Sexualised Behaviour

Sheffield City Council

Children Sheffield Safeguarding Partnership

Many practitioners, parents & carers find it difficult to distinguish between normal and problematic sexual behaviour of children. We are often faced with cultural, gender, political & legal issues whilst considering safety. This guidance helps us understand healthy sexual behaviour & assess and respond appropriately.

Age-appropriate sexual play and behaviour:

0 – 5 Years

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

5 – 9 Years

- Peer contact significantly increases
- touching own/ curious about others genitals
- Curious about sex & relationships
- Become more inhibited, body privacy
- 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
- Consensual non/sexual relationships with peers on & offline

Sexualised behaviour in children is different from adults & requires different assessment & treatment. Generally there are 3 types:

1. **Reactive Sexual Behaviour:**
   - Spontaneous/impulsive, environment trigger?
   - Something witnessed or experienced
   - Overwhelmed, what did experience mean?
   - High risk of engaging others if no disclosure
   - Real event from internet, DVD or similar
2. **Sexualised Behaviour:**
   - Characterised as sad, lonely, empty
   - Coping with negative/unpleasant emotions?
   - Possible severe physical/emotional neglect?
   - Gravitate to others with similar experiences – mutual, inappropriate sexual behaviour
3. **Coercive Sexual Behaviour:**
   - Exposure to severe and long term abuse
   - Mimics aggressive adult sexual behaviour

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 behaviours:

- Lack of sex/relationship information, privacy, rules, consequences & boundaries, support
- Boredom, loneliness, anxiety, confusion, depression, attention/relationship needs, tension
- Family/carer conflict
- Abuse, sexual exploitation and/or trafficking
- Anger, retaliation
- Communication difficulties
- Excitement, exploration, curiosity, arousal etc.
- Gender issues
- Copying behaviour e.g. on the internet or TV

Key implications for practice:

- Children are **not** mini adult sex offenders
- Students should be accountable for their actions **and** be supported with their experiences
- Focus on young person's living environment as much as on individual treatment plans
- Students who have abused others may be less amenable to therapy/treatment & require high degree of risk management

Useful resources:

- Sexualised Behaviour Guidance, Safeguarding Sheffield Children website
- Sexual Behaviour Traffic Light Tool, Brook
- Sexual behaviour in children, NSPCC
- Keeping Children Safe in Education, DfE 2020 (part 5)
- SCSP Education Policies: 'Peer Abuse'

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Steps to consider: (Brook Sexual Behaviours Traffic Light Tool):
(these tools MUST be used alongside assessment of family context & developmental ability)

1. Communicating concerns to child & parents in calm, clear, non-judgemental, factual way
2. Describing behaviour, how people might feel, what is 'appropriate'
3. Being clear that the behaviour should not re-occur or escalate
4. Preventative rules/boundaries
5. If another student was focus:
   a) reassure them, not their fault
   b) tell an adult if repeated
   c) discuss their support needs
   d) tell them you will inform parents
   e) consider confidentiality
6. Record/track behaviour, issues, incidents
7. Monitor, observe, support child:
   a) & interactions with others
   b) Discuss impact of behaviour, feelings, friendship, interests
   c) encourage them to develop an internal motivation to stop
   d) consider restrictions & rules e.g. secluding child for safety
8. Discuss with Designated Safeguarding Lead/Deputy (DSL/D), decide **if appropriate** who promptly talks to parent
9. DSL/D will do/consider:
   a) FCAF (Family Common Assessment) with parents or carers
   b) safety plan for setting
   c) involving agencies including Children's Social Care
   d) 'team around family' (TAF) meeting to discuss support
10. If there is a risk of significant harm to the child, young person, or others the DSL/D will refer to **Sheffield Safeguarding Hub, tel. 0114 2734855,** **before** any/further discussion with parents

GREEN Light Behaviour: safe, healthy sexual development:

- Between children of similar age or developmental ability
- Reflects curiosity, experimentation, consensual activities and positive choices
- 'Normal' but inappropriate in education setting

Action:

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

AMBER Light Behaviour: not safe healthy development:

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

Action:

- Inform DSL/D **immediately**
- Follow Steps 1 to 9
- Meet parents & discuss where behaviour may have come from, that this does not necessarily mean their child has been abused, the school response to the behaviour
- Do not meet with parents until step 8 is completed

RED Light Behaviour: outside safe healthy development:

- Is coercive, secret, compulsive, threatening
- Requires action from setting & other agencies

Action:

- Inform DSL/D **immediately**
- Follow Steps 1 to 10
- Do not meet with parents until step 8 is completed

Dealing with persistent masturbation is one of the most common issues that education staff ask advice about:

- Staff should discuss their observations with the DSL/D
- DSL/D should talk to child's parents/carers, as there may be a medical association e.g. a rash

Strategies:

- **Initially:** Describe the behaviour to the child, how people might feel about it, what is 'appropriate'; then consider:
- **Cueing:** agree a simple word or visual cue that you can say or show when the child is masturbating
- **Redirection:** note when the behaviour occurs (reaction to stress?), provide an alternative activity or distraction
- **Positive reinforcement:** a chart or visual cue when child is behaving appropriately, e.g. star chart or 'thumbs up

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