



Sexualised Behaviour

Many practitioners, parents & carers find it difficult to distinguish between normal and problematic sexual behaviour of children & young people. We are often faced with cultural, gender, political & legal issues whilst trying to consider issues of safety. This guidance is to help us to understand healthy sexual behaviour & to assess and respond in an appropriate way.

Age-appropriate sexual play and behaviour:

0 – 5 Years

- Highly influenced by family environment
- Playing games about relationships
- Curiosity - nakedness, own/others body parts/genitals

5 – 9 Years

- Peer contact significantly increases
- Experimental touching own/others genitals
- Curious about sex & relationships
- Become more inhibited, body privacy
- Language uses swearing/slang words for body parts

9 – 13 Years

- Solitary masturbation, need for privacy
- Developing use of sexual humour & language
- Increased peer interaction and experimentation
- Interest in popular culture & online media

13-17 Years

- Sexually explicit conversations & jokes
- Interest in erotica/pornography on & offline
- Sexual & non-sexual relationships on & offline

Sexualised behaviour in children and young people is different from that of adults and requires different assessment & treatment. Generally there are 3 types:

1. Reactive Sexual Behaviour:

- Spontaneous, impulsive, triggered by environment
- Something they may have witnessed or experienced
- Feeling overwhelmed, what did it mean?
- High risk of engaging others if no disclosure made
- Could be something from the internet, a DVD, or similar

2. Sexualised Behaviour:

- Sadness, loneliness, emptiness
- Helps to cope with negative or unpleasant emotions
- May have experienced severe abuse
- Can gravitate towards others of similar backgrounds – mutual, inappropriate sexual behaviour

3. Coercive Sexual Behaviour:

- Exposure to severe and long term abuse
- Mimic aggressive adult sexual behaviour
- Minimal peer relationships
- Power
- Friendships with younger and smaller children
- Planned coercion

Healthy sexual behaviour is:

- Appropriate to the age and/or developmental stage of the student
- Possessing characteristics of mutuality, choice, exploration and possibly fun
- Evidencing no intent to cause harm
- Being in balance with other aspects of the student's life & development.

Factors influencing sexual behaviour:

- Lack of sex/relationships information, privacy, rules, appropriate consequences & boundaries, support
- Boredom, loneliness, anxiety, confusion or depression, attention or relationship needs, tension reduction
- Family/carer conflict
- Emotional, physical or sexual abuse, sexual exploitation and/or trafficking
- Anger, retaliation
- Communication difficulties
- Sexual excitement, exploration, curiosity, arousal, pleasure
- Gender issues
- Copying the behaviour of others or behaviour seen on the internet or TV

Key Implications:

- Students are **not** mini adult sex offenders
- Students should be accountable for their actions **and** be supported with their experiences
- Practitioners should focus on the young person's living environment as much as on individual treatment plans
- Some students who have abused will be less amenable to therapy/treatment and will require a high degree of risk management



Masturbation is one of the most common sexualised behaviour found in schools.

Staff may first want to mention their observation of any frequent masturbation to the child or young person's parents, as there may be a medical association, for example a rash.

Follow steps above & consider strategies:

- **Cueing:** agree a simple word or visual cue that you can say or show when the child or young person is engaging in masturbation
- **Redirection:** take notice of when the behaviour occurs & provide an alternative activity or distraction
- **Positive reinforcement:** use a chart or visual reinforcement when the child is behaving appropriately, e.g. star charts or 'thumbs up'.

GREEN Light Behaviour is safe and healthy sexual development which is:

- Displayed between children or young people of similar age or developmental ability
- Reflects curiosity, experimentation, consensual activities and positive choices
- Is 'normal' but inappropriate within the school/classroom setting

Action:

- Follow steps 1-7
- Reassure parents & student there is no cause for concern' or need for further discipline
- Ask parents to reinforce 'message' at home

AMBER Light Behaviour is potentially outside safe and healthy development due to:

- Age or developmental differences
- Activity type, frequency, duration or context

Action:

- Inform Lead/Deputy Child Protection Liaison Teacher/Officer (CPLT/O) **immediately**
- Follow Steps 1 to 9
- Meet parents and discuss the school procedure for responding to the behaviour, where the behaviour may have come from & that this does not necessarily mean their child has been abused

RED Light Behaviour is clearly outside safe and healthy development and:

- Involves much more coerciveness, secrecy, compulsiveness & threats
- Requires action from school & other agencies

Action:

- Inform Lead/Deputy Child Protection Liaison Teacher/Officer (CPLT/O) **immediately**
- Follow Steps 1 to 10
- **Do not meet with parents until step 8 is completed**

Steps:

1. **Always** communicate concerns in a calm, clear, non-judgemental, factual way
2. Describe the behaviour, say how you felt, how others might feel, what is 'appropriate'
3. Enforce that that the behaviour should not re-occur or escalate
4. Consider preventative rules and boundaries
5. If another student was the focus:
 - a. reassure them that it was not their fault
 - b. tell them to inform an adult if repeated
 - c. discuss their support needs
 - d. tell them you will inform their parents
 - e. consider their need for confidentiality
6. Record behaviour to track issues & incidents (for both students)
7. Monitor, observe & support the student and:
 - a. interactions with other students
 - b. offer opportunities to talk about impact of behaviour, feelings, friendships, interests & activities
 - c. encourage student to develop an internal motivation to stop
 - d. consider restrictions and rules including secluding student for own & other's safety
8. Discuss with Head Teacher and DSL/D, decide **if it's appropriate** to meet & discuss with parents & who will do this, promptly
9. DSL/D will:
 - a. consider a Family Common Assessment with parents/carers to discuss wider issues
 - b. draw up a safety plan for school
 - c. consider involving other agencies including Children's Social Care
 - d. arrange a 'team around the family' (TAF) multi-agency meeting to discuss support needs of family
10. DSL/D will refer to Children's Social Care **before** further/discussion with parents in order to discuss risk of significant harm to child and potential police investigation