



"I didn't
mean to . . ."

Practical suggestions for
understanding and teaching
students with sexualized behavior



By Nancy Rappaport and Jessica Minahan

Teachers can develop a plan for dealing with students who struggle with challenging behaviors, which helps teachers respond effectively and helps students change their behavior.

There is no definitive research on how many students display sexualized behavior in schools. Sexually inappropriate behavior includes using sexual language, gestures, or noises, engaging in pretend play that simulates sex, making sexual invitations to others, inappropriately touching another person, or masturbating in the classroom. These behaviors are relatively rare but can be very upsetting to teachers, who often don't know what to do, and can put the student on a fast track to a self-contained classroom or out-of-district placement because of understandable concerns about protecting other children.

NANCY RAPPAPORT is an associate professor of psychiatry at Harvard Medical School and coauthor of *The Behavior Code* (Harvard Education Press, 2012). **JESSICA MINAHAN** is a board-certified behavior analyst and special educator in the Newton (Mass.) public school system. Adapted from *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students* by Jessica Minahan and Nancy Rappaport (Harvard Education Press, 2012). Used by permission. All rights reserved.



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Students display persistent sexualized behavior for a host of reasons, and there is not a single common profile. Nor is there much published work on how to successfully work with these students in school (Elkovitch et al., 2009). An appropriate teacher response (with support from school mental health staff) and therapy can help them learn to respect personal boundaries, form healthy relationships, and function better in school. They do respond to treatment, with involvement of parents or other caregivers (Association for the Treatment of Sexual Abusers, 2006). Active support by schools is critical, as schools can moderate some of the stressors in these children's lives while also keeping them and other students safe.

Causes of sexualized behavior

In our clinical experience consulting to schools about students who exhibit sexualized behaviors, three main factors are frequently linked to these behaviors:

1. **Social skills deficits;**
2. **Impulsiveness; and**
3. **Exposure to sexual material and sexual abuse.**

Additional categories of sexualized behavior that we won't address here are sexualized comments or acts as a form of intimidation and harassment, or hypersexuality as a manifestation of mania in children with a bipolar diagnosis. When the reasons for a child's sexualized behaviors can be identified, professionals can devise specific interventions targeting the behaviors and their causes. Even when the reasons for a child's sexualized behaviors can't be determined, these strategies can be helpful.

STUDENTS WITH SOCIAL SKILLS DEFICITS

Students who have social deficits have trouble understanding the unwritten, nonverbal rules that govern social interactions. They have difficulty processing nonverbal aspects of communication, such as body language, facial expressions, or tone of voice. This category of students includes those with nonverbal language disabilities and autism spectrum disorders (including Asperger syndrome).

Sexualized behaviors may be related to not knowing which behaviors are appropriate in a given situation. These behaviors can range from strange or annoying to frankly sexual, frightening, and unacceptable. Students may be unable to maintain a socially appropriate physical distance from others; they may make repetitive, sexually inappropriate,

or intrusive comments; or they may inappropriately touch peers or teachers.

Students with social skills deficits may engage in sexualized behavior for three main reasons:

- A lack of understanding of what is and isn't OK to say and do;
- A desire for an efficient, predictable, intense, and obvious way to assure a response from a peer or an adult; or
- An expression of frustration and anger in students who have learned that sexualized comments are taboo.

Sexual behavior from a lack of understanding.

Lacking the ability to discern what is acceptable, students with social skills deficits often say the wrong thing to the wrong person at the wrong time. Their behavior is not deliberately disobedient, and there is no desire to hurt; they have underlying skills deficits and need support to learn to behave in appropriate ways. They can learn through explicit instruction, for example, that "it's OK to think that, but you can't say it" (Winner, 2007).

Sexualized behavior as an efficient and obvious way to get a response.

Many students with social skills challenges crave social interaction, but have few appropriate ways of obtaining it. They have a history of negative social experiences. They often fail to notice positive attention from others (e.g. a smile or wave), as it is more subtle than negative attention (e.g. a peer shouting, "Stop, go away!"). Over time, some of these students learn (sometimes, unconsciously) that one effective way to engage in concrete and obvious social interaction is to provoke a negative response.

Sexualized behavior as a way of expressing frustration.

Some students with social deficits do know that sexual comments are taboo and unwelcome, and they use sexual language when they need to express anger and frustration — just as other students use slang or swear. They may not correctly understand the emotional effect on others when they make these sexualized comments or act in sexualized ways.

IMPULSIVE STUDENTS

Students who are severely impulsive (acting before they think), including students with severe attention deficit disorder, can also demonstrate sexualized behavior. They often say things that they know are inappropriate, but, unlike their peers, they just can't stop to think before blurting them out.

Many boys may occasionally need to touch their



genital areas because they're nervous or feel stimulated, but they're likely to do it discreetly. Impulsive students may lack this planning capacity and thus be seen touching themselves or masturbating openly.

While impulsive students don't control themselves in the moment, they can usually process the incident later and feel remorse. Interventions for these impulsive students differ from interventions for students with social skills deficits because most of them know what's right and wrong; they just can't control themselves. They need instruction in self-regulation, not social skills. Like the others, they need close supervision, particularly during unstructured times.

STUDENTS WITH PAST TRAUMA

Adults often assume that if a child is exhibiting sexualized behavior, he has been sexually abused. We want to highlight that most children who have been sexually abused do not develop sexualized behaviors, and children with sexualized behavior do not necessarily have a sexual abuse history, known or not known (National Child Traumatic Stress Network, 2009). We caution teachers to stay curious about why students exhibit sexualized behaviors and not to automatically assume that the student was sexually abused, particularly with impulsive students. That automatic assumption can harm the relationship with parents and may lead to an adversarial situation that reduces the chance of appropriate interventions. However, it is crucial to remember that teachers are mandated reporters. If teachers suspect or have reason to believe a child has been abused or if a child has revealed that she has been violated, they must follow school protocol and report to child protective services.

Most children who have been sexually abused don't show any distinguishing symptoms. They may be suffering quietly from poor self-esteem, anxiety,

fears, depression, or post-traumatic stress disorder. Those who do show sexualized behaviors may compulsively repeat the acts they saw or were subjected to, use sexual language, compulsively masturbate, or seek relationships that are inappropriate. Specific symptoms of sexual abuse can be repetitive sexual talk and play and age-inappropriate sexual behavior (Cohen, Deblinger, & Mannarino, 2006). They

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can have poor interpersonal boundaries and may try to have an inappropriately close relationship with a teacher or classmate. They can also have powerful reactions if someone invades their space, even inadvertently. When students experience sexual trauma and have their sense of personal safety violated, the effect can be long-lasting and devastating. All children who have experienced sexual abuse should undergo a psychological evaluation and may need ongoing counseling.

Understanding and minimizing triggers for students with a history of trauma.

Students who have experienced trauma respond to both internal and external triggers or aspects of their environment — people, sounds, words, or smells — that bring up memories of their past trauma. This applies to sexual abuse as well as other types of trauma — a house fire, car accident, etc. Regular aspects of the school day may be overstimulating and lead the child to act out without his being able to explain why.

Teachers can look for changes in behavior as clues to triggers, some of which can be removed to help the traumatized child experience school as a safe place. Over time, with the help of therapy and a coordinated effort at school, students will learn that there are no longer any real threats to their safety and their over-generalized anxiety will be reduced.

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Creating trauma-sensitive school environments.

Students with sexualized behaviors put schools in a difficult position. Most schools have a zero-tolerance policy for sexualized behavior. However, some consequences of these policies can accidentally reinforce the unwanted behavior, revictimize students with trauma histories as they receive harsh punishments for behaviors they don't understand, or reinforce an adversarial child-authority dynamic. Obviously, ignoring these behaviors is not an option. The goal is to find a balance between protecting all students and staff, holding kids accountable for their actions, and helping a child who exhibits behaviors she has little control over. Addressing the role that trauma is playing at school requires a broad-based approach woven into every aspect of the curriculum. The Massachusetts Advocates for Children's report, *Helping Traumatized Children Learn* (2005), provides a good starting place, outlining how schools can create safe environments and establish the infrastructure needed to support all children.

Accommodations and modifications

Accommodations and modifications can help change the student's behavior while addressing underlying skills deficits and helping students with trauma learn to communicate their distress differently. Let's now look at some approaches that teachers can use to help these students learn to respect personal boundaries, form healthy relationships, and do better in school.

Personal space.

Personal space in the classroom can be controlled by allowing for adequate space between desks. If there is more than one student with sexualized behavior in the classroom, they need to be separated whenever possible, on opposite sides of the classroom but not facing each other (to avoid nonverbal communication).

When students are away from their desks, teachers can control their spacing by designating spots on the rug with carpet squares, masking tape, or other materials. These types of physical markers can also be used when lining up, as can teaching them to stay one arm's length from each other. Specific social skills lessons (tailored to the student's age and needs) about acceptable personal space, sometimes in the form of social stories, are also helpful (Gray, 2010).

Students with a history of trauma can be hyper-vigilant and may need individual attention regarding personal space. When possible, talk to the student about where he likes to sit in the classroom — he may prefer to be closer to the “safe” person (teacher) or to sit with his back to a wall. Letting students with histories of trauma walk in the back of the line means they don't have to worry about people behind them and allows them some control over how close they get to their peers in front.

Supervision.

Students with sexualized behavior may require more supervision in unstructured situations such as recess and lunch. Be aware of blind spots: Recess monitors usually stand in the same spots, and there may be places they can't see.

Bathrooms are anxiety-provoking even for children without sexualized behavior, as this is where “normal” sexualized joking, comparison of body parts, teasing, and bullying happens. Communal bathrooms can be triggering for some students, especially boys, since the urinals allow exposure to some nudity. Schools can make an accommodation for this by requiring the student to use a staff bathroom or the bathroom in the nurse's office. The student may need help to develop an explanation for her peers as to why she does not use the regular bathroom (i.e., a medical reason). Make these accommodations on a case-by-case basis, weighing safety issues and peer dynamics.

Self-regulation.

Self-regulation and self-monitoring are underdeveloped skills for students with sexualized behavior. Strategies to help include prompting the student to use a scale to label his regulation state (e.g. an emotional thermometer with “excited” as an emotion) and to take a break and self-calm when he is feeling excited. All staff working with the student should know the signs that the student is becoming dys-regulated, as this is when the student may be more likely to act in a sexualized way and needs prompting to use a self-calming strategy.

Teachers can promote self-regulation during the day by creating a safe place and deciding on a consistent way for the student to ask to use it. The safe



space can be in or out of the classroom and should be comforting, possibly with a beanbag or other soft chair. Students with sexualized behavior, particularly those with trauma histories, should be allowed to take breaks in the safe space when they feel triggered or anxious.

Interaction.

Schools usually have rules about physical contact between teachers and students. In addition, teachers and principals must be aware of how and when they make contact with a student, because they may not know what could be a triggering event. If a student asks for hugs, teachers could create a personalized handshake or a “hand hug” as a substitute and make sure to give the student some positive attention.

To break the cycle of negative behavior getting negative attention, try to make positive attention as predictable as negative attention. Predictability is more important than length. For example, when you notice the student is showing some distress that you know can escalate into negative behavior, set a timer before going to help another student saying, for example, “I’ll be back to check on you in two minutes.” The student is less likely to engage in negative attention-seeking behavior knowing when the teacher is coming back to him. For younger students, teachers can try a token board. If the student does an activity quietly and appropriately, he earns a token at set intervals of five or 10 minutes. Give the token with brief praise or words the student feels comfortable with. This way, the student learns to wait because he knows you will attend to him soon.

In general, allow extra personal space for students who have experienced trauma and are very reactive. Get in the habit of talking to them from an extra six inches away. Avoid surprising the student: Warn him when you’re approaching from behind, as in,

“I’m going to check your paper next, Charlie,” or “I’m right behind you.” Note that eye contact can be uncomfortable for these students as well. Sometimes, teachers will assume that if a student is looking away, the child is not listening. The student, however, might be feeling overwhelmed and trying to stay in control (Perry & Pollard, 1998).

Remember, students often feel shame associated with the trauma they experienced, so avoid negative statements such as, “What a terrible thing to do.” Making any student feel embarrassed about sexualized behavior is unproductive and invites shame. Students who feel that they’re bad are more likely to engage in negative attention-seeking or rule-breaking behavior.

RESPONDING TO INAPPROPRIATE BEHAVIOR

When a student displays repetitive inappropriate sexual behavior, teachers should react with as little attention as possible, but not ignore that a rule has been broken. Minimizing the public response and taking away a privilege quickly and quietly will address the behavior without giving the student the attention he may be trying to attract. For example, teachers can say neutrally, “That is inappropriate. You lost extra time on the computer.”

Some sexualized comments or behaviors can be very distressing and difficult to take. Teachers may need to remove the student from the classroom and give themselves a moment to collect their thoughts and calm the class. While walking the student out of the room, do not engage in talking with him. Try to minimize the attention he gets from this behavior, as this is often what motivates it. If the student can write, list the privileges he has lost, and ask him to fill out a processing sheet with questions like:

- How did my behavior make others feel?



- What did I want out of the behavior?
- Did I get what I wanted?
- What was a better way to get attention?

When the student behaves appropriately, the teacher should intermittently and preventively give attention in an obvious way and award bonus points.

When a student with a known sexual trauma history touches a teacher, it is important to avoid shaming him. The reasons for the child's behavior are complicated, not necessarily conscious, usually not intentional, and sometimes attention-seeking. If the teacher says, "That makes me uncomfortable," and

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walks away from the student (at least six feet), the student will learn that touching is not a good way to get attention or to get close to a teacher. When the student is behaving appropriately and maintaining proper personal space near the teacher, particularly when they are working one-on-one and are seated close together, the teacher should intermittently and preventively give attention and bonus points to the student.

Students who masturbate

Students who masturbate in school are particularly challenging. Teachers need to be neutral and matter-of-fact when discussing masturbation with students and not refer to the behavior judgmentally. Teachers should ask the counselor and the student's parent(s) how to refer to the behavior with the student, as some parents are not comfortable with the

word masturbation. With the parents' permission, making sure the student is aware when he is doing it and teaching him when and where it is acceptable (which may be either in a bathroom stall with the door closed or only at home) can occur in a one-on-one lesson or by using a social story (Gray, 2010). Other useful interventions include encouraging a replacement or incompatible behavior such as using fidget toys or other actions and using positive reinforcement to reward "hands on your desk."

Impulsive students can be inattentive to their own behavior. If an impulsive student masturbates and is not conscious of it, the teacher should establish a secret signal about all unwanted behaviors with the student, a word or a gesture that lets the student know that he is doing it and needs to stop. A timer set to go off every few minutes can silently prompt the student to self-monitor.

Conclusion

Used together, these accommodations, modifications, and interaction strategies can lead to improvement in children who are struggling with challenging behaviors. Having an appropriate behavior plan in place helps educators respond effectively and helps students change their behavior. **■**

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