

# Sexual Behaviour Screening Resource

for children and young people

# Contents

1. Introduction .....	3
2. Nature and scale of harmful sexual behaviour.....	4
3. Breakdown of ages and developmental groups .....	5
4. Children and young people with SEND .....	6
5. Language .....	7
6. How to use this resource?.....	8
7. Classifying the sexual behaviours discussed in this resource .....	10
8. 0 - 4 years: infant, toddler, pre-school .....	11
9. 5 - 9 years: early school years.....	15
10. 9 - 12 years: pre-adolescence .....	21
11. 13 - 18 years: adolescence.....	25
12. References .....	31
13. Appendix: Classifications for developmental stages.....	32
0 - 4 years: infant, toddler, pre-school (Ref: Gil, 1993 and Cavanagh Johnson 1999) .....	33
5 - 9 years: early school years (Ref: Gil, 1993 and Cavanagh Johnson 1999) .....	34
9 - 12 years: pre-adolescence (Ref: Ryan 2000, and Ryan, Lane and Leversee).....	35
13 - 18 years: adolescence (Ref: Ryan, Lane and Leversee and LaTrobe University 2014 Health Study).....	36

# 1. Introduction

- 1.1 This resource has been adapted from the Age-Appropriate Sexual Behaviours in Children and Young People 2nd edition, which was published by the South Eastern Centre Against Sexual Assault & Family Violence (SECASA) in November 2017. The resource was developed “to assist carers, professionals and the general public to more easily understand what is sexually appropriate behaviour, concerning behaviour and very concerning behaviour in children and young people.” This adapted version of the resource has been undertaken for use within the UK. Sections of the SECASA resource have been copied and other parts have been adapted for use within the UK.
- 1.2 The Age-Appropriate Sexual Behaviours in Children and Young People resource is designed to be used to guide and support assessment of sexual behaviour displayed by 0-18 year olds. The tool provides information to assist with the following:
- Understand what is normative (normal or age appropriate) sexual behaviour and sexual behaviours that are concerning (inappropriate or problematic), and very concerning (abusive or violent)
  - Determine when to be concerned about a child or young person’s sexual behaviour
  - Determine when further professional advice is required and know who to contact.
- 1.3 The Age-Appropriate Sexual Behaviours in Children and Young People resource identifies three ranges, or classifications, of sexual behaviour: age appropriate (normative), concerning and very concerning (these terms have been relabelled in this adapted version to normal/developmentally appropriate; inappropriate/problematic; abusive/violent to fit with UK terminology (Please see section 2 below for an explanation).
- 1.4 A colour coding approach is used to assist in identifying the level of concern regarding the sexual behaviour and what should be done in response to the behaviour(s) displayed by the child/young person.
- Green behaviours reflect normal/developmentally appropriate behaviours;
  - Amber behaviours reflect inappropriate/problematic behaviours;
  - Red behaviours reflect abusive/violent behaviours.

## 2. Nature and scale of harmful sexual behaviour

- 2.1 Harmful sexual behaviour (HSB) is an umbrella term defined as “Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.” (definition used by NSPCC Operational Framework, derived from Hackett, 2014). There is a range of common and healthy behaviours at different developmental stages. When a child or young person behaves in ways considered to be outside this range, their behaviour may be called ‘harmful’ because it is harmful to themselves or others.
- 2.2 Chaffin, Letourneau and Silovsky (2002, p208) suggest a child’s sexual behaviour should be considered abnormal if it:
- occurs at a frequency greater than would be developmentally expected
  - interferes with the child’s development
  - occurs with coercion, intimidation, or force
  - is associated with emotional distress
  - occurs between children of divergent ages or developmental abilities
  - repeatedly recurs in secrecy after intervention by caregivers.
- 2.3 There are no accurate figures on the full spectrum of HSB; however, one major UK study found that other children and young people were responsible for two-thirds of contact child sexual abuse. The majority of children and young people displaying HSB do not become sexual offenders as adults. HSB in pre-adolescent children is more likely to be at the ‘inappropriate’ or ‘problematic’ end of the continuum rather than being ‘abusive’ or ‘violent’. Young children may be ‘acting out’ abuse they have experienced themselves, or responding to other trauma and neglect.
- 2.4 The early teens are the peak time for the occurrence of HSB, most of which is displayed by boys. There are some gender differences, with girls tending to be younger when their HSB is identified. Children and young people who display HSB are more likely than other young people to have a history of maltreatment and family difficulties. Some children and young people displaying HSB have been sexually abused themselves, but most victims of sexual abuse do not go on to abuse others. It is a history of child maltreatment, rather than sexual abuse specifically, that is most strongly associated with later HSB. In cases where it is suspected that the child/young person may have been sexually abused but the child has not verbally described such experiences, it may be helpful to consider what the signs and indicators in the child/young person’s life may be. The

Centre of Expertise have developed a Signs and Indicators template ([Signs & Indicators Template - CSA Centre](#)), which may assist with building a picture of concerns.

- 2.5 A significant proportion of online-facilitated sex offences are committed by young people, but limited research has been carried out into young people engaging in HSB with an online element. For some young people, there may be a link between viewing online pornography and subsequent HSB.
- 2.6 There is also limited published research on effective interventions, particularly at the 'problematic' end of the HSB continuum. However, there is a general consensus that interventions need to be holistic and child focused, and involve families. Cognitive behavioural-based, multi-systemic and adventure-based interventions have been shown to have benefits for some children. Services should avoid stigmatising children and young people as 'mini adult sex offenders'. The most effective prevention education takes a 'whole school' approach to healthy relationships, is longer term and involves young people in development and delivery.

### 3. Breakdown of ages and developmental groups

- 3.1 The ranges of sexual behaviours have been broken down into four age and developmental stage groupings:
  - 0 - 4 years
  - 5 - 9 years
  - 9 - 12 years
  - 13 - 18 years
- 3.2 This breakdown is based on recognised theories of developmental ages and stages as defined by many of the child-development theorists (for example: Piaget, Erikson).
- 3.3 These groupings should be viewed with caution, allowing for variations. They are only a guide because:
  - Individual children and young people within a group will develop at different rates, and
  - They may be exposed to different levels of family, peer and social influences about sexuality.

## 4. Children and young people with special educational needs and disabilities (SEND)

- 4.1 Children or young people who are intellectually disabled or developmentally delayed experience normal physical sexual development. These children and young people are overrepresented in the population of young people displaying problematic or sexually abusive behaviours. Their behaviour should not be ignored because of the disability or developmental delay. The child or young person's chronological age and presenting age should be considered when assessing their behaviour, e.g., the child/young person's level of understanding against the impact on the child who has been harmed, due to the potential age or power differentials.
- 4.2 Children and young people with learning disabilities are more vulnerable both to sexual abuse and to displaying problematic sexual behaviour: in one large UK study, 38% of those referred to specialist services because of HSB were assessed as having a learning disability (Hackett et al, 2013). Such individuals may:
- have less understanding that some sexual behaviours are not acceptable
  - receive less sex and relationship education than other young people
  - have fewer opportunities to establish acceptable sexual relationships
  - struggle with social skills generally
  - relate more easily to children younger than themselves.
- 4.3 Children with SEND who have sexually harmed may need additional support to understand that their behaviour is not acceptable. Using interventions that the child/young person is familiar with and are typically used to aid their learning will be a helpful way to convey key messages about what has happened. These might include reducing environmental stimuli and using:
- simplified language
  - an additional adult or learning mentor to provide support
  - sign language or Makaton
  - prompt cards with symbols, photographs or pictures
  - social stories
  - technology-assisted devices.
- 4.4 Before communicating with a child/young person with SEND about their sexual behaviour, it is important to have a clear understanding of how the child's needs may affect their comprehension, communication and engagement. It may be necessary to refer to a specialist colleague (such

as a Special Educational Needs Co-ordinator) to help plan or facilitate conversations.

## 5. Language

- 5.1 For the purpose of this resource, some of the language used in the Age-Appropriate Sexual Behaviours in Children and Young People resource has been adapted to ensure consistency with the terminology more commonly used in the UK. For example, rather than referring to normative (age-appropriate); concerning and very concerning behaviours, this resource will instead refer to normal/developmentally appropriate behaviours (green); inappropriate/problematic behaviours (amber); and abusive/violent behaviours (red).
- 5.2 Instead of using terms, such as ‘perpetrator’ or ‘abuser’, which can be stigmatising, this resource will refer to the child/young person who is responsible for the harmful sexual behaviour as “the child/young person who has harmed.”
- 5.3 It is very important to consider the context or circumstances within which the sexual behaviours have taken place, and the emotiveness of the language used to describe the situation, as well as the behaviour itself. The language used to describe the sexual behaviour of a child/young person can affect how the child/young person is viewed and the understanding of risks. For example, see the two descriptions below regarding the same incident and how the descriptions used affect our understanding of risk.

### **Situation A:**

8-year-old John wants to see what a vagina looks like. He has one sister who is 6 years old. While they are taking a bath together, he asks her to show him her vagina and she willingly shows him. He looks and then touches between the labia with his finger to see what it feels like. This takes about 3 seconds, and they both giggle - and that is the end of the behaviour.

### **Situation B:**

8-year-old male digitally penetrates vagina of 6-year-old sister.  
(Adapted from T.C. Johnson and R. Doohan, 2005)

- 5.4 The context provided in the first description above indicates the behaviour was motivated by curiosity and that the children involved found the behaviour amusing, whereas the language used in the second

description suggests the behaviour was more at the abusive end of the scale.

## 6. How to use this resource?

### 6.1 Determine if the sexual behaviour is normal/developmentally appropriate (green); inappropriate/problematic (amber) or abusive/violent (red)

- 6.1.1 Use the charts in each of the developmental domains to determine if the sexual behaviour is normal/developmentally appropriate (green); inappropriate/problematic (amber); or abusive/violent (red) for a child or young person in one of the defined age/development groups.
- 6.1.2 **Important:** The sexual behaviours described in this resource are not an exhaustive list and must not be used as an assessment tool if sexual abuse is suspected. In such cases, contact the Police and Children's Social Care.

### 6.2 Determine the context for the behaviour

- 6.2.1 Think about what was happening in the child or young person's life when the behaviour took place. To make an appropriate evaluation it is important to consider this context. See the section "***Context of the sexual behaviour***", which features at the beginning of each developmental stage section (8.1, 9.1, 10.1, 11.1) for more information.

### 6.3 Decide how to respond

- 6.3.1 When a child or young person displays sexual behaviour, it is important to respond to this in an appropriate way. Individual values and attitudes about sexual behaviours may lead to minimising or over-reacting to the behaviours. The initial response by people around the child or young person can significantly impact the child or young person's feelings of embarrassment or shame, and their ability or willingness to then address the behaviour.
- 6.3.2 This resource provides guidance for each developmental group on how to respond to the behaviours and when to refer a child to Children's Social Care for further support.
- 6.3.3 It is important to keep a record of the behaviour(s) displayed by the child, as this may help build a picture of the nature of the behaviour(s)/risks, as well as assist in understanding potential triggers. Information to note when making a record of the behaviour(s), includes:



- The behaviour(s) exhibited
- The context
- Time and date the behaviour(s) occurred
- Frequency of the behaviour(s)
- Reactions of the children/young people involved when they were spoken to about the sexual behaviour

6.3.4 Statutory agencies, including education settings should record the concerning behaviour on the child/young person's safeguarding file. Recording should also include the professional's assessment of whether the behaviour is healthy/developmentally appropriate; inappropriate/problematic or abusive/violent, and the steps that have been taken to address the behaviour and manage future risks. When a safety plan is developed, it is vital to review it regularly to ensure that it is proportionate to the level of risk identified.

#### **6.4 Decide when to refer the child to Children's Social Care and/or another specialist service**

- 6.4.1 In any cases where the behaviour is considered to be abusive or violent, then an immediate referral should be made to SPOA to ensure appropriate safeguarding can be considered.
- 6.4.2 With regards behaviours considered to be "inappropriate" or "problematic", in some cases a referral to SPOA would be appropriate, particularly if the child/young person exhibits several of the behaviours listed in the amber category of the relevant developmental stage, or in the event that the behaviours persist despite intervention.
- 6.4.3 If the child/young person is considered to have exhibited "normal" or "developmentally appropriate" sexual behaviour then there is no need for the child/young person to be referred to SPOA. In such cases, redirection from an adult or reminding of appropriate boundaries may be sufficient.
- 6.4.4 When the child/young person is aged 10 or over, they are criminally responsible. When there is evidence that the child/young person has committed a sexual offence, referrals should be made to the Police and SPOA.
- 6.4.5 When there is evidence to indicate that a child/young person may be at risk of sexual abuse or other harmful behaviour, a referral to SPOA should always be made for that child/young person.

## 7. Classifying the sexual behaviours discussed in this resource

7.1 This guide identifies three ranges, or classifications, of sexual behaviour: normal/developmentally appropriate, inappropriate/problematic and abusive or violent. These have been colour coded to assist understanding. A description of these classifications is outlined below:

### Green

#### Normal/developmentally appropriate sexual behaviours

- Sex play and sexual behaviour can be normal in children and young people and is not necessarily cause for alarm. Normal or developmentally appropriate sexual behaviours:
- May need some redirection or for the child to be reminded of appropriate personal boundaries.
- May be accompanied by laughter, spontaneity, curiosity, and experimentation.
- Children are easily diverted from these behaviours.
- Developmentally appropriate use of technology has little or low risk for harmful sexual behaviours. This use is described here to give a context for higher risk uses described below.

### Amber

#### Inappropriate/problematic sexual behaviours

- The frequency and persistence of these behaviours should be monitored.
- Seek professional advice if a child or young person exhibits several of these behaviours, and/or the behaviours continue despite clear requests to stop.
- Risks with technology use include less time with peers, grooming, viewing inappropriate content.

### Red

#### Abusive or violent sexual behaviours

- Contact Single Point of Advice (SPoA), especially if a child or young person is also secretive, anxious or tense - or if coercion, compulsion or threats are involved.
- Some of these behaviours become criminal offences when a young person reaches the age of criminal responsibility (10 years of age). Report criminal offences to the police immediately.
- Technology use risks include: grooming, sexual assault, pornography, exploitation.

## 8. 0 - 4 years: infant, toddler, pre-school

(Ref: Gil, 1993 and Cavanagh Johnson 1999)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Touching or rubbing own genitals and showing others own genitals
- Touching or looking at private parts of other children or familiar adults, e.g., when in the bath
- Being nude, and playing doctors, nurses or mummies and daddies
- Using slang words for genitals and sexual functions e.g., “willy”, “Minnie” or talking about “sexing”
- Curiosity about the differences between males and females
- Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive)

### Amber

#### Inappropriate/problematic sexual behaviours

- Keeps masturbating after being told to stop
- Forcing another child to engage in sexual play
- Sexualised play with dolls, e.g., “humping” a teddy bear
- Touching the private parts of an animal or an unfamiliar adult
- Following other children into a toilet or bathroom to look at or touch their private parts
- Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)
- Talking about sex using adult slang words

### Red

#### Abusive or violent sexual behaviours

- Persistently touching or rubbing self to the exclusion of normal childhood activities; hurting own genitals by rubbing or touching
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play involving forceful anal or vaginal penetration with objects
- Accessing sexual material online

## 8.1 Consider the context for the behaviour

8.1.1 Sexualised behaviour displayed by very young children is rarely abusive in intent, instead their behaviour is more likely to be “inappropriate” or “problematic”. When a young child’s behaviour is “abusive” or “violent”, this would likely suggest they have experienced considerable maltreatment from early in their childhoods. Young children who display sexualised behaviour which has an adult context are more likely to be re-enacting abuse which has happened to them or sexual activity that they have been exposed to, e.g., witnessing sexual acts or being exposed to pornography. However, such behaviour can also be an indirect response to other factors in a child’s life, including other forms of trauma and neglect.

8.1.2 Things to consider when assessing the context of the sexual behaviour:

- The type of behaviour, the degree of intrusion and/or adult-like behaviour
- How long the behaviour has been happening??
- How often the behaviour has been happening
- The number of children who have been harmed from the behaviour
- Has the child who harmed experienced/is experiencing any adverse life experiences?
- Are there any concerns about the behaviour of any individuals who care for or spend time with the child/young person (e.g., adult family member or older child)?

## 8.2 How to respond when children aged 0-4 display sexualised behaviour?

8.2.1 When the child displays normal/developmentally appropriate behaviour (green), it may still be appropriate for them to receive a response to ensure the child understands appropriate boundaries and to avoid the behaviour becoming more persistent. For example, while it is considered to be developmentally appropriate for a child below the age of 4 to show other children their genitals, as long as the behaviour is considered to be humorous and no harm has been caused; however, without correction and redirection, the child may develop the belief that it is okay to expose their genitals to others and this behaviour could then become more persistent. It is therefore important that adults teach children appropriate boundaries, providing in the moment responses.

- 8.2.2 In situations where the behaviour is assessed to be inappropriate/problematic (amber) or abusive/violent (red), the child will require an immediate response to the behaviour. It is important to remain calm, to avoid the child feeling afraid and/or anxious. Young children are unlikely to understand that the behaviour is wrong, or why they behave this way. Through responding in a clear and calm manner, the child will be supported to manage any confusion, anxiety, shame or anger about their behaviour.
- 8.2.3 It is important to respond to the behaviour immediately if possible or as soon after it occurs to ensure the child understands what the messages being communicated to them refers to. A calm and clear approach will be needed. The following steps can be helpful in explaining to the child why the behaviour is not okay:
- Describe the unwanted behaviour clearly
  - Explain to the children that this behaviour is not OK
  - Distract them by removing them from the situation and suggesting an alternative activity
- 8.2.4 Lengthy explanations of why the behaviour is not okay should be avoided as the child is unlikely to understand the reasons.
- 8.2.5 For young children with SEND, it will be important to establish what messages need to be conveyed prior to speaking to them, as well as how best to communicate these.
- [See section 4 for ideas on communication strategies.](#)

### 8.3 When to refer a child?

- 8.3.1 In the event that the child is assessed to have displayed abusive or violent sexual behaviour (red) behaviour(s), they should be referred to the Single Point of Advice (SPOA) immediately. A referral to SPOA would also be recommended in some cases when the behaviour is assessed as inappropriate/problematic (amber). For example, when the context of the child's behaviour appears to suggest the child has an adult understanding of sex, indicating possible experience of abuse or exposure to sexual activity.

### 8.4 Case examples:

- 8.4.1 **A four-year-old sister and a three-year-old brother running around the house naked, pointing at their own and each other's genitals and laughing.**

- 8.4.2 This is unlikely to be an example of harmful sexual behaviour between siblings. It is more likely to be indicative of children's natural curiosity in relation to their own bodies and genitals and those of others, particularly if their sibling is of the opposite sex and their genitals look different. The children also appear to find the behaviour amusing and neither seems distressed.  
**(NORMAL/DEVELOPMENTALLY-APPROPRIATE)**
- 8.4.3 The children would likely need a response to their behaviour by their parent/carer to teach them when and where it is okay and not okay to be naked.
- 8.4.4 **A four-year-old boy is seen by his teacher touching and looking at his penis whilst sat down at his table next to his peers. After being told to stop by his teacher, after a short while the boy continues with the behaviour.**
- 8.4.5 This is likely to be an example of problematic behaviour. While it is developmentally normal for a young child to be curious about their own bodies, the behaviour has continued following re-direction by the teacher.  
**(INAPPROPRIATE/PROBLEMATIC)**
- 8.4.6 In case examples such as these, it is important to consider what other information is known about the child before deciding if the child should be referred to SPOA. For example, are there any potential signs of abuse/maltreatment which may indicate the behaviour is more concerning? When other indicators of harm are identified or there is a pattern of sexualised behaviour displayed by the child then it is appropriate to refer the child to SPOA.
- 8.4.7 **A two-year-old girl has been observed inserting toys into her vagina at nursery. She has also been attempting to touch the private parts of male staff members over clothing.**
- 8.4.8 This is likely to be an example of abusive behaviour. There are some significant indicators of potential sexual abuse in this case scenario as it is unusual for young children who have not been sexually abused to insert objects into their vagina or anus. The child has also behaved in an over-familiar/sexualised manner towards male members of staff. This is also a potential indicator of child sexual abuse. The child should be referred to Children's Social Care immediately for advice.  
**(ABUSIVE/VIOLENT)**

## 9. 5 - 9 years: early school years

(Ref: Gil, 1993 and Cavanagh Johnson 1999)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Awareness of privacy about bodies
- Self-touching and masturbation
- With peers:
  - “Show me yours/I’ll show you mine”
  - Stories/questions/names/swearing re private parts/body functions
  - Kissing/holding hands; observed behaviour e.g., pinching a bottom\*
  - Online social contact: skill based or dress up games
- Using photos, videos to record their life, and
- Accidental access to pornography (potential risk of child acting out the behaviour or pornography being used to groom the child)

*\*If the child continues to pinch/touch other children’s bottoms following re-direction or touch the bottoms of an unfamiliar adult, this would likely be considered problematic.*

### Amber

#### Inappropriate/problematic sexual behaviours

- Continually rubbing/touching own genitals in public
- Persistent nudity and/or exposing private parts in public
- Continually wanting to touch other children’s private parts
- Persistently using sexualised language
- Wanting to play sex games with much older or younger children
- Sending/receiving nude sexual images
- Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions)
- Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)

### Red

#### Abusive or violent sexual behaviours

- Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities
- Rubbing their genitals on other people
- Forcing other children to play sexual games
- Sexual knowledge too great for age
- Talking about sex and sexual acts habitually
- Posting sexual images or videos online
- Accessing/showing pornography to others

- Cyber bullying others using intimate images to extort other children
- Grooming other children
- Meeting online 'friends' face to face (risk of sexual assault)

## 9.1 Consider the context for the behaviour

- 9.1.1 Although children's behaviours are often referred to as 'sexual', the intentions and motivations for these behaviours are largely unconnected to sexual gratification and do not have sexual meaning for children as they would do for both adolescents and adults (Chaffin et al, 2002). It may therefore be misleading to label a young child's behaviour as being sexual, as for example, a child who plays with his or her genitals may not be seeking sexual pleasure. Normal sexual behaviours between children are usually spontaneous, mutual, consensual and exploratory in nature. Problematic or abusive behaviours may have developed through the child having unmet needs and the intention of the behaviour being to either soothe or to gain a sense of control and predictability.
- 9.1.2 Many pre-adolescent children who display problematic and/or harmful sexual behaviour may have experienced sexual victimisation, and this may be a trigger for their behaviour. Thus, like the 0-4 age group, problematic or harmful could be seen in the context of the behaviour being sexually reactive. Current theories emphasise a combination of familial, social, economic and developmental factors, including the presence of physical abuse and family violence, neglect, poor parenting and exposure to sexually explicit media as often being pathways for children to develop harmful sexual behaviours. Therefore, in considering the context of the child's behaviour, what information is known about their life experiences and current circumstances should be taken into account.
- 9.1.3 Things to consider when assessing the context of the sexual behaviour:
- The type of behaviour, the degree of intrusion and/or adult-like behaviour
  - How long the behaviour has been happening?
  - How often the behaviour has been happening?
  - The number of children who have been harmed from the behaviour
  - How did the child who was harmed react to the behaviour (e.g., amusement, anger, shock, upset)? If the child who was harmed



showed a negative reaction then this would suggest the behaviour would need to be addressed with the child who displayed the behaviour, even if it was assessed to be normal or developmentally appropriate (green).

- Has the child who harmed experienced/is experiencing any adverse life experiences?
- Does the child have a learning disability or other needs that may affect their understanding of sexual behaviour and social interaction?
- Are there any identifiable patterns for when the behaviour(s) occur? Does the behaviour appear to follow any significant events (e.g., conflict in the family home, concern/worry about a family member/event, relationships and sex education lessons)

## **9.2 How to respond when children aged 5-9 display problematic/harmful sexual behaviour?**

- 9.2.1 The child who has reported the behaviour, or who is reported/alleged to have been harmed will always need to be spoken with and they should be reassured that their concerns are being taken seriously and that they will be kept safe.
- 9.2.2 If the initial report, or presenting evidence suggests the behaviour may be green then the child who is alleged to have harmed should also be asked for their account of what happened.
- 9.2.3 If the initial report, or presenting evidence suggests that the behaviour may be amber or red then the child who has harmed should be spoken with as well, but professional judgement should be used as to when not to, where this may seem inappropriate e.g., there is a history of sexual abuse or it is considered that the child who has been harmed may be at increased risk if the child who has harmed is made aware of the reported concerns. In such cases, advice should be sought from SPoA about how to proceed.
- 9.2.4 By obtaining the accounts of each of the children involved, this will help identify the context and extent of the behaviours. It may not always be clear or obvious as to which child has initiated the behaviours or what power dynamics may exist between the children. Children experience significant barriers to disclosure and so it is therefore important to be calm and avoid challenging a child when they are providing their account. Questions may be asked to clarify understanding.

- 9.2.5 The accounts provided by the children should be recorded word for word where possible to ensure an accurate understanding of what has been reported.
- 9.2.6 Pre-pubescent children will need a response to their behaviour, particularly if it is assessed to be inappropriate/problematic or abusive/violent. Using the “four stage approach” would be a useful way of responding to the sexual behaviour immediately after it has been reported or observed.
- 9.2.7 **Four-Stage Approach:** If the behaviour has been witnessed by an adult, the child will need an in-the-moment response. One suggestion for this is the four-stage approach developed by Toni Cavanagh-Johnson:<sup>1</sup>

<p><b>1. Stop the behaviour</b></p>	<p>Change the situation, stop, distract, or change the environment. Separate the children, draw their attention to something else, tell them to stop what they are doing.</p>
<p><b>2. Define the behaviour</b></p>	<p>Be clear about what the child is doing that is not okay. Describe what you see to the child. The more specific and clear you can be about what they are doing wrong, the better the opportunity they will have to change or relearn their behaviour.</p>
<p><b>3. State the rules</b></p>	<p>Tell the child how you expect them to behave, or repeat rules you have previously told them - for example:</p> <ul style="list-style-type: none"> <li>• “The rule is...”</li> <li>• “We expect everyone to respect each other’s privacy, and that includes not touching each other on the genitals...”</li> </ul> <p>Be direct but don’t lecture.</p>
<p><b>4. Enforce the consequences or redirect the child</b></p>	<p>For younger children, you can redirect or distract the child to more appropriate behaviour. End the encounter on a positive note and praise the child when they act in the way you suggest.</p>

1.1. \_\_\_\_\_

<sup>1</sup> Cavanagh-Johnson, T. (2015) Understanding Children’s Sexual Behaviors - What’s Natural and Healthy. Holyoke, MA: Neari Press.

- 9.2.8 During the conversation with the child, it is important to check the child has understood the messages that have been communicated with them, particularly with children with SEND. It may be necessary to repeat key messages, which should be planned to avoid key learning being forgotten. Prior to speaking to a child with SEND, consideration should be given to how best to communicate with the child (please see section 4 for suggestions).
- 9.2.9 If the sexual behaviour is assessed to be abusive/violent, children are likely to benefit from longer-term assessment and intervention to help address the behaviours.

### 9.3 When to refer a child?

- 9.3.1 In the event that the child is assessed to have displayed abusive or violent sexual behaviour (red) behaviour(s), they should be referred to the Single Point of Advice (SPoA) immediately. A referral to SPoA would also be recommended in some cases when the behaviour is assessed as inappropriate/problematic (amber). For example, when the context of the child's behaviour appears to suggest the child has an adult understanding of sex, indicating possible experience of abuse or exposure to sexual activity.
- 9.3.2 For inappropriate/problematic behaviours, which appear isolated and there are no other concerns which have been identified, it is likely that the behaviour can be addressed with redirection and by discussing issues around consent, privacy and okay/not okay touches with the child, without there being a need for referral to SPoA.

### 9.4 Case examples:

- 9.4.1 **Two girls who are 7 years old and best friends at school were seen by the lunch-time supervisor kissing on the lips and holding hands in the playground. Both girls were smiling and they are considered to have a good friendship.**
- 9.4.2 There do not appear to be any power differences between the children and they both seem to have responded with amusement. It is developmentally appropriate for children of this age group to be curious about relationships and to want to experiment with low level relationship behaviours (e.g., kissing and holding hands). This is therefore considered to be an example of “normal/age appropriate” behaviour.  
**(NORMAL/AGE-APPROPRIATE)**

- 9.4.3 An 8-year-old, who identifies as female but was born male, has regularly been using sexualised language at school. There have been incidents of her using terms such as, “suck my dick” and “wanker” to peers and on one occasion, she has called her teacher, “whore”. Her parents are appropriately concerned by her use of language and are supportive of the school in managing the concerns. Following correction, there is normally a period of the language ceasing; however, she will then recommence saying these words, particularly around times of stress.
- 9.4.4 The girl’s language is inappropriate and has persisted, although there has been evidence of periods where she has not used any such language following intervention. It is unclear how she is aware of such language and so this would need to be explored with the girl, particularly as her use of language increases around periods of stress. The behaviour is unlikely to have a harmful impact on other children; however, it may result in the girl becoming ostracised by her peers.  
**(INAPPROPRIATE/PROBLEMATIC)**
- 9.4.5 An 8-year-old boy has been following two of his male peers into the school toilets during lunch-time. He has been threatening to hit the boys if they do not kiss and lick his penis.
- 9.4.6 This is an example of abusive and violent sexual behaviour. The 8-year-old boy has used threats of violence to force the other two boys to comply with his requests. The behaviour also indicates that the 8-year-old boy may have knowledge of oral sexual activity, which could be indicative of having experienced sexual abuse or him having been exposed to sexual activity/material. The child who has harmed should be referred to Children’s Social Care immediately for advice. In addition, the two children who were harmed may benefit from a referral to Children’s Social Care for assessment around what support they may need.  
**(ABUSIVE/VIOLENT)**

## 10. 9 - 12 years: pre-adolescence

(Ref: Ryan 2000, and Ryan, Lane and Leversee)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Growing need for privacy
- Masturbating in private
- With peers:
  - “Show me yours/I’ll show you mine”
  - Kissing and flirting
  - Talking about genitals or reproduction
  - Use of sexual language, including swear or slang words
- Having own social media accounts that are monitored by parents/carers
- Using photos, videos to record their life
- Playing age-appropriate games online
- Access to pornography (if isolated and motivated by curiosity)

### Amber


#### Inappropriate/problematic sexual behaviours

- Exhibitionism e.g., occasional flashing or mooning
- Attempting to expose other people’s genitals
- Pre-occupation with masturbation
- Mutual masturbation with a peer or group
- Simulating foreplay or intercourse with peers, with clothes on
- Sexual knowledge too great for their age, when the context is considered
- Talking about fear of pregnancy or sexually transmitted infection
- Peeping, exposing, using obscenities
- Seeking out pornography
- Taking nude, sexual images of themselves
- Secretive about using the internet/social media (risk of being groomed or exploited)

### Red

#### Abusive or violent sexual behaviours

- Compulsive masturbation, including interrupting tasks to masturbate
- Repeated/chronic peeping, exposing, using obscenities
- Chronic interest in adult pornography
- Making others watch pornography
- Seeking out and viewing indecent images of children
- Degrading/humiliating self or others using sexual themes
- Touching other children’s genitals without consent

- 
- Forcing others to expose their genitals
  - Making written or verbal sexually explicit threats
  - Simulating intercourse with peers, unclothed
  - Penetration of dolls, other children or animals
  - Taking/sharing nude sexual images of others
  - Sharing nude sexual images of themselves
  - Having suggestive avatars (online characters) or usernames (risk of grooming)
  - Meeting online 'friends' face to face

## 10.1 Consider the context for the behaviour

10.1.1 During these ages, children begin to become more curious about sex and relationships. They may start to be attracted to other people and start to have romantic relationships. Children and young people in this age group may show more interest in their bodies and appearance, as well as be influenced more by their peer group.

10.1.2 Children and young people in this age group may also have more access to the internet and devices, such as having their own mobile telephone. Research indicates that over three quarters of 8-11 year olds have their own tablet or smart phone. As such, the child's online activity needs to be considered in the context of their sexual behaviour, along with any peer influences and/or experiences of abuse/maltreatment.

10.1.3 Things to consider when assessing the context of the sexual behaviour:

- The type of behaviour, the degree of intrusion and/or adult-like behaviour
- How long the behaviour has been happening
- How often the behaviour has been happening
- The number of children who have been harmed from the behaviour
- Has the child who harmed started puberty
- How did the child who was harmed react to the behaviour (e.g., amusement, anger, shock, upset)? If the child who was harmed showed a negative reaction then this would suggest the behaviour would need to be addressed with the child who displayed the behaviour, even if it was assessed to be normal or developmentally appropriate (green).
- Has the child who harmed experienced/is experiencing any adverse life experiences

- Does the child have a learning disability or other needs that may affect their understanding of sexual behaviour and social interaction
- What is the child's digital history (access to the internet/devices, level of supervision, type of websites visited etc)

## 10.2 How to respond when children aged 9-12 display inappropriate/problematic or abusive/violent sexual behaviour?

- 10.2.1 The child who has reported the behaviour, or who is reported/alleged to have been harmed will always need to be spoken with and they should be reassured that their concerns are being taken seriously and that they will be kept safe.
- 10.2.2 If the initial report, or presenting evidence suggests the behaviour may be green then the other child/ren involved should also be spoken with.
- 10.2.3 If the initial report, or presenting evidence suggests that the behaviour may be amber or red then the child who has harmed should be spoken with as well, but professional judgement should be used as to when not to, where this may seem inappropriate e.g., there is a history of sexual abuse or it is considered that the child who has been harmed may be at increased risk if the child who has harmed is made aware of the reported concerns. In such cases, advice should be sought from SPoA about how to proceed.
- 10.2.4 If the initial report, or presenting evidence suggests that the behaviour may be criminal in nature and require a police response then the child who is reported/alleged to have caused the harm should not be spoken with until advice has been sought from the police.
- 10.2.5 Prior to exploring the alleged sexual behaviour with the child, it can be useful to agree with them which terminology you will be using when referring to body parts or types of sexual activity to avoid any confusion about what the child may describe. Using the scientific terms, "penis", "vagina" and "breasts" can ensure that a shared understanding is achieved; however, checking understanding of the child's knowledge of these words may also be required.
- 10.2.6 The four-stage approach, described above in the 5-9 year old developmental section may be a useful strategy for providing children aged 9-12 years old with a clear understanding of why the observed/reported behaviour is not acceptable.
- 10.2.7 Children/young people with SEND may need learning about unacceptable behaviour and expectations of how they should behave to be communicated via alternative communication

strategies. Suggestions on how to engage children and young people with SEND are listed in section 4 (“Children and young people with special educational needs and disabilities (SEND)”).

### 10.3 When to refer a child?

- 10.3.1 Like the younger age groups, whenever a child is assessed to have displayed an abusive or violent sexual behaviour, they should be immediately referred to SPoA. A referral to SPoA would also be recommended in some cases when the behaviour is assessed as inappropriate/problematic (amber). For example, when the context of the child’s behaviour appears to suggest the child may be experiencing harm themselves or if the behaviour persists despite intervention.
- 10.3.2 For inappropriate/problematic behaviours, which appear isolated and there are no other concerns which have been identified, it is likely that the behaviour can be addressed with redirection and by discussing issues around consent, privacy and okay/not okay touches with the child, without there being a need for referral to SPOA.

### 10.4 Case examples

- 10.4.1 **Two 10-year-old boys have been making jokes about women’s breasts.**
- 10.4.2 It is developmentally appropriate for children to be interested in the bodies of others and to find discussions about private body parts amusing. If the jokes were directed at a specific female, who was aware of what they were saying, it is likely she may feel uncomfortable as a result and then this behaviour may be more problematic.  
**(NORMAL/AGE-APPROPRIATE)**
- 10.4.3 **An 11-year-old boy diagnosed with ASC has been looking at adult pornography on the internet on his mobile telephone, after being shown how to access it by a peer at school. He has been watching it in the bathroom at his home a couple of times per week after school.**
- 10.4.4 This is an example of problematic behaviour. While the boy’s behaviour has not caused harm to anyone else, he has been accessing sexual material which is not developmentally appropriate, and may impact on his understanding of sex and relationships. Children and young people with either learning disabilities or neuro -developmental conditions, such as ASC are



over-represented in reports of children and young people who have displayed harmful sexual behaviour. Therefore, it will be important for the child to be spoken to about his behaviour and be given clear messages about which behaviours are acceptable and unacceptable.

**(INAPPROPRIATE/PROBLEMATIC)**

10.4.5 A 12-year-old girl has been touching her 10-year-old brother on his penis and making him touch her breasts. She said she would hit him if he did not do this

10.4.6 The girl's behaviour is abusive as she has used a threat of violence towards her younger brother. The behaviour is not consensual, and her brother may feel afraid of what will happen should he refuse.

**(ABUSIVE/VIOLENT)**

## 11. 13 - 18 years: adolescence

(Ref: Ryan, Lane and Lerversee and LaTrobe University 2014 Health Study)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Need for privacy
- Masturbating in private
- With peers:
  - Sexually explicit conversations, obscenities or jokes relevant to own culture
  - Sexual teasing and flirting
  - Kissing, hugging, holding hands
  - Foreplay with mutual consent
- Sexual intercourse plus full range of sexual activity with partner of a similar age/developmental ability
- Viewing sexual content for arousal
- Sending/receiving sexual images of others with consent

### Amber

#### Inappropriate or problematic sexual behaviours

- Being pre-occupied with/anxious about sex
- Being promiscuous (not making informed decisions about sexual relationships/have had frequent sexual relationships that they have felt uncomfortable about)
- Being interested in or using themes or obscenities involving sexual aggression
- Spying on others who are nude or engaged in sexual activity
- Engaging in unsafe sexual behaviour

- Seeking out pornography
- Having oral sex or intercourse with someone who is at least two years younger/older
- Sending/receiving sexual images of multiple people with their consent
- Giving out contact details online or arranging to meet an online contact alone

## Red

### Abusive or violent sexual behaviours

- Compulsive masturbation (especially in public)
- Degrading/humiliating self or others using sexual themes
- Chronic preoccupation with sexually aggressive pornography or child sexual abuse images
- Attempting to expose other people's genitals\*
- Touching others' genitals without permission
- Making written/verbal sexually explicit threats
- Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others
- Sexual contact with much younger people, including sexually explicit discussions
- Sexual contact with animals
- Penetrating another person forcefully
- Taking sexual images of others to exploit them
- Having multiple nude images of others (risks as above plus exploitation)

*\*The context of this behaviour is important when assessing the severity, e.g., some young people may attempt to pull down their peers' underwear as a joke/game in isolated incidents and the behaviour may be received with amusement/mild embarrassment. In such cases, the behaviour may be more typical of inappropriate/problematic behaviour; however, in cases where the behaviour is more persistent or there is a lack of consent or factors (e.g., age, disability, fear) which prevent the individual from giving their consent then this behaviour may be considered as an example of abusive sexual behaviour.*

## 11.1 Consider the context for the behaviour

11.1.1 During adolescence, sexual behaviour becomes more private and young people begin to explore their sexual identity. It can be common for young people to experiment sexually and consensually with the same age group. The age of consent to engage in sexual activity in the UK is 16-years-old. However, the law is there to protect children from abuse or exploitation. It is not designed to unnecessary criminalise children.

11.1.2 Young people's understanding of sex and relationships can be influenced by their family, peers, media, sex education and other factors. Normal/developmentally appropriate sexual behaviours displayed by young people may range from solo masturbation to sexual intercourse with a partner. Young people may access media, such as pornography, as part of their sexual experimentation.

11.1.3 In assessing the context of the sexual behaviour, it is important to consider the dynamics of the relationship between the young people involved. For example, how long have they known one another and are there any power imbalances, which may affect the sexual activity being consensual (e.g., age, fear, status, alcohol and drug misuse).

**11.1.4 Things to consider when assessing the context of the sexual behaviour:**

- The type of behaviour, the degree of intrusion and/or adult-like behaviour
- How long the behaviour has been happening
- How often the behaviour has been happening
- The number of children who have been harmed from the behaviour
- Were any of the young people/children involved unable to consent to the sexual behaviour due to factors such as learning disability, mental health, alcohol/drug misuse and/or fear
- Has the child who harmed experienced/is experiencing any adverse life experiences
- Emergence of unhealthy attitudes, which may contribute to the young person's pathway to harmful sexual behaviour, e.g., anger towards females.
- Is there any evidence of grooming behaviours which may have preceded the sexual behaviour? Has the young person who has harmed provided any goods in exchange for the sexual activity? Or is there any evidence to suggest the young person who harmed felt under pressure to engage in sexual activity?

**11.2 How to respond when young people aged 13-18 display inappropriate/problematic or abusive/violent sexual behaviour?**

11.2.1 The young person who has reported the behaviour, or who is reported/alleged to have been harmed will always need to be spoken with and they should be reassured that their concerns are being taken seriously and that they will be kept safe.

- 11.2.2 If the initial report, or presenting evidence suggests the behaviour may be green then the other young person(s) involved should also be spoken with.
  - 11.2.3 If the initial report, or presenting evidence suggests that the behaviour may be amber or red then the young person who has harmed should be spoken with as well, but professional judgement should be used as to when not to, where this may seem inappropriate e.g., there is a history of sexual abuse or it is considered that the child who has been harmed may be at increased risk if the child who has harmed is made aware of the reported concerns. In such cases, advice should be sought from SPoA about how to proceed.
  - 11.2.4 If the initial report, or presenting evidence suggests that the behaviour may be criminal in nature and require a police response then the young person who is reported/alleged to have caused the harm should not be spoken with until advice has been sought from the police.
  - 11.2.5 Prior to exploring the alleged sexual behaviour with the young person, it can be useful to agree with the young person which terminology you will be using when referring to body parts or types of sexual activity to avoid any confusion about what the young person may describe. Using the scientific terms, “penis”, “vagina” and “breasts” can ensure that a shared understanding is achieved.
  - 11.2.6 It is important to be specific with the young person who has harmed about what has been alleged so the young person does not misunderstand any of the information.
  - 11.2.7 The young person should be made aware that the alleged behaviour was not acceptable and provided with clear reasons why. It is important this is communicated clearly and calmly to enable the young person to hear the concerns without feeling afraid or judged.
  - 11.2.8 For young people with SEND, it may be necessary to plan what messages need to be conveyed and to consider how to communicate about the sexual behaviour the young person has displayed (suggestions are listed in section 4 of this document).
- 11.3 When to refer a young person aged 13-18 years old?**
- 11.3.1 If the sexual behaviours are assessed to be abusive or violent (red), then the young person and the child/young person who was harmed should be referred to SPOA immediately to ensure any risks and needs are fully considered. In addition, the incident should be reported to the Police where a criminal offence has occurred, this

should include cases where the young person's behaviour is assessed as being inappropriate/problematic (amber) if a criminal offence has been committed. For example, if a 16 year old and a 14 year old engage in sexual activity but there is no evidence to suggest the 14 year old felt pressured, this would still need to be reported to the Police as the 14 year old would be below the legal age of consent.

11.3.2 Consideration should be given to the context of the alleged sexual behaviour, including if the behaviour is part of a wider pattern of more concerning behaviour (e.g., gang affiliation, attitudes towards females, lifestyle issues, exploitation) or linked to maltreatment or abuse the young person who has harmed may be experiencing or have experienced. If the sexual behaviour is assessed to be inappropriate/problematic (amber) but there are other contextual factors which raise concerns about the young person's safety or future risk, then a referral to SPOA should be made.

11.3.3 For inappropriate/problematic behaviours, which appear isolated and there are no other concerns which have been identified, it is likely that the behaviour can be addressed with redirection and by discussing issues around consent, privacy and healthy relationships with the child, without there being a need for referral to SPOA.

#### 11.4 Case Examples:

11.4.1 **A 14-year-old girl with a learning disability has been masturbating in her bedroom. No-one is aware when she does this.**

11.4.2 It is developmentally normal for an adolescent to masturbate, regardless of whether they have a learning disability or neuro-developmental condition. The young person's behaviour has not impacted on anyone else, and she has also not been harmed by it. She has ensured that she has been in private when she has masturbated.

**(NORMAL/AGE-APPROPRIATE)**

11.4.3 **Steven (aged 16) lives with his parents and younger brother, aged 13. Steven spends lots of time in his bedroom at home and rarely socialises with his peers. He has just started college but has not made any friends. He spends a lot of his time playing online games, and will speak to other game players (both children and adults) on his headset about the game whilst playing. Steven's father has recently discovered that Steven has**

**been viewing adult pornography several times per week. When his father has discussed this with him, Steven has become upset and has shared that he thinks about sex a lot and has been having sexual fantasies about having sex with young boys.**

11.4.4 While this is a concerning situation, Steven has not displayed any harmful behaviour to any other individual. He has been open about his fantasies and this will enable him to access support to help him manage his thoughts safely. In this situation, Steven should be referred to Children's Social Care for assessment of what support he and the rest of his family may need to address and manage the identified concerns. Steven appears anxious about his sexual interests and so this is an example of problematic sexual behaviour; however, given the potential risks in this case (access to a younger brother, social isolation, sexual interest in younger male children, frequent unsupervised access to the internet), Steven will require monitoring and support to avoid an escalation in his behaviour.

**(INAPPROPRIATE/PROBLEMATIC)**

11.4.5 Sarah (age 17) was at a party at the weekend at her friend's house where she met a male, called Daniel (age 17). Sarah and Daniel got on well and they kissed after a couple of hours. However, due to Sarah having drunk a lot of alcohol, she felt unwell and so went to sleep in her friend's room. She woke up to find Daniel having sex with her.

11.4.6 This is an example of abusive sexual behaviour. Sarah was unable to consent to the sexual activity due to her having been intoxicated, as well as asleep at the time Daniel initiated the sexual activity

**(ABUSIVE/VIOLENT)**

11.4.7 Sarah has reported a serious sexual offence and so the case should be referred to SPOA and the Police immediately.

## 12. References

- 12.1 Barnett, M., Giaquinto, A., Hunter, L., & Worth, C. (2017). Age-Appropriate Sexual Behaviours in Children and Young People 2nd edition. South Eastern Centre Against Sexual Assault & Family Violence (SECASA)
- 12.2 Cavanagh Johnson, T. (1999). Understanding Your Child's Sexual Behavior: What's Natural and Healthy. New Harbinger Publications.
- 12.3 Cavanagh-Johnson, T. (2015). Understanding Children's Sexual Behaviors - What's Natural and Healthy. Holyoke, MA: Neari Press.
- 12.4 Chaffin, M., Letourneau, E., & Silovsky, J. F. (2002). Adults, adolescents, and children who sexually abuse children: A developmental perspective. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 205-232). Sage Publications, Inc.
- 12.5 Gil, E. (1993) 'Age Appropriate Sex Play Versus Problematic Sexual Behaviours' in Gil. E. and Johnson, T. C. (ed) *Sexualised Children: Assessment and Treatment of Sexualised Children and Children Who Molest*. USA: Launch Press
- 12.6 Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- 12.7 Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2013). Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. *Child Abuse Review*, 22(4):232-245
- 12.8 Johnson T. C. & Doonan, R., *Children twelve and younger with sexual behavior problems: What we know in 2005 that we didn't know in 1985*. In Calder, M. C. (2005) *Children and Young People Who Sexually Abuse: New Theory, Research and Practice Developments*. Lyme Regis, Dorset: Russell House Publishing
- 12.9 McNeish, D., & Scott, S. (2018). Key messages from research on children and young people who display harmful sexual behaviour. Centre of Expertise on Child Sexual Abuse
- 12.10 Mitchell, A., Patrick, A., Heywood, W., Blackman, P., Pitts, M. (2014). *National Survey of Australian Secondary Students and Sexual Health 2013*. Australian Research Centre in Sex, Health and Society
- 12.11 Ryan, G. (2000) *Childhood Sexuality: A Decade of Study*. Part 1 Research and Curriculum Development. *Child Abuse and Neglect* 24 (1)
- 12.12 Ryan, G., Leversee, T. F., Lane, S. (2010). *Juvenile Sexual Offending: Causes, Consequences, and Correction*, 3rd Edition, John Wiley & Sons.

## 13. Appendix: Classifications for developmental stages

13.1 The classifications for the developmental stages have been added as an appendix here, so that they can be easily printed and stuck to a wall or placed in a folder for ease when assessing the sexual behaviour displayed by a child or young person.



0 - 4 years: infant, toddler, pre-school  
(Ref: Gil, 1993 and Cavanagh Johnson 1999)

## Green

### Normal/developmentally appropriate sexual behaviours

- Touching or rubbing own genitals and showing others own genitals
- Touching or looking at private parts of other children or familiar adults, e.g., when in the bath
- Being nude, and playing doctors, nurses or mummies and daddies
- Using slang words for genitals and sexual functions e.g., “willy”, “Minnie” or talking about “sexing”
- Curiosity about the differences between males and females
- Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive)

## Amber

### Inappropriate/problematic sexual behaviours

- Keeps masturbating after being told to stop
- Forcing another child to engage in sexual play
- Sexualised play with dolls, e.g., “humping” a teddy bear
- Touching the private parts of an animal or an unfamiliar adult
- Following other children into a toilet or bathroom to look at or touch their private parts
- Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)
- Talking about sex using adult slang words

## Red

### Abusive or violent sexual behaviours

- Persistently touching or rubbing self to the exclusion of normal childhood activities; hurting own genitals by rubbing or touching
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play involving forceful anal or vaginal penetration with objects
- Accessing sexual material online

## 5 - 9 years: early school years

(Ref: Gil, 1993 and Cavanagh Johnson 1999)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Awareness of privacy about bodies
- Self-touching and masturbation
- With peers:
  - “Show me yours/I’ll show you mine”
  - Stories/questions/names/swearing re private parts/body functions
  - Kissing/holding hands; observed behaviour e.g., pinching a bottom\*
  - Online social contact: skill based or dress up games
  - Using photos, videos to record their life, and
  - Accidental access to pornography (potential risk of child acting out the behaviour or pornography being used to groom the child)

*\*If the child continues to pinch/touch other children’s bottoms following re-direction or touch the bottoms of an unfamiliar adult, this would likely be considered problematic.*

### Amber

#### Inappropriate/problematic sexual behaviours

- Continually rubbing/touching own genitals in public
- Persistent nudity and/or exposing private parts in public
- Continually wanting to touch other children’s private parts
- Persistently using sexualised language
- Wanting to play sex games with much older or younger children
- Sending/receiving nude sexual images
- Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions)
- Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)

### Red

#### Abusive or violent sexual behaviours

- Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities
- Rubbing their genitals on other people
- Forcing other children to play sexual games
- Sexual knowledge too great for age
- Talking about sex and sexual acts habitually
- Posting sexual images or videos online
- Accessing/showing pornography to others

## 9 - 12 years: pre-adolescence

(Ref: Ryan 2000, and Ryan, Lane and Leversee)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Growing need for privacy
- Masturbating in private
- With peers:
  - “Show me yours/I’ll show you mine”
  - Kissing and flirting
  - Talking about genitals or reproduction
  - Use of sexual language, including swear or slang words
- Having own social media accounts that are monitored by parents/carers
- Using photos, videos to record their life
- Playing age-appropriate games online
- Access to pornography (if isolated and motivated by curiosity)

### Amber

#### Inappropriate/problematic sexual behaviours

- Exhibitionism e.g., occasional flashing or mooning
- Attempting to expose other people’s genitals
- Pre-occupation with masturbation
- Mutual masturbation with a peer or group
- Simulating foreplay or intercourse with peers, with clothes on
- Sexual knowledge too great for their age, when the context is considered
- Talking about fear of pregnancy or sexually transmitted infection
- Peeping, exposing, using obscenities
- Seeking out pornography
- Taking nude, sexual images of themselves
- Secretive about using the internet/social media (risk of being groomed or exploited)

### Red

#### Abusive or violent sexual behaviours

- Compulsive masturbation, including interrupting tasks to masturbate
- Repeated/chronic peeping, exposing, using obscenities
- Chronic interest in adult pornography
- Making others watch pornography
- Seeking out and viewing indecent images of children
- Degrading/humiliating self or others using sexual themes
- Touching other children’s genitals without consent

## 13 - 18 years: adolescence

(Ref: Ryan, Lane and Laversee and LaTrobe University 2014 Health Study)

### Green

#### Normal/developmentally appropriate sexual behaviours

- Need for privacy
- Masturbating in private
- With peers:
  - Sexually explicit conversations, obscenities or jokes relevant to own culture
  - Sexual teasing and flirting
  - Kissing, hugging, holding hands
  - Foreplay with mutual consent
- Sexual intercourse plus full range of sexual activity with partner of a similar age/developmental ability
- Viewing sexual content for arousal
- Sending/receiving sexual images of others with consent

### Amber

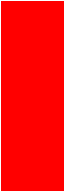
#### Inappropriate or problematic sexual behaviours

- Being pre-occupied with/anxious about sex
- Being promiscuous (not making informed decisions about sexual relationships/have had frequent sexual relationships that they have felt uncomfortable about)
- Being interested in or using themes or obscenities involving sexual aggression
- Spying on others who are nude or engaged in sexual activity
- Engaging in unsafe sexual behaviour
- Seeking out pornography
- Having oral sex or intercourse with someone who is at least two years younger/older
- Sending/receiving sexual images of multiple people with their consent
- Giving out contact details online or arranging to meet an online contact alone

### Red

#### Abusive or violent sexual behaviours

- Compulsive masturbation (especially in public)
- Degrading/humiliating self or others using sexual themes
- Chronic preoccupation with sexually aggressive pornography or child sexual abuse images
- Attempting to expose other people's genitals\*

- 
- Touching others' genitals without permission
  - Making written/verbal sexually explicit threats
  - Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others
-

East Sussex County Council  
County Hall  
St Anne's Crescent  
Lewes BN7 1UE

Copyright ESCC 2023 © All Rights Reserved

