

Harmful sexual behaviour in children:

Multi-agency guidance and protocol



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1 Introduction

Developing their sexuality is part of a child's development, and children's sexual exploration will generally take place within the context of consensual and age-appropriate behaviour. However, some children may display sexualised behaviour that is outside that for their age-group and which could potentially be harmful to them or other children. In some cases, it can lead to them being arrested and charged with a criminal offence.

Children who display harmful sexual behaviour (HSB) are likely to have a high level of needs themselves. Underlying factors contributing to the behaviour can include abuse, neglect, adverse childhood experiences, developmental needs, neurodiversity, exposure to harmful sexual content, and family and environmental influences where there is a lack of boundaries around sexual behaviour.

2 Purpose and scope of protocol

This guidance has been written to help professionals working with children provide a balanced response to concerns about a child's sexual behaviour or incidents of harmful sexual behaviour that safeguards and promotes the welfare of all children involved.

The protocol aims to ensure that the following outcomes and standards are achieved:

- All professionals can recognise harmful sexual behaviour and assess the level of risk posed to the victim and other children.
- All involved children are referred to the relevant service so that their needs can be addressed.
- Children displaying HSB receive help so that they can take responsibility for their actions and get the support they and their family need to address the underlying issues driving their behaviour.
- Children displaying HSB receive help to develop healthy and age-appropriate attitudes to sex and sexual relationships.
- Incidents are dealt with at an appropriate and proportionate level of intervention that reduces the risk of criminalising children unnecessarily.

This protocol is for professionals working directly with children in a variety of settings, including social care practitioners, teachers, nursery staff and youth workers. It also includes those involved in the care or supervision of children in foster care, residential placements and supported housing pathways.

3 Our practice standards

- Responses to children displaying HSB and those who are victims will be child-friendly and trauma-informed and guided by our relational practice approach.
- Children who display HSB need to be understood first and foremost as children whose behaviour requires assessment and intervention, rather than solely through a criminal justice lens.
- Professionals will adopt a stance of professional curiosity, seeking to understand the behaviour in the context of the child's experiences, relationships, exposure to abuse, online influences, family context and experiences of gender-based violence. This should be reflected in any assessments that are carried out in relation to harmful sexual behaviour.
- Multi-agency responses will take a child-centred approach to victims and children displaying HSB, but the wellbeing, and recovery of victims will remain paramount, with safety planning developed collaboratively and reviewed regularly to ensure victims are protected and supported.
- Where police involvement is required, processes should minimise stigma, avoid unnecessary criminalisation, and recognise the child's developmental stage. Multi-agency partners should carefully consider whether welfare-led responses may be a more proportionate response alongside any investigative requirements.
- Interventions will seek to reduce stigma and shame that may impede the child's engagement while maintaining clear expectations of accountability and behaviour change and will support children to understand the impact of their behaviour and develop healthy attitudes towards relationships and consent.

4 Definitions

Children's sexual behaviour is part of a continuum of sexual behaviours that can range from age-appropriate and developmentally expected through to problematic, harmful, and abusive. The behaviour needs to be understood within the context of behaviour that is appropriate to the child's age and stage of sexual development.

For the purposes of this protocol, child is used to include all children aged 0-18.

Harmful sexual behaviour is a wide-ranging term used to describe behaviours initiated by a child that are developmentally inappropriate and may be harmful to the child or others. A child's sexual behaviour is considered to be harmful if it:

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- 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.

There are varying degrees of harmful sexual behaviours:

- **Inappropriate sexual behaviour** is defined as single instances of sexual behaviour where the context of the behaviour gives concern and if unchecked may escalate.
- **Problematic sexual behaviour** is defined as behaviour that may not involve victimisation of anyone but may have an adverse effect on the development of the child causing them distress or rejection. It may be a reaction to a traumatic event and is commonly associated with pre-adolescence.
- **Abusive sexual behaviour** involves victimisation that includes an element of coercion or manipulation or circumstances involving a power imbalance where the victim is not able to give informed consent and where the behaviour could cause physical or emotional harm. Power imbalances may be due to differences in age, intellectual ability or physical strength and is more likely to be associated with adolescence.
- **Sexual abuse** is defined as committing a sexual act against the victims wishes and without consent, and in an aggressive, exploitative or threatening manner. Such acts are likely to constitute a criminal offence.

5 Recognising harmful sexual behaviour

All professionals and agencies that work directly with children must be able to recognise and respond appropriately to incidents of harmful sexual behaviour and make appropriate referrals. To judge whether and to what degree a child's behaviour constitutes harmful sexual behaviour, professionals need to compare that behaviour to what would be expected sexual behaviour for that child's age and stage of development.

The Brook traffic lights tool (shown at appendix 1) sets out a range of indicative behaviours covering typical, problematic and abusive behaviours. Professionals can use this tool to measure the extent to which the child's behaviour differentiates from the norm so that they can take appropriate action.

Professionals should also be aware of **on-line and technology-assisted** harmful sexual behaviour which can involve a range of inappropriate to abusive behaviours such as creating or sending indecent images (including AI-generated images) and sexual harassment and abuse via social media sites.

6 Referral for a social care service

6.1 Referral where the child is not known to children's social care

- All referrals should be sent to the Children and Families Contact Service, which includes the Multi-agency Safeguarding Hub (MASH), via an e-CAF referral. A referral must be made for both the victim and the child displaying HSB.
- Urgent child protection referrals can be made by telephone but must be followed up with an e-CAF. These cases will be passed to the MASH to be dealt with.
- Any decision to make a referral to the Contact Service should be discussed with the designated safeguarding lead within the agency in the first instance. Agencies may also contact social workers in the Contact Service for advice on a "no names" basis.
- When deciding on responses to referrals, the Contact Service will consider the needs of children who display HSB and any other child who was victimised as a result of this behaviour.
- Referrals should include the following information:
 - details of the incident
 - factors that make the victim particularly vulnerable
 - any evidence of coercion or duress on the part of the child displaying HSB
 - level of assessed risk by the referring agency
 - whether other children may be potentially at risk.
- If a child lives in another local authority area, the referral should be made to the home authority but the Contact Service should be notified of the referral and a copy of the referral provided so that the Service can make a decision on what role Camden may need to play in safeguarding children.

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- The Contact Service social workers will screen all referrals to assess the level of risk and the child's needs and to decide if the threshold has been met for a Family Help Service including child protection intervention where either child is at risk of significant harm.

6.2 Police MERLIN referrals

- When a child comes to the attention of Police because of their harmful behaviour or is arrested for a criminal offence the police should send a MERLIN notification to the Contact Service for processing; a copy may be sent to the Integrated Youth Support Service (IYSS) where the case is already open.
- Where the case is open to the IYSS, the Contact Service will liaise with the IYSS worker to gather information and decide the RAG rating to establish if the threshold has been reached for a Family Help service.
- Generally, the case will be accepted for a Family Help service for children displaying HSB where:
 - there are concerns about the safety and welfare of younger siblings living in the household with a child displaying HSB and/or:
 - there are concerns that the child displaying HSB may be a victim of abuse themselves.

6.3 Cases already open to CSFH

- Where a child is already known to CSFH and concerns are raised about harmful sexual behaviour, the allocated Family Help practitioner should discuss concerns with their manager and seek advice from the Lead Child Protection Practitioner (LCCP) to decide on what action should be taken.
- Where a child is **looked after** foster carers and residential keyworkers should notify the allocated CLA social worker immediately. The Fostering Service or Resources team should also be notified of any concerns.

7 Social care responses

7.1 Thresholds of intervention

- **Family Help services** will be offered to children exhibiting inappropriate or problematic sexual behaviours based on the Brook traffic lights system
- A **child protection** response where there are incidents of abusive sexual behaviour (red behaviours) that are directed at another child (see below for details) who is at risk of significant harm as a result. A child protection response will also be used if there is evidence that the child displaying HSB is also being abused.

7.2 Family Help response

- The allocated Family Help lead practitioner will convene a Family Help planning meeting as soon as possible to discuss concerns, carry out a risk assessment and plan for the Family Help assessment.
- A professional planning meeting should discuss the concerns and how to manage the child's behaviour, meet their needs and keep other children safe. The meeting should also consider whether a specialist AIM 3 assessment will need to be carried out and which professional should carry out the assessment. This assessment looks at the risk posed by the child and the most appropriate level of intervention.
- Following assessment the professional network will develop the Family Help plan that will be reviewed every 3 months.
- If information comes to light that increases the risk posed by the child to other children, or there are any further incidents of harmful sexual behaviour, this should be reported to the allocated Family Help lead practitioner immediately and a decision made on whether or not to escalate the case and convene a strategy meeting.

7.3 Child protection response

- Where the threshold of risk of significant harm is met, the Family Help service should follow the London Safeguarding Children Board child protection procedures (see below for details). [London Child Protection Procedures \(londonsafeguardingchildrenprocedures.co.uk\)](https://londonsafeguardingchildrenprocedures.co.uk)
- A Lead Child Protection Practitioner (LCPP) will be allocated to oversee all child protection activity and provide support to the allocated Family Help practitioner.

- The victim and the child displaying HSB should be allocated to different Family Help practitioners, even if they live in the same household, to ensure they are both fully supported and their individual needs are met. The Family Help practitioner will carry out a Family Help assessment to be completed within 35 days of the referral.
- The LCPP should convene a strategy meeting within 3 days of receiving the referral or the incident occurring and where there is evidence of significant harm, a child protection case conference will be held to decide whether the victim is at risk and a child protection conference needs to be convened.
- Where the child displaying HSB is also thought to be at risk of significant harm, a separate strategy meeting and case conference will be held.
- When the children concerned are resident in a different local authority area, their local authority should be represented at the strategy meeting which will usually be convened and chaired by the local authority children's social care service where the victim lives.
- If the child is a victim of harmful sexual behaviour, the plan should look at how they can be kept safe and deal with any issues arising from the incident or other identified needs.
- If the child displays HSB, the meeting should gather information on the level of risk the child poses to any siblings, extended family members or children in school or the wider community.
- The meeting should also consider the likelihood of current behaviour becoming more serious over time and whether a specialist AIM 3 assessment should be carried out.

7.4 Cases involving child sexual exploitation (CSE)

If the case involves CSE the MASH team will follow the CSCP guidance *Extra-familial harm and child exploitation* and carry out a CSE risk assessment. Further details are available at: [CSCP-extra-familial-harm-and-child-exploitation-guidance.pdf](#)

7.5 Looked after children

- Foster carers and residential keyworkers should report any incidents of harmful sexual behaviour to the allocated CLA social worker and the child's IRO, who may decide to bring forward the statutory CLA review to consider the continued viability of the placement.
- In general, planning to address the harmful sexual behaviour of a looked after child or protect a victim who is looked after will take place within the Looked

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After Children care planning process and any actions and interventions recorded in their care plan.

- However, where there are child protection concerns with regard to the victim or the child displaying HSB these must be dealt with under child protection procedures and the LCPP should convene a strategy meeting.
- Where the child is placed in another local authority area, child protection procedures will be carried out by the host local authority but the CLA social worker should be fully involved, sharing information with the host local authority and attending any strategy meetings or case conferences.

As teams and services responsible for providing accommodation need to have an opportunity to assess the risk posed by the child displaying HSB to other children in the placement or accommodation, the following should also be informed of any incidents taking place in the placement or accommodation:

- The supervising social worker and the Fostering manager for children placed in a Camden fostering placement;
- The Resource team manager for children placed with P&V foster carers or residential care;
- The Pathways Commissioner for children placed in Camden's Housing Pathways accommodation.

Following any incident, there must be a discussion between the CLA social worker, the IRO and the relevant team or service to decide what action to take, including whether or not the child should remain in the placement.

8 Integrated Youth Support Services (IYSS) response

8.1 Role of IYSS

IYSS has lead responsibility for working with children aged 10 to 18 who exhibit anti-social or offending behaviour of a harmful nature to reduce the risk of re-offending and ensure general community safety. IYSS also has a duty to safeguard and promote the welfare of children displaying HSB by making appropriate referrals to Family Help.

The Youth Justice Service (YJS), which is part of the IYSS, works with children aged 10 to 18 who have entered the criminal justice system due to their offending behaviour.

8.2 Assessment and action

All Police MERLINS will be processed by the Contact Service to decide on the most appropriate response. On receiving a police MERLIN notification, the IYSS should screen the referral for any safeguarding concerns and liaise with the Contact Service where appropriate. With regard to anti-social behaviour and offending concerns, IYSS should decide on whether an immediate response is needed based on the level of perceived risk and whether the child is subject to a bail to return period.

Where a child is released under investigation a service or intervention should be offered by IYSS, the Family Help service or CAMHS.

In addition to statutory youth offending work, IYSS provides voluntary support for children who have come to police notice for anti-social behaviour or are considered at risk of offending (a preventative response). In response to low level offending, IYSS offers pre-court disposals which include Triage, Youth Caution and Youth Conditional Cautions.

Children who have been convicted of sexual harm offences are assessed using a specialist AIM 3 assessment which is designed to help assess whether the child's behaviour is likely to continue and/or escalate without intervention and will be carried out by a YJS worker.

An AIM 3 assessment may also be carried out for children who have not been charged, convicted or prosecuted but have been known to have sexually abused. In these cases, assessment is carried out on a voluntary basis and may be carried out by an IYSS worker or by a Family Help practitioner who has received the relevant training as part of the Family Help assessment where this is more appropriate.

AIM 3 assessments will be carried out in partnership between IYSS and the Family Help service to ensure all relevant information is taken into account. Information from the AIM 3 assessment will be incorporated into any pre-sentence report provided by IYSS to the court when sentencing the child and will inform the AIM intervention programme carried out by the IYSS.

Where a case is heard in the criminal courts and a comprehensive psychological assessment has already been carried out by CAMHS that addresses the relevant issues, the professional network may request the court to accept this assessment in place of carrying out an AIM 3 assessment.

8.4 Referral to the YJS High Risk and Vulnerability Panel

YJS case managers can refer a child to the YJS internal High Risk and Vulnerability panel. Referrals are made where a child's assessed behaviour poses a risk of serious harm to the community or if the child is perceived to be highly vulnerable.

8.5 The Camden Gangs Partnership

Where harmful sexual behaviour occurs in a gangs context, YJS case managers can refer the child to the Camden Gangs Partnership. The partnership delivers the collaborative multi-agency work between the Metropolitan Police Service (MPS), the Probation Service and the Reducing Youth Violence and Exploitation and Community Safety Services from the London Borough of Camden.

The aim of the Partnership is to reduce gang-related harm through a multi-agency approach to support children affected by gangs.

8.6 Referral to MAPPA and registration

Camden's [Multi-agency Public Protection Arrangements \(MAPPA\)](#) are designed to protect the public from the most dangerous offenders by ensuring a high level of monitoring by a variety of agencies including social care services and YJS.

MAPPA covers any offenders who have been convicted of certain violent or sexual offences and who are about to be released from prison on licence. This includes children with whom YJS work.

For children under 18, YJS will be responsible for completing an internal screening and risk assessment and referring them on to MAPPA where a decision is taken on the level of management required to reduce risk. Individual children will be discussed at the High Risk and Vulnerability Panel and a decision taken on referral to MAPPA.

Children who are subject to MAPPA will have a risk management plan that is regularly reviewed and YJS will be responsible for the implementation of this plan and monitoring the child's compliance.

9 Release from custody

If a child has received a custodial sentence for an offence linked to their harmful sexual behaviour and is about to be released into the community, the child's release should be managed under this protocol as part of risk management.

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The YJS worker should contact the MASH manager to discuss the release and make a decision on whether the Family Help service need to be involved in managing risk. A referral should be made to Family Help where there is a risk of significant harm to other siblings in the household or other children within the community.

The child will be referred to the YJS Resettlement Panel 3 months before their release from custody so that robust plans are in place before the child is released back into the community.

YJS should hold a pre-release meeting 10 working days before the child is released, and if there are any concerns, YJS should request a representative from the Family Help service to attend so that a joint risk assessment can be carried out and a decision made on convening a strategy meeting under this protocol.

The strategy discussion should:

- look closely at predictors of future behaviour
- consider carrying out an AIM 3 assessment jointly between the Family Help service and YJS if necessary
- consider what multi-agency strategies need to be in place to manage risk
- look at whether any immediate action needs to be taken to protect siblings and other children, for example if the child should return to live in the family home.

YJS should carry out an AssetPlus assessment including making a referral to MAPPA for management of the offender on their release where the threshold is met in accordance with national standards.

These procedures will also apply where a child with a known history of harmful or abusive behaviour moves into the borough and Camden IYSS agrees to work with the child on a temporary basis.

10 Role of Camden CAMHS

10.1 Description of service

Camden Child and Adolescent Mental Services (CAMHS) are part of an integrated response to children with harmful sexual behaviour and can be used by the Children's workforce in a number of ways.

- as a source of consultation and support for staff working with children and children exhibiting sexually harmful behaviour

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- offering direct assessment and treatment of children exhibiting harmful sexual behaviour
- helping staff to navigating the network to help access more specialist services such as the Portman clinic.

The preferred way of working is to work jointly those practitioners who have the existing professional relationship with the child in question, for example a Family Help practitioner, particularly during the assessment phase.

A CAMHS assessment will duplicate some areas of the AIM assessment so if a CAMHS assessment is agreed before the AIM assessment is completed, consideration should be given to not completing the whole AIM assessment, to avoid duplication and children having to tell their stories multiple time, particularly if the information is sensitive and distressing.

10.2 Referrals to CAMHS

There are no strict referral criteria over and above that children have, or are thought to have mental health concerns, and that they are under 18 at the point of referral.

If a child is already known to CAMHS the team should be contacted and made aware of any new concerns.

If a child is not known to CAMHS a referral should be made at the earliest opportunity. There is a single point of access for all CAMHS services.

Pre-referral telephone conversations are encouraged and can be arranged by calling the intake team on 020 8938 2241/2558/2269/2200 or by emailing tqn-tr.cyaf-intake@nhs.net.

CAMHS request forms are available on MOSIAC in the documents section. A PDF of the completed form along with relevant documents should be sent to: tqn-tr.cyaf-intake@nhs.net.

Role of the Family Therapy Service

Any case holding practitioner can request a consultation that will determine the type of support that can be offered such as support for the practitioner to approach the work, further ongoing consultation, and joint work.

11 Role of schools

Schools are at the forefront on actively promoting gender equality, respectful relationships and critical understanding of harmful gender stereotypes, misogyny and online influences, and are responsible for delivering preventative work to help children challenge attitudes that contribute to sexual harassment, sexual violence and violence against women and girls.

Schools have a duty to safeguard their pupils and as part of this duty are required to have a policy in place covering what action will be taken in response to incidents of harmful sexual behaviour, including sexual violence and sexual harassment.

Schools will follow the model [*Child on child abuse and sexual violence and harassment*](#) protocol that sets out actions to be taken in response to incidents of sexual violence or sexual harassment between pupils. All policies will follow the statutory guidance [*Keeping children safe in education*](#).

These policies will also be linked in with the school's behaviour management and anti-bullying policies.

Schools will also refer to this protocol when deciding on the level of risk the pupil's behaviour and the most appropriate response, which may be:

- for low level, one-off incidents, dealing with the matter internally under the school's own behaviour and bullying policies
- referring the victim (and/or the child displaying HSB) to Family Help Services for support
- where appropriate, making a child protection referral where the victim or the child displaying HSB is thought to be at risk of harm
- referring the matter to the police where a criminal offence may have taken place; all cases referred to the police must also be referred to the Family Help service via the MASH.

In addressing allegations of harmful behaviour, schools must balance the rights of victims with those of the accused. Safeguarding actions should be based on the needs of the children involved and should not be dependent on the police response as many cases will not be pursued to prosecution.

12 Confidentiality and information-sharing

The Children Act 2004 provides a lawful basis for agencies to share information to safeguard a child. Agencies should inform parents that information will be shared with a third party (for example to refer the child for services), but parents should be aware that if there are safeguarding concerns the agency can make a referral or share information without their agreement.

- In general, parents should always be informed of a referral unless this would:
 - increase the risk of further harm to the child
 - interfere with a criminal investigation
 - cause undue delay.
- Generally, where a child is under 12 years old, parents should be approached for agreement to share information.
- Children aged between 12 and 15 years old may be able to agree to information sharing if they are able to understand the issues and make an informed decision; otherwise, their parents must be approached.
- Children aged over 16 are legally able to give their agreement to information sharing where they are judged to have mental capacity.
- When sharing information, professionals should only disclose relevant information to those professionals who need to know and for the purpose it is needed.
- If the child displaying HSB is being dealt with under Multi-agency Public Protection Arrangements (MAPPA), decisions on information sharing will be made by this forum on a “need to know” basis only.
- Within schools, information sharing should be limited to the head teacher and the designated safeguarding lead although it may be necessary for schools to notify the designated school governor for safeguarding.
- No other member of staff should be party to any disclosure unless they need to know in order to implement the risk management plan or monitor the child’s behaviour. Decisions on disclosure should be made by the head teacher on a case-by-case basis.

Information to be shared includes the following:

- Schools and other agencies should notify the Family Help service of any incidents of harmful behaviour and report on any monitoring that is being undertaken on a child. Schools should also notify other agencies if a child is to be excluded due to their behaviour.

- The Family Help service will notify other relevant agencies when the service becomes involved with a child due to harmful sexual behaviour, either as a victim or a child displaying HSB, and will keep relevant agencies informed of any interventions taken for example, convening a strategy meeting under child protection procedures.
- The police will notify the Contact Service and IYSS of any incidents or arrests of a child for harmful sexual behaviour via the MERLIN system.
- IYSS will notify the Contact Service and any other relevant agency when they become involved with a child who enters the criminal justice system as a result of harmful sexual behaviour and will inform agencies of any court decisions in relation to them.

13 Partnership working

To ensure the needs of victims and children displaying HSB are met at the most appropriate level of intervention, there must be a co-ordinated, multi-agency response to incidents and concerns.

- Joint assessment is a key part of ensuring all the needs of children are met. The principles to be followed are:
 - each agency should contribute information to all Family Help and IYSS assessments
 - strategy meetings and other multi-agency planning meetings should be used to plan assessments and delegate tasks to agencies.
 - all assessments should incorporate an assessment of the level of risk posed to other children
 - assessments carried out by individual agencies should be shared with partners.
- All agencies involved with the victim and the child displaying HSB should ensure that a representative will attend any strategy meeting, child protection conference or other multi-agency planning meeting to share information and to be part of the planning and decision-making process. Where an agency is unable to attend, a written report should be made available for the meeting. Minutes of all meetings should be shared with all partner agencies.
- Agencies should maintain regular contact, particularly where there is a high level of risk to children and where an individual child's behaviour is being monitored as part of a child protection plan or court ordered intervention.

14 Working with parents and carers

When working with parents and carers, professionals should ensure that they remain sensitive at all times and work with parents should be informed by our Relational Practice principles. Many are likely to be shocked on hearing about the allegations, but it is important that they are involved in any agreed strategies for monitoring their child's behaviour and in ensuring appropriate boundaries are set at home. Parents may also be a useful source of information regarding the child's behaviour and development.

Professionals should work with parents and carers to understand the wider context of the child's behaviour, including experiences of trauma, family relationships, exposure to domestic abuse, sexual violence, online influences and attitudes towards gender and relationships within the home.

However, professionals also need to be aware of the possibility that the quality of care provided by parents and the home environment may be a factor in the child's harmful sexual behaviour. Where this is thought to be the case, professionals should contact the MASH social worker to discuss the case on a "no names" basis and agree on the most appropriate action.

15 Resolving professional differences

The operation of this protocol may result in differences of opinion between agencies on issues such as whether the child's behaviour is inappropriate or harmful, the level of risk posed and the best way to respond to incidents.

In the event that professionals or agencies have any disagreements in connection with the operation of this protocol, this will be resolved under the CSCP escalation policy available at: <https://cscp.org.uk/professionals/escalation-policy/>

16 Review of protocol

This protocol will be reviewed on a 12 monthly basis by representatives of the Quality Assurance sub-group of the Camden Safeguarding Children Partnership.

Appendix 1: Brook sexual behaviours traffic light tool

	Green behaviours	Amber behaviours	Red behaviours
Description	Safe and health sexual development displayed by children or children of a similar age or developmental ability and reflecting natural curiosity, experimentation, consensual activities and positive choices	Behaviours that are potentially outside safe and health behaviour and which is of potential concern due to age or developmental differences or because of the type of activity, frequency, duration or context in which the behaviour occurs	Behaviours that are outside safe and healthy behaviours and involve: • excessive, secretive, compulsive, coercive, degrading or threatening behaviours • significant age, developmental and power differences • behaviour type, frequency, duration or context that is concerning
Behaviours 0-5	• holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games eg; mummies and daddies, doctors and nurses • enjoying nakedness • interest in body parts and what they do • Curiosity about differences between boys and girls	• pre-occupation with adult sexual behaviour • pulling other children's pants/skirt/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online	• persistently touching the genitals of other children • persistent attempts to touch the genitals of adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play

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Behaviours 5-9	• feeling and touching own genitals • curiosity about other children's genitals • curiosity about sex and relationships ,ie; difference between boys and girls, where babies come from, how sex happens, same sex relationships • sense of privacy about bodies • telling stories or asking questions using swear or slang words for parts of the body	• questions about sexual activity which persist or are repeated frequently despite an answer having been given • sexual bullying fact to face or through texts or online messaging • engaging in mutual masturbation • persistent sexual images and ideas in talk, play and art • use of adult slang language to discuss sex	• frequent masturbation in front of others • sexual behaviour engaging significantly younger or less able children • forcing other children to take part in sexual activities • simulation of oral or penetrative sex • sourcing pornographic material online
Behaviours 9-13	• solitary masturbation • use of sexual language including swear and slang words • having girl/boyfriends who are of the same, opposite or any gender • interest in popular culture eg: fashion, music, media, online games, chatting online • need for privacy • consensual kissing, hugging, holding hands with peers	• uncharacteristic and risk-related behaviour eg: sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • verbal, physical or cyber/virtual sexual bullying involving sexual aggression • LGBT targeted bullying • exhibitionism eg: flashing, mooning • giving out contact details online • viewing pornographic material • worrying about being pregnant or having STIs	• exposing genitals or masturbating in public • distributing naked or sexually provocative images of self or others • sexually explicit talk with younger children • sexual harassment • arranging to meet with an online acquaintance in secret • genital injury to self or others • forcing other children of same age, younger, or less able to take part in sexual activities • sexual activity eg: oral sex or intercourse • presence of STIs • evidence of pregnancy

Behaviours 13-17	• solitary masturbation • sexually explicit conversations with peers • obscenities and jokes within the current cultural norm • interest in erotica/pornography • use of internet/e-media to chat online • having sexual or non-sexual relationships • sexual activity including hugging, kissing, holding hands • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability • choosing not to be sexually active	• accessing exploitative or violent pornography • uncharacteristic and risk-related behaviour eg: sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • concern about body image • taking and sending naked or sexually provocative images of self or others • single occurrence of peeping, exposing, mooning or obscene gestures • giving out contact details online • joining adult-only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone	• exposing genitals or masturbating in public • preoccupation with sex which interferes with daily function • sexual degradation or humiliation of self or others • attempting/forcing others to expose genitals • sexually aggressive or exploitative behaviour • sexually explicit talk with younger children • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there is a big difference in age or ability • sexual activity with family members • involvement in sexual exploitation and/or trafficking • sexual contact with animals • receipt of gifts or money in exchange for sex
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