

Supporting Children with Problematic and Harmful Sexual Behaviours

First Step Cambodia

Introduction

Founded in 2010, First Step Cambodia (FSC) works with boys who are survivors of sexual abuse and children who display problematic and harmful sexual behaviour, as well as their families, carers and communities.

Background

FSC first started working on the issue of problematic and harmful sexual behaviour when staff noticed that in approximately 30 per cent of the organisation's cases of sexual abuse, children had been abused by other children. In most cases, these children were older than the children they had abused and had more knowledge about sex, often more experience, and more power over the younger child.

FSC observed that these children were often physically beaten within their communities for displaying this behaviour. The police would become involved and would require the children to sign a contract to say they would stop this behaviour, however the children did not know how to. Parents were also scared about what would happen to their child, especially if the behaviour continued once they reached the age of criminal responsibility, when they might go to jail. FSC recognised that these children were vulnerable and marginalised and decided to start working with them. In 2012 FSC had its first referral of a child displaying problematic sexual behaviour. It learned that the child had had adverse experiences during their life and it was a lack of knowledge, not the intent to hurt anyone, that had led to this behaviour.

In 2014, FSC began an extensive research project in order to understand more about the root causes of this behaviour in children. The project worked with 20 children, of whom 18 were boys and two were girls. Through this research staff learned that many of these children had experienced domestic violence, physical and emotional abuse and neglect,

and their behaviour was impacted by a lack of sex education, both at school and home, and access to pornography or observing adult sexual behaviour.

The model

FSC's model works across multiple layers, involving the child, their family and school, the local authority and other NGOs.

Social workers provide 1:1 therapy to the child, drawing on a range of different approaches including counselling, art and play therapy, that are tailored to the child and their needs. FSC works closely with parents, helping them to understand why their child is displaying such behaviour and to learn what they can do differently to support their child.

The model includes a training curriculum that FSC has developed to teach other professionals how to identify harmful sexual behaviours in children and provide an initial response. This includes training staff in residential children's homes.

FSC works with local authorities and delivers training and capacity building to raise awareness of the services it provides for these children. Currently FSC trains NGOs and local authorities across five provinces in Cambodia and receives referrals of children from 13 provinces.

Usually, children living in residential care who display sexually harmful behaviour would be sent back home to remove the 'problem' from the residential care centre. However, not addressing this behaviour means that other children are at risk when the child returns to their community. First Step Cambodia supports care home staff to identify harmful sexual behaviours and to help improve the behaviour before sending children home in order to reduce the risk to other children. (It is worth noting that 70 per cent of children in residential care in Cambodia have families, but live in residential centres for economic reasons as parents know they will receive food and an education.)



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Implementation

FSC uses a case management process, which details a step-by-step approach to engaging with a child from beginning to end. Social workers begin by using different tools to assess the child's behaviour, taking into account the level of risk they pose to other children, and then suggesting a way forward. If the level of risk is high, a parent or guardian is advised to supervise the child 24/7. If the risk is medium FSC will check in with the family on a more regular basis than their monthly session.

Children can choose whether they come to the counselling room at the FSC office or would prefer a social worker to visit them at home. This is a deliberate step by FSC, to give the child the power and control to choose what they want to do.

FSC observes that children who have displayed harmful sexual behaviours can find it difficult to trust others, so it is important that staff spend an initial period building a relationship with them. Establishing trust enables social workers to learn more about the child's background and the reasons behind their actions. Sexual abuse can take various forms, ranging from the targeting and grooming of another child in order to abuse them, touching themselves and others, to full intercourse.

Once assigned, the same social worker continues to work with the child throughout their time in the programme. The majority of referrals FSC receives are for boys displaying this behaviour, ranging from as young as 6 years old to 19.

FSC has found art and play therapy to be very effective in working with these children, so social work staff are all trained in this area. They use visual body maps to help children describe the abuse they have carried out and to talk about their sexual feelings. Cloud cards help children to describe their emotions, identify their problems and explore solutions. Drawing mandalas and personal shields can also help them to tell their stories. Staff use a variety of toys, ball games and puppets to help children talk about their experiences.

FSC's model also focuses on improving children's understanding of what is and is not normal sexual behaviour. Children learn how they

can fulfil their sexual feelings without abusing others and the importance of knowing their own and others' sexual boundaries. Often these children have become isolated and are not good at engaging with other children. FSC helps them to improve their social skills, to learn how to play in ways that are not sexual and liaises with their teachers to ensure they are well-integrated at school.

In the initial phase of three to six months the social worker builds rapport with the child and their family to help stabilise the child's emotions and behaviours. Depending on the severity of the behaviour, the social worker and child meet fortnightly or once a month. Once a relationship is established the intensive therapeutic work involves monthly sessions for six to eight months. The final exit phase involves interviews with the child and their parents to determine whether their behaviour is stabilised, and consultations with teachers and community members, assessing whether there are any causes for concern. Once FSC is reassured that the child is ready, visits are gradually reduced. On average, FSC supports children for 24 months, with some staying for longer and others, particularly those who are very collaborative and have a strong support system around them, exiting the programme earlier.

Outcomes

- Approximately 70 per cent of the children FSC works with are successful in changing their behaviour and stop displaying harmful sexual practices. Some of the reasons why children do not succeed include lack of engagement from the child, and lack of collaboration from parents or the support system.
- FSC's model has received recognition at the national level with the Cambodia National Institute for Social Affairs now including this training in their curriculum.
- Local authorities and other NGOs are now better at distinguishing between harmful and normal behaviours and as a result their approach to providing referrals to FSC is better informed and more rigorous.

Resources required

- Human resources: a high level of technical skills is required to work on this issue. People with these skills are very scarce so FSC invests significant time in training and supervising staff.
- Financial support.

Challenges

- **Obtaining funding to support this work:** many donors view these children as perpetrators and do not understand why FSC should help them, preferring only to support the children who have been sexually abused.
- **Cooperation of the child:** some children refuse to engage with FSC and parents may also try to protect the child by not engaging. In Cambodia it is not compulsory for children to receive treatment, but usually the local authority will put pressure on parents for the child to work with FSC.
- **Attitudes in the community:** children who display problematic sexual behaviours are discriminated against, which doesn't help to change their behaviour. Often the child who has carried out the abuse and the child who has been abused live in the same place. FSC works with both families, but staff receive a lot of questions about why FSC is working with the child who has carried out the abuse. FSC explains that they are still children who need help to grow up safely and that working with them also helps to protect others in the community, but the work takes time and effort.
- **Staff turnover of highly skilled workers:** it is difficult to find people with the relevant knowledge and skills and challenging to train social workers for two years in the specifics of this work, only for them to then leave the organisation.
- **Cultural shame:** there is so much shame around this topic among parents, communities, organisations, professionals and donors.
- **Risk management:** especially for social workers working directly with children. Some FSC staff have received threats from the children they've worked with.
- **Lack of knowledge and awareness:** it is very hard to find literature to learn from on this topic.
- **Lack of adequate sex education in schools in Cambodia:** the focus is mainly on reproductive health, not about feelings and sexual relationships.

Next steps

First Step Cambodia has recently received a grant to expand this work for the next three years, working in two additional provinces and developing the work at national level by expanding its collaboration with the Ministry of Social Affairs, Veterans, and Youth Rehabilitation and the National Institute of Social Affairs. There will be a particular focus on making sure that residential care centres have trained staff and systems in place to support children who display problematic and harmful sexual behaviours.

Top tips

- 1 Trust yourself. If you are inspired to work on this issue, go with it and allow enough time for preparation before beginning the work.
- 2 Build a support network of others working in the same field, people you can approach for help and to discuss and share knowledge with. This may lead to resources, but more importantly, peer support is vital and helps to prevent burnout.
- 3 Persevere in finding good donors who will support and trust you through this work. They do exist!
- 4 Prepare staff emotionally: the work will be challenging, but you are there to support them.
- 5 Develop risk assessments and crisis management plans with all staff.
- 6 Make sure each child is aware of the legal implications of their behaviour.
- 7 If resources allow, work with schools: improve teachers' capacity to identify and respond to problematic sexual behaviour and encourage inclusion of sex education lessons.

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