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# Making molehills into mountains: Adult responses to child sexuality and behaviour

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## Abstract

Sexual behaviour among children can be perplexing for adults as they negotiate a spectrum of ideas relating to abuse and natural curiosity. In the search for understandings, adults can act in ways that close opportunities for children to explore and describe meanings for the behaviour. This article invites practitioners to check their assumptions in this kind of work, and to take a stance that opposes abusive actions – while taking up a position of enquiry to support the multiple stories that make up children’s lives.

**Keywords:** accountability practices, children’s sexual identity, criminal liability, sexual abuse

## An invitation to explore multiple meanings of child sexuality

The language surrounding the work where children act in sexual ways faces many difficulties: of shared meanings; descriptions; interpretations; and perceptions, to name a few. I frequently engage with doubts, uncertainties, and struggles about ways to language this work. Child sexual behaviour in the literature is referred to in a variety of ways (Jenkins, 2003), mostly by professionals and practitioners – but not by children or their families. An exception is Milner (2006) in which parents speak of their experiences of telling their stories about the effects of their children's behaviour, and the effects of this process for them and for the social service organisation involved. The words that the literature generally uses to describe these ideas, children's actions, and practices of therapy, are limited culturally and politically, and have the possibility of a range of social and legal meanings. Cultural and gender awarenesses, along with age and social differences, can contribute to clarity or confusion (Frayser, 2003; Freidrich, Sandfort, Oostveen, & Cohen-Kettenis, 2000; Larsson, 2000; Ryan, 2000). In this paper, I invite you to sit with spaces of uncertainty and inquiry, as these ideas may at times be resonant or dissonant with ways we prefer to speak about this work.

Craig Smith's words to Kaethe Weingarten (Smith & Nylund, 1997) invite transparency about the vulnerability of therapists in their work, '... to be so open ... about your own struggles with what you said or didn't say to these families. I think we all have these doubts, but your contribution invites us to let down our professional guard and take a reflective view toward our own work' (p. 333). My struggle resonates with Weingarten's struggle.

This paper is a reflection on counselling practice (within both statutory and community agency settings). It includes a critique of approaches and practices which are immersed in models of deficit, dysfunction and causality. It is an exploration of the languaging of professional practice that critiques a modernist methodology — an approach that currently dominates social, education and health policy and practice in New Zealand. I position my work within a framework of narrative approaches informed by social constructionist ideas.

This critique stands for hope that invites adults involved in this work with children to explore the multiple possibilities of sexuality for children. Children's sexuality does not imply/infer that children are tarnished or an assumption that their actions are abusive; then, in situations where the behaviour is abusive, that children are not imagined as or responded to only as young sex offenders. The boundaries of tree climbing; the speed of bikes down hills; the interest in things mechanical; the openings and closings of relationships with friends — all these events express ways children negotiate risk and safety in their development through childhood. I would like us to question what spaces are allowed in the climate of awareness of and risk aversion to sexual abuse for children to explore, experiment, naively inquire and simply develop their identities in ways that are in keeping with other learnings for children.

My hope is that, through this process of sharing stories, ideas and practice, practitioners might be supported to reflect on the spectrum of responses available to professional colleagues and the families who consult them. I hope also to create space for acknowledging the child in the situation where systems and professional discourses readily classify the behaviour, and therefore the child, along with the effects of their actions.

I want to declare a position that supports children, but not abusive actions that children might engage in. In this position, there is a tension between speaking in support of children who have been abused and in support of children who have acted in sexual and hurtful ways. I am also clear that abusive actions are not to be minimised or excused – but neither are children to be responded to as criminals or paedophiles. Abuse enacted by children, and the meanings of

these actions, should be challenged. Equally, I would question the power of assumptions that professionals may hold about children's behaviour. I have witnessed children's lives and opportunities being shrunk by totalising descriptions within assessments and treatment plans.

Throughout this paper, I share stories of four boys' experiences which tell how each of them was (mis)understood by adults. The intention of telling these stories is to invite us to think about our work, both as professional colleagues and as people in positions of responsibility with children.

I want to explore definitions or ranges of the actions considered in this article – so that there is no confusion. I am in no way supporting ideas of boundary-less sexual activity among children or ignoring or minimising the effects of sexual abuse. This paper refers to children aged twelve years and under. The rationale for this range is related to human development understandings in education, health and social services contexts. Societal understandings of sexuality and sexual actions are broad and wrapped up in cultural meanings and constructions. Much of the literature suggests that sexuality only becomes part of girls' and boys' lives at puberty. Children are not a-sexual, but are sexual beings from before birth (DeLamater & Friedrich, 2002). Boys can have erections while they are *in utero*. Girls can experience vaginal lubrication in infancy. These physiological responses, while sexual, may not have sexual meanings. From birth, in their play and learning about themselves and each other, children explore and construct meaning about themselves and their sexuality (Sandfort & Cohen-Kettenis, 2000; Volbert, 2000). Children are sexual beings (Steelhammer, 2003) – not asexual, or non-sexual – as is sometimes suggested in human development texts (Santrock, 2008), or where child sexuality is avoided by not being acknowledged (Papalia, Olds, & Feldman, 2007) or continuing Freud's idea (1905/2000, cited in Egan & Hawkes, 2008) of referring to children's sexuality as latent – until puberty.

## **Johnny's story: The consequence of labels**

Johnny<sup>1</sup> was a nine-year-old boy who attended a rural school. A boy of similar age at the school complained that Johnny had come up to him in the toilet and put his arms around him and grabbed him over his genital area. The school's response was to expel him from the school so that he was no longer enrolled. Being a rural area, local schools heard of this event and principals positioned themselves to refuse enrolment – fearing that he was a 'sex offender'. Because he was not enrolled in a school, the Ministry of Education specialist service GSE (Group Special Education) could not be involved for assessment or treatment possibilities. The nearest town schools were approached for enrolment – but there too, the principals had decided to keep Johnny from enrolment. It was some twelve months before the Ministry of Education then directed a school in the town to accept Johnny and enrol him. GSE were then engaged and assessed Johnny as having a learning disability. He and his family were then able to access different support for his social and school learning opportunities.

## Discourses of children's sexual actions

There is an increasing discourse of moral panic in the New Zealand media about children's sexuality. Themes drawn from adult offending are frequently taken up in relation to children who engage in abusive sexual behaviour with others ('Age of sexual offenders getting younger', 2008; 'Sex abusers "getting younger"', 2006). This discourse calls for children who participate in sexual behaviours to be treated as offenders ('Sex offender treatment in demand for kids', 2008; 'Young sexual offenders on the rise', 2002). Children's sexual behaviour is thought of in adult terms and it is noticeable that, within these thin descriptions, the space for children to articulate their own meanings is neglected ('Five-year-olds "sexually abusing other children"', 2005).

What types of behaviour are being spoken of? Toni Cavanagh Johnson's (1999) work over twenty years in California has led her to categorise four types of child sexual behaviour:

1. Natural, 'normal', healthy, exploratory: where children explore their worlds and their bodies to discover and know about themselves, others and relationships. Such adventure is playful, where 'games' of 'you show me yours and I'll show you mine' or 'mothers and fathers' or 'doctors and nurses' may be involved. Such games are mutually engaged in, and not intended to hurt. Discovery by adults usually produces embarrassment in children and a calm response by adults could see a lessening or disappearance of this behaviour.

2. Sexually reactive behaviours: where children have witnessed sexual activity or possibly been abused. Children may be responding to what they have seen (e.g. through television, videos, pornography, or through inadvertently witnessing others engage in sexual activity – e.g. parents, older siblings) or being abused by another (made to watch pornography or physically abused sexually). I have worked with a number of boys who have described an abusive action – having someone perform oral sex on them – as pleasurable, and their intention when performing this act on others was to share this idea of pleasure, to make and be friends, to reenact an occasion they did not find hurtful, and definitely not to hurt the other child.

3. Mutually sexual behaviour: where children find comfort and support with each other, and sexual actions offer sibling or friend comfort and support. Children whose actions are described in this way have frequently experienced neglect, and their relationships with those who have responsibility for care and nurture display little connectedness.

4. Molesting behaviour: where children act in sexual ways that display violence and aggression that appears intentional. This behaviour often connects with experiences of violence and aggression within their own lives, and the actions against others intend to produce abusive effects.

Johnson (2001a, 2001b) gives further description and examples to explain the range of actions, contexts and power relations that are to be considered when assessing the level of concern and the potential for abuse.

The Australian Childhood Foundation has produced a literature review entitled 'Children who engage in problem sexual behaviours: Context, characteristics and treatment'. The editor, Petra Staiger (2005) notes that the literature has three limitations: its conceptualisation of sexuality; a definition of normal sexual development is difficult because children's sexuality is not considered in a wider, social and cultural context; and there is a dearth of research about children's understandings of sexuality and how these are shaped.

Staiger (2005) suggests using the term *problem sexual behaviour* for describing ‘a behaviour which is both sexual and problematic in nature’ instead of ‘other descriptors such as “sexually offending behaviour” or “sexually abusive behaviour” as these refer to adults’ (p. 4). She considers that the phrase *sexualised behaviour* ‘is not an effective defining term as it does not convey how problematic it is to children who are the targets of such behaviour ... (and) ... is preferred over phrases which include “child offender” or “child perpetrator”’ (p. 4).

*Problem sexual behaviour* acknowledges that children who engage in problem sexual behaviour:

- Have not reached the age of criminal responsibility
- Have experienced a range of disruptive and/or abusive experiences themselves
- Are influenced by the social, economic and familial conditions in which they live.

### **Charlie’s story: The effect of totalising descriptions**

Charlie was referred for counselling at about the age of eight. His mother was a sex worker, who parented alone – but sometimes she would leave him with her mother, when she happened to be working nearby or when she was working away for a while. Often his mother would take him to work, where he would be cared for by the ‘aunties’. There were some years of transience around the country and overseas, during which time Charlie had attended numerous schools, many for only short periods of time, and where concerned teachers/principals had frequently notified the child protection services. On one occasion, while in the care of his grandmother, Charlie told her about ‘some of Mum’s friends’ and ‘what they did to [me]’. It became clear that he was involved in the production of child pornography while in Europe with his mother. He then told of gang-friends in New Zealand who physically and emotionally hurt him – and it appears he either witnessed sexual activity openly around him, or was made to watch this. Charlie was taken into care, and lived with a foster family for a number of years. During this time I adopted a collaborative practice approach with those involved with his care: caregivers; child protection social worker; teachers; GSE psychologist; ACC case manager<sup>3</sup>; High and Complex Needs (HCN) coordinator<sup>4</sup>. This was very challenging as many territories had to be negotiated. It seemed that those who were responsible for advocacy roles in this network of carers and professionals were unable to take up that position – were they silenced by systems? Were they silenced by shock? Were they silenced by inexperience and incredulity? I found myself drawn into a position of advocate, alongside the place of therapist – to Charlie and his foster family. Charlie had a short time in the local rural school. Before long, a group of the parent community complained to the principal that they weren’t happy that a ‘sex offender’ was with their kids. They had heard that Charlie had been rubbing himself in the school grounds, and they knew his mother and her associations. The principal, with the Board of Trustees, is charged to ensure a safe environment for children (Education Review Office, 2000). They used this condition to say that they felt they could not guarantee safety with Charlie in the school. So Charlie was schooled at home with his foster mother for a couple of years.

At eleven, he was able to go to the intermediate school in the local town. His enjoyment was tinged with fear and sorrow; his delight in going to a school where he wore a uniform and had a sense of pride; his achievement in catching up within one year the two to three years he was behind in his schooling. There were times where the professionals’ anxiety was raised. Charlie did use his age, size and power over younger members of the foster family – he had

come from a setting where he was the only child. Charlie did 'tease' the chickens and dog, but this was not excessive or long-lasting. There was a period where he was urinating in the chest of drawers in his bedroom. That stopped when he felt comfortable to go to the toilet during the night. He was asked by the kids at school why he had to leave his last school, so he obliged them by saying, 'I did things like this' and would then show his inquirers by rubbing his pelvis up against a desk or fence post. Charlie had exotic experience to share, and much to learn about what was acceptable or not within this social and peer context. From one perspective, he was learning about himself and relationships, and living with others.

One day, when he and his foster mother had met with me, she wanted some time to talk with me alone about how things were for the family. Charlie was asked if he would mind going and playing and waiting in the reception area for a few minutes. He said, 'Okay, but can I ask you something?' He then said, 'Every time you two speak together I think you two are going to have sex!' He spoke about how this is what happened at home when his mother had a friend around and would ask him to go and play. What ideas of male/female relationships was he holding? What was shaping his own understanding and identity in terms of sexuality? Charlie's foster mother and I took time to explain to him our own positions about those we love in sexual ways (naming our own respective partners) and that the way of relating together for his foster mother and me focussed on our care for him. We were clear with Charlie – the two of us did not have a sexual relationship.

When Charlie was twelve or thirteen, the child protection agency asked a clinical psychologist to review the file – with the intention that a professional from outside the group who had been working with Charlie could offer a fresh and objective view of his situation over the years. The result was, in the words of the psychologist, that 'the best predictor of future behaviour is previous behaviour'. He then listed the events of a problem-dominated story that provided a non-relational identity based on the selected incidents of sexualised activity, cruelty to animals, anti-social behaviours, family dysfunction, histories of abuse and relative abandonment by his mother since he was taken into care. While I am clear that I take a stance against abuse, I was horrified at the totalising descriptions given to Charlie. I named the many positive and developing activities, events and other stories of Charlie's four years in care. I was told, 'Well, this is a file review – I only go on what's in the file'. This was a reality check of the power of documents, and the danger and 'life' that documents can hold over someone's life.

The psychologist who conducted this file review of Charlie did not think of questioning the limitations of a file review and did not think it relevant to consult Charlie's foster carer, nor his therapist, nor his teachers – and, surprisingly, not even Charlie himself. He may have found out about the changing stories and numerous identities that Charlie was developing apart from those old and restrictive ones – ones that were now pro-social, healthy, and where he took responsibility for attending school, completing household chores, and navigating relationships.

My position does not minimise or excuse abusive behaviour. There are occasions where abusive behaviour enacted by a child is not intentional. My concern is when adults assume children intend to be abusive. It is acting upon other children, but with possible minimal understanding of the sexual nature of the behaviour. However, in my work throughout this time, I have endeavoured to develop practice that is accountable to women and children who are hurt by abuse and to protest against the ideas that contribute to males acting in ways that are abusive. Most of the children referred have been boys and many of the people who the boys have acted against have been young women or girls. I have purposively explored consultation with colleagues and supervisors who challenge dominant discourses and support accountability practices in this work: women and men, Maori<sup>5</sup> and non-Maori, who question ideas and approaches that may not respond appropriately or attend respectfully to the voices of those



hurt. My hope is that this work has been responsive to the call for a collaborative partnership around gender and culture (McLean, White, & Hall, 1994).

My experience over twelve years of working with children and young people where problem sexual behaviour has invited a range of responses from adults, I have seen children being given troublesome and totalising identities – in the form of reputations, labels, isolation, silencing, exclusion, and mistrust. This range of identities has affected their relationships with parents, caregivers, social workers, police, doctors, teachers, and psychologists. Often the problem may be related to abusive behaviour – but sometimes even more trouble comes when adults have a different perception from the child(ren)’s meaning or understanding. I call this ‘the problem of adult behaviour and adult models of explanation’ ascribing totalising identities to children, as experienced by the children whose stories are shared in this paper.

Brown and Augusta-Scott (2007) remind us that a Foucauldian view of modernist therapy is ‘whereby under the gaze of science and classification, we come to understand ourselves “scientifically” ... systems of classifying and labelling individuals rely upon the nexus of truth and power, legitimized by “experts” ... and are often dividing practices or strategies of power that determine which people are normal or abnormal, good or bad, strong or weak, moral or immoral’ (p. xvii).

Children have shared their stories of the hurtful responses by adults, which have produced effects that further isolate, invite shame, create division and snuff out the joy and fun of being children and close down ways to talk about what it means when exploring sexuality. Often children are positioned within a regime where monitoring and supervision appears excessive, so that controls at home and school take on the appearance of a correctional program — in which each moment and interaction is observed and analysed.

In 1999 I was asked to develop a program to support children whose sexual behaviour caused concern. ‘The Problem Wrestlers Group’ stemmed from social workers’ requests for support with children in care, and others who had been reported by schools. The content initially followed cognitive-behavioural approaches (Johnson, 1995; MacFarlane & Cunningham, 1990) with enhancements from narrative ideas generated by Silvester’s writing (1997), and developed in the following years to include support for parents (Flanagan & Lamusse, 2000; Flanagan, 2005). Development of the program involved consultation and participation with a range of professionals of gender and culture, and an ethical choice to ensure co-gendered facilitation and where possible, a Māori facilitator. The name for the program has been questioned — it could potentially hold problems — the nature of close physical contact and potential for aggression. However, the name of the group was chosen by one of the participants. It reflected his enjoyment of watching wrestling on television. This program is currently in remission but a number of other programs have developed since and offer alternative ideas for names – each having some reflection of location and culture.<sup>6</sup>

Research with school principals in a region of New Zealand (Flanagan, 2001) explored the responses of primary school principals to ‘child sexual behaviour’. Many principals were unclear about what behaviour was appropriate or not, or where they could access any support to consult or seek to refer. Principals did not have consistency in the ways they responded to incidents, nor any forum for consulting with peers. Since then, a number of workshops with principals, teachers, social workers, caregivers and counsellors have explored working with children where problematic sexual behaviour is part of their lives (Flanagan, 2003). I was invited by the New Zealand Police National Co-ordinator: Adult Sexual Assault & Child Abuse to present to the managers of the New Zealand Police Child Abuse Teams at their annual national training week (Flanagan, 2007). This was an educational and practice development training to

encourage police teams to reflect and understand that, in their work, children's actions are not the same as adult and adolescent actions. They were invited to think about their responses – especially where they are likely to involve parents and families – and the possible influence their actions could hold in either maintaining social ideas and practices that crush childhood inquisitiveness and exploration, or encouraging a supportive response that invites parents and other adults to allow spaces for talking and being open about children's ideas and questions. I echoed Gail Ryan's (2000) call to adopt 'three universal goals' when working with children and young people regarding problem sexual behaviour: open communication; accountability; developing empathy. These goals offer possibilities when inviting professionals to consider the relationships adults have with children (Ryan et al., 2000).

## **Luke's story: Reflections on practice**

Luke was nine when he went to a residential program for children who are deemed to be molesting, and where there is fear of developing a career of sexual offending. At age seven he had told of the neighbour coming through his window at night and raping him. His aunt who cared for him did not believe that their 'nice' neighbour would do that. At age eight he said that a teenage boy had also sodomised him, and made him 'have sex with a dog'. Luke was reported by his school to the child protection agency. They tried to give a safe environment for him to be cared for in a placement with a foster family. Again Luke was sexually abused, as well as sexually abusing younger children in the home. He then had a number of placements where caregivers were informed that Luke should not be left alone with younger children. Repeatedly Luke abused younger children – whether walking home from school, or going to take the rubbish out, or needing to go to the toilet while a child was also away from adult attention.

Luke is one child I wonder whether I've failed. In one professional sense I didn't fail – as I know that I supported him and the families he lived with through sharing of information and again taking on advocacy roles where I considered those who should have done this were falling short. In another professional sense I did fail – I did not warm to him. I found it hard to have a sense of care. I felt that trust couldn't grow between us. His move to a residential program away from our city was a relief. I still sit with how this could have been done differently: if the resources had been available to give Luke appropriate and supportive care with people to listen to him and provide him a nurturing and loving home; and if my questions around cultural accountability had been more finely honed in our work.

## **Questioning legal understandings**

At a conference in 2004 in Portland, Oregon, of the National Adolescent Perpetration Network (NAPN), a probation officer explained that her youngest client was seven years old. The boy had been responsible for actions that were viewed as sexual offences. According to that State's law, once that child turned twelve, his name would be placed on the National/State Sex Offender Register (Federal Bureau of Investigation, 2009). Sexual actions that are unlawful in many parts of the USA, regardless of age, are dealt with in the judicial system. Children are required to go through the court processes and face conviction and sentencing. The register records the names of all those who have committed sexual offences, and records them for life (National Center on Sexual Behavior of Youth, 2009). In many states the focus is on the legality



of behaviour. Is there appropriate consideration for developmental capacity and culpability? Jan Hindman's (2004) work on culpability of children who offend was developed from wanting to reject the idea of a 'one size fits all for sexually acting children' when responding to children.

In New Zealand there is a growing call for both harsher sentencing for crimes of violence and reducing the age for criminal liability (UNICEF NZ, 2008). This concern has increased with the recent election of a centre-right government, supported by a conservative coalition party that campaigned on 'zero tolerance for crime'.

## **Conclusion**

My hope is that children will be heard for the meaning of their experience in their own terms, and not in terms of an assumed meaning. Therapy is not politically neutral and therapeutic conversations offer an 'unravelling process to reveal the politics of the problems that people bring to therapy' (White, 2007, p. 27). I find the parents and professionals I work with will often take time to deconstruct the dominating narratives and explore the possibilities of difference where a child is identified as a victim/perpetrator. They are invited to give space to explore ideas around the other stories that suggest doing hope together<sup>7</sup>, preferred ways of living in relationship with others, and stories that often scream out for loving attention and safe care – not only in their family settings, but also in relationship with professional practitioners.

Hope is something we do with others. Hope is too important—its effects on body and soul too significant—to be left to individuals alone. Hope must be the responsibility of the community. (Weingarten, 2000, p. 402)

Love and care from therapists can be simply, yet significantly offered.

## **Sam's story: The place of hope and care**

Sam was eight when he was referred for counselling. He'd been identified as an angry young man, and had engaged in sexual behaviour with other kids in care. Over a couple of years we worked together and during this time a psychiatrist determined that he needed to be medicated. We came to a place where his grandparents were able to care for him. The local school was asked to enrol him, but they declined – they didn't like his record, and the principal described the community as one that would not match Sam's 'kind'. I was part of a meeting where three professional men from the Ministry of Education attended. They had inquired and listened to my storying of narratives about Sam and his developing skills to resist anger's invitations to hurt, but rather to develop respectful ways of questioning and protesting unfairness in his life. I celebrated in my heart with Sam when they clearly stated that Sam was a child who had changed and that there was good support for him and that they would be directing the school to enrol him. The school therefore had no choice. After a month or so the school informed Sam's social worker that he had been no problem and that they didn't know what all the fuss was about when coming to enrol him! As his grandparents lived about ninety minutes away from Sam's foster placement, I would sometimes drive him over and we talked each way as part of the process for closing our work together. One day, knowing that our time was nearing its end, Sam said thanks to me for all I'd done for him.

I asked some questions about this, and one thing he said was, 'You ask different questions'.

I asked him to expand on this and what he meant. He talked of me asking different questions than he was used to.

'In what way?' I asked.

'Oh, I dunno – umm, I think it was that you were asking more about me'.

'What?' I asked, 'Do you mean I was nosey?'

'No', he replied, 'You were not trying to catch me out or anything. But you asked questions that showed you cared about me!'

The relationship expressed by Sam suggests to me that I had adopted a therapeutic posture described by White (2007) as 'cool' engagement – 'to give expression to a range of experiences of life that (he) previously (had) not had the opportunity to express' (p. 29).

Too often children and families can be narrowly classified and their profile partially determined by evidence-based processes that take no account of the particularities of experience. While the lives of some families may have frequent and common factors, I fear the way that systems of health, education and social development readily adopt treatment approaches to fit a model, rather than a person or family. The political nature of narrative therapy invites questioning and changing school and community values through conversations with families and professionals, informed by conversations with the children.

This article is presented to share practice and questions. I would be interested in any feedback and I hope that these reflections may support each of us in thinking and developing our ways of working and in supporting children and the adults that share responsibility for their care and education.

\* This paper is based on a presentation to the 9<sup>th</sup> International Narrative Therapy and Community Work Conference, Adelaide, 28 November 2009: *Working with children and young people where sexual behaviour has brought them trouble*.

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## Notes

<sup>1</sup> Children's names have been changed to maintain confidentiality and protect their privacy.

<sup>2</sup> Notions of what is 'normal' and 'normality' invite measurement and judgement – and their use should be questioned. For an exposure of the power of norms, and addressing these, see Hutton (2008).

<sup>3</sup> ACC: Accident Compensation Corporation – a state-provided injury insurer that has responsibility to support people who have been sexually abused.

<sup>4</sup> HCN: 'High and complex needs' is a strategy to bring together three government ministries where children and young people access and are high users of services of these ministries, namely the Ministry of Education, the Ministry of Health and the Ministry of Social Development.

<sup>5</sup> Māori are the indigenous peoples of Aotearoa/New Zealand.

<sup>6</sup> See: *Safer4Kids*, Safer Family Centre, Taranaki, NZ; *The Good Way* model, WellStop, Wellington, NZ; *The Transformers* program, Victoria, Australia.

<sup>7</sup> *Doing hope together* is the theme of the New Zealand Association of Counsellors' National Conference for September 2009, and is based on the work of Weingarten (2000) who will be the keynote presenter.

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