



# **HARMFUL SEXUAL BEHAVIOUR:**

Initial assessment  
and identification for  
professionals



## INTRODUCTION

The following tool has been developed by Durham Safeguarding Children Partnership (DSCP) Harmful Sexual Behaviour Task Group to assist professionals with the identification and assessment of children and young people who display harmful sexual behaviour (HSB). Some of this work has been based on the work of the Brook Sexual Behaviours Traffic Light tool. The authors would like to thank the many practitioners who provided feedback on this guidance.

It was initially produced following a revision of the HSB procedures in February 2021 and in consultation with a range of managers and practitioners within Children's Services including the Youth Justice Service, Early Help Service and Families First Teams. Consultation also took place with the Stronger Family Network practice groups. It should be used in conjunction with the DSCP HSB procedures:

[https://www.proceduresonline.com/durham/scb/p\\_sexually\\_harm\\_behav.html](https://www.proceduresonline.com/durham/scb/p_sexually_harm_behav.html)





## **WHAT IS IT?**

**Harmful Sexual Behaviours** (HSB) are defined as; Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult.

## **WHY DO I NEED TO TAKE ACTION?**

It's important that incidents of HSB are not ignored and that they are responded to in a timely and consistent manner. Early intervention in cases of harmful sexual behaviour can enable young people to adopt a healthy developmental pathway and proceed to make healthy relationships. All professionals have a responsibility to respond appropriately and at different levels when they have a concern relating to HSB.

## HOW SERIOUS IS IT?

It's important to remember that sexualised behaviours occur on a continuum from normal to inappropriate, problematic, abusive, and violent and that to ensure consistency in responding to an incident, a standardised approach should be used to identify where the behaviour sits on this continuum. For that reason, this toolkit has included the use **Hackett's Sexual Continuum** (see Appendix A) to help identify whether the behaviour reflects healthy and safe normal development, where it has the potential to be outside of healthy and safe development by being inappropriate or problematic and where behaviours are clearly outside of safe and healthy behaviour and are abusive or violent.

Using the Continuum also gives clarity on how to respond and aids the determination of defensible decisions about safeguarding children and young people. Importantly this also helps professionals to assess and respond appropriately to sexual behaviour in children and young people and understand healthy sexual development and distinguish it from harmful behaviour.





## HOW SERIOUS IS IT?

In conjunction with Hackett's continuum, practitioners should use the **Harmful Sexual Behaviour Tool** to:

- » Identify if the behaviour is developmentally appropriate or if it is HSB.
- » Manage the incident/s to ensure the safety of all concerned but ensuring that the needs of the child/young person remain foremost.
- » Ensure that all children/young people are safe from harm.
- » Decide if a safeguarding referral is indicated and if it is, share your available evidence with the referral.
- » Work with parents and carers to develop and joined up and consistent approach.
- » Consider what steps need to be taken next to address the HSB and be proactive.

The tool is not exhaustive and has been designed to assist and guide professionals in identifying when behaviour is such that it requires intervention at level 2 and above of the CoN.

It cannot replace or direct action by professionals as it is important that you exercise your professional judgement at all levels of the CoN and seek appropriate guidance and support from designated safeguarding leads.



## Harmful Sexual Behaviour Tool

### 0 - 4 YEARS: INFANT, TODDLER, PRE-SCHOOL

#### Healthy

- 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).

### **Inappropriate, problematic or concerning**

- 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).\*

### **Abusive and violent**

- 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.

## WHAT NEEDS TO HAPPEN NEXT?

Always consider how to involve families.  
Ensure whole family needs are understood, including those of siblings.

### 0 - 4 YEARS: INFANT, TODDLER, PRE-SCHOOL

Use the PANTS underwear rule to help children understand that their body belongs to them and they should tell someone they trust if anything makes them upset or worried.

[https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/?gclsrc=aw.ds&&gclid=EAlaIqobChMIgoe4x\\_Sy8wIV-walCR2vZwSREAAAYiAAEgL0EvD\\_BwE&gclsrc=aw.ds](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/?gclsrc=aw.ds&&gclid=EAlaIqobChMIgoe4x_Sy8wIV-walCR2vZwSREAAAYiAAEgL0EvD_BwE&gclsrc=aw.ds)

#### Healthy

- Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.
- Explain that there are parts of the body that are private.
- Distract the child by removing them from the situation and suggesting an alternative activity.
- Involve parents and staff in managing the situation.
- Record incidents if behaviours re occurs and start to compile a chronology.
- If more than one or two incidents noted or child does not respond to intervention, discuss with DSL (schools) and consider a referral to Early Help.



### **Inappropriate, problematic or concerning**

- As the behaviour may be unusual or out of character for the child, recognise that this behaviour may be unhealthy.
- Describe the unwanted behaviour clearly.
- Explain to the child that this behaviour is not ok.
- Distract the child by removing them from the situation and suggesting an alternative activity.
- Be aware of developmental differences in children at this age.
- These behaviours cannot be ignored and it is important to consider why the behaviour may be being displayed.
- Where possible, gather further contextual information and continue to monitor behaviour.
- For schools, if concerns remain following contextualising the situation, refer to Lead Education Safeguarding & Vulnerable Groups.
- Compile chronology of incidents.
- Consider safety planning.
- Refer to Early Help with consent of parents.

### **Abusive and violent**

- These behaviours indicate a need a need for immediate intervention and action.
- Describe the unwanted behaviour clearly.
- Point out that the behaviour is not acceptable and is impacting on others.
- Identify the context carefully – are these behaviours secretive, coercive, degrading or threatening?
- Consider any immediate risk to self or others.
- Ensure a safety plan is in place to stop the behaviour.
- Understand the needs of the young person, taking into consideration any SEND.
- Follow Durham Safeguarding Procedures and make appropriate referrals.
- For schools, refer to Lead Education Safeguarding & Vulnerable Groups.



## 5 - 9 YEARS: EARLY SCHOOL YEARS

### Healthy

- Feeling and touching own genitals.
- Curiosity about other children's genitals e.g. asking questions.
- Curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships.
- Sense of privacy about bodies.
- Telling stories or asking questions using swear and slang words for parts of the body.
- Self-touching or playing with their own genitals.
- 'Show me yours/I'll show you mine' with same age children.
- Hearing and telling age appropriate 'dirty' jokes.
- Playing mummies and daddies.
- Kissing, holding hands.
- Mimicking or practicing observed behaviours such as pinching a bottom.
- Using slang words for bathroom and sexual functions, talking about 'sex'.
- Using photos, videos to record their life.
- Accidental access to pornography (risk for sexually abusive behaviours).

### Inappropriate, problematic or concerning

- Questions about sexual activity which persist or are repeated frequently, despite an answer having been given.
- Sexual bullying face to face or through texts or online messaging: it can be physical, verbal and/or emotional.
- Engaging in mutual feeling and touching of genitals.
- Persistent sexual images and ideas in talk, play and art.
- Use of adult slang language to discuss sex.
- Frequent incidents of rubbing/touching their own genitals in public.
- Persistent use of sexualised words.
- Wanting to play games with a sexual theme with much older or younger children.
- Continually wanting to touch the private parts of other children
- Peeping behaviour that appears planned.
- Rubbing their genitals on other people.
- Sending/receiving indecent images (exploitation risk).
- Accessing age inappropriate video games.
- Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts).

### Abusive and violent

- Continually touching/rubbing in front of others.
- Sexual behaviour engaging significantly younger or less able children.
- Forcing other children to take part in sexual activities/games.
- Simulation of oral or penetrative sex.
- Sourcing pornographic material online.
- Exposing other children to pornography online.
- Talking about sex and sexual acts habitually.
- Posting sexual images or videos online.
- Cyber bullying others using intimate images to extort other children.
- Grooming other children.
- Meeting online 'friends' face to face (risk of sexual assault).
- Playing violent or sexual video games (risks: grooming, lowers inhibitions).

## WHAT NEEDS TO HAPPEN NEXT?

Always consider how to involve families.  
Ensure whole family needs are understood, including those of siblings.

### 5 – 9 YEARS: EARLY SCHOOL YEARS

Use the PANTS underwear rule to help children understand that their body belongs to them and they should tell someone they trust if anything makes them upset or worried.

[https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/?gclid=EAAlQobChMIgoe4x\\_Sy8wIV-walCR2vZwSREAAAYiAAEgL0EvD\\_BwE&gclid=aw.ds](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/?gclid=EAAlQobChMIgoe4x_Sy8wIV-walCR2vZwSREAAAYiAAEgL0EvD_BwE&gclid=aw.ds)

#### Healthy

- Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.
- Describe the unwanted behaviour clearly.
- Explain that there is a time and a place for touching private parts of the body.
- Distract the child by removing them from the situation and suggesting an alternative activity.
- Involve parents and staff in managing the situation.
- Record incidents if behaviours re occurs and start to compile a chronology.
- If more than one or two incidents noted or child does not respond to intervention, discuss with DSL (schools) and consider a referral to Early Help.

### **Inappropriate, problematic or concerning**

- As the behaviour may be unusual or out of character for the child, recognise that this behaviour may be unhealthy.
- Describe the unwanted behaviour clearly.
- Explain to the child that this behaviour is not ok.
- Distract the child by removing them from the situation and suggesting an alternative activity.
- Be aware of developmental differences in children at this age.
- These behaviours cannot be ignored and it is important to consider why the behaviour may be being displayed.
- Consider direct intervention and action with the child. For example a 1:1 piece of work.
- Where possible, gather further contextual information and continue to monitor behaviour.
- For schools, if concerns remain following contextualising the situation, refer to Lead Education Safeguarding & Vulnerable Groups.
- Compile chronology of incidents.
- Consider safety planning.
- Refer to Early Help with consent of parents.

### **Abusive and violent**

- These behaviours indicate a need a need for immediate intervention and action.
- Describe the unwanted behaviour clearly.
- Point out that the behaviour is not acceptable and is impacting on others.
- Identify the context carefully – are these behaviours secretive, coercive, degrading or threatening?
- Consider any immediate risk to self or others.
- Ensure a safety plan is in place to stop the behaviour.
- Understand the needs of the young person, taking into consideration any SEND.
- Follow Durham Safeguarding Procedures and make appropriate referrals.
- Direct intervention with the child and family needs to take place once appropriate professionals are in place.
- For schools, refer to Lead Education Safeguarding & Vulnerable Groups.

### Healthy

- 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, e.g. fashion, music, media, online games, chatting online.
- Need for privacy.
- Consensual kissing, hugging, holding hands with peers.
- 'Show me yours/I'll show you mine' with peers.
- Flirting.
- Genital or reproduction conversations with peers.
- Sexualised words or jokes with their peer group.
- Having own social media accounts that are monitored by parents/carers.
- Using photos, videos to record their life (low risk).
- Playing age appropriate games online (low risk).
- Access to pornography (low risk).

### Inappropriate, problematic or concerning

- 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.
- Verbal, physical or cyber/virtual sexual bullying involving sexual aggression.
- LGBTQ + (lesbian, gay, bisexual, transgender) targeted bullying.
- Repeated incidents of exhibitionism, e.g. flashing or mooning.
- Giving out contact details online.
- Viewing pornographic material.
- Pre-occupation with masturbation.
- Mutual masturbation/group masturbation.
- Single occurrence of; Peeping, Exposing, Obscenities.
- Pornographic interest.
- Concerns about pregnancy and/or STI's.
- 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).
- Creating multiple social media accounts.

## **Abusive and violent**

- Exposing genitals or masturbating in public.
- Distributing naked or sexual images of self or others – sexting.
- Sexually explicit talk with younger children.
- Sexual harassment, unwanted behaviour of a sexual nature which could lead to intimidation, degradation and humiliation.
- 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 e.g. oral sex or intercourse.
- Compulsive masturbation.
- Repeated or chronic peeping, exposing.
- Chronic pornographic interest including sourcing indecent images of children.
- Degradation/humiliation of themselves or others using sexual themes.
- Touching the genitals of others without seeking consent.
- 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.
- Having suggestive avatars (online characters) or usernames (risk of grooming).
- Meeting online 'friends' face to face.
- Creating fake social media accounts in order to be-friend, groom, coerce into sexual activity including indecent images.

## WHAT NEEDS TO HAPPEN NEXT?

Always consider how to involve families.  
Ensure whole family needs are understood, including those of siblings.



## 10 – 13 YEARS: PRE-ADOLESCENCE

### Healthy

- Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.
- Describe the unwanted behaviour clearly.
- Explain that there is a time and a place for touching private parts of the body.
- Take the opportunity to have an open and honest conversation.
- Provide advice and guidance around keeping safe online.
- Involve parents and staff in managing the situation.
- Record incidents if behaviours re occurs and start to compile a chronology.
- If more than one or two incidents noted or child does not respond to intervention, discuss with DSL (schools) and consider a referral to Early Help.



### **Inappropriate, problematic or concerning**

- As the behaviour may be unusual or out of character for the child, recognise that this behaviour may be unhealthy.
- Describe the unwanted behaviour clearly.
- Explain to the child that this behaviour is not ok.
- Be aware of developmental differences in children at this age.
- These behaviours cannot be ignored and it is important to consider why the behaviour may be being displayed.
- Consider direct intervention and action with the child. For example a 1:1 piece of work.
- Where possible, gather further contextual information and continue to monitor behaviour.
- For schools, if concerns remain following contextualising the situation, refer to Lead Education Safeguarding & Vulnerable Groups.
- Compile chronology of incidents.
- Consider safety planning.
- Refer to Early Help with consent of parents.

### **Abusive and violent**

- These behaviours indicate a need a need for immediate intervention and action.
- Describe the unwanted behaviour clearly.
- Point out that the behaviour is not acceptable and is impacting on others.
- Identify the context carefully – are these behaviours secretive, coercive, degrading or threatening?
- Consider any immediate risk to self or others.
- Ensure a safety plan is in place to stop the behaviour.
- Understand the needs of the young person, taking into consideration any SEND.
- Follow Durham Safeguarding Procedures and make appropriate referrals including under the Harmful Sexual Behaviour Pathway.
- Direct intervention with the child and family needs to take place once appropriate professionals are in place.
- For schools, refer to Lead Education Safeguarding & Vulnerable Groups.

### Healthy

- Solitary masturbation.
- Sexually explicit conversations with peers.
- Obscenities and jokes within the current cultural norm.
- Interest in pornography.
- 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.
- Use of internet to chat online.
- Viewing sexual content for arousal (low risk).
- Sending/receiving sexual images of others with consent (low risk).\*

### Inappropriate, problematic or concerning

- Joining adult-only social networking sites and giving false personal information.
- 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 when in conversation.
- Single occurrence of peeping or exposing.
- Unsafe sexual practices which could lead to harm.
- Sending/receiving sexual images of multiple people with their consent.\*

## **Abusive and violent**

- 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.
- Sexually explicit talk with younger children.
- Sexual harassment: unwanted behaviour of a sexual nature which could lead to intimidation, degradation and humiliation.
- 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 significant difference in age or capacity.
- Involvement in sexual exploitation and/or trafficking of others.
- Sexual contact/penetration with animals.
- Downloading, distributing or producing sexual images which involve a criminal or abusive element, without adult involvement.
- Compulsive masturbation including in public.
- Repeated peeping/exposing.
- Morbid pornographic interest including indecent images of children.
- Accessing exploitative or violent pornography.
- Degradation/humiliation of themselves.
- Sexually explicit threats – written or verbal.
- Forcing/attempting the exposure of others' genitals.
- Sexually explicit talk with younger children.
- Taking sexual images of others to exploit them\* (indecent images of children) (exploitation risk).
- Having multiple nude images of others (risks as above plus exploitation).
- Creating fake social media accounts in order to be-friend, groom, coerce into sexual activity including requesting indecent images.

## WHAT NEEDS TO HAPPEN NEXT?

Always consider how to involve families.  
Ensure whole family needs are understood,  
including those of siblings.



## 14 – 17 YEARS: ADOLESCENCE

### Healthy

- Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.
- All young people have the right to RSE which equips them with the information and skills they need to form healthy and positive sexual relationships.
- Involve parents and staff in managing the situation.
- Record incidents if behaviours re occurs and start to compile a chronology.
- If more than one or two incidents noted or child does not respond to intervention, discuss with DSL (schools/ colleges) and consider a referral to Early Help.

### Inappropriate, problematic or concerning

- As the behaviour may be unusual or out of character for the child, recognise that this behaviour may be unhealthy.
- Describe the unwanted behaviour clearly.
- Explain to the child that this behaviour is not ok.
- Be aware of developmental differences in children at this age.
- Be mindful of any age differences of children involved.
- These behaviours cannot be ignored and it is important to consider why the behaviour may be being displayed.
- Consider direct intervention and action with the child. For example a 1:1 piece of work.
- Where possible, gather further contextual information and continue to monitor behaviour.
- For schools/colleges, if concerns remain following contextualising the situation, refer to Lead Education Safeguarding & Vulnerable Groups.
- Compile chronology of incidents.
- Consider safety planning.

### Abusive and violent

- These behaviours indicate a need a need for immediate intervention and action.
- Describe the unwanted behaviour clearly.
- Point out that the behaviour is not acceptable and is impacting on others.
- Identify the context carefully – are these behaviours secretive, coercive, degrading or threatening?
- Is there an imbalance of power and/or control?
- Consider any immediate risk to self or others.
- Ensure a safety plan is in place to stop the behaviour.
- Understand the needs of the young person, taking into consideration any SEND.
- Follow Durham Safeguarding Procedures and make appropriate referrals including under the Harmful Sexual Behaviour Pathway.
- Direct intervention with the child and family needs to take place once appropriate professionals are in place.
- For schools/colleges, refer to Lead Education Safeguarding & Vulnerable Groups.



# APPENDIX 1:

## Hackett's Continuum of Sexual Behaviours (2010)

### Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

### Inappropriate

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

### Problematic

- Problematic and concerning behaviours
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent issues may be unclear
- May lack reciprocity or equal power
- May include levels of compulsivity

### Abusive

- Victimising intent or outcome
- Includes misuse of power
- Coercion and force to ensure victim compliance
- Intrusive
- Informed consent lacking or not able to be freely given by victim
- 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



## **HARMFUL SEXUAL BEHAVIOUR:**

Initial assessment  
and identification for  
professionals

**Written by Rachel Shuttleworth  
and Tracy Tait**

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