Safeguarding
Young People in Care

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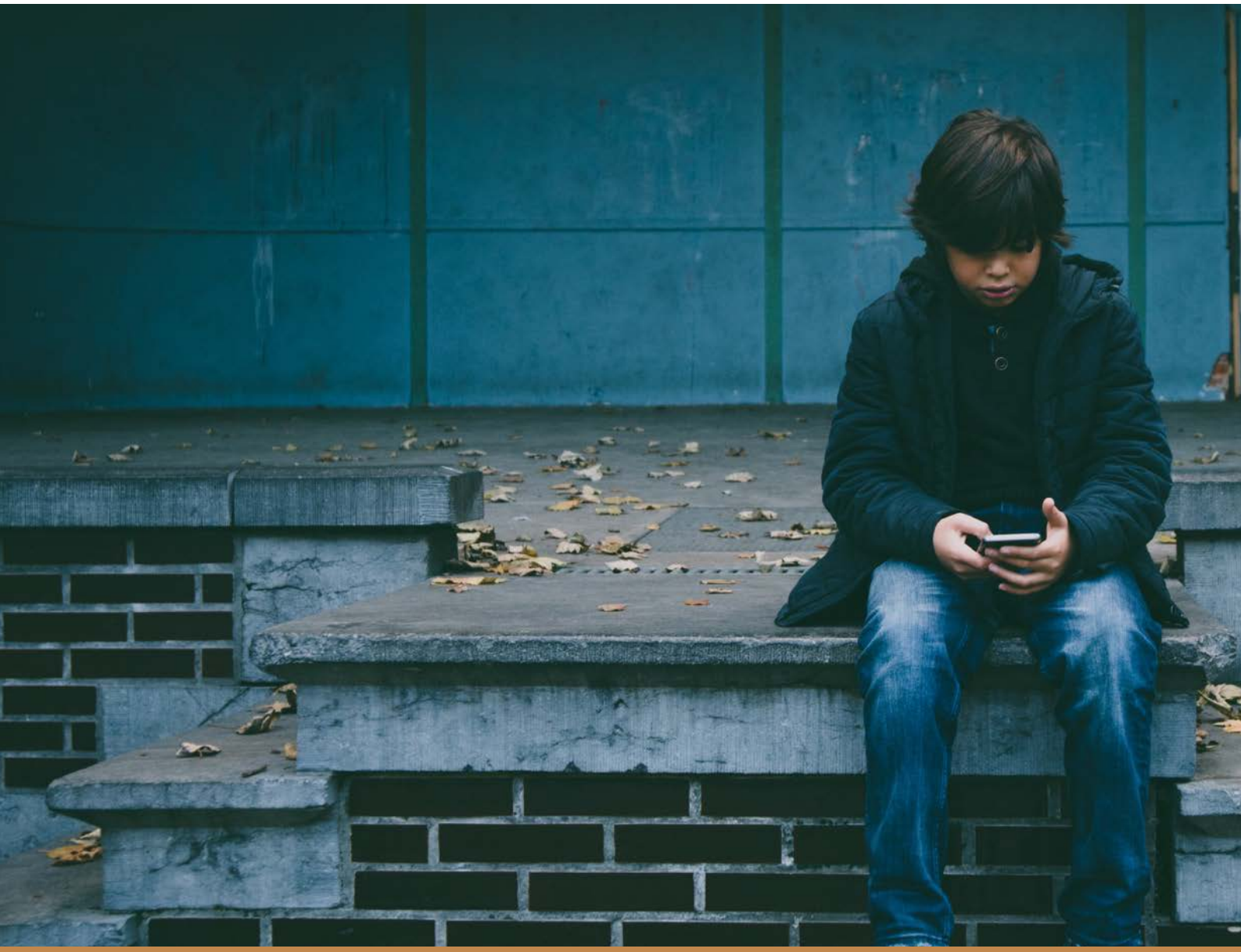

# Young people in residential care: various needs for sexuality education

## COLOFON

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Safeguarding young people in care

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## RESIDENTIAL YOUTH CARE SETTINGS

Residential youth care offers care and treatment for young people ages 0 – 18, who cannot live at home for various reasons (e.g. psycho-social problems, inadequate parenting). In the Netherlands, residential youth care is offered by different types of institutions:

- youth care (for children with mild problems and for parenting support)
- youth care + (closed settings, for youth who need intensive care and protection)

### THERE ARE ALSO INSTITUTIONS FOR CHILDREN WITH SPECIFIC NEEDS:

- Youth –Psychiatry (for youth with psychiatric problems)
- Ortho-pedagogical treatment facilities (for youth with mild cognitive impairment)
- Family homes (where youth can be treated in family like homes with professional care takers)
- Juvenile detention facilities (treatment facilities for youth who have committed criminal offences)

## WHO ARE THE YOUNG PEOPLE IN THESE FACILITIES?

Based on what is known from research, the following characteristics are typical for these children:

- Age: 0 – 18, but majority is above 10
- Sex: In residential youth care girls and boys are evenly represented, in orthopedagogical settings, the majority is male.
- Background: in residential youth care in the Netherlands, children from a migrant background are over – represented.
- Psycho-social and psychiatric problems: the majority of children is diagnosed with psycho-social or psychiatric problems. The five most prevalent diagnoses are:
    - Conduct disorder (mainly ODD or CD)
    - Emotional problems (anxiety, mood)
    - Trauma – related problems (often sexual abuse)
    - Feelings of incompetence
    - Attachment disorders

ADHD/ADD and autism related disorders are less prevalent but not rare (on average 11-14 % in youth care facilities). Some institutions have specific treatment facilities for these children. The rate is – for obvious reasons- higher in youth psychiatric facilities.

## VARIOUS NEEDS FOR SEXUALITY EDUCATION

The sexual development of young people in residential youth care usually is not different from young people who grow up at home. The Dutch report “Sex under the age of 25” (de Graaf et al, 2017) provides recent information about the sexual behavior of young people in the Netherlands. The ‘normative list’ of the Flag System is also based on recent research in the Netherlands and Belgium, and helps to decide which behavior is ‘normal’ at a certain age.

However, when preparing a pedagogical reaction to sexual behavior of young people in residential care, professionals need to be aware that some children and youngsters have specific needs regarding sexuality education. Specific needs can arise from psycho-social and psychiatric problems and traumatic childhood experiences. The needs for sexuality education are specified below for three groups:

- young people who have been sexually traumatized
- young people with psychiatric problems
- young people with mild intellectual disability

In general, sexual behavior should be treated like any other behavior. Discussing behavioral problems should be integrated in the daily professional routine of professionals and in teams, e.g. in treatment planning, client conferences, and team-discussions. In case of sexual transgressive behavior, these behavioral problems should also be dealt with like any other problem behavior, preferably by a multidisciplinary team.

## YOUNG PEOPLE WHO HAVE BEEN SEXUALLY TRAUMATIZED

In a Dutch study of eleven youth care institutions, almost half of all children had a history of sexual abuse. A Dutch review (van Zenderen et al, 2017) points out that sexual trauma can induce or increase problems which are more at the forefront, like conduct disorders, emotional disorders and sexually aggressive behavior. Often, such a history of sexual trauma is not known to social workers who work with the children on a day to day basis. Children with sexual trauma therefore often don't get the treatment they need. Professionals in residential youth care should carefully assess any trauma history of their clients and exchange this information with their colleagues who also work with the child.

Sometimes children spontaneously disclose information about sexual abuse. All professionals in youth care should be able to react adequately, since sexual abuse may be part of any child's history. Some tips:

- Be open to the child's narrative, do not interfere with your own interpretations and do not pry into details.
- Adjust your reaction to how the child appraises the situation and to the child's timing and tempo
- offer safety and security.
- Be transparent about what you are going to do with the information. Never make a promise of confidentiality.
- Follow the instructions and policies of your institution.

Young people with sexual trauma are at increased risk of re-victimization. Professional care takers should be alert to risk factors for re-victimization.

**Personal risk factors for re-victimization are**:

- lack of social skills/ not knowing how to talk about sexuality
- low self-efficacy
- negative self-image
- low risk-perception
- gender stereotype attitudes
- lack of hope and perspective for the future
- learning problems/low education level

**Contextual risk factors for re-victimization are:**

- complexity of the setting/situation
- ambiguous communication
- knowing/trusting the offender
- presence of alcohol and/or drugs

**Background variables of influence:**

- problematic family background

## USING THE FLAG SYSTEM FOR RESIDENTIAL CARE (JANSSENS ET AL. 2017) WITH CHILDREN WITH SEXUAL TRAUMA

The sexual behavior of children with sexual trauma can be objectively assessed with the criteria, flags and normative list of the Flag System. However, professionals in youth care will probably be more severe in their judgement because they are alert to potential harm and because of the high risk of re-victimization. Yet, they need to be aware of the importance of an objective assessment of behavior. Problematic sexual behavior should be dealt with in the internal discussions just like any other problematic behavior – preferably it is discussed in a multi-disciplinary team.

In the Netherlands the  experience is that professionals in residential youth care often rate all sexual behavior of clients who have been sexually traumatized, as being harmful. They often misjudge the criterion ‘self-respect’ too negative. Sexual behavior which would be rated as perfectly normal outside the youth care setting, is rated as harmful or even ‘very harmful’, and often is prohibited and sanctioned in residential youth care. Many institutions have restrictive policies regarding sexual behavior of their clients. Consequently, young people in residential care are denied their natural developmental needs, which are: experimenting with sexual behavior and discovering their sexual desires and identity.

In cases were intensive treatment of sexual trauma is needed, which exceed the pedagogical reactions based on the Flag System, the following should be taken into consideration:

- Let a psychologist do the diagnosis to underpin which treatment is appropriate
- Share tips and advice about a supportive professional approach with all colleagues

- Pay attention to causes for inappropriate sexual behavior and suggest behavioral alternatives (e.g. suggest ways of getting affection in a non-sexual manner)
- Provide information (psycho-education) about sexual healthy behavior
- Provide social skills training aimed at talking about sexuality with a partner
- Provide training aimed at sexual empowerment

## YOUNG PEOPLE WITH PSYCHIATRIC PROBLEMS

The most prevalent psychiatric disorders in youth care are conduct disorders (ODD and CD). These result in:

- Defiant and anti-social behavior.
- Over-active and impulsive behavior.
- Lack of social skills.
- Problematic sexual behavior, such as:
    - age-inappropriate sexual behavior;
    - risk taking behavior (early sexual intercourse, many sexual partners, unprotected sex);
    - sexual transgressive behavior;
    - negative/aggressive attitudes towards sex.

Conduct disorders are often persistent and clients with conduct disorders need intensive treatment, including interventions which are aimed at healthy sexual behavior. The use of the Flag System with clients who are diagnosed with conduct disorders should be embedded in these therapeutically interventions and approaches.

The sexual development of children with normal intelligence and other more prevalent psychiatric disorders, such as anxiety and mood disorders, ADHD and autism spectrum disorders (ASD), is – as far as we know from research- not different from healthy children. The sexual behavior however can be influenced by the symptoms of the disorder.

The sexual development of young people with normal intelligence and ASD is not different from other youngsters (De Winter, Vermeiren, Vanwesenbeeck, Lobbestael & van Nieuwenhuizen, 2015). They have appositive attitude towards sexuality in general and foster less negative attitudes towards homosexuals than their ‘normal’ peers. Little is known about their sexual experiences (Beddows & Brooks, 2015). Researchers stress, that the social impairments which result from the disorder (lack of social skills, communication problems and lack of social behavior) are risk factors for sexually transgressive behavior and demand professional attention and adequate intervention. Young people with ASD are less able to take the other person’s feelings into account (lack of empathy), and their sexual behavior is motivated primarily by their own needs. They are not aware of the fact that the

partner may not find this agreeable. They also are less able to identify negative intentions of others. Therefore they are at increased risk of becoming offender or victim of sexually transgressive behavior. Young people with ADHD show more externalizing problem behavior (aggression, delinquency and drug abuse) than youngsters without the disorder. We know from research that these types of behavior often correlate with early sexual initiation, having unprotected sex, and risk of sexual transgressive behavior. Sexually risky behavior of youngsters with ADHD is also resulting from their tendency to act in an impulse and ignore the consequences of risky behavior. Getting and keeping a stable relationship is more difficult for these youngsters, and they often have more sexual partners than their healthy peers. They are involved in unprotected sex more often and therefore have a higher risk of STD's and unwanted pregnancy (De Graaf & Maris, 2014).

Young people with other psychiatric disorders (such as mood disorders) can also show sexually problematic behavior or have problems with sexual function, which are resulting from their disorder. Some examples are: hyper-sexuality in the manic phase of a bi-polar mood disorder, overtly sexualizing behavior in young people with starting borderline disorder, lack of sexual interest and arousal in young people with depression. Also, professionals should consider and discuss the negative impact of medication on sexual function.

## USING THE FLAG SYSTEM WITH CHILDREN WITH PSYCHIATRIC DISORDERS

The pedagogical reaction to sexual behavior of young people with conduct disorders needs to be a concerted team-effort, since these youngsters need clear boundaries and a recognizable approach. Also, the consequences of negative behavior need to be very clear and fixed.
For young people with other disorders, a tailor made approach, fitting the specific vulnerabilities of the youngsters is more appropriate. Such an approach always should encompass a positive labelling of sexuality and offer space for sexual experimenting, which is necessary for a healthy and normal sexual development.
Following activities and interventions which exceed the pedagogical reactions based on the Flag System should be taken into consideration:

- Let a psychologist do a full diagnosis of the psychiatric disorder and it's interaction with sexual behavior and sexual function
- Share tips and advice about a supportive professional approach with all colleagues
- Provide information (psycho-education) about sexual healthy behavior and prevention of sexual risk
- Provide information about effects of medication on sexual function
- Provide social skills training aimed at general and sexual empowerment
- Sometimes it its necessary to monitor the contacts of the child (e.g. in case of being groomed for prostitution)
- Sometimes it is necessary to impose restrictions (forbid certain behavior, install clear rules) if behavior becomes harmful for others.

## YOUNG PEOPLE WITH MILD INTELLECTUAL DISABILITY

Young people with a mild intellectual disability (MID) have an IQ between 50/55 and 70/75 and problems in social adjustment (Didden, 2006). In residential youthcare, these problems are not always recognized. Youngsters with MID often are good at disguising their problems. Their language use is often much better than their comprehension of language. Consequently they are overburdened by their environment, which can lead to problematic behavior. They lack problem solving skills due to dysfunctions in the processing of social information and in executive function (Nieuwenhuizen & Elias, 2006), which enable us to regulate our thoughts and actions to be goal directed and efficient. Young people with MID show less adaptive behavior, have problems with remembering instructions and often react on impulses. They detect as much information as others, but:

- tend to focus on less relevant information;
- tend to focus on spoken information;
- tend to focus on negative information.

In social situations they often react emotionally rather than rationally, aggressive or passive rather than assertive. Co-morbidity (additional psychiatric problems) is very common and contributing to problems in social interactions. Characteristic problems, which also tend to have an impact on sexuality are (Didden, 2006):

- negative body –image
- social-emotional development is lagging behind
- difficulties in assessing social situations
- can easily be manipulated
- have difficulties in identity-formation
- difficulties in perspective-taking (lack of empathy)
- weak moral judgement
- lack of impulse-control
- higher prevalence of sexual victimization

Their physical development and their sexual behavior are conform their biological age. However, specific characteristics in sexual development need to be taken into account when working with youngster with MID (Schakenraad & Janssens, 2008):

- They often have little knowledge about sexuality and sexual behavior
- They often have little knowledge of their own body
- They often have difficulties in sexual function and masturbation
- They often have negative sexual experiences
- They often use medication which has a negative impact on sexual function
- They often are not seen as ‘a-sexual beings’ by their family

Professionals need to take these characteristics into account when addressing sexual behavior of young people with MID. Because of their lack of knowledge, and problems with cognitive and socio-emotional function, information which is given needs to be very clear an concrete, combining verbal and visual information (e.g. using pictograms, using simple words and repeating information often. Young people with MID have difficulties in transferring information from one situation to other situations, therefore the same information needs to be given over and over again in similar, but slightly different situations. Information should be short, simple and practical, but not childish. Young people with MID are very sensitive to being negatively labelled, and therefore empowerment is even more important than in young people without MID.

Following activities and interventions should be taken into consideration:

- Let a psychologist do a full diagnosis of the MID and concurring psychiatric disorders and their interaction with sexual behavior and sexual function
- Let the psychologist give tips and advice about a supportive professional approach
- Provide information (psycho-education) about sexual healthy behavior and prevention of sexual risk with materials which are adjusted to the intellectual abilities of these youngsters
- Provide information about effects of medication on sexual function
- Provide social skills training aimed at improving social skills in general as well as social skills in sexual situation, including sexual empowerment

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## SAFEGUARDING YOUNG PEOPLE IN CARE

# INHOUDSOPGAVE

# PREFACE / INTRODUCTION

National investigations in several European countries have shown a high prevalence of sexual abuse in residential care and foster care (Committee Samson, 2012; Final report expert panel 2013). In the Netherlands, a national investigation showed that the risk of sexual abuse in residential care is twice as high as outside residential care (Committee Samson, 2012). In Belgium, a helpline for sexual abuse (helpline 1712) has been introduced, in response to a key publication on sexual abuse in Flanders (Final report expert panel 2013). Even though no data is available on the prevalence of sexual abuse in Danish youth care settings, there has been an increased focus in recent years on measures against sexual assaults, according to the National Social Board in Denmark. Despite the high prevalence of sexual abuse, professionals notice very few of the cases of sexual abuse in residential and foster care, and in many cases the perpetrators turn out to be peers (Committee Samson, 2012).

## CAUSES OF SEXUAL ABUSE IN CARE

What do we know about the causes of sexual abuse in residential and foster care? A recent and elaborate literature review commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse in Australia gives a thorough overview of the risk and protective factors involved in sexual abuse in care (Kaufman & Erooga, 2016). The study shows that these factors can be ordered among victims, perpetrators and institutions.[1] Like the national reports, the authors show that especially (but not solely) girls, children and young people from troubled families and disabled youth are at risk for sexual abuse. Especially the fact that these vulnerable groups use to live together in residential facilities, with little control over their daily activities is a risk factor. Professionals expect them to be compliant and well behaved, there is a clear power difference between children and caregivers and children 'depend on adults for their survival' (page 70).

## AVOIDANCE OF THE SUBJECT

A risk factor that the authors address on the institutional level is the avoidance or absence of discussions about sex.[2] Caregivers avoid the subject as they feel it as inappropriate and believe they will encourage young people to become sexually active when they do. "Taboos around frank discussions of sex may create an environment where children are uncertain about what is and what is not appropriate or abusive" (page 70). Also, the lack of expertise on how to best serve children with histories of abuse is noted as a risk factor and an important factor in avoiding discussions on the topic of sex and sexual abuse. Another concern of staff is "how to interact physically with a child, without it being misconstrued as sexual" (pag 70). Also, the inadequate resources and lack of coaching and supervision of staff in residential care turns out to be a risk factor.

It is suggested in a literature review of Timmerman & Schreuder (2014) that the avoidance of the subject of sex and sexuality is in many out-of-home care settings related to a 'sexist' attitude that 'boys will be boys' and that force is a normal part of male sexuality. This is an important factor in peer-to-peer-abuse. Further, "a culture of silence regarding sex and sexual abuse" may lead to the idea that "sexual exploration includes sexually aggressive and – abusive behaviours" (Kaufman & Erooga, 2016, page 71). Both in foster- and kinship care and in residential care, regular visits by the child's social worker, turs out to be an important protective factor. It facilitates disclosure of abuse. But even more important as a protective factor is a 'common language' or 'vision' on sex education and the prevention of abuse in a facility. When it is clear (for children as well as professionals) what is and what is not appropriate, children feel more safe and sure to ask for help.

[1] It is important to realise that Kaufman & Erooga's study is focused on a broad range of 'institutions', which includes not only residential and foster care, but also schools, sporting clubs, religious organisations and for instance day care centres for young children. For this chapter we only report on the factors reported on out-of-home care (page 69-74). The authors note that little research is available on home-based family care, like foster of kinship care (page 69).

[2] See also Timmerman et.al.(2008) on this subject

### PROFESSIONALS AS PERPETRATORS

According to Kaufman & Erooga, little research is available on profiles of adult perpetrators. So far, no clear profile of a typical sex offender exists. But research does show 1) that selection based on a criminal record is not effective and 2) that perpetrators turn out to invest in building relationships not only with children and young people but also with their caregivers (including professionals). Behaviours can be non-sexual in the beginning, slowly escalating. Grooming with staff / adults leads to 'desensitization' to perceive potentially risky behaviour as 'risky'[3] (think of being alone with certain children, spend an unusual amount of time with certain children or trying to see a child outside the facility). Protective factor are: value based interviewing when recruiting professionals (are the values congruent with those of the organization?), creating a positive, child centered culture and clarity on what is and what is not considered as appropriate behaviour.

### SUPPORTING A HEALTHY SEXUAL DEVELOPMENT

Kauffman & Erooga's study supports the conclusion of the national investigations mentioned above, that the most central issue in the prevention of sexual abuse in residential and foster care is the ability of professionals to talk about sex and to support a healthy sexual development of those in their care. On the whole, professionals lack the knowledge and skills to support a healthy sexual development in children and young people. Furthermore, they appear to be incapable of recognizing unacceptable sexual behaviour (of young people as well as colleagues), setting limits, discussing sexuality, and intervening effectively. Capacity building in (future) professionals seems crucial here.
Therefore, competencies to support a healthy sexual development in young people and to recognize and respond to unacceptable sexual behaviour should be trained during professional (social work) schooling.

## GOAL OF THE PROJECT

The goal of the project "Safeguarding young people in care: Supporting healthy sexual development" is to develop an educational program for (future) professionals working in care.
In this report, we will use the terms 'young people in care' and 'professionals working in care', to indicate 'children and young people growing up in residential or foster care' and 'professionals working in residential or foster care'.

The project consists of a European collaborative partnership between four (applied sciences) universities and three youth care organisations in Belgium, Denmark, the Netherlands, and Scotland. Together they develop education and training for (future) professionals, to help them to build competencies to support young people's healthy sexual development and to interact with young people, their (foster) parents, colleagues, and other professionals, concerning the topics of sexual behaviour, intimacy, and inter-personal relationships, in order to prevent sexual abuse of young people in care.

The educational program to be developed will consist of:

- An international summer school on the subject of sexuality, for social work students.
- An online course for professionals working in youth care or foster care services. Special attention will be paid to organising team meetings (peer-coaching) in youth care organisations, for reflection on the subject of sexuality.
- A workbook for peer-coaching and reflection during internships and in professional life.
- A website with materials for European lecturers who teach future social workers on the subject. The website will provide them with information, exercises, and materials such as film, game, texts, and case examples, to teach future social workers how to interact with children, young people, (foster)parents, and other professionals, on the subject of sexual development.

[3] See Kaufman & Erooga, chapter four, for the existing information on perpetrators and grooming in institutions.

## RESEARCH QUESTIONS

In order to develop the educational program, the following main research question needs to be answered:

*Which competencies (i.e. knowledge, skills, and attitude) do professionals working in care need in order to support healthy sexual development of young people in care and to discuss intimacy, relationships, and sexual development with young people, their (foster)parents, and other professionals working in care?*

In this report we will answer de following three sub-questions:

1. What are the characteristics of young people in care, and what do they need from professionals in order to have a healthy sexual development?

2. Which organisational and other preconditions are necessary for professionals working in care, to support healthy sexual development of young people growing up in care?

3. Which factors contribute to difficult situations with regard to sexuality in residential and foster care?

# METHOD

## PARTICIPATING COUNTRIES AND THEIR YOUTH CARE SYSTEM

Data described in this report was collected in Belgium, Denmark, and the Netherlands. A uniform data collection method was used in all three countries, despite differences in youth care system. Denmark, for instance, does not have foster care workers who coach foster parents and monitor the development of foster children, as in Belgium and the Netherlands. Although Scotland is one of the partners in the project, no data was collected in Scotland. The Scottish partners fulfill an advisory role, sharing their expertise in the field of online courses.

To answer our research questions, we interviewed professionals and conducted a review of publicly available information about the competencies needed to support healthy sexual development of young people in care. The results of this review are described elsewhere (Bernaards et al. 2017).

The current report describes the results of the interviews with experts and focus groups with professionals working in residential care or foster care.

### (FOCUS GROUP) INTERVIEWS

Professionals working in care, policy makers, and researchers working in the field of sexuality and/or residential and foster care were interviewed. In each country, the interviews were conducted by using a semi-structured interview manual, with the following main topics/questions: 1. characteristics of young people living in residential and foster care, 2. their special needs with regard to sexuality and sexuality-related issues, 3. differences with young people growing up in ‘normal’ families with regard to sexuality, 4. necessary competencies of professionals working with young people living in residential and foster care, with regard to sexuality, 5. organisational preconditions, 6. difficult situations of professionals with regard to sexuality-related issues.
Altogether six experts (in the field of sexuality) and seven policy makers at the institutional level were interviewed. Focus groups were conducted with 23 professionals working in residential care and 12 professionals working in foster care. In the Netherlands, three focus group interviews were conducted with a mix of professionals from residential and foster care. In Belgium, one focus group was conducted with professionals from residential care, and one focus group was conducted with professionals from foster care. In Denmark, three focus groups were conducted with professionals from residential care (Table 1).

Table 1. Number and type of professionals interviewed in each country

| | Belgium | Denmark | Netherlands |
|---|---|---|---|
| Experts | 2 | 1 | 3 |
| Policy makers | 2 | 0 | 5 |
| Professionals residential care | 1 focus group | 3 focus groups | 3 focus groups |
| Professionals foster care | 1 focus group | 0 focus groups | |

The interviews took place in the period March through August 2016 and were coded according to a "code tree model" (appendix 1).

# CHARACTERISTICS OF YOUNG PEOPLE LIVING IN CARE WITH REGARD TO SEXUALITY

In this chapter, we will discuss the characteristics of young people living in care, as they were described by the professionals – i.e. the residential care workers, foster care workers, policy makers, experts, and researchers in the field of sexuality.
The characteristics of young people in care with regard to sexuality will be compared with the characteristics of young people not living in care. In subsequent paragraphs, we will describe what these characteristics mean for the needs of young people in care, with regard to healthy sexual development and the role of professionals.

## CHARACTERISTICS OF YOUNG PEOPLE IN CARE VERSUS YOUNG PEOPLE NOT IN CARE

Professionals were asked about the differences between young people living in care compared to children living in 'normal' families. Professionals reported that young people living in care are often more vulnerable than their peers not living in care, due to several factors.

### UNSAFE FAMILY ENVIRONMENT

Sexual development is a life span development that starts in early infancy, with the intimacy between parents and children. Most young people in residential and foster care have not been raised in a safe family environment and have not experienced a sense of security with their parents. As a result, many young people in care are insecurely attached. This causes problems in all developmental phases and areas, including sexual development, for feeling secure is essential for healthy sexual development.

### LACK OF POSITIVE ROLE MODELS

Since young people in care have grown up in unsafe family environments, they often have a lack of positive role models. Professionals stressed the importance of having adults who serve as positive role models, in order to have a healthy sexual development. Positive role models are parents, teachers, or social workers, who show healthy sexual behaviour, normalize sexuality, and talk about sex, intimacy, and relationships in a healthy and open way with young people and other adults.

### LACK OF CLEAR NORMS AND VALUES CONCERNING SEXUALITY

Most young people in care have lived in several foster families and/or residential groups with different standards and values concerning sexuality. This makes it difficult for them to figure out their own norms and values concerning sexuality and to develop a healthy and autonomous view on sexuality. *"… A lot of young people living in residential care or foster care haven't developed a moral compass. They aren't able to tell when something is respectful or not. They experienced unsafe situations in their families, people weren't respectful to each other at all, there was violence. They don't have any clue about respectful behaviour or they have a romanticized and idealized image of love and sexuality."* Since these children and young people do not know what is good for them and others and what is not, they are used to relying on others to make choices and set limits. This makes them more vulnerable to be influenced by others, to make unhealthy choices and behave in a sexually unhealthy way.

### LOW SELF-ESTEEM

Professionals reported that most young people in care have lower self-esteem compared to young people who do not grow up in care. Low self-esteem combined with a lack of clear norms and values makes young people in care more vulnerable to breach their own boundaries. One of the

professionals said: *"These children and young people are more easily influenced, because of their low self-image and their difficulties setting boundaries. They are easily seduced to do things they actually don't want to do."* Besides problems in recognizing their own boundaries, they often have problems recognizing and acknowledging the boundaries of others as well.

### LACK OF POSITIVE SEXUAL EXPERIENCES

Due to the unsafe family environment in which they grew up, young people in care often have had less possibilities to receive positive sexual experiences and to experiment with sexual behaviour in a safe way. As a result, sexual developmental problems are more prevalent among children and young people in care, compared to children and young people not living in care.

## WHAT DO YOUNG PEOPLE IN CARE NEED FROM PROFESSIONALS?

The characteristics of young people in care, as described in the previous paragraph, have consequences for the needs of these young people. This paragraph provides an overview of the most important special needs of young people growing up in care, with regard to healthy sexual development.

### SAFE ENVIRONMENT & PROFESSIONALS WHO ARE THERE FOR YOU

Young people growing up in care need to feel safe and secure again. Therefore, they need group leaders or foster parents who they can rely upon to be there for them all the time. *"Young people feel whether or not you are completely there for them, or only from 9 till 5 when you're working. They will feel this, and they won't want to tell you anything about sexuality anymore, if they notice you only have time for them between 2 and 3 in the afternoon, because this is the 'mentor' hour."* In addition, young people in care all have individual needs that professionals should pay attention to. "*(...) in a group of young people who have been sexually abused or have deviant sexual experiences and behaviours, they will all be very, very different and will have very, very different needs and starting points (...)*". Furthermore, young people in care need to be acknowledged on an emotional level: "What are your feelings about….?".

### POSITIVE ROLE MODELS

Due to a lack of positive role models, young people in care need to learn what healthy sexual behaviour looks like. A group worker or foster parent can help demonstrate healthy physical contact, for instance comforting someone when he or she is sad or sitting next to someone and leaning towards the other. Normal physical contact is a really important form of role modelling, because it also meets the need to feel safe and secure again. Young people in care need to learn to trust other people again and to dare to ask for help if they need it.

Another way of showing healthy sexual behaviour is demonstrating how to communicate about your own boundaries with regard to sex, intimacy, and physical contact in general. Sexuality is an important topic for young people and therefore it is important that professionals talk about it with them. According to professionals, it is important to talk about all daily life subjects, such as friends, studying, eating, sleeping, hygiene, and also about sex. Never give the impression that all kinds of sexual behaviour are wrong and that sexuality is something that should happen in secret. Young people in care need adult role models who are able to normalize sexuality. Normalization of sexuality also includes taking young people seriously and not overreacting to their sexual stories, even though they may seem sexually offensive. It is important to have a conversation about the behaviour you observe as a professional and to ask what it means, without judging immediately. Avoid preconceived judgements that are based on someone's previous abnormal sexual behaviour or based simply on his/her living in residential care. It is important to talk with the child or young person himself/herself about what happened during incidents. According to professionals, this does not happen in many cases, which is alarming. "*As a professional you can ask, for instance, 'It is said that sex is a hot topic for young people, how is it for you?' While talking about this topic, you can ask about his/her odd sexual behaviour or about his/her offensive sexual behaviour. You can't just say: 'Hmm… we need to talk about your sexual behaviour, because what you're doing is sexually offensive and people don't like this'."*

Furthermore, professionals stressed that good role models dare to talk about matters such as prostitution and homosexuality - topics that are often difficult for social workers to talk about in a personal manner. Hearing adults talk about these topics in a normal way helps the youth to feel safe and secure and to have the courage to talk with you as a professional about their own sexual experimental behaviour. When these children or young people dare to talk about sexuality with you as a professional, it is important to have an open conversation with them, to reflect on their actions. For instance, after they have been away for the weekend to meet their boyfriend/girlfriend, professionals can ask: "*How was your weekend with your boyfriend/girlfriend? Did you have a good time? Are there things that you regret? What would you do differently next time? What did you learn from this experience?*".

## BOUNDARIES AND SELF-CONFIDENCE

Since young people in care often do not know what is good for them and others, they need frameworks and boundaries from professionals, to be able to judge whether behaviour is normal or abnormal. It is important that professionals do not impose their own norms and values on these children and young people but rather take into account their thoughts, norms and values and, if necessary, explain which thoughts and behaviours are appropriate and which are not. In this way, a professional can help the youth to develop self-awareness and autonomy and teach them to make wise and responsible decisions.

According to professionals, talking about boundaries will also help the youth to gain self-confidence. This will help them to stop seeing themselves (and their bodies) as worthless and inferior and help prevent them from crossing their own boundaries. This is especially important for children and young people who have been sexually abused.

## POSITIVE EXPERIENCES WITH REGARD TO SEX, INTIMACY, AND RELATIONSHIPS

Just like any other young person, young people in care need to have positive sexual experiences. They need to be able to experiment with sexual feelings and sexual behaviour and need guidance to help them do this in a healthy way. Besides this, they need education on how to make it nice and pleasant for the other and themselves. Hence, education should not focus on risks only. When young people start having a relationship, it is important for a group worker or foster parent to start a conversation with them about sex, to anticipate the next phase in the relationship. For instance, ask young people how they experience their relationship and whether or not it feels safe and comfortable for them. You may ask:"*...do you feel comfortable to take the next step, say, with sex? Do you know your wishes and boundaries? Do you dare to talk about this with your boyfriend/girlfriend?*" These kinds of questions help the young people to reflect on their own behaviour. For young people with negative sexual experiences, it can be even more important to have positive sexual experiences. They can partly correct the negative experiences that they have encountered in the past.

## SPACE TO DISCOVER ONE'S OWN NORMS AND VALUES

In residential care, group conversations are used to discuss certain issues. In such a setting, young people need space to discuss norms and values with regard to sex, intimacy, and relationships, without interference from professionals who tell them what is right and wrong. "*Sometimes young people will say sexually offensive things to each other during group sessions about sexual education. It is important to let this happen and let them correct each other. This is also a part of healthy sexual development, discussing sex and shaping your norms and values. Dare to let this happen and not to interfere as a professional.*"

## SEXUAL EDUCATION

Sexual education is important for all young people. All young people, including those in care, search the internet for information about sex and sexuality-related issues. However, most of the time they do not visit informative sexual websites, but look at random internet sites that do not provide the proper information needed. Most adults, including professionals working in care, have no idea about what young people know and do not know about sex. "*Adults tend to think 'children and young people already know everything' or 'they will find it out themselves', but actually being able to name what*

*happens and knowing which knowledge the children and young people exactly have, they can't do this just like that. Especially adults working in youth care have difficulties with this".*
Professionals reported that young people in care often have a lack of basic knowledge with regard to sexuality. In view of this, professionals gave several examples of important topics to address. For little children, conversations can for instance address differences between private and public situations and teaching the children when it is appropriate to walk around naked. For children who are somewhat older, it is good to explain certain bodily changes the children might experience in the near future. For young people, conversations can for instance address feelings they and others have and how to take these feelings into account during experimental sexual behaviour and sexuality-related games, i.e. not hurting themselves or others. Another important topic is informing them about the human body and personal hygiene. For instance, about what a normal vagina looks like, how to take a shower, which parts of your body you should clean, and why it is important to wash your hair properly. *"I see girls who don't know what their vagina looks like and meanwhile cross their own boundaries by giving blowjobs… the basic sexual education is lacking/missing".*

## DIFFERENCES BETWEEN RESIDENTIAL AND FOSTER CARE

Professionals were asked whether young people in residential care have different needs than young people in foster care, concerning sexuality-related issues. According to professionals, there are differences due to differences in daily environment. It is important to keep these environmental differences in mind when working with these groups. Table 2 shows the most important environmental differences that were mentioned by professionals.

**Table 2**. Environmental differences between residential care and foster care.

| Residential care | Foster care |
|---|---|
| Direct contact with professionals | Indirect contact with professionals |
| Usually short period | Usually long period |
| Generally older youth | Generally younger youth |
| More difficult to create atmosphere of intimacy | Normal family setting more easily creates possibilities for an atmosphere of intimacy |
| Possibilities for thematic group sessions about sexuality | No possibility for thematic group sessions about sexuality |
| Higher risk for offensive sexual behaviour | Lower risk for offensive sexual behaviour |
| | Risk for experimental sexual behaviour among foster children with different biological parents |
| Girls with loverboy problems | |
| Boys with peer pressure difficulties | |

The next paragraphs describe how these differences in the daily environment might influence the needs of young people with regard to (healthy) sexual development.

### RESIDENTIAL CARE

The advantage of residential care is that professionals (group workers) have direct contact with young people and have the opportunity to discuss sexuality in groups, for instance during a thematic group session. This can make it more accessible for young people to talk about sexuality with a professional and with each other. It also gives professionals the opportunity to assess the reactions of young people during the thematic group session about sexuality and to discuss this afterwards in an individual conversation with a young person.
On the other hand, the risk for sexual victimization and offensive sexual behaviour is higher in residential care compared to foster care because a high number of insecurely attached young people are put together in one place. Some professionals mentioned that peer pressure can cause boys to behave in a sexually offensive way, especially those who have difficulties in coping with peer pressure.
Professionals state that particularly in residential care, young people need room for experimentation with intimacy and relationships. They need approval to be in each other's room, to watch a movie together, to experience feelings of being in love. If two teenagers in a residential group are in love, let

them be together and accept them as a couple. As a professional, you can help them to discover what they like and do not like in a relationship and make wise and responsible decisions. *"Let them be together on the couch, even if you don't know what will happen. Let them be together to experience positive feelings of intimacy. They need the space to heal from what they have gone through and positive sexual experiences can be helpful in this process. You need to interrupt only if you think one of the two is not going to like it or if you see that one of the two doesn't like it."*

### FOSTER CARE

The advantage of foster care is that young people live at the same place for a relatively long period of time, which enables foster parents to build a relationship of trust with their foster child and to recover feelings of attachment. The normal family setting also helps in creating an atmosphere of intimacy, which is more difficult in residential care.

Professionals stated that foster parents are not always aware that sexual education is important even for young people in the youngest age groups (i.e. children). Since young people growing up in foster care are usually placed in a foster home before their 12th birthday, it often occurs that foster parents think sexuality is not an issue yet. Foster care workers need to educate foster parents about the importance of sexual education for all young people and about how to teach sexual education. This is especially important when young people are already emotionally damaged or sexually abused at the time of placement.

As in residential care, young people in foster care are often insecurely attached and are vulnerable for sexual victimization and offensive sexual behaviour. Although the chance of this happening is lower in foster care, foster parents need to remain attentive.. *"...young people in foster care are put together from different families… experimental behaviour among young people is possible… are foster parents aware of this phenomenon and do they monitor this, do they notice/observe this and are they able to react in a healthy way to this?…"* For instance, when foster children and the foster parents' biological children feel affection for each other or when they show experimental sexual behaviour among themselves, caution is needed. Foster parents need to be instructed what to expect and how to react when such behaviour occurs.

## DIFFERENT NEEDS OF BOYS AND GIRLS

Although there are many similarities between boys and girls with regard to their needs for healthy sexual developments, some differences do exist. Considering the fact that boys differ from girls in a lot of ways due to normative upbringing and cultural education, this will not be surprising for professionals. It is important for professionals to know the differences between boys and girls concerning sexual development, but also to realize that these are general differences. It is important to put aside prejudices about boys and girls, especially concerning offensive sexual behaviour in which boys usually are seen as perpetrators while girls are seen as victims. In the next paragraphs, differences are described between sexuality-related behaviour of boys and girls and differences in the way professionals approach them during conversations about sexuality.

### GENDER DIFFERENCES IN SEXUALITY-RELATED BEHAVIOUR

According to professionals, boys generally talk more in a 'macho' way and they tend to exaggerate things they are physically capable of, when talking about their sexual experiences. Girls, on the other hand, generally talk more about their feelings and sexual insecurities. *"Boys try to avoid the subject sexuality even more than girls, for them it's only tough to talk about sexuality if they have had sex, so they can brag about this".* Professionals need to have competencies to get behind these prejudices instead of acting upon them. This means, for instance, that professionals should not act upon the assumption that boys do not want to talk about feelings.

### DIFFERENCES IN APPROACHING BOYS AND GIRLS

Due to gender roles based on norms or standards created by society, the approach of professionals in talking about sexuality with boys or girls is usually different. For instance, sexual behaviour of 16-year-old boys is accepted and is seen as normal, while sexual behaviour of 16-year-old girls is seen as a risk factor. Also experimenting with sexual behaviour is more accepted for boys than for girls. These gender differences in sexual standards are also seen in the conversations between professionals and

young people in care. Conversations about sexuality with girls often address issues as care, love, boundaries and respect, while conversations with boys are more about *"condoms and a little pat on the back and good luck, and hope you do not get erection problems (...)"*. According to professionals, the staff professionals must be aware that the needs of boys are much more nuanced than that. Although boys are more used to talking about sexuality in a tough way, for them it is also important to have real discussions about sexuality, about their behaviour and their feelings. For instance, about knowing their own boundaries and about respecting the boundaries of others. A specific topic that is important to discuss with both boys and girls is pornography. In conversations about sexuality it is important to talk about pornography and about their image of real life sexuality, compared to porn sex. Professionals need to ask boys how they see women and in which way porn influences this. *"Do you think this is how normal sex should be? Do you expect the same from your girlfriend? How is your communication and interaction with girls? Do you know what your girlfriend likes? Do you ask your girlfriend what she likes?"*
Other things mentioned in the interviews are: *"between ten and twenty percent of these boys is more not solely heterosexually oriented"*, and *"more boys than girls are selling sex"*. This information is unknown among many professionals working in residential care. It is important to address these gender issues, to be able to address the real needs of both girls and boys.

## SUMMARY

This chapter describes characteristics of young people growing up in care and their needs with regard to healthy sexual development.
Young people in care have specific needs concerning healthy sexual development, since they are generally more vulnerable than their peers living in normal families. Generally, young people in care have grown up in unsafe family environments and are often insecurely attached. They often have a lack of positive role models and positive sexual experiences, have not grown up with clear norms and values concerning sexuality, and have low self-esteem. This set of characteristics makes them more likely to cross their own boundaries and that of others and to make unhealthy choices with regard to sexuality. As a consequence, young people in care have special needs with regard to sexuality that professionals working in care should know about and act upon.
To meet the special needs of young people in care, professionals should create safe environments and be there for the young people, in order to make them feel safe and secure again. In addition, they should act as positive role models, for instance by showing what healthy physical contact looks like and how to communicate about one's own boundaries with regard to sex, intimacy, and physical contact. In addition, positive role models should be able to normalize sexuality, avoid preconceived judgments, and dare to talk about issues such as homosexuality and prostitution. Also, professionals working in care should set boundaries, help young people to gain self-confidence, and give them space to have positive sexual experiences and to discover their own norms and values.
Sexual education is important for young people growing up in care, since they usually have less knowledge about sexuality, especially about healthy sexuality, compared to 'normal' young people. Sexual education should consist of supporting young people in their knowledge, skills, and attitudes concerning sexual development and also about teaching them to make wise and responsible decisions for themselves. In doing this, it is important to provide proper information (and teaching them were to find it) and to take social media into account. Important topics are, for instance, healthy and unhealthy sexual behaviour, the human body, and personal hygiene.
As a professional, it is important to know there are some general differences between boys and girls concerning sexual development, but it is even more important to notice these differences are only general differences. Professionals need to put aside prejudices about boys and girls and treat them equally.
The needs concerning sexual development of children and young people living in residential care and those living in foster care differ in some ways, due to differences in their daily environment. It is necessary to keep these differences in mind while working with these groups as a professional.

# TALKING ABOUT SEX, INTIMACY, AND RELATIONSHIPS

In order to be a good role model and support healthy sexual development of young people in care, it is crucial that professionals are willing and daring to talk about sexuality with young people, (foster)parents, and other professionals. Professionals should know that talking about sexuality is part of their task and essential in order to fulfil the needs of young people in care. But how and when do you start a conversation about sexuality and what topics do you talk about?
This chapter describes the essential topics that professionals in care should talk about, according to professionals who were interviewed for the purpose of this study. A distinction is made between the topics to discuss with: 1. young people in care, 2. foster parents, 3. with colleagues and other professionals.

## HOW AND WHEN DO YOU START TALKING ABOUT SEXUALITY WITH YOUNG PEOPLE?

When talking about sex, intimacy, and relationships, professionals should take the young person's level of emotional maturity into account, choose the right moment, and address relevant topics. Although the mentor of the young person is supposed to address the theme sexuality in individual conversations with the young person, sexuality also needs to be discussed during casual moments, for instance during free time with the group or during thematic group sessions. (See more information in the sub-chapter 'differences between residential care – foster care'). Other possible opportunities are described below.

- During dinner with the group, there is always someone who wants to talk about sex, which helps the ones who are more embarrassed about this topic to join the conversation. One of the professionals illustrated this as follows: *"...During dinner, talking about sex is more easy. There is always one of the boys or girls who is used to talk about sex and there is also always a boy or girl who is bragging about his/her experiences… and eventually everyone wants to say something about the topic*."
- When young people have a discussion about boyfriends, girlfriends, or sex, this offers opportunities for professionals to join the discussion. When young people are already talking about sex, it is easier for professionals to ask questions and to discover opinions. Also, when someone in the group is in love, it is a good time for asking questions about relationships, intimacy, and sex.
- When watching clips on social media in which sexuality plays a role, this offers opportunities for professionals to start conversations about sexuality For instance: *"When a group of young people in residential care is watching a clip on social media of a naked peer, it's good to discuss this with them. What do they think of this? Do they know what the consequences are of putting pictures or clips of yourself on the internet? Do they know that it's almost impossible to remove these things from the internet? Do they know it's illegal to spread naked pictures on the internet?"*

## WHAT TOPICS DO YOU TALK ABOUT WITH YOUNG PEOPLE?

In the interviews, professionals gave examples of topics to talk about with young people. First of all, it is important to tell a young person who is showing healthy sexual behaviour that he or she is doing a good job. You might say for instance: "Nice to see that you are exploring your relationship step by step... ", "Good that you're thinking carefully about whether you are ready for the next step in your relationship", or "Good that you talk with your boyfriend/girlfriend about sex and your wishes and boundaries". You might also ask the following questions: 'Do you feel safe when you are together?' or 'Do you have an affectionate/loving/warm and respectful relationship?' It is important to discuss this because it often happens that girls are in a relationship with boys who say they love them, but who are actually not good for them. Other important topics to address are relationships, wishes, boundaries,

making your own decisions, changing behaviour after regretting something, norms and values, and social media.
Finally, some professionals noted the importance of having a certain distance between professionals and young people and the importance of not sharing personal stories. However, during the group interviews, there was no consensus about whether professionals should or should not talk about their own sexuality and their own sexual experiences.

### TALKING ABOUT SEXUALITY WITH FOSTER PARENTS

Professionals working in foster care are often not the ones who speak with foster children about sex, intimacy, and relationships, for this is the task of the foster parents. Professionals need to talk with foster parents about this topic to ensure that foster children get the sexual education they need to have.
It is important to explain to foster parents that sexuality already starts in infancy and that it is an important topic in all developmental stages. Professionals working in foster care need to educate foster parents about what healthy sexual development consists of and about how to educate their foster child. Foster parents need to be taught that sexual education doesn't only consist of warning foster children, but also consists of talking about sexual pleasure, desire, love, and respect. Professionals working in foster care should also discuss sexual norms and values of foster parents and their thoughts about how to pass on these norms to their foster child.
Furthermore, professionals need to acknowledge that sexuality is a difficult theme and to reassure foster parents that everyone has difficulties with this topic. It helps when professionals tell foster parents that it is normal to have questions about (teaching) sexuality. Without this information, foster parents might be reluctant to ask questions for fear of being seen as incapable of raising a foster child. When professionals are able to take away this fear, foster parents will be more inclined to ask for help, if needed.
During the interviews professionals stressed the importance of reacting upon what happens in the moment, to give foster parents an example of sexual education. For instance: *"When a 3-year-old child jumps on your lap while you're in a conversation with her/his parents, it's important to be able to judge the situation and to react in a professional way. In some cases, it's fine to keep the child on your lap (after discussing this with the parents). In other situations, it's better to put the child next to you on the couch or on the ground and tell him/her that he/she can sit next to you while you're having a conversation with the parents. As a professional, you can discuss with the parents whether or not this is normal behaviour of the child and what this means in light of intimacy and sexuality."*

### TALKING ABOUT SEXUALITY WITH COLLEAGUES AND OTHER PROFESSIONALS

In order to normalize sexuality, it is important to talk about sexuality with colleagues on a regular basis, for instance during team meetings. This will help to build an open conversational culture between colleagues about this theme. It is important to talk about topics such as personal norms, values, and boundaries with regard to sex, intimacy, and physical contact and to discuss opinions with each other. Talking about sexuality creates shared understanding and helps teams to create shared opinions about major sexuality-related issues. For instance, about the question 'Which sexuality-related behaviour is healthy and which is not?' Other major topics related to sexuality are friendships, relationships, prejudice concerning the role of boys/girls, and sexual biology. It is also important to know how to support your colleagues with sexuality-related issues. For instance: *"A girl, who lives in a residential group, is constantly targetting the same professional. It seems like she is sexually attracted to this man and this worries you as a professional. How can you discuss these concerns with your colleague and how can you support your colleague in setting boundaries and keeping an appropriate distance from this girl?"*

## SUMMARY

Professionals working in care should dare to talk about sexuality with young people, foster parents, and other professionals, in order to be able to support healthy sexual development of young people in care. Opportunities to start a conversation about sexuality are: 1. When one of the boys or girls spontaneously starts to talk about sexuality; 2. When young people have discussions about boyfriends, girlfriends, or sex. 3. When young people watch clips on social media in which sexuality plays a role. Important topics to discuss are: healthy sexual behaviour, relationships, wishes,

boundaries, making your own decisions, changing behaviour after regretting something, norms and values, and social media.
Professionals should support foster parents in talking with their foster child about sex, intimacy, and relationships and speak with foster parents about passing on norms and values with regard to sexuality. Foster parents should know that: 1. It is their task to speak about this topic with their foster child; 2. They should already start talking about this topic to toddlers; 3. It is normal to have difficulties talking about this topic; 4. They should not only speak about the risks of sex but also about sexual pleasure, desire, love, and respect.
Speaking about sexuality with colleagues on a regular basis helps to create an open culture about this topic.

# BASIC REQUIREMENTS (PRECONDITIONS)

In chapter 3 and 4 the needs of young people in care have been translated into competencies that professionals should have in order to support healthy sexual development of young people growing up in care. Examples are: setting boundaries, talking about sexuality in a normal way, and creating a safe environment. Besides the competencies described in chapter 3 and 4, there are some personal characteristics and fundamental competencies that professionals should have, in order to support healthy sexual development of young people in care. This chapter describes these personal characteristics and competencies, based on the interviews with professionals, policy makers, and experts.

More specific competencies derived from interviews and existing materials (e.g. policy documents, interventions, etc.) have been described in a separate report (Bernaards et al. 2017).
Awareness of one's own norms, values, and boundaries
Professionals emphasized the importance of professionals working in care having a high degree of self-awareness concerning their own boundaries - with respect to ordinary daily practices (e.g. distance and proximity) and their own body. It is important that professionals are able to reflect on their own vulnerabilities and sensitivities, but also on their own norms and values. By interpreting and judging a situation, professionals act according to their own frame of reference and find a balance between personal and organisational norms and values concerning sexuality.
Furthermore, professionals should be aware that social norms with regard to sexuality are highly dependent on time and culture. Knowledge about how sexuality is regarded in different cultures at different times is imperative.

## RESPECTFUL ATTITUDE

Professionals working in care should have a respectful attitude towards both young people and their parents. Professionals should respect and focus on the individual needs of young people and be aware that each young person is at a different cognitive stage. At the same time, it is important to treat parents with respect in order to be able to cooperate with them. A respectful attitude towards parents is required, even if the parents have been assaulting their child. This is often a dilemma for professionals. The professionals are aware of this dilemma and aware of the need to remain professional in the relationship. They emphasize that this is an ongoing issue. One of the professionals said: *" I don't think I will ever be super skilled in this matter".*

## RELATIONAL SKILLS AND SOCIAL INTELLIGENCE

Relational skills are of utmost importance: "The better the relationship you have (...) the more they want to tell." In addition, it is very important to have a good sense of what is the right thing to do, and when is the right time to do it. Professionals all talk about the need to have or develop a good sense of professional judgment. They describe it as a feeling for situations and as social intelligence. Furthermore, professionals should feel responsible for their actions and stop "hiding" behind the organisation.

## KNOWLEDGE ON TRAUMA-BASED BEHAVIOR

Professionals and experts emphasized the importance of having knowledge about trauma theory, for "sexual abuse is also trauma". Thus, some kind of knowledge of the topic is regarded as necessary. For instance, knowledge about trauma behaviour and knowledge about how to react when young people behave in a sexually offensive way. "It's important to talk in an open way about offensive sexual behaviour of a foster child as soon as it occurs, instead of panicking and having the child moved to another foster care home or to residential care. These moments can be really important, to heal and to sort out their past."

## SUMMARY

To support the healthy sexual development of young people in care, professionals need to have the following fundamental competencies and characteristics:

- Have a high degree of self-awareness concerning their own limits, norms and values, and how this influences the way they work.
- Know that norms and values are dependent on time and culture.
- Treat children, young people, and parents with respect.
- Have a good sense of professional judgment.
- Feel responsible for one's actions.
- Have knowledge about trauma theory.

# ORGANISATIONAL CONDITIONS

This chapter focuses on organisational conditions. One of the conclusions of the interviews is that structural attention towards healthy sexual development needs to be embedded in the whole organisation. This chapter describes what organisations can do on the organisational level to support healthy sexual development of young people in care.

## PROVIDE STRUCTURAL RESOURCES FOR TRAINING AND REFLECTION

Professionals indicated that there should be sufficient time and money to provide training and reflection at work. Professionals in the Netherlands suggested that training shouldn't be limited to group workers but should include technicians, people at the reception desk, managers as well. "*When a technician has to replace a light bulb in the room of one of the girls and upon entering the room finds the girl standing there scantily dressed, with almost no clothes on. How should the technician behave in this situation?*"

Professionals stressed the importance of training on the following topics:

- Sexual development of children and young people
- How to deal with sexuality-related dilemmas
- The use of (sexuality-related) questionnaires.

A training should not only focus on knowledge of sexual development, but also on norms and values and people's own socialisation: "*to develop awareness of your own values and their influence on the way you're working".*
Besides training, there should be managerial support and organisational structures that enable professionals to work and reflect together on sexuality related topics and each other's behaviour– as an ongoing process. The possibility of reflection and reflection skills is crucial but difficult, for professionals in residential care continuously need to be highly alert for incidents. Furthermore, being critical towards each other is difficult because group leaders are dependent on each other.
In order to facilitate reflection, organisations should make priorities concerning:

## TIME AND MONEY FOR REFLECTION.

Possibilities to reflect on one's own behaviour and shortcomings in team meetings and to ask colleagues for help when one has troubles discussing sexuality with certain (foster)parents or certain young persons.
Coaching of group leaders to facilitate reflection in teams where it isn't safe yet.

## CREATE A SAFE ENVIRONMENT AND REFLECTIVE CULTURE

In order to support healthy sexual development of young people in care, it is important to have a safe environment and a reflective culture. A safe environment is crucial for discussing sexuality-related issues, reflecting on your own behaviour and shortcomings in team meetings, and daring to ask your colleagues for help when you have trouble discussing sexuality.

To create a safe environment, the following factors are important:

- Stable teams. A stable team of group workers helps one to feel safe. It is easier to receive and accept comments from colleagues you know well.
- Supportive teams. It's important to feel supported by your team members to talk about sexuality and to start discussions about sexuality.
- Knowledge about which sexual behaviour is healthy and which behaviour isn't,
- Facilitated reflection and coaching in teams where it isn't safe yet
- Protective team members who take care of each other.. For instance, when a young person shows provocative behaviour towards a group leader, signal this behaviour, and talk about it, in order to protect each other.

An open and reflective culture is crucial for discussing sexuality related issues. In an open and reflective culture, professionals are able to reflect on each other's behaviour as colleagues. In order to create such a culture, all professionals should play an active and proactive role. The following factors are important:

- The knowledge that it's fine to make mistakes and that there isn't one perfect way to talk about sexuality.
- The feeling that the managers trust their staff and are willing to allow the staff to learn from mistakes.
- The ability to discuss procedures with your boss

An open culture is also crucial for discussing sexuality-related issues with **foster parents**. The following factors are important:

- Create an open culture in which foster parents dare to complain about certain issues without fear of losing their foster children.
- Create an open culture in which foster parents dare to report small incidents concerning sexuality. For instance, when a foster mother is changing her tampon in the bathroom and a foster child suddenly opens the door and sees this. For instance, when foster parents are having sex in bed and the foster child happens to enter the bedroom.

## CREATE DIVERSITY AMONG TEAM MEMBERS

The professionals stressed the importance of diversity among team members, for instance concerning gender. Diversity among team members makes it easier to deal with diversity among young people in residential- and foster care.

## PROVIDE ACCESS TO EXPERTS SPECIALISED IN SEXUALITY

### INTERNAL EXPERT

Professionals emphasized the importance of having a person with specific expertise about sexuality in every team within an organisation. This person would continuously be alert to the theme sexuality and would be able to help you if you have questions concerning sexuality. *"… You can visit the sexuality expert and ask "I heard such a strange story of a young person concerning sexuality, I don't know what to do with this, can you give me some advice?*"

In the Dutch organisations that participated in the study, psychologists often fulfill this expert role, but someone with a specific interest in the topic sexuality could be appointed as sexuality expert as well. This 'expert' needs to attend further training sessions, refresher courses, and conferences about sexuality, in order to remain up to date with the latest developments about sexuality and sexual education. He or she is responsible for keeping everyone in the team informed about recent developments concerning sexuality. In the Netherlands these people are called "aandachtsfunctiononaris seksualiteit" and in Belgium they are called "aanspreekpersoon integriteit". In the Dutch organisations that participated in this study, the 'expert in sexuality' (often a psychologist) had the following tasks:

- Supporting group leaders to prevent secondary traumatization. Sometimes group leaders hear intense stories about sexual abuse and they need support. Example: *"… I worked with a family and I have never been through anything like this before. When I got home, my husband wanted to hug me, and my primary reaction was 'go away, nobody can touch me, it feels disgusting'. This happened to me, because the story of this family was still in my mind and I wasn't able to stop thinking about it."*
- Mental coaching for professionals: It's important to take care of yourself as a professional after a situation of sexual abuse. This can have a huge impact on you, and you shouldn't underestimate that.
- Supporting team members and the possibility to talk with your colleagues about your challenges.

- Coaching on the job, mental coaching for group leaders. For example: “How do you feel? What’s the impact on you, hearing all the personal sexual stories of the young people?”

Dutch professionals emphasised that the following conditions need to be present, in order to benefit from having such an expert:

- Group leaders need to feel safe to ask ‘the expert’ for support when they have questions about intimacy or sexuality.
- ‘Experts’ need to have an open attitude towards group leaders, feel safe to say everything they want, and dare to complain about certain things. This makes it possible to change and develop things.
- It helps when someone (in this case the expert) feels responsible for the theme sexuality and is willing to discuss this topic.
- No hierarchical structure between ‘experts’ and group leaders. Making plans together with group leaders and asking them what they want, instead of giving orders about what to do and how to behave.
- ‘Experts’ need to have a proactive attitude concerning sexuality, put the theme on the agenda regularly, normalizing the theme etc.

### EXTERNAL EXPERT

Professionals stressed the importance of having external organisations that can be consulted in matters concerning healthy sexual development in residential care. In Denmark, interdisciplinary collaboration with external experts are mostly with the Janus Centre, external psychologists, and Danish Centre for Social Efforts Against Child Sexual Abuse (SISO). ‘Socialstyrelsen’ and ‘Sex og Samfund’ (both Denmark) were mentioned as well. In the Netherlands, ‘Rutgers’ is an external organisations with a lot of expertise about sexuality. In Belgium ‘Sensoa’ is mentioned as external expert, besides ‘Ondersteuningsteam Allochtonen’ (OTA) and the ‘Juvenile Offenders Detention Alternative in Europe project’ (JODA).

## PAY ATTENTION TO COMPETENCIES DURING HIRING PROCEDURES

To select professionals who are competent to support healthy sexual development of young people, employers should pay attention to sexuality-related issues from the outset, i.e. during the selection procedure of new employees. Employers should do the following:

- Ask job candidates about their experiences with distance and proximity.
- Ask former employers about possible issues concerning distance and proximity and sexuality.
- Ask job candidates whether they ever had any negative experiences with regard to sexuality. If they have, ask them in what way this influences their work. In addition, try to find out whether or not someone is able to talk about the negative experiences.it. If someone says in a calm tone: “I don’t want to talk about this” that is fine. If someone says: “Yes, it’s a bit difficult”, and then starts crying, then it’s important to have a good conversation about this. If a person is not able to talk about sexuality, then the topic should be further explored.
- Give job candidates a casus during their job interview and ask how they would deal with this situation.
- Ask for a document of good moral conduct.

Besides screening of professionals, policy makers also stressed the importance of screening foster parents.

## HAVE ORGANISATIONAL AND INSTITUTIONAL POLICIES CONCERNING SEXUALITY

All interviewees emphasized the importance of organisational and institutional visions and policy documents on the topic of sexuality. The Children’s Rights commissioner, who was interviewed in Belgium, stated that every organisation should be forced to develop a policy concerning sexuality and that new legislation should be developed so that sexual development can be taken out of a punitive context and put in a more positive light. He emphasized that the topic is important and relevant for all professionals working with young people. Everyone gets confronted with the topic one way or another, and it is a topic everyone in the sector is struggling with. He advocates a written procedure for

organisations, so that it is clear which steps have to be taken to facilitate communication between professional and young people. He feels that when abuse and violence is involved, the professional who first hears the story should play an important role in the trajectory that follows, at least to ensure that the young person does not have to continually repeat his or her story.
All interviewed professionals in care agreed on the importance of having a vision and policy documents on the topic of sexuality. These vision and policy documents should be developed in a bottom-up process, together with the group leaders and the executive employees, and not as a top-down mandate
According to interviewees, policy documents on sexuality should address the following topics:

- Safety and sexuality. In The Netherlands, it is obligatory for youth care organisations to have a chapter about safety and sexuality in their policy documents. In Denmark, there are similar formulations in the law concerning working in residential care, but it is the responsibility of the individual residential care organisation to formulate a policy.
- Training about sexuality for all employees
- Having access to an expertise centre about sexuality or a person in every team who is specialized in this topic
- A factsheet describing the organisational vision on sexuality
- A quick-scan, to scan the safety at the group
- An emergency action plan to deal with sexual incidents
- Rules about acceptable and unacceptable behaviour concerning sexuality and explanations: "*For instance, is it acceptable when a boy asks a girl to sit on his lap? And is it still acceptable if he goes a bit further and starts touching her? What are the boundaries?"*
- Rules about relationships among group leaders. For instance: "*If two group leaders at the same residential team form a relationship, one of them has to move to another team."*
- Scheduled moments for speaking about sexuality. For instance, during intake conversations, mentor conversations with young people, team meetings, case discussions/meetings, and discussions with the psychologist. When the topic of sexuality is embedded in these important and recurrent meetings and conversations, it helps young people and professionals to talk about sexuality more often, which helps to normalize the topic. However, it is important to recognize that lots of the important and crucial conversations about sexuality with young people are not scheduled – these conversations occur, for example, in activities like "the drive back from sports", "cooking together" etc. "*That's when I feel he is ready to talk"* (see chapter 4).
- The way organisations pro-actively cope with current developments in society, for example 'social media, sexting, grooming'.
- Ways for group leaders to fit the organisational policy to the needs of the young people they have in their group: *"Group rules will be different when you have 6 girls with lover boy problems compared to groups without these kind of problems."*
- Protection of employees. There should be a strong focus on taking care that no employee is exposed to false accusations. In Denmark, special attention is paid to gender issues: "*We actually have a policy for men: in the youth group, men are not allowed to cross the doorstep into the girls' room after dark. The male professionals stand outside the room, if they have to say good night".*
- Self-injurious behaviour. The interviewees mentioned the lack of policies for self-injurious behaviour. Professionals claim they are in need of frameworks and policies that give guidance regarding this.

Despite the importance of policy documents, some interviewees expressed the fear that professionals lose sight of their own values, children's rights, and the pedagogical approach. According to these interviewees, there is a lack of policies that are based on values and policies that are concerned with children's rights and the obligations of professionals. Professionals might "forget" the reflective and pedagogical approach, due to all the organisational structures, such as "house meetings", "rules" and guidelines. One of the interviewees explains: " *It is like we slap the children with a piece of paper instead of talking and listen."* Professionals need organisational structures that force them to reflect on

and work with their own values, approaches, and attitudes – together with colleagues. Visions and policies should secure the ongoing reflection and attention to the issues, not just turn into "rules". The organisational policy should not be dominated by protocols and procedures, but should be dominated by the real core business, the passion to help other people.

Finally, there is a need for a congruent story about sexuality in society, which is missing at the moment. As long as there is no congruent, cohesive story, it's difficult to work on the topic as an organisation. In Belgium, the professionals point out that they "*now see that the taboo is growing in society, so you can't expect organisations to make the topic more explicit in health care, or in social educational work, because the social climate isn't following*".

## HAVE ORGANISATIONAL STRUCTURES AND TOOLS TO SUPPORT RELATIONSHIPS AND CONVERSATIONS WITH YOUNG PEOPLE

Organisational structures and tools are crucial in supporting healthy sexual development of young people in care. With regard to "structures", some interviewees mentioned "the primary contact system", in which each young person has one social worker as his/her primary contact person.. This system could contribute to stronger relationships with young people.
With regard to "tools", the "Flagsystem" and the "Flagsystem residential care" were mentioned a lot in the interviews in The Netherlands and Belgium. Interviewees in these countries said that the best way to support professionals in talking with young people about sexuality is to use a formal system like the flag system (The Netherlands, Belgium) and to promote talking about sexuality in an informal way with young people.

The Flag system provides a common language for talking about sexuality; it helps the professional to start discussions about sexuality and to keep them going. The Flag system also provides games to talk about sexuality. In addition, the Flag system helps one to distinguish between healthy and unhealthy sexual behaviour, by using six objective criteria: 1. Mutual consent, 2. Voluntarity, 3. Equality, 4. Age-appropriate or developmental appropriate, 5. Appropriate within the context or appropriate for the situation, 6. Self-respect. These criteria make it easier to decide whether or not certain behaviour is healthy or not. The flag system also offers certain advice on how to react to certain sexual behaviour by taking the context into account (Frans and Franck *no date*).
To be able to signal signs of sexual problems, some interviewees mentioned the 'signal list' of Sensoa in Belgium. Additionally, books written for young people in their own language are very supportive for conversations and relationships – either young people read them themselves or professionals read along with young people. Furthermore, various tools such as games and workbooks are mentioned as crucial for providing and supporting conversations and relationships; "Spillerum", "Dialogkort", and "Tøjklemme Legen" (Clothespin game) are mentioned by the interviewees in Denmark. In addition, drawing therapy was mentioned.

## SUMMARY

Organisations can do the following to embed 'sexuality' into the organisation, in order to support professionals in their work to support healthy sexual development of young people in care.

- Provide structural resources for training and reflection.
- Create a safe environment and reflective culture.
- Create diversity among team members.
- Create access to experts on the topic of sexuality.
- Pay attention to competencies during hiring processes.
- Have organisational and institutional policies on the topic of sexuality.
- Have organisational structures and tools to support relationships and conversations with young people.

# DIFFICULT SITUATIONS

Professionals working in care sometimes end up in difficult situations with regard to sexuality- related issues. In the previous chapters, some of these difficult situations have been described to some extent. For instance, the situation where organisational rules are in conflict with the needs of the young person or with one's own norms and values. Since (future) professionals need to be able to deal with these difficult situations, developers of educational programs should know about these difficult situations and base their educational programs upon them.
In this chapter, the most important difficult situations are listed and briefly described. This chapter can be used as a checklist for developers of educational programs concerning the topic of sexuality. Difficult situations may have to do with factors related to the professional, the organization, or society. Some of these difficulties are specifically related to foster care, while others are related to residential care or both types of care.

## GENERAL FACTORS

### STAFF-RELATED FACTORS

*Low self-efficacy of professionals*
Chapter 4 describes suitable situations for starting a conversation about sexuality with young people, foster parents, colleagues, and other professionals. However, low self-efficacy of professionals with regard to talking about sexuality often creates a barrier to starting a conversation. Sexuality is a sensitive topic for everyone, including professionals working in care. Not daring to speak about sexuality, while knowing it is important for a healthy sexual development of the young person, brings professionals into difficult situations.

*Differences in norms regarding sexuality;*
Differences in individual norms with regard to sexuality may hamper discussions about sexuality with young people, (foster) parents, colleagues, and other professionals.

*The ability and willingness to talk about sexuality;*
Closely linked to the previous factors is the ability and willingness to talk about sexuality. (Foster)parents might be unwilling to speak about sexuality, due to their cultural background or religion. How do you deal with this as a professional?

*Lack of knowledge about (the influence of) social media*
Chapter 4 describes 'watching sexuality-related clips on social media' as an opportunity for professionals to start a conversation with young people about this topic. However, many professionals do not know what is happening on social media. During the interviews with professionals, it became clear that the speed with which social media develops and changes makes it difficult for some to keep up. Young people can find everything online and supervision of adults is often lacking, due to difficulties in understanding all the social media channels (e.g. snapchat, instagram, pinterest). This makes it difficult for professionals to know "what is going on", for example the online sexual activities of young people. A lack of adult supervision makes young people more vulnerable for sexual abuse.

### ORGANISATIONAL FACTORS

*Sexuality is not integrated into the normal work process*
When sexuality is not integrated into to the normal work process, it is more difficult for professionals to start a discussion about this topic. In addition, if sexuality is not integrated into the normal work process, there is a high risk that:

- Sexuality becomes a neglected topic that has to compete with other topics that are deemed more relevant;
- Sexuality is only discussed when problems occur, for example when incidents have occurred or when a young person is extremely focused on sexuality.

- Time for reflection is lacking. Due to the many transformations in youth health care in the last few years, time for structural reflection is often rare. "….In one way, it's a choice, but it's also a financial matter. We have to produce enough to make money and to pay the salary of the employees. It's really difficult."

### LACK OF ORGANISATIONAL FRAMEWORKS AND POLICY DOCUMENTS ABOUT SEXUALITY

This may give rise to a lack of organisational awareness among professionals.

*Life circumstances in care differ greatly from the home situation (the parental home)*
Most young people living in residential care go back home to their parents after a while, in most cases starting with the weekends. This may cause difficulties for young people to hold on to the positive things they have learned in residential care with regard to sexuality. Life circumstances are different and this can cause friction. How do you deal with this as a professional?

*Sexual abuse among peers is underestimated.*
Sexual policy documents and organisational rules mainly address sexual abuse by adults towards young people, while awareness of sexual abuse among peers is low, despite the fact that this is the most prevalent form of sexual abuse (Committee Samson 2012). Nowadays, most cases of sexual abuse among young people take place online, using social media. For instance, the spreading of naked pictures of teenagers without their permission.

### SOCIETAL FACTORS

*Negative media attention.*
Negative media attention about sexual abuse increases fear among professionals and foster parents, fear of talking about sexuality in general and fear of being falsely accused of sexual abuse. Especially men fear false accusation.

*Incongruent societal view on sexuality.*
A congruent societal view on how to deal with sexuality is lacking. Firstly, sexual norms and values vary widely in society. Secondly, changes in sexual norms and values inside youth care organisations are incongruent with changes in societal sexual norms and values. Whereas youth care organisations strive to create more openness about sexuality, an opposite tendency occurs in society, where speaking less about sexuality is becoming the norm. In Belgium the professionals pointed out that they "*now see that the taboo is growing in society, so you can't expect organisations to make the topic more explicit in health care, social educational work, because the social climate isn't following*".

## SPECIFIC TO RESIDENTIAL CARE

Some factors that may contribute to difficult situations with regard to sexuality are specific to residential or foster care.

Professionals put forward the following factors that are specific to residential care:
*Insufficient possibilities for young people to experiment with sexuality.* As described in paragraph 3.2.2, love relations between young people in residential care are often forbidden because professionals feel insecure in dealing with this. What do you do as a professional when you think this ban harms the sexual development of a young person?

*Fear of being accused of sexually inappropriate behaviour.* Some professionals (often men) keep their distance from young people because they are frightened of being accused of sexually inappropriate behaviour. As a result, they aren't able to give the warmth and protection these vulnerable young people so badly need. *"A group leader asked a child who was crying if it was all right for him to rub his back to comfort him. Sometimes group leaders don't even dare to comfort a child anymore and leave children on their own, crying, just because they are too scared to touch a child."*

*Individualistic culture of new employees ('I culture')*
According to some of the professionals, the 'I culture' that the new generation of social workers grows up in influences the way they care for their job. One of the professionals said: *"The new generation social workers isn't able and willing to give everything they have to their jobs and to these young people; , they aren't passionate anymore." "A few weeks ago, there was a group leader with me on the phone who said 'It's 5 o'clock and the next group leader hasn't arrived yet, but I will go home, my shift is over'. She wanted to leave all the children alone in the group."*

*Changing concepts of normality*
Sometimes staff members tend to move their concept of normality due to the exposure to abnormal environments. For instance: "When you are together with young people who all have had their sexual debut before they were twelve yours old, you get kind of blind, and start to consider this as normal".
*Professionalism versus rules*
Professionals sometimes suffer from a lack of professionalism and do nothing in situations that ask for action. In this case professionals do not know how to react and suffer from a lack of professionalism. Sometimes professionals start making rules. This makes it easier for them to deal with difficult situation since they can hide behind these rules.

*Differences between the organisational vision and one's own norms, values and boundaries.*
Difficult situations may arise when the individual professional judgment is not in line with what is prescribed in core guidelines/official procedures within the organisation.

## SPECIFIC TO FOSTER CARE

Professionals put forward the following factors specific to foster care:
*Foster parents who are extremely strict or extremely open concerning sexuality.*
Talking about sexuality with either type of foster parents may give rise to difficult situations. For instance, religious foster parents may refuse to discuss sexuality or restrict foster children from sexual experimentation.. Foster parents who are extremely open about sexuality may themselves have no worries about the topic and yet might be reluctant to talk about it. For instance, foster families who are used to going to a nudist campsite every year. As a foster care professional, you might ask yourself: 'Is this all right and how do I discuss this with them?'

*Negative media attention about sexual abuse increases fear among foster parents.*
A lot of foster parents take negative media attention about incidents in foster care homes personally. This can cause foster parents to overreact by keeping too much distance from their foster child. *"…You see a newspaper headline with quotes about sexual abuse in foster care or at a foster care farm. As a foster parent, especially thinking of fathers who are foster parent, how do you feel? Do you take this personally, do you still dare to bathe your foster child? Or are you so afraid of the reactions of your neighbours that you don't bathe your foster child anymore?"* Some foster parents are so scared of being accused that they report every small detail of sexual behaviour of their foster child that might be seen as sexually offensive behaviour, to protect themselves from accusation.

## SUMMARY

Factors at the professional, organisational, and societal level that may contribute to sexuality-related difficulties are present in both residential and foster care. Some of these are not specifically related to residential or foster care, for example low self-efficacy of professionals (professional level), no time for reflection (organisational level), and negative media influences (societal level). Other factors are specifically related to residential care (e.g. having insufficient possibilities to experiment with sexuality) or foster care (e.g. fear of foster parents being accused).

# 8. DISCUSSION

This report has been written as part of the project “Safeguarding young people in care”. The goal of this project is to support healthy sexual development of young people in care, by developing educational programs on the topic of sexuality, for (future) professionals working in care. In order to develop these educational programs, the following main research question has been answered, based on interviews with professionals, experts, and policy makers:

‘Which competencies (i.e. knowledge, skills, and attitude) do professionals working in care need in order to support healthy sexual development of young people in care and to discuss intimacy, relationships, and sexual development with young people, their (foster)parents, and other professionals working in care?’

*To answer the main research question, the following three sub-questions were answered:*

1. What are the characteristics of young people in care, and what do they need from professionals, in order to have a healthy sexual development?
2. What organisational and other preconditions are necessary for professionals working in care, in order to support healthy sexual development of young people growing up in care?
3. What factors contribute to difficult situations with regard to sexuality in residential and foster care?

The results from this study have shown that young people in care are generally more vulnerable than their peers living in normal families. Their characteristics (e.g. insecurely attached), make them more likely to cross their own boundaries and that of others, and to make unhealthy choices with regard to sexuality.
Professionals need to have many competencies in order to support healthy sexual development of young people in care. They should know about the characteristics and vulnerabilities of young people living in care and be able to deal with it. Furthermore, they need to have knowledge about and deal with the characteristics of (foster) parents, colleagues and other professionals, residential and foster care organisations and society. Organisations should facilitate professionals by providing necessary preconditions, such as structural resources for training and reflection.

*Competencies of professionals working in care*

The competencies described in the current report can be roughly grouped into the following clusters:

1. Talking about sex, intimacy, and relationships

   Professionals working in care should dare to talk about sexuality with young people, foster parents, and other professionals. They should know how and when they should start a conversation about sexuality, and they should realize that talking about sexuality is part of their task and essential to fulfill the needs of young people in care.
2. Supporting the needs of young people concerning sexuality

Since young people in care are often more vulnerable than other young people, they have specific needs with regard to sexuality. Competencies needed to support these needs are for instance: creating a safe environment and being there for the young people, setting limits, helping young people to gain self-confidence, giving them space to have positive sexual experiences and to discover their own norms and values.

3. Acting professionally in relation to the topic of sexuality / being a role model

Professionals in care should act as positive role models as young people in care often do not have good examples of healthy sexual behaviour. Professionals can be positive role models by showing for instance what healthy physical contact looks like and how to communicate about one's own limits with regard to sex, intimacy, and physical contact. In addition, positive role models normalize sexuality, avoid preconceived judgments, and dare to talk about such issues as homosexuality and prostitution.

4. Dealing with different norms, values, and cultures with regard to sexuality

Professionals in care should be able to speak about sexuality with everyone, despite their norms, values, and cultural background.

5. Recognizing and responding to offensive sexual behaviour, including sexual abuse

Although the interviews with professionals did not focus on sexual abuse, all professionals agreed that professionals should know what healthy sexual development looks like and should be able to distinguish between healthy and unhealthy sexual behaviour, by using objective criteria. In Belgium and The Netherlands, professionals should know how to work with the Flag system. The Flag system uses six objective criteria to distinguish between healthy and unhealthy behaviour. It offers certain advice on how to react to certain sexual behaviours, by taking the context into account. In Denmark, other tools such as "Spillerum" can be used for this purpose.

*Methodological issues*

The study described in this report has some strong and some weaker methodological characteristics. First of all, data were derived from three countries by interviewing several types of professionals, which increases the external validity of our study results. Interview data could be compared between participating countries by using the same topic list in each country. Secondly, both individual interviews and focusgroup interviews were conducted. Focusgroups interviews may generate other data than one by one interviews due to the interaction between professionals in the focusgroup.

The fact that a relatively small group of professionals was interviewed in each country weakens the external validity of our study. The interviewed professionals were not representative of all professionals working in care. However, interviewing a group that is representative of your target population is impossible if you have a broad target group such as professionals working in care. As different types of

professionals from different countries reported similar competencies we are confident that our study results are valid in all three countries that participated in the current study. A shortcoming in our study is the fact that we did not interview young people and ask them about their needs with regard to healthy sexual development. To compensate for this shortcoming several student research projects were started. One of these students interviewed young people in residential care and asked them about their experiences with talking about sexuality with professionals and their needs with regard to (talking about) sexuality (Van der Geest 2017).

*Translation into educational programs for (future) professionals working in care*

The competencies described in this report will be used to develop an international summer school for students social work and an online course for professionals working in care. In the development of these educational programs teachers and social workers from three countries work together to develop a program that fulfills the diverse needs of students and professionals from different countries.

*Future studies*

So far no foster parents and foster children have been interviewed. These interviews could provide knowledge about competencies of professionals that are necessary to support healthy sexual development of young people living in foster care. Furthermore, future research should investigate to what extent the newly (to be) developed education and training programs fulfil the needs of (future) professionals and young people in care and contribute to a reduced incidence and prevalence of sexual abuse in care.

## Conclusion

The current project has resulted in a list of competencies that professionals working care should have in order to support healthy sexual development of young people in care. To organize these competencies they have been grouped into the following five clusters of competencies: 1. Talking about sex, intimacy, and relationships, 2. Supporting the needs of young people concerning sexuality, 3. Acting professionally in relation to the topic of sexuality / being a role model, 4. Dealing with different norms, values, and cultures with regard to sexuality, 5. Recognizing and responding to offensive sexual behaviour, including sexual abuse. The following step in the current project is to develop educational programs for social work students and professionals working in care based upon these clusters of competencies.

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