3. RESPOND

Use the traffic lights framework to identify these scenarios:

1. Heiny, aged 6, masturbates for most of the day. While in modelling, he often exposes himself to the rest of the class.
2. Tessa, aged 12, spends a lot of time alone in her bedroom with the door closed. When her friends knock on the door, she always tells them she’s not home.
3. Emily, aged 10, often sits at the top of the stairs and talks to herself. School staff often hear her talking loudly and appear to be caused by situations that are stressful or challenging.
4. Alex, aged 6, spends lots of time chatting to friends on the internet. Recently, she made a new friend, ‘Sexy Boy’. The more they chat, the more Alex feels attracted to ‘Sexy Boy’.

How is the behaviour?

Sexual behaviour changes can cause or involve harm to others. The behaviour is unusual.

If the answer to any of the following is yes, adults have a duty to take action.

The behaviour:

• is against the law
• is against organizational policy
• is in conflict to others
• poses a danger or threat to the child
• poses a danger or threat to others
• interferes with the child’s relationships

Sexual behavior and the law

Children and young people have a right to privacy and confidentiality. Sexual behaviors that are normal, age appropriate, spontaneous, and are a consequence of age or development may still be considered concerning and require some level of support and intervention.

Sexual behaviors are not just about sex. They include any talk, touch, questions, conversations and interests which relate to sexuality and relationships. Sexual behaviors in children and young people helps adults to identify and respond to sexual behaviors.

Tactful action

Most sexual behaviors are normal and healthy and will continue in the category. But if a young person shows signs of sexual abuse or is at risk of sexual abuse, or if the young person is at risk of sexual abuse, or if people is normal, concerning or harmful, it is necessary to take action. The environment in which children grow, develop and interact may influence their sexual behaviors and health. Sexual development is influenced by many factors. The environment in which children grow, develop and interact may influence their sexual behaviors and health.
2. UNDERSTAND

What the behaviour is telling you

Children show their needs and wants through their behaviour. Understanding the reason behind a child’s behaviour helps adults to meet the child’s needs and to provide responses that are appropriate to the child’s age and stage of development.

What might these concerns indicate?

These behaviours provide information about what is going on for the child and indicate what is needed.

Q2. What might these concerns indicate?

unusual changes in a child’s behaviour
• spontaneous, curious, light-hearted, ways that are persistent and/or invasive
• increased sense of privacy about bodies, including toileting or when nude
• increased curiosity about sexuality e.g. questions about sexuality
• increased interest and/or participation in girlfriend or boyfriend relationships
• increased explicit talk, art or play of sexual nature
• increased use of sexual language
• increased use of mobile phones and internet which includes browsing age restricted materials e.g. films, internet with sexually explicit content
• increased levels of physical activity while intoxicated
• increased presence of sexually transmitted infection
• increased frequency of sexual activity by using grooming techniques
• increased levels of illegal pornography
• increased use of mobile phones and internet in relationships with unknown people

SEXUAL BEHAVIOURS WHICH SIGNAL THE AGE AND STAGE OF DEVELOPMENT

• curiosity about other parts of life• asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. “show me yours and I’ll show you mine”, playing ‘family’ during play, toilet or bath times• touching the genitals/private parts• persistently watching or following others to look at them or touch them• pulling other children’s pants down or skirts up against their will• touching the genitals/private parts of other children in preference to other activities• attempting to touch or touching adults on the breast, bottom, or genitals in ways that are persistent and/or invasive• touching the genitals/private parts of animals after redirection• masturbation of others, oral sex• disclosure of sexual abuse• preoccupation with sexual behaviours which indicate the age and stage of development• increased sense of privacy about bodies• increased interest and/or participation in girlfriend or boyfriend relationships• increased explicit talk, art or play of sexual nature• increased use of sexual language• increased use of mobile phones and internet which includes browsing age restricted materials e.g. films, internet with sexually explicit content• increased levels of physical activity while intoxicated

These behaviours signal the need to monitor and provide extra support.

RED

Sexual behaviours which raise concerns because of their frequency of occurrence and duration of behaviours, or when they are appropriate to the child’s age and stage of development

• sexual contact with others of a different age, developmental ability (ability to consent) and/or physical readiness for sexual activity
• sexual contact with siblings, peers or strangers
• increased frequency of spontaneous questions or stories...

• use of humour and obscenities with peers• increased levels of physical activity while intoxicated
• increased presence of sexually transmitted infection
• increased frequency of sexual activity by using grooming techniques
• increased levels of illegal pornography
• increased use of mobile phones and internet in relationships with unknown people

GROWING PAIN FOR NEws

• increased level of stress and/or anxiety
• increased levels of aggression
• increased levels of self-harm
• increased levels of social isolation
• increased levels of illegal activity

ORANGE

Sexual behaviours which are part of normal and healthy development

• comfort in being nude
• body touching and exploring own genitals• unstimulated masturbation
• interest in body parts and functions
• wanting to touch familiar children’s genitals during play, but for obvious reasons
• participation in make believe games involving body parts (e.g. ‘playing doctor’ or ‘this is where mummy puts my dummy’ and I’ll show you mine’, playing ‘family’)

• asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath
• increased level of stress and/or anxiety
• increased levels of aggression
• increased levels of self-harm
• increased levels of social isolation
• increased levels of illegal activity

GREEN

Sexual behaviours which are part of normal and healthy development

• curiosity about other parts of life• asking about or touching the breasts, bottoms or genitals of familiar adults e.g. “show me yours and I’ll show you mine”, playing ‘family’ during play, toilet or bath times• touching the genitals/private parts of other children in preference to other activities• attempting to touch or touching adults on the breast, bottom, or genitals in ways that are persistent and/or invasive• touching the genitals/private parts of animals after redirection• masturbation of others, oral sex• disclosure of sexual abuse• preoccupation with sexual behaviours which indicate the age and stage of development• increased sense of privacy about bodies• increased interest and/or participation in girlfriend or boyfriend relationships• increased explicit talk, art or play of sexual nature• increased use of sexual language• increased use of mobile phones and internet which includes browsing age restricted materials e.g. films, internet with sexually explicit content• increased levels of physical activity while intoxicated

These behaviours signal the need to monitor and provide extra support.

2. UNDERSTAND

What the behaviour is telling you

Children show their needs and wants through their behaviour. Understanding the reason behind a child’s behaviour helps adults to meet the child’s needs and to provide responses that are appropriate to the child’s age and stage of development.

What might these concerns indicate?

unusual changes in a child’s behaviour
• spontaneous, curious, light-hearted, ways that are persistent and/or invasive
• increased sense of privacy about bodies, including toileting or when nude
• increased curiosity about sexuality e.g. questions about sexuality
• increased interest and/or participation in girlfriend or boyfriend relationships
• increased explicit talk, art or play of sexual nature
• increased use of sexual language
• increased use of mobile phones and internet which includes browsing age restricted materials e.g. films, internet with sexually explicit content
• increased levels of physical activity while intoxicated

These behaviours signal the need to monitor and provide extra support.

RED

Sexual behaviours which raise concerns because of their frequency of occurrence and duration of behaviours, or when they are appropriate to the child’s age and stage of development

• sexual contact with others of a different age, developmental ability (ability to consent) and/or physical readiness for sexual activity
• sexual contact with siblings, peers or strangers
• increased frequency of spontaneous questions or stories...

• use of humour and obscenities with peers• increased levels of physical activity while intoxicated
• increased presence of sexually transmitted infection
• increased frequency of sexual activity by using grooming techniques
• increased levels of illegal pornography
• increased use of mobile phones and internet in relationships with unknown people

GROWING PAIN FOR NEws

• increased level of stress and/or anxiety
• increased levels of aggression
• increased levels of self-harm
• increased levels of social isolation
• increased levels of illegal activity

ORANGE

Sexual behaviours which are part of normal and healthy development

• comfort in being nude
• body touching and exploring own genitals• unstimulated masturbation
• interest in body parts and functions
• wanting to touch familiar children’s genitals during play, but for obvious reasons
• participation in make believe games involving body parts (e.g. ‘playing doctor’ or ‘this is where mummy puts my dummy’ and I’ll show you mine’, playing ‘family’)

• asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath
• increased level of stress and/or anxiety
• increased levels of aggression
• increased levels of self-harm
• increased levels of social isolation
• increased levels of illegal activity

GREEN

Sexual behaviours which are part of normal and healthy development

• curiosity about other parts of life• asking about or touching the breasts, bottoms or genitals of familiar adults e.g. “show me yours and I’ll show you mine”, playing ‘family’ during play, toilet or bath times• touching the genitals/private parts of other children in preference to other activities• attempting to touch or touching adults on the breast, bottom, or genitals in ways that are persistent and/or invasive• touching the genitals/private parts of animals after redirection• masturbation of others, oral sex• disclosure of sexual abuse• preoccupation with sexual behaviours which indicate the age and stage of development• increased sense of privacy about bodies• increased interest and/or participation in girlfriend or boyfriend relationships• increased explicit talk, art or play of sexual nature• increased use of sexual language• increased use of mobile phones and internet which includes browsing age restricted materials e.g. films, internet with sexually explicit content• increased levels of physical activity while intoxicated

These behaviours signal the need to monitor and provide extra support.