



# **PREVENTION AND MANAGEMENT OF PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOUR IN PRESCHOOL CHILDREN**



**PREVENTION AND MANAGEMENT OF PROBLEMATIC AND HARMFUL  
SEXUAL BEHAVIOUR IN PRESCHOOL CHILDREN**

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## FOREWORD

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This guide was developed by RVTS Midt in collaboration with Rebessa (Regional resource team on children and young people with problematic and harmful sexual behaviour). This guide aims to increase the competence level on what constitutes a healthy and normal sexuality in preschool-aged children, as well as assist with managing cases where young children have displayed problematic or harmful sexual behaviour. Increased knowledge about the sexuality of children will help lower the risk of them developing harmful sexual behavioural patterns. It will also lead to discovering signs of abuse and assault early, so that necessary measures can be implemented to prevent further harm.

Adults may harbour reservations about discussing the topic of children's sexuality, which is exactly why we need to provide specific solutions to understanding and managing such cases. Children and young people who display problematic and harmful sexual behaviours usually have quite tangled and complex motivations, and interagency cooperation is necessary for managing this successfully.



## BACKGROUND

On 1 January 2021 the Kindergarten Act (Barnehage-loven) was changed, and preschools were given a new framework for how to operate their social environment. The addition is meant to ensure every child feels safe and comfortable in a typical preschool environment. In the case a child is exposed to (different kinds of) abuse, every staff member in the preschool has an obligation to act, which entails intervening and stopping the abuse, alerting relevant authorities, investigating the incident, and making a plan to prevent such incidents from reoccurring (the Kindergarten Act Chapter 8).

Other documents on the importance of promoting healthy sexuality and preventing violence and assault, are “*Snakk om det! Regjeringens strategi for seksuell helse 2017–2022*”, “*Frihet fra vold. Regjeringens handlingsplan for å forebygge og bekjempe vold i nære relasjoner (2021–2024)*” as well as “*Handlingsplan mot voldtekt (2019–2022)*” (there are currently no English translations available). These resources are all rooted in the UN’s Children’s Rights Convention Article 34: “States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. [...] States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent [this from occurring].”

In addition to being knowledgeable, it is important to be conscious of one’s own attitude towards children’s sexuality. Attitudes and experiences will affect how we relate to the subject, and how we choose to act when being faced with the sexuality of children. Experience with talking about the body, feelings and sexuality will generate safety and knowledge.

This guide is structured after the principles of a traffic light. Behaviour will be divided into the categories green, yellow and red. Green behaviours are expressions of a healthy sexuality, yellow behaviours are termed concerning or problematic, and red behaviours are seen as harmful to oneself and/or others. Both the child being exposed to the behaviour, and the child displaying the behaviour, may find it difficult to differentiate between healthy, harmless playing and problematic or harmful sexual behaviour. There is also a chance the surrounding adults are uncertain about the situation. This guide aims to make preschool staff more secure in their interactions with children’s sexual development and behaviours. The Traffic Light is also utilised as a pedagogical tool to help differentiate between healthy and unhealthy behaviour, see [www.seksuellatferd.no](http://www.seksuellatferd.no).

The guide consists of 2 main parts and appendices:

1. Healthy sexual development
2. Problematic or harmful sexual behaviour
3. Appendices





# INTRODUCTION

## THEORETICAL FOUNDATION

The guide is based on developmental psychology and what is often referred to as trauma-informed care, but which the founder Howard Barth today calls “transforming care”. It focuses on safety, belonging and experiences of relational regulation. Children develop through interactions and interplay with caregivers. They are dependent on physical contact, safety, emotional support and feeling like their attempts at communication are being interpreted by someone. It is through this cooperative interplay, and being tolerated, understood and loved, that children learn to regulate their emotions.

*In this context, it means adults must dare to talk about sexuality and sexual violations, without resorting to demands or passing judgement*

### Resources:

<https://www.traumebevisst.no/kofferten-min>

## SEXUALITY IN KINDERGARTEN

In “Snakk om det! Strategi for seksuell helse (2017–2022)”, the Norwegian government singles out the institution of kindergarten as one of the most important societal arenas outside the home. Children should already in kindergarten acquire knowledge of the body, boundaries and sexuality, as the basis for a healthy lifestyle.

## INTERAGENCY COOPERATION

An early effort is imperative to prevent injury and provide help to vulnerable children struggling with problematic and harmful sexual behaviour. Such complex situations require a coordinated effort across professional groups. A well-established interagency relationship – with clear goals and defined roles – increases the chance of children getting the professional and social assistance they need – when they need it.

## DUTY OF CONFIDENTIALITY

As a public employee in a kindergarten you have a mandatory, statutory duty of confidentiality, for which the basis is being prohibited from providing information on children and parents to third parties. There are, however, several limitations to the duty of confidentiality making it possible to cooperate with others to follow up on children:

- Cases can be discussed anonymously
- Consent can be requested

If parents consent to information regarding their child and/or themselves being given to others, the duty of confidentiality is rescinded per the terms of the agreement. These kinds of agreements must be in writing.

## DUTY TO PROVIDE INFORMATION AND DUTY TO REPORT

As a kindergarten employee you have a duty to provide information if the Child Welfare Service requests information about a case where they suspect neglect, physical abuse, sexual assault etc. of occurring (the Kindergarten Act Section 22).

Concerns regarding violence and/or incest or sexual assault are reported without the parents' knowledge, to prevent tampering with evidence. You do not violate the duty of confidentiality when reporting a concern or suspicion. If you are in doubt, discuss the case anonymously with the Child Welfare Service and/or police.

The duty to report is essentially the same as the duty to provide information, with the key difference of it being your own responsibility to report it if you suspect neglect or assault.

## DUTY TO AVERT A CRIMINAL OFFENCE

Kindergarten employees also have a duty to avert a possible future criminal offence. The duty to avert generally applies to situations where you know for sure – or think it highly probable – a person will commit sexual assault, seriously injure someone (including severe psychological abuse) or take another person's life, according to the Penal Code Section 196. If you are in doubt, you can discuss the case anonymously with the police.

Resources: [www.plikt.no](http://www.plikt.no)



### **CHILDREN'S SEXUALITY IS SUBCONSCIOUS**

Sexuality means something different to children than to adults. Where adults are very conscious of their sexuality, children's sexuality is subconscious. To a child, a sexual sensation is just another sensation, and they don't have the same feelings regarding sexuality adults have. Children do not distinguish between the nice feeling they get when they stroke their arm, and the nice feeling they get when they stroke their genitals. The erotic actions of children have no ulterior motives behind them beyond what exists in a child's world. They are therefore not conscious, sexual actions to the child, but rather exploration and sensations. Children will gradually become more aware of their own sexuality. This development continues until puberty, where it becomes especially prominent.

### **SEXUAL DEVELOPMENT IS PART OF CHILDREN'S GENERAL DEVELOPMENT**

Sexuality is part of a child's development just the same as other developmental areas, be it language, motoric, cognitive, social, emotional, etc. Humans are born as sexual beings who can enjoy intimate touches, and erection has been observed before birth and in newborns. Already at 4 months old a child can locate their genitals and stimulate them. From the age of 1-2 years old children are aware of their own genitals and like to touch them. Children are driven by curiosity and recognise that it feels good to touch that area, though they do not feel the pleasure we associate with adult sexuality.

### **SEXUALITY EXISTS DIVORCED FROM FUNCTIONAL ABILITY**

If children are developmentally delayed in other areas, their sexual development may also be delayed or different. These children are in danger of being excluded from important play and learning, because they are perceived as being different, or they themselves do not want to participate. Facilitation is necessary in these cases. See p. 13 for more info.

### **KNOWLEDGE HELPS US TO EASIER DISTINGUISH BETWEEN HEALTHY AND UNHEALTHY SEXUAL BEHAVIOUR**

For kindergarten employees to be able to help and support children during their sexual development, it is important to be knowledgeable on the topic of children and sexuality. Lack of this knowledge can result in not being able to distinguish between normal and deviating sexuality. Many people also find it uncomfortable and inappropriate to talk about sexuality with children, which can stem from personal experiences and uncertainty regarding the subject. It can be easy to feel embarrassed/shameful over interfering in something that is perceived as private. One can feel uncertain about how to approach discussing sexuality, and be left feeling not up to the task. One can also feel uncertainty about how parents will react.

*The kindergarten must reach a consensus on how to impart information about sexuality to the children, as well as an agreement on how to respond to the children's questions and behaviour*

### **KNOWLEDGE MAKES CHILDREN COMPETENT**

Research shows that children who are allowed a healthy sexual development, learn it is fine to set boundaries when interacting with other children. Research further shows that children who are knowledgeable on sexuality wait longer before they have their sexual debut, and are better able to set boundaries for themselves when it comes to what is okay and not okay to participate in. These children also report sexual assault earlier, are less addicted to porn, and debut sexually both later and with the use of condoms.

### **TEACH THEM TO TELL ADULTS, BUT IT IS THE ADULT'S RESPONSIBILITY TO PREVENT ASSAULT**

It is important to remember that it's never the child's responsibility to establish boundaries when assault is being committed against them. Someone who has decided to commit sexual assault will do it with or without the child's consent, and usually the person will begin with normal touching before transitioning to sexual touching. This is so the child does not notice the transition. The person can lure, trick, threaten or else manipulate the child into participating, and will then commit assault. The child or young person's "no" or "stop" typically does not result in anything. It is therefore imperative to teach children about incest and sexual assault, and that no one is allowed to do this to them. Then we must imprint on children and young people the importance of telling someone in the aftermath. This can be talking about a hurtful secret, a disgusting or weird touch, as well as making them aware of who they can talk to if they experience something they find difficult to deal with.

# SEXUAL DEVELOPMENT IN CHILDREN AGED 0–6 YEARS OLD

Children's sexual development happens spontaneously and is affected by several conditions. It is dependent on the age of the child, on what the child learns through their own environment and culture, along with what the child observes the people around them doing – and not doing.

## HEALTHY SEXUAL DEVELOPMENT IS CHARACTERISED BY PLAY, EXPLORATION AND JOY

All healthy playing is characterised by joy, curiosity and reciprocity. It is also characterised by spontaneity; it starts spontaneously and ends spontaneously, when the children get bored and want to do something else. This also applies to sexual play. Two children about the same age standing naked against each other, genital to genital to make a baby, are typically only playing. They are acting out what they've heard about how babies are made. Imagine how exciting it would be if a baby suddenly appeared!

## EXPLORING THEIR OWN BODIES

Through playing, and through interacting with other children and their environment, children naturally learn about the body, genitals, feelings, aroused quivering, and setting boundaries for themselves and their bodies. They also learn about others' boundaries. All this only gets more and more exciting throughout the kindergarten years, where children practice boundaries, desire and control.

*Children practice boundaries, desire and control.*





## HEALTHY SEXUAL DEVELOPMENT

### Children 0–3 years:

- Can show signs of sexual arousal. Boys have erections, girls produce moisture in the vagina (happens already during the fetal stage)
- Delight over being naked, do not distinguish between private and public
- Like to touch their own genitals
- Are curious about bodies, both their own and others', take no issue with touching others' genitals and breasts
- Can stimulate themselves, both when they're bored, very happy, or just want to feel good. Some children do it when they are tense or anxious. These children may have other issues in conjunction.
- Are interested in farting, peeing and pooping



### Children 3–6 years:

- Like being naked, but distinguish between private and public
- Can stimulate themselves, but distinguish between private and public
- Talk amongst each other about sexuality and learn from each other, can also ask adults
- Can ask about pregnancy and birth
- Explore each other through play
- Play sexually inspired games, often called "Doctor" or "House". Remember that the children are playing pretend, they are not having real intercourse.
- Can put things against the vagina or anus to see how it feels
- Can use sexual language. They have picked up words like "sexing", "screwing", "dick" and "cunt" which are fun to use, even though they don't completely understand the meaning – just that the words are rude or taboo.



### Resources:

The Traffic Light on [www.seksuellatferd.no](http://www.seksuellatferd.no)

Margrete Wiede Aasland (2018):

Barna og seksualiteten (book)

Birgit Hegge (2018):

Med hjerte for seksualiteten (book)

## SELF-STIMULATION (MASTURBATION) IS NORMAL AND HEALTHY

Many children touch their own genitals, just because it gives them a nice sensation. Some stroke them lightly, and others do what we call self-stimulation or masturbation. Some children stimulate themselves by rubbing against benches, chairs, jungle gyms etc., or putting a pillow between their legs and pressing their thighs together while rotating their hips. Some children are more obvious and put their fingers and hands into their underwear or diaper. These children only like the feeling; they are not aware it is connected to sexuality. What's important here is the response the children are met with, and that they are taught when and where such activities are fitting to do. Most children will, from the age of 4, spontaneously start to hide when they want to stimulate their genitals/masturbate. They have unconsciously picked up on the social rules for such behaviour. Some will need more direct guidance, and some children have what we call exaggerated masturbation, which can impact their daily function. See p. 20 and the appendices for more information.

## GENDER IDENTITY

From they are around 2–3 years old, children become aware of how bodies differ from each other, i.e. some people are biologically female and some are biologically male. After a while (ages vary) they develop an awareness of sex and gender. Most children experience a correlation between their biological sex and the gender they identify with. Other children do not feel that same correlation, and this is what we call gender dysphoria. Kindergartens can, with benefit to

themselves, begin to consciously avoid using gender-specific terms when addressing and dividing the children. This way a more inclusive culture can be created, which will be very important for those who feel they are different. Another argument for this approach is promoting equality. The staff can be role models for showing how every person is able, no matter their gender! They can also consciously challenge social gender norms through words and actions.

### Examples of this can be:

- You're so caring, Per!
- You're so cool and tough, Maryam!
- Now everyone with yellow sweaters can go wash their hands first, and then those with a different colour can go after. (Instead of boys going first and then girls.)

**Resources:** [Film: Kjønn og likestilling \(udir.no\)](#)  
[Lhbtq-ordlista](#) | [Bufdir](#)

## SEXUAL ORIENTATION

Sexual orientation is about who you fall in love with and are attracted to. Many discover this during their early school years or early puberty, but scientists disagree somewhat on the issue. There are, however, some scientists of the opinion that both small children and adults can discover their orientation – or change it. For kindergarten staff, this translates to including same-sex options when, for example, a child asks about which people can be together.

### Resources:

<https://www.bufdir.no/statistikk-og-analyse/LHBT>



# MEASURES FOR PROMOTING HEALTHY SEXUAL DEVELOPMENT

A good way to begin a process with increased awareness and openness, is to arrange a discussion and reflect among the staff (and maybe parents at a meeting later) around issues connected to body and sexuality.

## Examples of questions that can increase awareness of personal beliefs and practices:

- Is it okay for children to be naked together?
- Is it okay if adults at home are naked in front of the children?
- Is it okay if adults or older siblings at home have sex in front of the children?
- Is it okay for siblings to sleep together?
- Is it okay for children to play “Doctor”?
- Is it okay for boys to wear a skirt or dress?

Some of these questions have obvious answers, for example it not being okay for children to be there when adults are involved sexually. Others have more nuanced answers, and families may have different views on nudity while still respecting each other's privacy and boundaries. This way a child can learn what is acceptable and what isn't – what we call healthy sexual courtesy.

When different caregivers have different views on children's sexual development and expression, conflict may arise, which can affect the caregivers' reactions and how they act towards the children. Changes in a child's life may lead to confusion around which rules to follow and which not to follow, for instance a change in the family dynamic (moving, divorce, etc.).

## PROVIDE THE CHILD WITH PRECISE LANGUAGE

Children need language. Language helps them to better understand themselves and the world, as well as communicate with their environment. They are also able to express their experiences, both good and difficult ones. Kindergarten staff must name the different genitalia and teach the children that, for instance, girls have one more hole than boys.

Children often say that babies come out of mum's pee-hole, which of course is not true. Children need to learn precise terms, like penis and vagina.





## CHILDREN MUST UNDERSTAND AND RESPECT THEIR OWN AND OTHERS' BOUNDARIES

Children have to learn what is allowed and what is not allowed to do with their own and others' bodies. Setting boundaries for one's own body involves being able to say stop when something uncomfortable, or something one doesn't want to participate in, is happening. It is also imperative to teach children to stop immediately when someone indicates their unwillingness to continue. One way to do this is by teaching them the stop sign, which is to present an outstretched palm. This is a clear sign you want the opposing party to cease what they are doing.



## CHILDREN MUST KNOW WHAT IS AND IS NOT LEGAL

Children must also learn about threats and coercion, and realise they have the right to speak up if they don't want to participate in something, even if they are threatened or forced into it. It is illegal to threaten or force anyone into doing something they do not wish to do. Similarly, children need to learn about good and bad/illegal touching as well as good and bad/illegal secrets. They need to know how to tell an adult about it when they experience something that doesn't feel okay or is illegal.

## ADULTS MUST MAKE IT SAFE FOR CHILDREN TO COME FORWARD

If a child experiences being violated or assaulted, they need to feel safe enough to come forward with this information. It falls on the adults to teach the child to report the incident to an adult who can help them. The child may have experienced not wanting to do what the other person did and suggested. Maybe they tried to say stop, maybe they didn't dare say stop or maybe the other person didn't care that the child said to stop. Maybe the child whispered stop or said it in their own mind, because they were too scared or forgot to.



## INCLUDE BODY AND SEXUALITY IN THE CURRICULUM

In kindergarten, the subject of "body and sexuality" must be integrated into the curriculum, and parents must be informed of how sexual development is just as natural as, for example, language, motor and social development in children.

### Goals to set can be:

- Develop the children's vocabulary and relationship with body and emotions
- Develop the children's ability to assert boundaries for their own body
- Create awareness around what is acceptable/unacceptable touching and secrecy
- Give the children a plan of action for what they should do if they or someone they know end up in difficult situations





## TOPIC SUGGESTIONS FOR YOUNGER AND OLDER CHILDREN

### Younger children 0–3 years:

- Body: What do we look like? Look at photos of the body and name every body part.
- Emotions: Look at photos of different emotions and learn about the terms happy, sad, angry and scared. Look in a mirror to see how we look displaying the different emotions.
- Relations: Book with photos of me and my family. What is a friend.
- Good and legal touches: Give a hug if you want (focus on the child deciding if they want a hug or not), play with hair, tickle palms etc. Tell the children it can also tickle when you touch your genitals, but that you have to ask if you want to touch anyone else's genitals.
- Activities:
  - Draw an outline of the body of one of the children, both from the front and the back, and fill in the eyes, ears, mouth, breasts, bellybutton, genitals, knees, back, thighs, etc.
  - Use scissors to cut out photos of eyes, ears, nose and mouth, then have the children glue the parts onto paper
  - Foot spa and massaging

### Older children 3–6 years:

- Body: How does the body work? What do we look like on the inside?
- Sex and gender: Names of genitals, gender identity (feeling like a boy, girl, both or neither), different types of cohabitation.
- Speaking with an adult: Good and legal/hurtful and uncomfortable/illegal secrets.
- Sexuality: How are we created? Pregnancy and birth. Quivers/arousal in the body and genitals, intercourse and boundaries for one's own body.
- Boundaries for one's own body: What is okay/not okay? What is allowed/not allowed? What does it mean to "threaten"?

### Resources:

Jeg vet <https://www.jegvet.no/barnehage>

Æ e mæ <https://xn--em-0iac.no/barnehage/>

### CHILDREN WITH DELAYED DEVELOPMENT

Children who are mentally disabled and/or on the autism spectrum need facilitated information and teaching about body and sexuality. The facilitation should be based on each individual's challenges, and preferably include repetition in conjunction with precise guidance during natural situations. Children with physical or mental disabilities are also more at risk of violence or sexual assault than other children, and are therefore in need of extra protection. They might lack the vocabulary for speaking out or not comprehend what has happened to them. This is why we should keep an extra eye out for children with disabilities: to prevent assault and violations from happening. *Habiliteringstjenesten* for children and young people may provide valuable assistance in this case. Families with children who are disabled have from 1 August 2022 been given the right to a child coordinator. The coordinator should, among other things, coordinate between different services and make sure the local authority keeps up with its responsibility to follow up and facilitate.

### Resources:

[www.nfss.no](http://www.nfss.no)

<https://www.regjeringen.no/no/dokumenter/prop.-100-l-20202021/id2838338/?ch=1>



# PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOUR

## CAUSES OF SEXUALISED BEHAVIOUR IN PRESCHOOL CHILDREN

Between 30 and 50 % of assaults against children and young people are carried out by other children and young people (up to 18 years old). The typical scenario consists of an older child or teen committing a sexual violation against a somewhat younger child. Preschool children violating other preschool children is therefore an unusual occurrence.

Note that assault committed by children and young people can inflict just as much damage as assault committed by adults, and needs to be stopped. By knowing what a healthy sexuality looks like in children, we can promote a healthy development. We will also be more able to identify problematic and

harmful sexual behaviour, and provide the children with the help needed to correct this unfortunate development. Employees also have a duty to prevent other children from being exposed to sexual violations or assault.

Problematic and harmful sexual behaviour in a pre-school-aged child is often a symptom of their basic needs not being properly met, or developmental or social difficulties. The child's actions may be them repeating behaviour they themselves have experienced or witnessed, either physically or through digital media. The sexual behaviour is often just one of several challenges the child is facing, and must be seen and understood in this context.

## DIFFERENT WAYS TO INTERPRET PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOUR (NON-COMPREHENSIVE)

- *Reaction to their own traumatic life events*
- *Lack of social skills*
- *Impulsivity*
- *Loneliness, depression*
- *Difficulties with regulating their emotions*
- *Learning difficulties and neurological challenges*
- *Attachment issues*
- *Seeking attention*
- *Curiosity*
- *Needing care and safety*



## PROBLEMATIC SEXUAL BEHAVIOUR

In children under the age of 6, what makes behaviour problematic is either the type of behaviour, the degree of determination/pre-meditation, or the behaviour's frequency or longevity. It can also be problematic if the children involved are of different ages and level of maturity.

### Examples can be:

- Being overly interested in adult sexual behaviour and sexual play, and difficulties with focusing their attention elsewhere even when told by an adult
- Sexualised or porno-infused language which is not age-appropriate, for instance when the child talks about sucking penis, being horny, being taken from behind, etc.
- Being obsessed with touching others' genitals
- Following other children into the toilet to watch and touch them
- Siblings executing sexual behaviour together
- Sexual behaviour aimed at adults in kindergarten, like using sexualised words while touching the butt/breasts of a staff member
- Inserting objects into the anus or vagina (not just putting them against their genitals)



## THE IMPORTANCE OF OBSERVING AND GATHERING INFORMATION

In the case of suspected problematic sexual behaviour, it is important to watch and observe to gather the information necessary for potential countermeasures. In addition, you should provide support and guide them towards a good and healthy sexuality. Do not hesitate to write down what you see and hear. It can be a helpful record in a potential future case. There can be a gradual transition between problematic and clearly harmful sexual behaviour which must be stopped.

## HARMFUL SEXUAL BEHAVIOUR

Harmful sexual behaviour does not respect boundaries, is violating or threatening, and is characterised by a difference in age, level of maturity and physical size and strength between the children involved. It may also be exaggerated, secretive, forceful or regressive. In short, the playing becomes problematic or harmful if it involves power, threats or coercion. This kind of behaviour must be stopped in an age-appropriate and respectful manner.

### Examples of harmful sexual behaviour in children under 6 years old can be:

- Mimicking adult sexual behaviour when playing
- Forceful self-stimulation (forceful masturbation)
- Forcing other children into sexual play
- Forcefully inserting objects into the vagina or anus of another child
- Purposeful or pre-meditated attempts at touching the genitals of an adult
- Frequent touching of the private body parts of other children and adults

# MANAGING PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOUR

The intention behind intervening when children display harmful sexual behaviour needs to be helping them achieve a healthy sexual behaviour and preventing violations. The discovery of violations often results in strong, emotional reactions. Situations where both the affected party and the party displaying the behaviour are children, therefore require caution and insight.

Measures you want to implement should be discussed and evaluated objectively – not based on the observer's own emotional reactions.

Management is about protecting the child from displaying further sexualised behaviour by being present during play, both inside and outdoors. A more detailed safety plan is typically created. See appendices.

## DIFFERENTIATING BETWEEN PURPOSEFUL BEHAVIOUR AND CURIOSITY

Kindergarten staff needs to differentiate between behaviour that seems purposeful and genuine

curiosity. Like in other kinds of play, the child must be guided towards something more appropriate. If the behaviour does not cease after counseling, another kind of intervention is needed. Ask advice from colleagues and other professionals. See p. 19 on consultation.

## KINDERGARTENS HAVE AN OBLIGATION TO ACT

If a child is violated, everyone working at the kindergarten has an obligation to act. It consists of intervening and stopping the violation, alerting the director of the kindergarten and investigating the incident, as well as implementing new measures and creating a plan for how to avoid a repeat of the incident (the Kindergarten Act Chapter 8, Norwegian version).

### Resources:

[Barnehageloven](https://lovdata.no/dokument/NL/lov/2005-06-17-64) <https://lovdata.no/dokument/NL/lov/2005-06-17-64>










Below is a template for how to manage a case. It is based on the obligation to act, which applies to every person employed at a kindergarten.

## MANAGEMENT PLAN (BASED ON THE OBLIGATION TO ACT)

TO-DO	RESPONSIBILITY
<p>The person who discovers the incident <b>informs the director of education</b> the same day. (If the information comes directly from parents, the director will ask for a meeting with the parents shortly, preferably within a week.)</p> <p>Discuss the incident at a department staff meeting:</p> <ul style="list-style-type: none"> <li>• Which children are involved?</li> <li>• What does the incident entail?</li> </ul> <p>Agree on a <b>safety plan</b> (see appendix) to prevent further violations.</p> <p>Alert the kindergarten director of measures being implemented.</p>	<p>The person alerting the director of education</p>
<p>Create an overview of the incident: Talk to the children involved separately. Ask open-ended questions.</p> <p>Examples of questions:</p> <ul style="list-style-type: none"> <li>• What happened when you played "Doctor" today?</li> <li>• How was it for you?</li> </ul> <p>Assure the children a repeat incident will not happen, and that they can always come talk to an adult if they feel unsafe when playing.</p> <p>Questions to ask the child who committed the violation:</p> <ul style="list-style-type: none"> <li>• Who else plays this way?</li> <li>• Does anyone do this kind of thing to you?</li> </ul> <p>If "yes", continue with "tell me more about that".</p> <p>If there are concerns of the child being exposed to violence or sexual assault by parents/guardians, contact the Child Welfare Service without informing the parents/guardians. Another option is discussing the case anonymously with the Child Welfare Service before sending them a message of concern.</p>	<p>The director of education in cooperation with the employee who is closest to or who observed the child</p>
<p>Contact the parent of the children <b>involved</b>. (N.B.: not all the parents in the kindergarten.) Share your observations and discuss the incident with them. Inform them that the kindergarten is creating a safety plan to avoid a repeat of the incident(s). If the staff has decided to send a message of concern to the Child Welfare Service, the parents/guardians should also be informed of this (as long as they themselves are not suspected of neglect or abuse against their child – see the above cell.)</p>	<p>The director of education in cooperation with the director of the kindergarten</p>
<p>Measures are implemented for 6 weeks, after which new meetings with the children and their parents/guardians are arranged.</p> <p>Evaluate the measures at a department meeting and continue enforcing them for another 6 weeks, then meet with the children and their parents/guardians again.</p> <p>If the measures do not work and the violations continue, the kindergarten must contact a support service (see overview p. 19). Parents/guardians are informed and need to consent to further referral. If the parents/guardians do not agree with the assessment that their child needs further help and do not give consent, the kindergarten is required to send a message of concern to the Child Welfare Service. There is also the option of contacting a separate consultation team, see <a href="http://www.seksuellatferd.no">www.seksuellatferd.no</a></p>	<p>The director of education informs the kindergarten director who in turn contacts support services</p>

# ROUTINES FOR INTERAGENCY COOPERATION IN CASES OF HARMFUL SEXUAL BEHAVIOUR

<b>The kindergarten staff</b> 	<ul style="list-style-type: none"> <li>• Stop the behaviour</li> <li>• Inform the director of education and the kindergarten director</li> <li>• Speak to the children involved about their experience of the incident</li> </ul>
<b>The kindergarten director</b> 	<ul style="list-style-type: none"> <li>• Contact the Child Welfare Service (and the police)</li> <li>• Implement immediate safety measures in cooperation with the director of education</li> </ul>
<b>The Child Welfare Service</b> 	<ul style="list-style-type: none"> <li>• Coordinate interagency cooperation</li> <li>• Arrange a consultation (as soon as possible after the incident if no one else has done so)</li> </ul>
<b>First line services</b> 	<ul style="list-style-type: none"> <li>• Kindergarten: Implement a safety plan developed through consultation</li> <li>• Family protective services: Provide counselling and help to the family</li> <li>• The Child Protective Service or a pediatric nurse: Counselling and conversations with the child along with someone the child trusts</li> </ul>
<b>Second line services</b> 	<ul style="list-style-type: none"> <li>• BUP (Division of Mental Health Care, Department of Children and Youth): Assessment and treatment of the child</li> <li>• Habiliteringstjenesten for children and young people: Assessment of the child and guidance for the kindergarten staff</li> </ul>
<b>Specialist services</b>	<ul style="list-style-type: none"> <li>• Resource unit V27-Betanien hospital</li> <li>• RVTS</li> <li>• Statens barnehus (Children's Advocacy Center)</li> <li>• Rebessa</li> <li>• Consultation teams (<a href="https://www.seksuellatferd.no/hjelpetjenester/">see https://www.seksuellatferd.no/hjelpetjenester/</a>)</li> <li>• NOK centers</li> </ul>

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# CONSULTATION

This guide recommends that the Child Welfare Service be responsible for coordinating between agencies and calling for a consultation. If the Child Welfare Service is not an option, someone else will have to take on this responsibility. If the child has a child coordinator, this task may fall to them. The consultation should be held shortly after the harmful incident has occurred, to ensure everyone involved is on the same page regarding what happens next. Relevant agencies to involve, besides the kindergarten (director of education, the staff member most familiar with the child), are family protective services, BUP, a pediatric nurse, police, Statens barnehus, a general psychologist, and Bufetat. Guardians may participate at the end of the meeting. The child should never participate in a consultation.

The purpose of this meeting is to create a plan for further action with everyone involved.

## THE STRUCTURE OF A CONSULTATION

1. Round of introductions, summary of what has happened, previous contact and implemented measures from every agency. Make concerns known.
2. Discuss freely: "What is best for the child?"
3. What can my agency do for the child?
4. Draw up a safety plan for different arenas (kindergarten, home, free time)
5. Divide responsibilities and tasks between the agencies
6. The person in charge of the meeting is responsible for calling a follow-up meeting within about 3 weeks to ensure everyone has done their part, and to discuss the road ahead. It is important that guardians are involved in the interagency cooperative work.

## COOPERATION AGENCIES FOR KINDERGARTENS:

### First line services

- The Child Welfare Service
- Pediatric nurse
- Family protective services
- General psychologist

### Second line services

- BUP
- Habiliteringstjenesten

### Professional agencies

- Resource unit V27 Betanien hospital
- Statens barnehus
- RVTS
- Rebessa
- Consultation team



## MANAGING EXCESSIVE SELF-STIMULATION (MASTURBATION)

The pursuit of the nice sensations caused by self-stimulation can, for some children, negatively affect desire for human contact and play. The child is difficult to distract, and the masturbation can impact their natural development and function, as well as playing ability, flexibility and social contact.

When self-stimulation becomes all-consuming for the child, it is called hyper masturbation (our translation). Hyper masturbation might stem from bad technique or be an escape from something, i.e. boredom. It can also be a sign that the child is mentally disabled and doesn't pick up on environmental signals about what is and is not acceptable behaviour. A common consequence of hyper masturbation is the child ending up outside of the social interplay, staying isolated, and not accepting invitations to play. No matter the underlying cause, action is therefore required from kindergarten staff. See appendices for examples of such management

### EXCESSIVE SELF-STIMULATION (MASTURBATION) IS NOT BY ITSELF A SIGN OF SEXUAL ASSAULT

Hyper masturbation is not, by itself, a sign of a child being exposed to assault or violations. Forceful self-stimulation, on the other hand, could be a sign the child has experienced assault or other forms of neglect. This kind of behaviour requires the adults to closer investigate the child's situation in order to better understand the behaviour.

## PORNOGRAPHY, INTERNET SAFETY AND PARENTAL CONTROL

Pre-school-aged children should not watch pornography. They have no basis for understanding what they are watching, and might become scared and restless. It can also negatively affect their sexual development, for example by causing them to develop unnecessary arousal patterns. Kindergartens and guardians must therefore ensure the children have safe access to digital media. This can be achieved by installing the "parental control" on digital interfaces the children have access to, like phones, tablets, PC and TV.

### Resources:

<https://www.telia.no/magasinet/tips/anbefalte-apper-barn-foreldrekontroll/>

<https://www.barneombudet.no/tema/digital>

## THE CORRELATION BETWEEN SEXUALISED BEHAVIOUR AND HAVING BEEN EXPOSED TO SEXUAL ASSAULT

Children who have been sexually assaulted can force other children into joining sexual play, but this does not mean every child displaying sexualised behaviour has experienced abuse (though the possibility should be investigated). When asked open-ended questions, children like this are likely to talk about experiences they find uncomfortable or which are illegal. During these conversations about sexual assault it is important to remember that most children are not aware what they have experienced is wrong. As a result, it's more effective to ask children whether someone is doing something to them that nobody else does, or they find disgusting or feel forced into.





Assault against children rarely involves physical force. Being older and understanding more than the child is usually enough of an advantage to be able to exploit them. This can make the child confused, and some children also feel guilt during the situation – or later, when they get older and can comprehend what happened. Most assaults against pre-school-aged children are committed by someone close to the child, and consequently a lot of the exposed children are fond of their assaulter. Keep this in mind when speaking to a child regarding such concerns.

See [www.snakkemedbarn.no](http://www.snakkemedbarn.no) for more information and practical training in having “the difficult conversation” with children.

### **SUGGESTIONS FOR WHAT TO DO AND ASK ABOUT IF YOU ARE WORRIED A CHILD IS BEING EXPOSED TO HARMFUL SEXUAL BEHAVIOUR**

Be inquisitive when you see problematic or concerning behaviour. After averting the behaviour you can ask: “What happened during playtime?” and “Who else plays like that?”. The concerns will either decrease or increase when talking to the child. If a given answer is worrying, you can repeat the sentence back to the child and see whether they elaborate, or say “Tell me more about that” or “I would like to hear more about that”. (See case appendices.)

### **ASK OPEN-ENDED QUESTIONS**

Try to begin the conversation by asking open-ended questions. Meaning questions beginning with who, what, and where, so the answer you receive is more in-depth than just yes or no. If you find something concerning during the conversation you can ask more questions. Do not suggest or try to guess who the child is talking about! Also avoid asking “why” – children often associate this with being reprimanded.

Important to note: After the conversation, write down what questions you asked along with the child’s answers – word for word as far as you remember. You then have the option of discussing your concerns anonymously with the Child Welfare Service or Statens barnehus and be advised on what to do next.

### **PARENTAL COOPERATION**

Inform the parents/guardians through meetings and plans about what subjects their children are being taught. Inform them of both healthy and harmful sexual behaviour, and which measures will require parental cooperation. Notify the parents that a message of concern can be submitted to the Child Welfare Service without consent if the child’s life and well-being are in danger. In practice this typically refers to concerns the child is being exposed to violence and sexual assault by their caregivers. Inform parents of how we speak to the children, and that children’s testimonies will be taken seriously and further sharing encouraged. The child will be able to speak freely about their experiences, and testimony can be anonymously discussed with the Child Welfare Service.



## **WHEN THERE ARE CONCERNS THE CHILD IS BEING EXPOSED TO VIOLENCE, ASSAULT OR NEGLECT BY THEIR PARENTS/GUARDIANS**

If you are wondering about a child's behaviour, you should talk to the child. Children rarely report being sexually assaulted since they lack the vocabulary for describing their experience. By asking open-ended questions, you allow the child to speak of their own reality. If you suspect the parents/guardians of exposing the child to sexual assault or other forms of violence and neglect, you can ask questions like "What do you like to do with mum/dad?" and "What do you *not* like to do with mum/dad?". These serve as an invitation to the child to talk more about their experiences.

It is important to appear predictable and trustworthy, and facilitate and make use of opportunities during play and downtime for the child to begin talking. Seize the opportunity when it arrives to ask open-ended questions and explore the child's current situation without preconceptions. Document the questions and answers. This will be important later if the case is reported to the police.

### **CARING FOR THE VICTIM**

A child who has been exposed to harmful sexual behaviour needs assistance. Assure the child you are there to care for and help them. Listen to the child and let them lead the conversation. Ask open-ended questions and document these and their answers. Include other professionals, like a pediatric nurse or BUP. Inform the child's guardians of what occurs during the process, and provide the child with age-appropriate information regarding what occurs during the process.

### **CARING FOR THE CHILD DISPLAYING THE HARMFUL SEXUAL BEHAVIOUR**

Children who display harmful sexual behaviour are in danger of being excluded by those around them and feeling self-disgust. They usually have a complicated and vulnerable past, and as equal a need as the victim to be cared for. They need reassuring adults who are interested in trying to understand the root of their behaviour, and who make it clear they want to help the child with their struggles. The age and function of the child determines how this is talked about. Keep them informed of what is happening during the process. Also keep the child's guardians updated throughout the process (if this does not endanger the child).

Protect the child from committing more violations by:

- Being present during playing, maybe especially "House" and "Doctor"
- Being present/keep an eye on the child when several people are in the restroom (do not let the child be alone with other children in the restroom)
- Being close by when the children are playing outside

Also see the Safety plan under appendices.

Useful resources: [www.seksuellatferd.no](http://www.seksuellatferd.no)

## **A TRAUMA-INFORMED APPROACH CAN BE GOOD TO UTILISE WHEN INTERACTING WITH CHILDREN**

It is often difficult for children to talk about what they themselves are exposed to or have done, as they might think it normal or lack the vocabulary for expressing it. Some might even be threatened into silence or feel a great loyalty towards the person(s) exposing them to something hurtful. A difficult aspect of being exposed to sexual assault is the fact it can feel good for the child, and give them positive attention they don't associate with "something hurtful". Similarly, a child who has displayed harmful sexualised behaviour might lack the words and comprehension to describe what has happened. A cautious and competent approach to the children is therefore necessary, along with a conscious effort to work within the three main pillars of trauma-informed care: safety, relation and affect regulation. Safety and good relations are created by closely following the child, being available and showing interest in the child.



## CASE 1: MANAGING EXCESSIVE SELF-STIMULATION/MASTURBATION IN CHILD AGE 4

4-year-old Mari started masturbating in kindergarten about 5 months ago. To begin with one could sometimes see her sitting in a high chair with a hoop, rubbing her thighs against each other and her genitals on the hoop. While sitting there her gaze would become distant and her cheeks red. The staff didn't say anything to Mari, but removed the chair and the opportunity to masturbate. Mari then found new ways to stimulate herself, and after a short while she was doing it often. She would press her genitals against chairs, benches and tables, and rub against them for long periods of time while not noticing her surroundings. Other children would ask her to come and play, but she didn't want to. After a few weeks they stopped asking her. Outside she would hang from the jungle gym and sit on the swings while pressing her thighs together and stopped playing with the other children completely. The staff tried to include her in the playing by asking if she wanted to play hide and seek or poke around in the sandbox, but Mari didn't want to. The educational director spoke to the parents about how Mari was self-stimulating so much in kindergarten that they worried for her playing and social interplay with the other children. The parents were very embarrassed on behalf of their child and exclaimed, "Is THAT what she's doing?" At home she had found a spot on the stairs she would rub against and be completely distant when her parents spoke to her, but they hadn't understood what she was doing. The next day the parents contacted the kindergarten. They had done some reading on the subject and were now worried their child could be exposed to sexual assault.

In this situation it is important for the director of education to take both the parents and the child seriously. There is, of course, a possibility of the parents' concerns being true, but if there is otherwise nothing concerning about the child's behaviour, the underlying cause is most often natural. Explain to the parents that many children self-stimulate, but it's not always easy to see. Children will often rub their genitals against benches, chairs, jungle gyms, etc., or they put a pillow between their legs and press their thighs together while rotating their hips. Conversely, some children are very easy to spot since they put their fingers and hands into their underwear or diaper. What's important is how the children are approached, and that they are taught when and where it's appropriate to do it.

### How to talk to a child to get them to return to playing in the case of hyper masturbation:

Be discreet and show the child respect. Maybe say, "I see you are touching your genitals, and I understand it feels good. Everybody does it, but we do it when we're alone, like in the restroom or the bedroom. Right now it's playtime in kindergarten, what do you want to do?" If the child retreats into "their own world", you can make a deal with them that you will help remind them when it's time to play.





## CASE 2: DOCTOR-PLAYING INITIATED BY BOY AGE 5

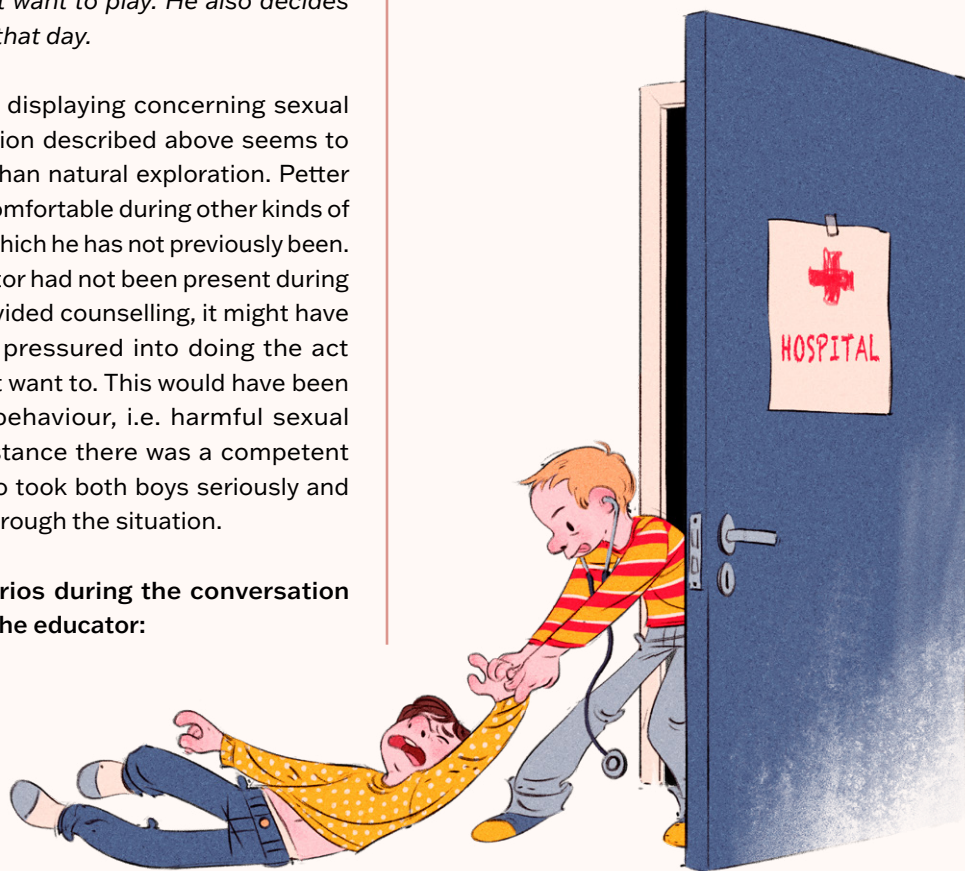
5-year-old Petter has been very interested in playing “Doctor” lately, and wants to be the patient every time the children are playing. He instructs the doctor to examine his penis and the playing seems to initially revolve around curiosity and exploration. Petter is observed to multiple times ask other children if they want to suck on his penis, but none of the children want to. The staff also notices that Petter is very intense during the playing and doesn’t want to play anything else. Petter also seems more annoyed and irritable than normal. He gets mad seemingly with no warning, and he seems restless when it’s time to go home. One day when the children are playing, the director of education hears Petter say that Anton has to suck his penis. Anton laughs and says, “Ew, no, I don’t want to.” Petter does not let up and says, “you have to, or else you won’t get invited to my birthday.” The director of education tells the boys they have to want to play together, and it’s not okay to threaten someone if they don’t want to play. He also decides to talk to Petter later that day.

Petter is in this case displaying concerning sexual behaviour. The situation described above seems to be something other than natural exploration. Petter also seems to be uncomfortable during other kinds of play and interaction, which he has not previously been. If the education director had not been present during the situation and provided counselling, it might have led to Anton feeling pressured into doing the act even though he didn’t want to. This would have been categorised as red behaviour, i.e. harmful sexual behaviour. In this instance there was a competent educator present who took both boys seriously and helped them safely through the situation.

**Two different scenarios during the conversation between Petter and the educator:**

### SENARIO 1

1. The educator tells Petter, “When you played “Doctor” today, you asked Anton if he could suck on your penis. Tell me more about that.” Petter says: “I want my penis to become big and hard.” The educator asks, “Whose penis gets big and hard?” Petter answers, “The one in Jens’ movie.” The educator knows that Jens is Petter’s older brother and that he’s a third grader. The educator tells Petter they understand that he’s curious about it, but that children shouldn’t suck on each other’s penises (not age-appropriate behaviour). The educator also says that adults are never allowed to do it with children.





## CASE 2 CONTINUATION: DOCTOR-PLAYING INITIATED BY BOY AGE 5

The educator concludes that Petter has watched porn on his older brother's phone or tablet, and they need to make sure this does not happen again. Both Petter and his brother are too young to be exposed to pornography. In cooperation with the kindergarten director, the parents are contacted and asked to come for a meeting. The staff specifies to the parents that they are not reacting to Petter playing "Doctor" (sexual play), but that the content of the play, along with the other changes observed in Petter, have been concerning. The parents are grateful to be contacted about the behavioural changes. They say Petter has become more anxious and irritable, but they didn't know this behaviour extended to kindergarten. They also didn't know that Petter and Jens watched porn. They disclose that they themselves are having a hard time with a severely ill parent, which has resulted in several fights among the two adults. Consequently, Petter and Jens have been left more to their own devices. They say the new information will make them seek help to a greater extent than before so they can better care for their children.

### SCENARIO 2

2. The educator tells Petter, "When you played "Doctor" today, you asked Anton if he could suck on your penis. Tell me more about that." Petter says, "I just wanted to see if milk would come out of my penis." The educator continues, "You just wanted to see if milk would come out of your penis. Whose penis has milk coming out of it?" Petter says, "There always comes milk out of dad's penis when I suck on it." The educator asks Petter how he feels when this happens and Petter answers that he finds it disgusting. The educator says that no children should suck on adults' penises, and that this is illegal. They also praise Petter for talking about it and reassure him that he has not done anything bad. This is the responsibility of adults. The educator says they can speak more about this before Petter goes home, but that they need to speak to those who help children with this kind of thing first.

In this case Petter is talking outright about being sexually assaulted by his own father. The educator must now inform their boss and contact the Child Welfare Service or police. Petter's parents should not be informed as the father is suspected of sexually assaulting Petter. At this point the duty to report to the Child Welfare Service comes into play. Further management of the case will happen in conjunction with the Child Welfare Service and other support services.



## SAFETY PLANS IN KINDERGARTEN

If a child has displayed harmful sexual behaviour (HSB), it might be necessary to draw up a safety plan in the kindergarten. A safety plan is a tool for preventing more harmful sexual behaviour.

The first step to creating a safety plan is for the kindergarten director to call a meeting with the employees who are most in contact with and are most responsible for the child. If the child is about to go to school, employees from the relevant school should also participate. It can be a good idea to involve a professional with competency in the field of harmful sexual behaviour, like a municipal psychologist, professionals from Statens barnehus or BUP. During the meeting it will be useful for everyone to together reflect around

the points brought up in the plan, share experiences, and discuss relevant measures for securing a safe environment for the child. The measures should be adjusted based on the age of the children, extent of problematic and harmful sexual behaviour, and the kindergarten's current condition. Try to be specific and precise when creating measures. It will also be important to have a plan for how and when to implement the measures, and who is responsible for it being done. An evaluation of the safety plan is necessary. The time for the next evaluation will depend on the type of harmful sexual behaviour and the stability of the environment. After 3 months one should be advised by professionals on whether a new evaluation is necessary.



# SAFETY PLAN FOR KINDERGARTENS

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**Name of the child:**

**Date of birth:**

**This safety plan is created by:**

**Date:**

## HARMFUL SEXUAL BEHAVIOUR

*Have there been episodes of harmful sexual behaviour in kindergarten?*

*If yes, describe the circumstances.*

## STAFF AND THE KINDERGARTEN PROPERTY

### **Staff:**

*Which employees are in contact with the child?*

*Which employees are aware of the concerns regarding the child's harmful sexual behaviour?*

*Is it necessary to inform other employees about the circumstances surrounding the child?*

*If yes, how will this be done?*

*What supervision does the child currently have, and is it enough?*

*Is it possible to enact the necessary supervision under the current circumstances?*

*Who is responsible for discussing the risk and needs of the child with other employees?*

### **The kindergarten property:**

*Are there unsupervised areas on the kindergarten's property?*

*It is necessary to implement the following measures:*

*How and when the measures are to be implemented, and who is responsible for this happening:*



## IN THE KINDERGARTEN

*Who in the kindergarten may be vulnerable to the child's behaviour, and why?*

*Is the level of supervision adequate?*

*How much information should every staff member have about the risk and needs of the child?*

*Are there specific situations or times in which the child seems more unhappy/distracted/irritated/stressed/restless? Is it possible to provide the child with extra support and supervision in these situations?*

*Do other children in the kindergarten use sexualised language or display harmful sexual behaviour?*

*Is the child in need of being taught about body and boundaries?*

*What kind of support does the staff need?*

*Are there activities in kindergarten which can trigger unwanted sexual behaviour, and how can this be managed?*

***It is necessary to implement the following measures:***

***How and when the measures are to be implemented, and who is responsible for this happening:***

## SITUATIONS OUTSIDE OF KINDERGARTEN

*Which children will be especially vulnerable to the child's behaviour, and how can this be managed?*

*Are special rules regarding toilet visits etc. a necessity?*

*It is necessary to implement the following measures:*

*How and when the measures are to be implemented, and who is responsible for this happening:*

## DIGITAL ARENA

*Are there worries regarding the child's use of digital media?*

*Are there suspicions the child has been exposed to pornography?*

*It is necessary to implement the following measures:*

*How and when the measures are to be implemented, and who is responsible for this happening:*



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