# Appendix 3 – Guidance and Checklists for Evaluating Sexual Behaviour (Primary/Nursery)

It must be stressed the following checklists are only a guide for decision making about the level of concern, therefore further discussion either within School/Nursery with those with a child protection responsibility or with the LEA Designated Officer for Child Protection may also be required.

The checklist is broken down into seven main areas, which need to be considered. Each area has three possible categories into which the behaviour can fall; they are healthy, problematic or abusive. The sexual behaviour that is causing concern needs to be checked against **all** of the areas to provide an overall picture. The behaviour will then either clearly fall within one particular category or predominantly in one category with aspects of a second. It is unlikely to cover all three categories.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Healthy** | **Problematic** | **Abusive** |
| 1. Type of sexual behaviour | Age appropriate, mutual and exploratory | Not age appropriate or has some adult knowledge or language | Adult sexual activity e.g. intercourse, oral sex, etc. |
| 1. Context of behaviour | Open, light hearted, spontaneous | No secrecy or force, but children involved seem uncomfortable | Behaviour is planned, secretive; there are elements of threat, force, coercion. The children targeted seem anxious, fearful, uncomfortable |
| 1. Response of other children | Engaging freely, happy | Uncomfortable, unhappy with behaviour but not fearful or anxious. If directed at adults they feel uncomfortable | Uncomfortable, unhappy, fearful, anxious. Could be physically hurt. Could be trying to avoid the other child |
| 1. Relationship between the children | Similar age and ability, would normally play together. There are no factors to suggest a power imbalance | Children would not normally play together or there may be some factors which suggest one child is more in control than the other | Children would not normally play together or there are clear power differences e.g. due to age, size, status, ability, strength |
| 1. Frequency of the behaviour | Behaviour is age appropriate, adhoc and not the main focus for the child. The child is interested in other things | Some inappropriate sexual behaviour for age, however child also has interest in other things, behaviour is intermittent | Frequent incidents and child seems focused on behaviour. It is disproportionate to other aspects of their life. They seem to seek comfort/reassurance/or control from the behaviour |
| 1. Persistence of the behaviour | Behaviour is age appropriate, adhoc and not the main focus for the child. The child is interested in other things | Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child however, is responsive to some intervention | Child cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to other aspects of their life.  It appears to be the main way they seek comfort/attention and control |
| 1. Child’s emotional response | Happy, embarrassed, able to take responsibility for their behaviour and its effects on others (dependent on their age and understanding) | Child unresponsive, ashamed, struggles to take responsibility for their behaviour or to show empathy | Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried.  Cannot take responsibility for their behaviour, not shows any empathy for others. |

**Checklist Outcomes**

**1. Talking with parents and carers**

Most outcomes will involve talking with parents and carers to seek a resolution in partnership with them. However, if the behaviour is problematic or abusive and it was felt that discussing the concerns with the parents first was likely to put the child at risk of significant harm, the Social Services should be informed first and the parents second. If the child is not at risk of significant harm, then parents should be informed of any decision to discuss/refer to Social Services. This is in line with the National Guidelines on Child Protection “Working Together” 1999, Section 5.6 p40.

**2. Single Category Outcomes**

The following outcomes are where the behaviour clearly fits one category

**Healthy** – If it appears all areas are healthy, then there is no cause for concern

**Problematic** – If it appears all areas are problematic, work is required. (Within this outcome there may be sexually reactive children or children with mutual sexual behaviours.

Not all problematic behaviours will require a serious level of intervention or even a referral to Social Services. For some, discussions with parents or direction of the behaviour and boundary setting may be all that is required. For others, discussion with Social Services will be important either to gain further information and understanding about the child and family, or to discuss the level of risks posed and how these and the child’s needs will be met in the school/nursery setting.

**Abusive** – If it appears all areas are abusive, then discussion and referral to Social Services is a priority.

**3. Double Category Outcomes**

The overall picture may show the behaviour is borderline or has characteristics of more than one category. For example:

**Healthy/Problematic** – If it appears the areas are predominantly healthy but there are a few areas in the problematic, then some intervention is required, it may be relatively low key and will probably involve parents/carers.

**Problematic/Healthy** – If it appears the areas are predominantly problematic but with some healthy areas, this will require some intervention, discussion with parents and Social Services for any relevant information.

**Problematic/Abusive** – If it appears the areas are predominantly problematic but with some abusive areas, this requires discussion with Social Services and thought about when parents are informed.

**Abusive/Healthy** – If it appears the areas are predominantly abusive, it is unlikely to have healthy areas.

**Abusive/Problematic** – If it appears predominantly abusive with some problematic aspects this behaviour needs to be referred to Social Services, probably without discussion with parents.

**4. Managing Sexual Behaviour in a Nursery or Primary School Setting**

Although dealing with sexual behaviour in young children can make staff feel anxious and disempowered, most behaviours can be appropriately managed in a Nursery or School setting. The main aim is to change or modify the behaviour to make the child and other pupils safer. This work should be appropriate to the School or Nursery setting and there are no expectations that it would involve therapeutic work.

In order to do this, several factors should be in place on a Whole School Level

**(a**) The ethos and culture of the School/Nursery should reinforce positive behaviours and respect for others and give permission for children to tell if someone is making them feel uncomfortable or hurting them.

**(b)** Policies in School/Nursery on Bullying/Child Protection, Equal Opportunities, Behaviour and Positive Behaviour should have information on sexually problematic/abusive behaviour incorporated into them, so this aspect of behaviour is not seen as something separate to other work in the school.

**(c)** Training for staff on sexual behaviours so they feel confident in managing these behaviours. Training should include Governors with a Child Protection responsibility, as they may be involved in discussions about exclusions.

**(d)** Staff group discussions about what are acceptable and unacceptable sexual behaviours for children. Views may vary as they will be based on cultural, family, life and work experience, but there should be an agreed baseline for everyone.

**(e)** Contact points for advice and support are available. These may include the LEA Designated Officer for Child Protection, Education Welfare Service, Social Services or other local specialist agencies.

**(f)** The physical structure of the School/Nursery should be reviewed to identify areas where sexual behaviour may occur and strategies put in place to make them safer.

**5. Problematic/Abusive Sexual Behaviours – Secondary Schools**

Not all sexually problematic behaviours require specialist intervention. Adolescent experimentation in a range of anti-social (sexual and non-sexual) behaviours is not uncommon. It is known from research that most do not continue such behaviours into adulthood. However, there are some young people who present with worrying sexual behaviours that do require intervention.

Because there are a wider variety of sexual behaviours within adolescence it is more difficult to determine what the ‘norm’ would be. However, a useful checklist of sexual behaviours increasing in seriousness, by O’Callaghan and Print is included below.

**6. Normal Behaviours**

* Explicit sexual discussion amongst peers, use of sexual swear words, obscene jokes
* Interest in erotic material and its use in masturbation
* Expression through sexual innuendo, flirtations and courtship behaviours
* Mutual consenting non-coital sexual behaviour (kissing, fondling etc.)
* Mutual consenting masturbation
* Mutual consenting sexual intercourse

**7. Behaviours that suggest monitoring, limited responses or assessment**

* Sexual preoccupation/anxiety
* Use of hard-core pornography
* Indiscriminate sexual activity/intercourse
* Twinning of sexuality and aggression
* Sexual graffiti relating to individuals or having disturbing content
* Single occurrences of exposure, peeping, frottage or obscene telephone calls

**8. Behaviours that suggest assessment/intervention**

* Compulsive masturbation if chronic or public
* Persistent or aggressive attempts to expose other’s genitals
* Chronic use of pornography with sadistic or violent themes
* Sexually explicit conversations with significantly younger children
* Touching another’s genitals without permission
* Sexually explicit threats

**9. Behaviours that require a legal response, assessment and treatment**

* Persistent obscene telephone calls, voyeurism, exhibitionism and frottage
* Sexual contact with significantly younger children
* Forced sexual assault or rape
* Inflicting genital injury
* Sexual contact with animals

**Checklist for Evaluating Sexual Behaviour – Secondary Schools**

**It must be stressed the following checklist is only a guide for decision making about the level of concern, therefore further discussion either within School with those with a child protection responsibility or with the LEA Designated Officer for Child Protection may also be required.**

The checklist is broken down into eight areas, which need to be considered, based on the above research and work by Print, Morrison, Henniker 2002. Each area has three possible categories into which the behaviour can fall, they are healthy, problematic, and abusive/offence. The sexual behaviour that is causing concern needs to be checked against **all** of the areas to provide an overall picture. The behaviour will then clearly fall within one particular category or predominantly in one category with aspects of a second. It is unlikely to cover all three.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Healthy | | Problematic | | | Abusive | |
| Type of sexual activity (use checklist above) | Normal sexual behaviours | | Behaviours which suggest monitoring, limited responses or assessment | | | Behaviours that suggest assessment/ intervention  Behaviours that require a legal response, assessment/treatment  Any use of aggression or violence is of high concern | |
| Context of behaviour | Mutual, informed consent given | | Behaviour appears influenced by peers.  Touching behaviours (non-penetrative)  Isolated incident | | | Behaviour is planned, secretive; there are elements of threat, force, coercion  Previous concerns or convictions for sexual behaviour | |
| Young person’s response | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | | Embarrassed, ashamed, anxious. Demonstrates remorse and empathy | | | Lack of empathy, denies responsibility, blames the victim, anger, aggression, defensive. Little concern about being caught | |
| Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | | Uncomfortable or irritated, but not fearful or anxious  Feel able to tell someone | | | Uncomfortable, fearful, anxious, avoidant of the young person | |
| Relationship between the young people | | Within the same peer group and ability group. Would normally socialise together. There are no factors to suggest a power imbalance | | Young people may not socialise together  May be some factors which suggest one young person is more in control than the other  May be naïve attempt at developing a relationship | Young people would not normally socialise with each other or there are clear power differences in the relationship  Young person has very poor social skills/deficits in intimacy skills | | |
| Persistence of the behaviour | | Healthy interest in sexual behaviour but not the sole focus of interest in the young person’s life | | Interest in sexual behaviour is out of balance with other aspects of the young person’s life | Young person is obsessed or preoccupied with sexual thoughts/pornography, which may be sadistic and aggressive  The focus on sex is out of balance with other aspects of their life  The behaviour is a way for them to cope with negative emotions | | |
| Other behavioural problems | | No other behavioural problems, healthy peer relationships | | Young person has poor sexual boundaries and may have difficulties coping with difficult emotions | Young person has a diagnosis of depression or other significant mental health problems  Formal diagnosis of conduct disorder  History of cruelty to animals  Self-reported sexual interest in children | |

|  |  |  |  |
| --- | --- | --- | --- |
| Background information known | No significant family history | Parents are angry or show no concern for the victim  Family members include Schedule 1 offenders | Pattern of discontinuity of care/poor attachments  High levels of trauma, e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence |

**Problematic/Abusive Sexual Behaviours – Children and Young People with Special Needs**

**1. Information from Research**

**1.1 Children and Young People with Emotional and Behavioural Difficulties**

This group of children and young people may also display sexually problematic/abusive behaviours. In some cases, their sexualised behaviour may be minimised as their other behaviours may be prevalent and take up time and resources.

The development paths into their problematic/abusive sexual behaviour are similar to those in the mainstream population and relevant information from research is presented in Appendix C(i), Nurseries and Primary Schools and Appendix C(ii), Secondary Schools. For these children and young people, their behaviour may be a way of coping with difficult feelings, a response to their own trauma or abuse, or due to deficits in their self-esteem, life, social, relationship and communication skills.

The information on checklists for evaluating sexual behaviour and managing sexual behaviour given in Appendix C(i) and C(ii) can be applied to this group of children as well.

* 1. **Young People with Learning Difficulties**

There is little specific information on young children who have learning difficulties with sexually problematic/abusive behaviours and even the information from research on young people with learning difficulties who have sexually problematic/abusive behaviour is limited. Consequently the information in this Appendix concentrates on young people rather than children.

Young people with learning difficulties are generally over represented in surveys of young abusers, for example, recent research of 38 sex offenders known to Youth Offending teams in the Greater Manchester area showed 37% of the sample had learning disabilities. This does not mean they are more abusive than other young people, but more likely to be caught or admit to offending because of “features such as lack of privacy, more impulsive offending – often in public settings – and possible naïveté when challenged”.

**1.3 Routes into Sexually Problematic/Abusive Behaviours**

The factors most commonly associated with heightened risk of engaging in these types of behaviours also apply to this group of young people. They are traumatic sexualisation due to their own experiences of sexual abuse (research indicates that young people with disabilities are at an increased risk of all forms of abuse); exposure to violence in the some setting, between parents/carers as well as directed at the young person; poor attachments and patterns of disruption in their care (some young people may have had several periods of respite or substitute care); and difficulties with intimacy and empathy.

As with other young people, the sexual behaviour may be a way of meeting other non-sexual needs, such as attention seeking, distress, avoidance, control, stimulation and general arousal or aggression.

There are some factors that are specific to this group of young people:

* Chromosomal disorders e.g. Klinefelters Syndrome, which is believed to be a potential contributory factor to the development of sexually problematic behaviours and sexual aggression.
* They may relate on a psychosocial level with children of a similar developmental are rather than chronological age.
* They may not understand the concept of consent or the impact of their behaviour on others.
* It may be a learned behaviour from their own experience of sexual victimisation, therefore they do not realise it is unacceptable, or it may be a way of making sense of what has happened to them by repeating behaviours but with no intention of harming anyone.
* They may not have mainstream concepts about social mores and sexual boundaries e.g. re openly self-masturbating.
* The impact of denying an adolescent with learning difficulties evolving sexuality, which can lead to restrictions on their behaviour and a lack of access to the provision of appropriate sex education. This is particularly important as they have fewer opportunities to fain this knowledge from other sources.
* Their lives are more restricted generally in terms of social contacts and therefore their opportunity for acceptable sexual expression may be compromised.

**2. Evaluating Sexually Problematic/Abusive Behaviours**

**2.1 Healthy Sexual Behaviours**

These are more complex to define than the healthy sexual behaviours of pre-adolescents and adolescents, because a young person’s chronological are and developmental stage may be different; therefore they may be acting at a developmentally appropriate level but the behaviour is seen as problematic because of their age e.g. young people who attempt even low key sexual behaviours with children who are chronologically much younger than them.

Also societal attitudes to the sexuality of young people with learning difficulties can be influential in interpretation of acceptable and unacceptable sexual behaviour. The presumption that they either are asexual or should be denied a sexual life could mean any sexual behaviour is seen as inappropriate which may lead to overreaction. The presumption that they are exempt from the sexual boundaries and mores of general society, on the basis of a lack of understanding e.g., issues like public masturbation, can lead to the minimisation of their sexual behaviours and fewer consequences for them.

The information given for Primary and Secondary school pupils can be used as a guide for healthy sexual behaviours. In summary, the behaviour should be part of a developmental process for the young person and as such exploratory, mutual, fun, and the young people can choose to engage in the behaviour or disengage when they want. There should be no elements of force, secrecy, fear, manipulation or harm.

**2.2 Problematic/Abusive Behaviours**

The following continuum of problematic/abusive behaviours is taken from O’Calaghan 2002.

**(a) Low concern/requires some intervention**

* First example of reported behaviour or behaviour infrequent/isolated examples
* Behaviour appears to be self-directed e.g. self-stimulation; compulsive masturbation; indiscriminate arousal

**(b) Low to medium concern/seek advice re referral**

* Behaviour is restricted to a specific setting
* Behaviour involves non-penetrative physical contact with young person targeted

**(c) Medium to high concern/referral to other agencies**

* Offence involved digital penetration only
* Problematic sexual behaviours displayed in two or more settings
* Appears to engage in evident victim selection due to perceived vulnerability and/or apparent arousal to specific characteristics e.g. age and gender
* Evidence of a high level of sexual compulsivity e.g. fetish behaviours; compulsive masturbation; hoarding of sexually explicit images (or images with an apparent sexual interest); frequent use of the internet to obtain sexual images or use of pornography

**2.3 High concern/referral to other agencies**

* Young person has one or more previous convictions/final warning/reprimand, for a sexual offence (excluding current offence) *or* a clearly demonstrable pattern or prior sexually aggressive behaviour
* Young person has two or more identified targets
* Offence involved actual or attempted penile penetrative assault (anal, vaginal; oral)
* Young person has offended against strangers (adult or child) in a public setting
* Use of violence or threats of violence (including display or use of weapon)
* Young person has made significant efforts to gain access to targeted child\*
* Self-reported sexual interest in children\*
* Self-reported predatory sexual fantasies concerning peers or adults\*
* Pattern of problematic sexual behaviours, which emerged in early childhood and continued into adolescence
* Young person has one or more examples of sexual contact with animals
* Young person has a history of cruelty to animals

\****Please note that considerable caution should be used in concluding that these factors are present***

**Checklist for Evaluating Sexual Behaviours – Pupils with Special Needs**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Healthy** | **Problematic** | **Abusive** |
| Type of sexual activity (use continuum above) | Normal sexual behaviours | Low concern behaviours and some Low to Medium concern behaviours | Some Low to Medium concern behaviours.  Medium to High concern behaviours and High concern behaviours |
| Context of behaviour | Mutual, both parties free to engage and disengage | Behaviour infrequent/isolated incident  Behaviour self-directed  Behaviour restricted to a specific setting | Behaviour is planned, secretive; there are elements of threat, force, or coercion  Previous concerns or convictions for sexual behaviour |
| Young person’s response | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Embarrassment or shame related to the behaviour  Is able to understand/retain the reasons why others feel the behaviour is problematic/abusive  Experiences consequences as significant or has some degree or awareness of consequences  Appears highly anxious or confused as to sexual development and/or sexual boundaries | Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them  Rejecting of concerns expressed |
| Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Uncomfortable or irritated, but not fearful or anxious  Feel able to tell someone | Uncomfortable, fearful, anxious, avoidant of the young person |
| Relationship between the young people | There should be no significant differences in age or development which would suggest there is a power imbalance | One or two particular young people targeted  Young person predominantly associates with children 3 or more years younger | Evidence of targeting on the basis or perceived vulnerability  Clear power differences in the relationship  Young person has poor social skills/deficits in intimacy skills |
| Persistence of the behaviour | Healthy interest in sexual behaviour but not the sole focus of interest in the young person’s life | Responds to complaints by stopping or changing behaviour  Intervention has some impact but behaviours may continue | Evidence of a high level of sexual compulsivity  Behaviours have persisted despite significant negative consequences |
| Other behavioural problems | No other behavioural problems, healthy peer relationships | No significant history of behavioural problems, generally positive relationships with peers  Access to others is well supervised  Or  Young person isolated in the community or has a very restricted lifestyle  Access to others is poorly supervised | Concurrent diagnosis of significant mental health problems  Pattern or problematic sexual behaviours emerging in early childhood and continuing into adolescence  Viewed negatively in community due to sexual behaviours  History of fire setting  Long standing history of severely problematic or challenging behaviours |
| Background information known | No significant family history. Parents have a positive view of young person’s developing sexuality  Positive attachments with parents and carers  Young person has at least one positive friendship  Young person has access to social and leisure pursuits  Young person has access to appropriate sex education | Family anxious about young person’s developing sexuality and have inappropriate concerns  Family experiencing high levels of stress  Siblings have experienced sexual abuse | Young person has experienced abuse, sexual, physical, emotional or neglect  Violence in the household  Members of the family including siblings have a history of sexual offending  Poor or distorted sexual boundaries in the family  Patterns of discontinuity of care/poor attachments |

**Checklist Outcomes**

**1. Talking to Parents and Carers**

Most outcomes will involve talking with parents and carers to seek a resolution in partnership with them. However, if the behaviour is problematic and it was felt that discussing the concerns with parents first was likely to put the young person at risk of significant harm, then Social Services should be informed first and the parents second. If the young person is not at risk of significant harm, then parents should be informed of any decision to discuss/refer to Social Services. If the behaviour is in the abusive/offence category then Social Services should be informed first, as the young person is likely to be at risk of significant harm. This is in line with the national Guidelines on Child Protection “Working Together”, 1999, Section 5.6 p40.

**2. Single Category Outcomes**

The following outcomes are where the behaviour clearly fits one category.

**Healthy –** If it appears all areas are healthy, then there is no cause for concern

**Problematic** – If it appears all areas are problematic, work is required. Not all problematic behaviours will require a serious level of intervention or even a referral to Social Services. For some, discussions with the young person and parents/carers, re-direction of the behaviour and boundary setting may be all that is required. For others, discussion with Social Services will be important, either to gain further information and understanding about the child and family, or to discuss the level of risks posed and how these and the young person’s needs will be met in the school setting. With this category, advice should be sought from LEA Child Protection Officer, or Social Services.

**Abusive** – If it appears all areas are abusive, then discussion and referral to Social Services is a priority.

**3. Double Category Outcomes**

The overall picture may show the behaviour is border-line or has characteristics of more than one category. For example:

**Healthy/Problematic** – If it appears the areas are predominantly healthy but there are a few areas in the problematic, then some intervention is required, it may be relatively low key and will probably involve parents.

**Problematic/Healthy** – If it appears the areas are predominantly problematic but with some healthy areas, this will require some intervention, discussion with parents and Social Services for any relevant information.

**Problematic/Abusive** – If it appears the areas are predominantly problematic but with some abusive areas, this requires discussion with Social Services and thought about when parents are informed.

**Abusive/Problematic** – If it appears predominantly abusive with some problematic areas this behaviour needs to be referred to Social Services first prior to discussion with parents.