

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 or 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:

Reactive Sexual Behaviour:

- Spontaneous and/or 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

Sexualised Behaviour:

- Characterised as sad, lonely, empty
- Coping with negative/unpleasant emotions?
- Possible severe physical and/or emotional neglect?
- Gravitate to others with similar experiences – mutual, inappropriate sexual behaviour

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:

[Safeguarding Sheffield Children website:](#)

- [Sexualised Behaviour](#): Professionals/Volunteers
- Peer Abuse: [Education>policies & procedures](#)
- Education settings safety plan: [Education>toolkit](#)

Other resources

- [Sexual Behaviour Traffic Light Tool](#), Brook
- [Sexual behaviour in children](#), NSPCC
- [Keeping Children Safe in Education, DfE 2021](#)

Steps to consider:

Use [Brook Sexual Behaviours Traffic Light Tool](#) alongside your assessment

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 must refer, **before** any/further discussion with parents/carers, to:

The Sheffield Safeguarding Hub
tel. 0114 2734855

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'