

Adult responses to concerning sexual behaviours of young people in specialist school settings

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For information and resources on safeguarding children and young people in organisations:

<https://safeguardingchildren.acu.edu.au>

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Introduction

Children with disability have a right to support and safety not only to prevent harm from adults, but also to prevent concerning behaviour from their peers.

Investigations highlight many young people have been exposed to displays of sexual acts by their peers in school-settings in Australia (Robinson, 2016).

Young people with disability may be less able to put effective self-protection or other safety strategies into practice or draw on effective coping mechanisms than their non-disabled peers (Robinson, 2016).

A key principle in adult responses includes the identification and effective management of these young people's behaviours that may constitute early signs of sexual abuse (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015).

Specialist schools provide educational programs targeted at the individual developmental needs of students with disability and high needs, rather than their chronological age (Australian Bureau of Statistics, 2012).

Little is known about staff responding to concerning sexual behaviours (CSBs) in specialist school environments. CSBs (also referred to as 'harmful' or 'problematic') are behaviours that (a) often occur in a persistent, obsessive and/or frequent manner and (b) lie outside of age or developmentally appropriate sexual exploration (Collin-Vezina, Daigneault, & Hebert, 2013; Evertsz & Miller, 2012; Ey et al., 2017).]

Age-appropriate sexual behaviour examples	Concerning sexual behaviour examples	Very concerning sexual behaviour examples
<p>5-7 years: 'Show me yours/I'll show you mine' with same-age children</p> <p>8-12 years: Genital or reproduction conversations with peers</p>	<p>5-7 years: Continually wanting to touch the private parts of other children</p> <p>8-12 years: Attempting to expose others' genitals</p>	<p>5-7 years: Forcing other children to play sexual games</p> <p>8-12 years: Repeated or chronic peeping, exposing or using obscenities</p>

Aim and research questions

Descriptive in nature, the aim of this study was to obtain information about specialist school staff, regarding the factors found to be associated with responding to CSBs between students.

Specific research questions of this study included:

- What do staff know (or not know) about CSBs occurring peer-to-peer? And what are staff understandings of how to intervene to address associated risks?
- What are the staff attitudes about CSBs occurring peer-to-peer (do they hold / demonstrate protective attitudes towards children, disability, and sexual behaviours)?
- What are the perceived skills utilised in staff responses to issues/problems that arise when dealing with CSBs?

Method

- Participants were staff from either Special or Special Development Schools in Victoria.
- All participants were recruited by first obtaining the permission of their school Principal. Contact with Principals was first made through the Principals Association of Specialist Schools (PASS).
- Inclusion criteria:
 - member of staff in relevant school settings
 - employed in a school within the North-Eastern, North-Western, South-Eastern, and South Western Victoria regions
 - delivering education to children and young people with mild, moderate and profound Intellectual Disability and/or Autism Spectrum Disorder.
- Staff were ineligible if they were situated in a school environment specific to young people with sight and hearing impairments, or from satellite units within mainstream schools.
- A total of eight participants responded to qualitative questions.
- In addition to ethics review and approval by ACU ACU (HREC approval no. 2017-290E), the researchers also obtained approval to conduct research in Victorian government schools by the Department of Education and Training (DET Research study- 2017_003574).

Participants

In total, 17 participants responded to the survey. They came from a variety of roles in specialist school settings. The median age group was 46-55 years.

	N	Percentage
Male	5	29.4%
Female	12	70.6%
Age range		
18-25 years	1	5.8%
26-35 years	2	11.8%
36-45 years	4	23.5%
46-55 years	8	47.1%
56+ years	2	11.8%
School role	4	23.5%
Principal	1	5.9%
Assistant Principal	1	5.9%
Welfare coordinator	1	5.9%
Other coordinator	7	41.2%
Teacher	2	11.8%
Student support/aide	1	5.9%
Occupational Therapist		

Measures

We used the 'Knowledge and Attitudes Towards Young People with Harmful Sexual Behaviours Scale'.

- The 20-item measure was adapted with permission from the authors of the original scale (Hackett, Carpenter, Patsios, & Szilassy, 2013). The scale uses self-report and was designed to ask professionals about their practice.
- Originally designed to explore variables related to sexual abuse, items were adapted to use the term CSBs.
- On items pertaining to 'sibling', the word 'peer' was used in its place.
- In previous studies, Cronbach's alpha coefficient for the Knowledge and Attitudes Towards Young People with Harmful Sexual Behaviours Scale has ranged from .57 to .62.

Research-informed supplemental items

- Supplemental questions were informed by key priority areas of the Royal Commission research, as well as Michaelson's (2015) key priorities for addressing the risk of child sexual abuse in primary and secondary schools
- Additional items were developed specific to working with children and young people with disability.
- The questionnaire also offered open-response questions, included to derive further information regarding the lived experience of staff.]

Design

- Single-group mixed-method design.
- An online questionnaire package was developed utilising Qualtrics software.
- The last page of the survey identified key contacts including child safety organisational contacts relevant to CSBs and provided contact information of the researchers.
- Qualitative questions were included to give an indication of some of the lived experiences of participants to guide further research.

Results

All participants saw it as their role to act if they witnessed CSBs. When asked about the following statement, “It is not within my role to take action when I have witnessed a young person display concerning sexual behaviours,” they either disagreed (11.1%) or strongly disagreed (89.9%).

Most felt comfortable identifying to young people what constitutes ‘acceptable touch’. Three-quarters agreed, but only one-quarter strongly agreed that they felt comfortable.

Fear of intervening was not identified in participants. All disagreed (50% strongly) that they were afraid of intervening where CSBs were occurring between students.

Whereas most (58.3%) strongly agreed that “Without help, young people who display concerning sexual behaviours are likely to continue to do so,” 25% agreed and 16.7% were unsure. Similarly, although one-third strongly agreed that “Young people who deny their offences related to concerning sexual behaviours are high risk”, one-third agreed, and one-third were unsure.

Nearly all agreed that young people with disability are more at risk of displaying CSBs based on difficulties navigating social relations (only 16.7% disagreed).

Forty percent agreed that they had limited understanding of local policy and procedures related to young people who display CSBs, and 20% agreed that they didn’t know when they were required to report concerning sexual behaviours to the relevant child protection authority.

There were mixed views as to whether a young person who displays concerning sexual behaviours to a peer should always be removed from the environment where the peer could access them. One-third of respondents agreed, one-third disagreed, and one-third were neutral. There was similar variety of responses around items relating to whether family backgrounds of young people engaging in CSBs are usually highly problematic, and whether young people with disability have a reduced capacity to disclose sexual victimisation from peers. Similarly, there were mixed views as to whether young people’s displays of CSBs were seen as usually being about power, rather than about sex.

Somewhat surprisingly, one-third disagreed that all young people who display CSBs need therapeutic intervention. Similarly, only two-thirds believed that the system for dealing with young people who display CSBs should be less punitive and more understanding.

Other key findings

	<p>Training needs participants identified to feel more skilled in responding: professional development refresher sessions, and training or information specific to the assessment of risk; and more targeted programs that consider the extent of students’ level of disability and resources to assist staff in explaining body-related concepts.</p>
	<p>Decision making: A student’s pattern of behaviour was identified as a key consideration in making decisions when responding.</p>
	<p>Student ability to understanding of appropriateness of displays: Participants identified considerations necessary to staff responses included the sensory needs and attraction of students; acknowledgement that students may present with a limited awareness of boundaries; social influences including group dynamics; and a confusion related to what constituted socially normative behaviour</p>

Discussion



Most respondents indicated they had the knowledge to distinguish between appropriate and inappropriate sexual behaviours displayed by young people.



Most agreed that young people with disability display CSBs because they don't know the rules and conventions of normal sexual behaviours; and that girls with disability display CSBs for much of the same reasons as boys with disability.



Most respondents identified they were comfortable discussing concepts such as acceptable touch and the inappropriate nature of public masturbation with students.



Most had effective strategies for educating students about CSBs.

20%

Over 20 percent of respondents had never undertaken training directly relating to child sexual abuse prevention and/or CSBs.

Considering quantitative and qualitative responses

Despite many of the participants reporting comfort in (a) distinguishing between appropriate and inappropriate displays and (b) responding to CSBs, they expressed a consistent need for further training including training specific to responding to students with disability.

Participants highlighted they were not afraid of intervening though they tended to reflect on the complexities and array of considerations required in decisions.

Limitations

A key limitation of this study was the small sample size constraining data analyses, therefore more advanced statistical analyses were not possible. A further consideration was that some Principals expressed reluctance to ask staff to complete the survey.

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