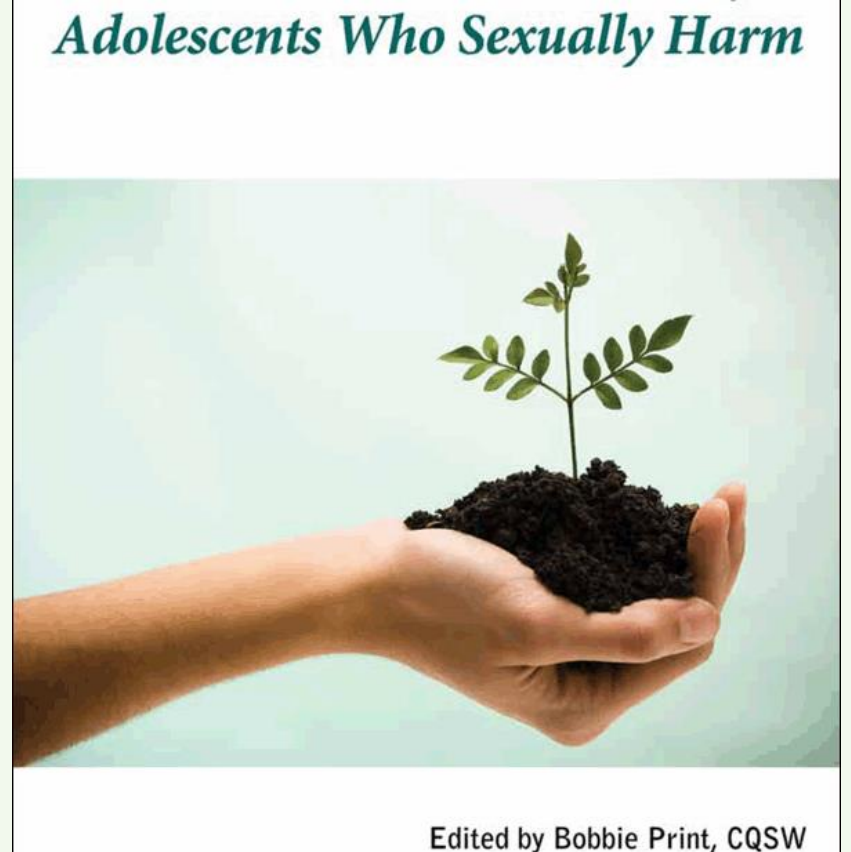
Technology Assisted
(TA-HSB)

Safety seeking across the lifespan



Good Lives Model – underlying unmet needs


- HSB is often not about sexual gratification but trying to get another need met
- Normal to want to explore own body
- Normal to want to explore sexuality
- Normal to want to form sexual relationships (appropriate to age/developmental stage)
- **But may not have the tools they need to do this safely - HSB is an inappropriate or unsafe behaviour designed to meet needs**
- Assessment needs to identify what needs the young person is trying to meet through their HSB
- Build capabilities and strengths to allow CYP to meet needs healthily and appropriately



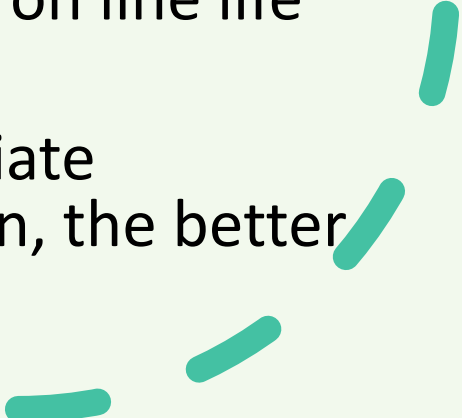
Having fun	Seeking feelings of excitement or happiness e.g. masturbating in places where they might get caught
Physical health	Managing sleep, diet, exercise, safety, sensory processing e.g. masturbating to self-soothe
Emotional health	Coping with strong emotions, processing past experiences (including trauma) e.g. sexual language to communicate distress
Sexual health	Sexual pleasure and understanding e.g. natural sexual curiosity
Being their own person	Wanting to be independent and having a sense of your identity e.g. wanting to feel in control of decisions
Relationships	Seeking attachment, being connected to other people e.g. wanting to connect with others
Being an achiever	Feeling good at something important to them e.g. keeping up with what peers are doing

Identifying needs

Intervention: supporting healthy sexual development

- Sexual development and puberty
 - Sexual identity and sexual interests
 - Safe touch, ok and not ok behaviours
 - Boundaries
 - Healthy relationships, including sexual relationships
 - Consent
 - Use of pornography
 - Technology assisted sexualised behaviours
 - Contextual perpetuating factors
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Intervention: supporting healthy sexual development

- Preventative work e.g. community outreach
 - Whole system work
 - Liaising with schools and the RHSE leads
 - Talking to young people openly
 - Helping parents talk to our young people
 - Helping schools and other colleagues know how to talk to young people
 - Asking young people what they think i.e. participation stuff
 - Realising it is forever changing e.g. on line life (e.g. pornography)
 - Research shows the more appropriate information young people are given, the better their long term outcomes
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Choosing the Right Intervention

In the moment:

- 3 Rs: Regulate, Relate, Reason
- PACE
- Safeguarding
- Risk management

Longer term:

- Risk reduction
- Creating safety and stability
- Family work
- Supporting sense of belonging
- HSB intervention – Good Lives
- Sex education & supporting healthy sexual development



Training

- Assessment Skills with Children & Young People who display Harmful Sexual Behaviour
- Delivering Interventions to Children & Young People displaying Harmful Sexual Behaviour
- Skills in working with Children & Young People displaying Technology Assisted Harmful Sexual Behaviour (T-A HSB)
- Working with Children & Young People who have displayed Intrafamilial Harmful Sexual Behaviour
- Considering Neurodivergence when working with Harmful Sexual Behaviour in Children and Young People
- Harmful Sexual Behaviour in Children and Young People with a Learning Disability (LD)
- Harmful Sexual Behaviour and Developmental Trauma in Children and Young People

For more information and how to sign up follow:

[Training - Norfolk County Council](#)

Resources



A guide to sexual health and wellbeing
<https://www.brook.org.uk/>



Medically accurate and age appropriate Sex Ed for all adolescents as determined by Parents, Teachers and Medical Professionals

<https://www.amaze.org>



The NSPCC website contains information on keeping your child safe online:

<https://www.nspcc.org.uk/keeping-children-safe/online-safety/>



Norfolk HSB Team website:
[Harmful sexual behaviour in children and young people - Norfolk County Council](#)

NICE National Institute for Health and Care Excellence

NICE guidelines:
[Overview | Harmful sexual behaviour among children and young people | Guidance | NICE](#)



A safe space for teenagers worried about sexual behaviour:
[Home - Shore \(shorespace.org.uk\)](https://shorespace.org.uk)

Please let us know what you think



<https://forms.office.com/e/N1xuUxf2Dt>

