Cambridgeshire & Peterborough Safeguarding Children Partnership Board

Child Sexual Behaviour Assessment Tool

This tool has been adapted with kind permission from

- Calderdale Safeguarding Children Partnership’s Harmful Sexual Behaviour Tool;
- NHS Forth Valley’s Preventing and Managing Harmful Sexual Behaviour Guidelines
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Introduction

In 2018, Cambridgeshire & Peterborough Safeguarding Children Partnership Board undertook a comprehensive review of their CSA pathway and resources to support practitioners. This work was informed by a series of surveys that were undertaken with children/young people, parents/carers and professionals. The work resulted in a local CSA Strategy, CSA training programme, community resources and a toolkit to assist practitioners with recognising and responding to CSA.

In October 2020, the partnership reviewed this work to ensure that it was having a positive impact on practice and improving outcomes for children and their families. The surveys were repeated and evidenced that there had been improvement in both practice and knowledge. The findings of the surveys were used to refresh the CSA strategy and training and a local Sexual Behaviour Assessment tool was developed to assist practitioners in assessing potential sexual abuse.

Use of a Child Sexual Behaviour Assessment Tool

NICE guidance for Harmful Sexual Behaviour among Children and Young people (NICE guideline [NG55]) states:

*The use of a locally agreed tool as part of the early help assessment that accounts for the severity of the behaviour, to avoid unnecessary and potentially stigmatising referrals.*

*Models that place a child or young person's sexual behaviour on a continuum indicating various levels of seriousness, such as Hackett's model[2].*

Most children display a range of healthy sexualised behaviours as they grow up. However some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards.

You may need to reassure worried parents that their child is exploring their sexuality in a healthy way. However if a child is displaying harmful sexual behaviour (HSB) you need to provide them with appropriate advice and make referrals for relevant treatment and support.

Age of consent

In each UK nation, the age of consent (the legal age when people can engage in sexual activity) is 16 years old. This is the same regardless of the person's gender identity, sexual identity and whether the sexual activity is between people of the same or different gender.

The law is there to protect children from abuse or exploitation, rather than to prosecute under-16s who participate in mutually consenting sexual activity. Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

Children aged under 13

The law says anyone under the age of 13 can never legally give consent. (Sexual Offences Act 2003).

Any sexual activity with a child under 13 should always result in a child protection referral.
Young people aged between 13-15

- Where any child sex offences are committed on a young person between the ages of 13 and 15 by a person aged 18 or over, the prosecution must prove that the defendant did not reasonably believe that the child was 16 or over. The same applies for some child sex offences where the defendant is under the age of 18. In cases where the defendant is aged 13 – 17 years, a number of factors will need to be taken into consideration prior to a prosecution such as the vulnerability of victim, ages of the parties involved and whether there are other aggravating features present such as the history of defendant’s offending, was the victim offered alcohol or drugs by the defendant, is there an imbalance of power, did the activity occur in a public or private place, were threats made by the defendant?

- In some of these cases and in liaison with victim and victim’s family, it may be appropriate for youth offenders involved in child sex offences to be offered an out of court diversionary route focusing on education or rehabilitation as opposed to pursuing the criminal justice route so as to avoid criminalising young people at a young age. In such cases advice from CPS should still be sought where the offence is indictable and the case has to be in the public interest.

Young people aged 16 up to the age of 18

The law gives extra protection to young people who are over the age of consent but under 18. It is illegal:

- to take, show or distribute indecent photographs of a child (this is often called sexting)
- to pay for or arrange sexual services of a child
- for a person in a position of trust (for example teachers or care workers) to engage in sexual activity with anyone under the age of 18 who is in the care of their organisation.

Step one: gathering information

First, you need to gather as much information as possible so that you can work out whether a child is displaying healthy, problematic or harmful sexual behaviour.

Remember that for many children and parents this is a sensitive topic. Listen non-judgementally to what they are telling you.

You should consider:

- **The age of the child or young person who has displayed HSB.** As children grow up they develop sexually. What is ‘normal’ sexual behaviour for a 15 year old may be problematic or harmful for an eight year old. Consider the child's developmental ability as well as their chronological age.

- **The age of the other children or young people involved.** If the children involved are the same age/developmental ability the behaviour may be considered 'normal'. But if the children are of different ages/developmental abilities, the behaviour might be problematic or harmful.
• **Children with additional needs.** When considering children and young people with additional needs practitioners need to evaluate sexual behaviours focussing on developmental age rather than chronological age.

**Indicators that behaviour is problematic or harmful**

You should try to find out as much as possible about the behaviour that is being displayed. Children naturally explore and experiment with their sexuality as they grow up. If the behaviour seems to go beyond curiosity, for example if it is obsessive, this might indicate it is harmful.

You should also consider:

- **Is the behaviour unusual for that particular child or young person?**
  Children naturally explore and experiment with their sexuality as they grow up. If the behaviour seems to go beyond curiosity, for example if it is obsessive, this might indicate it is harmful. If a child's behaviour is out of character, it's important to take time to consider why the child is behaving unusually.

- **Have all the children or young people involved freely given consent?**
  If the behaviour involves coercion, intimidation or forcing others to take part, it should be considered harmful.

- **Are the other children or young people distressed?**
  If the behaviour is upsetting others, this indicates it is problematic.

- **Is there an imbalance of power?**
  If the child displaying the behaviour is in a more powerful position than the other children involved, this indicates it is problematic. This might happen if there are significant differences in age, size, power or developmental ability.

- **Is the behaviour excessive, degrading or threatening?**
  Excessive behaviour means behaviour that is obsessive, persistent, compulsive or has been going on for a long time. Any behaviour that involves force, coercion, bribery or threats is harmful.

- **Is the behaviour occurring in a public or private space?**
  If the behaviour is particularly secretive or is being carried out in private after intervention from adults, this may be cause for concern.

**Step two: assessing the behaviour**

Sexualised behaviour should be seen as a continuum, ranging from 'normal' to 'inappropriate' and 'abusive' (Hackett, 2010).

Using the information you've gathered, consider where the child or young person's behaviour sits on the continuum:
Normal
- Developmentally expected
- Socially acceptable
- Consensual, mutual and reciprocal
- Shared decision making

Inappropriate
- Single instances of developmentally inappropriate sexual behaviours
- Socially acceptable behaviour within peer group
- Generally consensual and reciprocal
- Context for behaviour may be inappropriate

Problematic and concerning
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent may be unclear
- May not be reciprocal
- May involve an imbalance of power
- May be compulsive

Abusive
- Includes misuse of power
- Coercion and force to ensure victim compliance
- Intrusive
- Lacking informed consent or not freely given
- May include elements of expressive violence

Violent
- Physically violent sexual abuse
- Highly intrusive
- Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- Sadism
Step three: taking action

Your response to a child displaying sexualised behaviours should vary depending on the child's age, stage of development and the type of behaviours being displayed.

Your approach should focus on the needs of the child at all times.

Normal behaviours

It's healthy for children to be curious about their own and other people's bodies. The process of experimentation and exploration mean that children and young people will get it wrong from time to time but this may not indicate a serious concern.

How to respond

- Listen to what children and young people have to say and respond calmly and non-judgementally.
- Talk to parents about developmentally typical sexualised behaviours.
- Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse.
- Make sure young people know how to behave responsibly and safely. For example two 15-year-olds having consensual sex might benefit from a conversation about contraception and consent.

Inappropriate, problematic or concerning behaviours

Although these behaviours are not abusive or violent, they should not be ignored. The child or young person will need support to help them change their behaviour and stop the behaviour escalating.

How to respond

- Listen to what children and young people have to say and respond calmly and non-judgementally.
- Follow child protection procedures and make a report to the person responsible for child protection.

Abusive and violent behaviours

Abusive and/or violent behaviours need immediate intervention and action. You should consider whether the child or young person displaying the behaviour is at risk and take the necessary action to protect them. You also need to take action to mitigate the risk their behaviour may pose to others.

How to respond

- If a child is in immediate danger, call the police on 999.
- If a child is not in immediate danger: Follow child protection procedures and make a report to the person responsible for child protection. A link to the referral form can be found here https://www.safeguardingcambspeterborough.org.uk/concerned/
# Child Sexual Behaviour Assessment Tool

<table>
<thead>
<tr>
<th></th>
<th>Healthy</th>
<th>Inappropriate, Problematic or concerning</th>
<th>Abusive and Violent</th>
</tr>
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</table>
| **0 – 4 years: infant, toddler, pre-school** | • Touching or rubbing their own genitals.  
  • Enjoying being nude.  
  • Showing others their genitals.  
  • Playing 'mummies and daddies' or 'doctors and nurses'.  
  • Touching or curious about other children's genitals  
  • Touching or curious about breasts, bottoms or genitals of adults  
  • Interest in body parts and what they do  
  • Curiosity about the differences between boys and girls  
  • Using slang words/dirty language for bathroom and sexual functions  
  • Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive behaviours)  | • Preoccupation with adult sexual behaviour  
  • Pulling other children's pants down/skirts up/trousers down against their will  
  • Talking about sex using adult slang or age inappropriate language  
  • 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  
  • Persistent masturbation that does not cease when told to stop  
  • Forcing another child to engage in sexual play  
  • Sexualising play with dolls such as 'humping' a teddy bear  
  • Touching the private parts of adults not known to the child  
  • Chronic peeping behaviour  
  • Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)* | • Persistently touching the genitals of other children or adults  
  • Simulation of sexual activity in play  
  • Sexual behaviour between young children involving penetration with objects  
  • Forcing other children to engage in sexual play  
  • Touching or rubbing themselves to the exclusion of normal childhood activities; hurting their own genitals by rubbing or touching  
  • Oral sex  
  • Accessing sexual material online** |
### 5 – 9 years: early school years

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Inappropriate, Problematic or concerning</th>
<th>Abusive and Violent</th>
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<tbody>
<tr>
<td>Feeling and touching own genitals</td>
<td>Questions about sexual activity which persist or are repeated frequently, despite an answer having been given</td>
<td>Frequent masturbation in front of others</td>
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<tr>
<td>Curiosity about other children’s genitals</td>
<td>Sexual bullying face to face or through texts or online messaging</td>
<td>Sexual behaviour engaging significantly younger or less able children</td>
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<tr>
<td>Curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships</td>
<td>Engaging in mutual masturbation</td>
<td>Forcing other children to take part in sexual activities</td>
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<td>Sense of privacy about bodies</td>
<td>Persistent sexual images and ideas in talk, play and art</td>
<td>Simulation of oral or penetrative sex</td>
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<td>Telling stories or asking questions using swear and slang words for parts of the body</td>
<td>Use of adult slang language to discuss sex</td>
<td>Accessing pornographic material online</td>
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<tr>
<td>Self-touching including masturbating</td>
<td>Continually rubbing/touching their own genitals in public</td>
<td>Exposing other children to pornography online</td>
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<tr>
<td>‘Show me yours/I’ll show you mine’ with same age children</td>
<td>Persistent use of dirty words</td>
<td>Touching or rubbing themselves persistently in private or public to the exclusion of normal childhood activities</td>
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<tr>
<td>Hearing and telling age appropriate ‘dirty’ jokes</td>
<td>Wanting to play sex games with much older or younger children</td>
<td>Rubbing their genitals on other people</td>
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<tr>
<td>Playing mummies and daddies</td>
<td>Continually wanting to touch the private parts of other children</td>
<td>Forcing other children to play sexual games</td>
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<td>Kissing, holding hands</td>
<td>Chronic peeping behaviour</td>
<td>Sexual knowledge too advanced for their age</td>
</tr>
<tr>
<td>Mimicking or practicing observed behaviours such as pinching a bottom</td>
<td>Wanting to play sex games with much older or younger children</td>
<td>Talking about sex and sexual acts habitually</td>
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<tr>
<td>Increased curiosity in adult sexual behaviour (‘where do babies come from?’ etc)</td>
<td>Sending/receiving “dick” pics (exploitation risk)</td>
<td>Posting sexual images or videos online</td>
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<tr>
<td>Using slang words/dirty language for bathroom and sexual functions, talking about ‘sex’</td>
<td>Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions)</td>
<td>Cyber bullying others using intimate images to extort other children</td>
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<td>Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)</td>
<td>Grooming other children</td>
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<td>Meeting online ‘friends’ face to face (risk of sexual assault)</td>
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<tr>
<td>Healthy</td>
<td>Inappropriate, Problematic or concerning</td>
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<tr>
<td>• Using photos, videos to record their life,</td>
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<td>• Accidental access to pornography (risk for sexually abusive behaviours)</td>
<td>• Uncharacteristic and risk-related behaviour, e.g. 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</td>
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<td></td>
<td>• Verbal, physical or cyber/virtual sexual bullying involving sexual aggression</td>
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<td>• LGBT (lesbian, gay, bisexual, transgender) targeted bullying</td>
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<td>• Exhibitionism, e.g. flashing or mooning</td>
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<td>• Giving out contact details online</td>
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<td></td>
<td>• Viewing pornographic material</td>
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<td></td>
<td>• Attempting to expose others' genitals</td>
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<td></td>
<td>• Sexual knowledge too advanced for their age once context is considered</td>
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<td></td>
<td>• Pre-occupation with masturbation</td>
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<td></td>
<td>• Mutual masturbation/group masturbation</td>
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<td>10 – 13 years: pre-adolescence</td>
<td>• Exposing genitals or masturbating in public</td>
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<td></td>
<td>• Distributing naked or sexually provocative images of self or others - Sexting</td>
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<td>• Sexually explicit talk with younger children</td>
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<td>• Sexual harassment</td>
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<td></td>
<td>• Arranging to meet with an online acquaintance in secret</td>
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<td>• Genital injury to self or others</td>
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<td></td>
<td>• Forcing other children of same age, younger or less able to take part in sexual activities</td>
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<td></td>
<td>• Sexual activity e.g. oral sex or intercourse</td>
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<td></td>
<td>• Compulsive masturbation, including task interruption to masturbate</td>
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<td></td>
<td>• Repeated or chronic peeping, exposing or using obscenities</td>
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<td></td>
<td>• Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines)</td>
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| • Playing age appropriate games online (low risk)  
• Access to pornography (low risk)                   | • Single occurrence of peeping, exposing, obscenities, pornographic interest (sources include the internet, pay TV, videos, DVDs and magazines)  
• Simulating foreplay or intercourse with peers with their clothes on  
• Taking nude, sexual images of themselves  
• Secretive about using the internet/social media (risk of being groomed or exploited) | • Degradation/humiliation of themselves or others using sexual themes  
• Touching the genitals of others without permission  
• Sexually explicit threats - written or verbal  
• Forced exposure of others’ genitals  
• Simulating intercourse with peers with clothes off  
• Penetration of dolls, children or animals  
• Taking/sharing nude sexual images of others  
• Sharing nude sexual images of themselves  
• Having suggestive avatars (online characters) or usernames (risk of grooming)  
• Meeting online ‘friends’ face to face |

**14 – 17 years adolescence**  
• Solitary masturbation  
• Sexually explicit conversations with peers  
• Obscenities and jokes within the current cultural norm  
• Interest in erotica / pornography  
• Having sexual or non-sexual relationships  
• Sexual activity including hugging, kissing, holding hands  
• Accessing exploitative or violent pornography  
• Concern about body image  
• Taking and sending naked or sexually provocative images of self or others  
• Joining adult-only social networking sites and giving false personal information | • Exposing genitals or masturbating in public  
• Preoccupation with sex, which interferes with daily function, sexual degradation / humiliation of self or others  
• Attempting/forcing others to expose genitals  
• Sexually aggressive / exploitative behaviour |
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</table>
| • 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  
• Use of internet to chat online.  
• Viewing sexual content for arousal (low risk)  
• Sending/receiving sexual images of others with consent (low risk)* | • Experimental or sexual attention seeking with no real intent to harm another young person  
• Sexual pre-occupation that interferes with daily functions (e.g. masturbation)  
• Pre-occupation with chatting online, giving out personal details, meeting online acquaintances  
• Sexually aggressive themes/obscenities  
• Single occurrence of peeping, exposing, using obscenities  
• Unsafe sexual practices  
• Sending/receiving sexual images of multiple people with their consent* | • 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  
• Involvement in sexual exploitation and/or trafficking of others and sexual contact with animals  
• Downloading, distributing or producing sexual images which involve a criminal or abusive element beyond the creation, sending or possession of these images themselves, without adult involvement  
• Compulsive masturbation, especially chronic or public.  
• Repeated or chronic peeping, exposing or using obscenities.  
• Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines)  
• Degradation/humiliation of themselves or others using sexual themes  
• Touching the genitals of others without permission |
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- Sexually explicit threats - written or verbal
- Sending nude or sexually provocative images or self or others
- Penetration of dolls, children or animals
- Sexual harassment forced sexual contact
- Forced exposure of others’ genitals
- Sexually explicit talk with younger children
- Sexual contact with others of significant age/developmental differences
- Taking sexual images of others to exploit them* (child pornography, exploitation risk)
- Having multiple nude images of others (risks as above plus exploitation)

*It is problematic if a parent or carer sets limits on technology use and a young person finds ways round this (e.g. using it at a friend’s house). It is better to explain the risks involved and seek trust, rather than remove a device.

**Access is accidental or a child is exposed to it deliberately by an adult. It is inappropriate for a child of this age to be exposed to sexual material on or off-line.

References: