

Practice Guideline name	Responding to Problematic Sexualised Behaviours
Practice Guideline date	June 2023
Authorisation	Executive, Practice, Evidence and Impact
Practice Guideline owner	National Manager, Practice Quality
Practice Guideline type	Child and Youth Safe Guideline
Practice Guideline Setting	Standard

1. Purpose

- 1.1 The purpose of this Practice Guideline (Guideline) is to assist Mission Australia (MA) staff to prevent and respond to instances of problematic sexualised behaviours exhibited by and/or between children and young people.

2. Scope

- 2.1 This Guideline has been developed for MA staff who work with children and young people, including Family Support Services, and may be particularly useful for services that operate within a residential or accommodation setting.
- 2.2 This Guideline draws on the *Traffic Lights - Sexual Behaviours from Birth to Eighteen*¹ resource to assist staff to respond to sexual behaviours that are considered normal, concerning and problematic in children and young people across their stages of development. See **Annexure A**.

3. Definitions

Child, youth or young person – a child is any person under the age of 18 years, and a young person or youth refers to persons aged 16-17.

Child and Youth Safe Organisation – an organisation that values children and young people and promotes their safety, protection and wellbeing and takes steps to prevent, identify, respond to and report harm or risk of harm.

Problematic sexualised behaviours – describes sexualised behaviours in children and young people that sit outside the developmental norm and/or are inappropriate or harmful. These behaviours may be self-directed or directed at other children or adults, and can include non-contact behaviours such as sexualised conversations and gestures. When children demonstrate these behaviours, *problematic sexualised behaviours* is typically a more appropriate and trauma-informed description of these behaviours rather than terms such as *sexual abuse* or *sexual assault*.

¹ Hackett, S., Holmes, D., & Branigan, P. (2016). *Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours*.

4. Guidelines

4.1 Recognising problematic sexualised behaviours

Sexual behaviour is a normal part of human development, and helps children and young people understand their bodies, sexuality and their likes and dislikes. Sexual behaviour, within the context of the young person's age and cognitive capacity, may include:

- Expressing an interest in relationships
- Exploring and expressing their sexual and/or gender identity
- Understanding rules and boundaries about appropriate touch and talk
- Feelings of attraction
- Learning about and understanding puberty

Problematic sexualised behaviours are behaviours assessed to be outside normal developmental and social expectations. In order to appropriately recognise and respond to sexualised behaviours in children and young people, staff should be aware of their own values and beliefs, and how this may influence their intervention and response. An example of an assumption is the role of gender in sexualised behaviours. Staff should consider whether their judgements or assumptions about a behaviour may hold true for one gender and not another; in which case, there is likely to be bias involved in that belief. If a staff member recognises that their values or beliefs differ from those of the organisation (e.g. that people of the same gender should not be in a sexual relationship), these should be discussed with their line manager.

Generally speaking, sexual behaviours in children and young people should be considered manageable as long as they:

- Are conducted in private i.e. while the child or young person is alone in their bedroom or the bathroom with the door closed; and
- Do not involve or expose another non-consenting person to the behaviour e.g. through texting or verbal communication; and
- Do not cause harm to the child or young person or any other person, and do not involve an abuse of power or coercion; and
- Do not interfere with their relationships or development.

Sexual behaviours that are assessed as being developmentally appropriate are not included within the response processes detailed in this Guideline. Situations involving age and developmentally appropriate sexual behaviour can be addressed through:

- discussions with the child or young person regarding physical (including health and hygiene), social and emotional safety, as well as the impact of their behaviour on others (including the meaning of consent);
- referring the child or young person to appropriate supports if relevant (e.g. sexual health clinics); and/or
- providing the child or young person with information and resources.

Such responses should be documented through case notes.

There is no single or common cause for problematic sexualised behaviours, and most behaviours are likely to diminish with early intervention and support. Research and data regarding the prevalence of sexualised behaviour is often inconsistent due to differences in defining behaviours that are considered to be problematic. While some children and young people who demonstrate problematic

sexualised behaviours may have experienced sexual abuse, many children and young people who have experienced sexual abuse do not demonstrate sexualised behaviours. According to the Royal Commission into Institutional Responses to Child Sexual Abuse, “*Studies show average recidivism rates for harmful sexual behaviours that reach a criminal threshold range from 3 per cent to 14 per cent. This challenges a common assumption that children who commit sexual offences will inevitably become adult sex offenders.*”²

In order to assess whether a behaviour is considered to be problematic, there are a number of factors that must be considered, including:

- The context in which the behaviour has taken place;
- The child/young person’s behavioural history;
- The impact of the behaviour on the children/young people involved;
- The child’s cultural background and community expectations and norms;
- The age, development and cognitive capacity of the children/young people involved; and
- Any risk that the behaviour may impose on others.

Important Note: Some, but not all, problematic sexualised behaviours require a report to police. The decision whether to report behaviours to police may be influenced by factors including the child’s age, gender, cognitive capacity, whether the behaviour used physical force or violence, or the use of coercive control. Unnecessary police intervention may have a negative impact on a child or young person’s sense of safety and wellbeing. While the age of criminal responsibility can differ across state jurisdictions, the minimum age for a child to be charged with a crime anywhere in Australia is 10 years of age. If you are unsure of your reporting requirements, please consult with your line manager, the Child and Youth Safe team, or refer to the MA *National Compliance Framework & Regulatory Monitoring of Child & Youth Safe Practice*.

4.2 Prevention of problematic sexualised behaviours

It is important to establish rules and expectations that value everyone’s safety, privacy and body autonomy. These rules and expectations should be in place at all times, regardless of whether there are children and young people in the service who have problematic sexualised behaviours. Central to the implementation of these rules is the staffing team’s ability to role model the expectations at all times.

Important Note: The following paragraphs refer to circumstances where staff may need to discuss sex and sexual development with children and young people in response to questions, or when providing behaviour support. Staff should not initiate conversations with children about sex and sexual development unless this is a planned and agreed approach to behaviour support. Staff should consider whether a parent/guardian needs to provide consent prior to these discussions taking place.

Talking to children and young people about sexual information can provide education, support healthy development and help children and young people feel comfortable talking to staff if they have questions or need help. Many children who experience early neglect, especially those who have had low school attendance, often miss out on school-based sex education, which can increase their vulnerability. Working together with the child or young person’s primary caregivers and/or teacher can help guide their readiness to engage in sex education. The most important messages children

² Royal Commission into Institutionalised Responses to Child Sexual Abuse (2017). *Final Report: Children with harmful sexual behaviours*. Commonwealth of Australia. Volume 10, pp 11.

and young people need to know is that **everyone has the right to feel safe**, and that **staff will always believe and support young people if they disclose someone has hurt them**.

Staff should be mindful of the following when talking to children and young people about sexual information:

- **Self-awareness.** If you feel embarrassed or uncomfortable, the child/young person is likely to mirror these feelings. Stay calm, be mindful of your non-verbal communication skills, and speak confidently so the child/young person is able to engage with the conversation in a sensible and serious way.
- **Ensure the language you use is age and developmentally appropriate.** Consistent and clear language is important to ensure children and young people understand the conversation and are clear on what is okay and what is not okay. **Staff should ensure they have team discussions about how they will use consistent language between staff members and with all children and young people in the service, to provide consistent messages.**
- **Set and maintain appropriate boundaries.** When setting and maintaining clear boundaries with children and young people, you should take into account their age and stage of development, any gender or cultural differences, and your role within the context of the service. It is common for children and young people to ask questions about your private life or make comments which may cause you to feel uncomfortable, such as asking about your personal relationships or sexual experiences. Do not engage in any discussions about your personal life, experiences or conversations that may be inappropriate. Let children and young people know that your private life is private, but it is normal to be curious. If you are unsure about what may be considered inappropriate, speak with your line manager, the Child and Youth Safe team, or refer to the MA *Behavioural Standards for Keeping Children and Young People Safe* policy.
- **Ensure the child/young person feels comfortable and safe.** Ensure conversations arise naturally so that the child/young person does not feel confronted or taken off guard. Be mindful of timing, location, their emotional state, any gender or cultural differences, and whether other people are in earshot of the conversation. Observe the child/young person's body language and non-verbal communication and give them the option to continue the conversation at another time if they appear uncomfortable.
- **Consider whether the conversation should include a health professional.** Sometimes children/young people may have questions better suited to a doctor or sexual health clinician. These may include questions about contraception, general sexual health, sexually transmitted infections, puberty or reproduction. There is a lot of misinformation available about sexual health, so help the child/young person connect with the right health professional to ensure they get the best advice.

Each team needs to identify what expectations are appropriate and reasonable for their own service. Seek advice from the Child and Youth Safe team if you would like more information. Some examples of rules and expectations that may be appropriate for your service include:

- In a residential setting, bedrooms and bathrooms are restricted to one person at a time.
- Everyone (children, young people, staff and visitors) must be appropriately dressed at all times. Note: staff must be mindful when talking to children and young people about appropriate dress to avoid blaming, shaming and guilt. Staff must also ensure that expectations about appropriate clothing apply to everyone in the service, regardless of gender or age, including staff members themselves.

- Respecting the personal space of others.
- No inappropriate sexual language, jokes or comments amongst staff or towards children and young people.
- No storing, viewing or sharing of sexually explicit images or material, including on personal electronic devices.

Note: The *Behavioural Standards for Keeping Children and Young People Safe* Policy should be used as a guide when identifying rules and expectations.

4.3 Supervision of children and young people

Supervision of children and young people is the best way to prevent problematic sexual behaviours and provide early intervention. Rather than waiting until behaviours are identified, supervision should be part of the normal routine in the service. Supervision not only helps to keep people safe, it also supports the development of positive relationships between staff and children/young people, as well as providing opportunities for early intervention for other behaviours that may require support.

Supervision guidelines should be followed within the context of the program. Consideration should be given to age, development, behaviours, trauma history, triggers, disability, protective behaviours, and culture. Below are some suggested guidelines for supervision in the service:

- Make sure staff know where all children and young people in the program are at all times.
- Consider the service's daily and/or activity settings. Ensure the service is appropriately resourced to provide supervision and support of all children and young people, including consideration of appropriate staff to client ratios.
- In a residential setting and where possible to do so, ensure all children and young people know that bedrooms and bathrooms should only have one person in them at any time. If a child or young person has specific needs that require staff to be in a bedroom or bathroom with them, ensure an appropriate behaviour support plan is in place that supports the child's privacy and safety needs.
- Discourage games and activities that involve hiding or secrecy.
- Be mindful of spaces in the program that children and young people may frequent that make it difficult for staff to see them and supervise these areas actively.

Note: Supervision should be provided in a manner that supports the safety of everyone in the program. Children and young people who feel they are being 'watched' will likely feel uncomfortable, and this may negatively impact relationships. Ensure the supervision of children and young people in the service occurs through active engagement to avoid it being perceived as a punishment.

4.4 Responding to 'Orange Light' Behaviours

Orange light sexualised behaviours are:

- a) Outside what is expected for normal development, but has not resulted in significant harm; and/or
- b) A new behaviour not previously observed.

Staff should feel prepared and supported to engage in early intervention strategies at any time. Some important things to remember, to ensure a therapeutic response to children and young people, are:

1. **Remain calm** and be mindful of your non-verbal communication at all times. Children and young people engaging in sexualised behaviour often do not know what they are doing is inappropriate. Avoid any communication that may result in the child or young person feeling embarrassed or ashamed. Focus on being clear and direct but supportive. Be mindful of your own self-talk and attitudes so that you do not appear upset or shocked.
2. If the behaviour has been directly observed, tell the child/young person to **stop the behaviour**. If there is more than one young person involved, separate them if it is possible and safe to do so. You may ask all children/young people to move into different areas.
3. If a child or young person makes a disclosure of a past incident, ensure that you remain calm and **listen to what they have to say**.
4. **Clearly and calmly explain** to the child or young person what behaviour is not okay and why. Do not assume that they know what they were doing, or what was done to them, was inappropriate. Use language that emphasises that the child or young person is first and foremost, a child, and focus on labelling the *behaviour* as problematic, rather than the child or young person being a problem themselves. Emphasise what factors separate normal sexual behaviour from problematic behaviours. Consider factors such as age differences, consent, unequal power and coercion.
5. **Provide emotional co-regulation** to any children or young people that may be upset or escalated. Help the children/young people drain off strong emotions and ensure everyone in the program is safe and calm before talking about any actions that may need to occur. Attempts to talk to a child/young person while they are escalated is unlikely to be understood or acknowledged and may negatively impact relationships.
6. **Talk to the child/young person** about what actions (if any) need to take place in order to deal with the behaviour. Be mindful of your language, separate the behaviour from the person, avoid blaming and shaming, and provide them with behaviour alternatives. For example, *“Steven, It is not okay to take your pants off when other people are present, as this can make people feel scared or upset. It’s okay to be curious about your body, but you need to do that in private, by yourself, with the door closed. Everyone has the right to feel safe here.”* Consider whether you need to wait to have this conversation at a more appropriate time, and whether you need to consult with your line manager or the Child and Youth Safe team before taking action.
7. **Engage the child/young person in a positive and age-appropriate activity**. Some children/young people may want to be alone after you have spoken to them about their behaviour. This may be due to feelings of shame or guilt. Encouraging children and young people to return to their usual routine will help to repair the relationship with the caregiver and help the child to feel supported.
8. **Report the incident** to your supervisor **and record it** in the case file in MA Connect or other system. Consider contacting the Child and Youth Safe team to discuss the incident and actions taken. In most cases, the incident should be discussed with other staff to ensure they are able to support the actions taken after the incident has occurred; speak with your supervisor first to ensure this is an appropriate course of action.
9. **Consider whether staff require debriefing or a reflective practice discussion** after the incident has been resolved. Contact the Child and Youth Safe Team if you would like support to conduct a debriefing discussion. This may occur one on one, with all staff involved in the

incident, and/or the entire staffing team. Discuss the most appropriate course of action with your line manager.

Always speak to your supervisor, the Child and Youth Safe team or on call support if you are unsure of the appropriate response.

4.5 Responding to 'Red Light' Behaviours

Red light behaviours are highly concerning problematic sexualised behaviours that may be characterised as violent, dangerous, criminal and/or abusive. These behaviours may also involve a child, young person and/or staff member suffering harm, including harm to the child/young person demonstrating the behaviour.

Intervention must occur as soon as the staff member becomes aware of an incident occurring or an incident that may have recently occurred. The below strategies for intervention must be applied using the staff member's professional judgement within the context of the situation. Practice guidelines are unable to account for every possible scenario, and staff will need to use their risk assessment skills to determine the most appropriate course of action.

1. **Respond to the immediate safety needs of children, young people, staff, and any other person involved in the incident.** If the incident occurs onsite, direct the child/young person/people to stop the behaviour immediately. Separate children and young people where safe and possible to do so. Assess whether medical attention may be required, and ensure emotional support is provided to any person who is distressed.
2. **Reassure** the child/young person/people and **remain calm**. Avoid the use of blaming and shaming of the child or young person and be mindful of your body language and tone of voice.
3. **Do not attempt to interview** or interrogate the child/young people. Allow them to explain in their own words what happened if they wish to do so. Do not ask any child or young person to write down what happened. If the incident involves potential criminal activity, interrogating and taking statements of children and young people may negatively impact police investigations.
4. When safe and appropriate to do so, **contact your line manager**, National Child and Youth Safe team, or On Call for support and advice.
5. **Develop an immediate safety plan** and consider whether you need additional staff at the service to support the children and young people. Safety plans must take a risk management approach and should:
 - a. Contain strategies that ensure the physical, emotional, social and cultural safety of all children and young people.
 - b. Keep children and young people safe from harming themselves and others.
 - c. Focus on ways that activities can be made safer with appropriate supervision.
 - d. Identify which adults are responsible for the safety plan to ensure the strategies are maintained and effective. Ensure the plan is communicated to the appropriate people in a timely manner, and provide opportunities for impacted staff to ask questions.
6. **Report and record the incident** in the appropriate format (usually case notes within MA Connect) and consider contacting the National Child and Youth Safe team to discuss the

incident and actions taken. Ensure that communication of the incident is in line with MA's [Code of Conduct](#) and expectations regarding client confidentiality. Speak with your line manager and consider who else may need to be informed of the incident, such as:

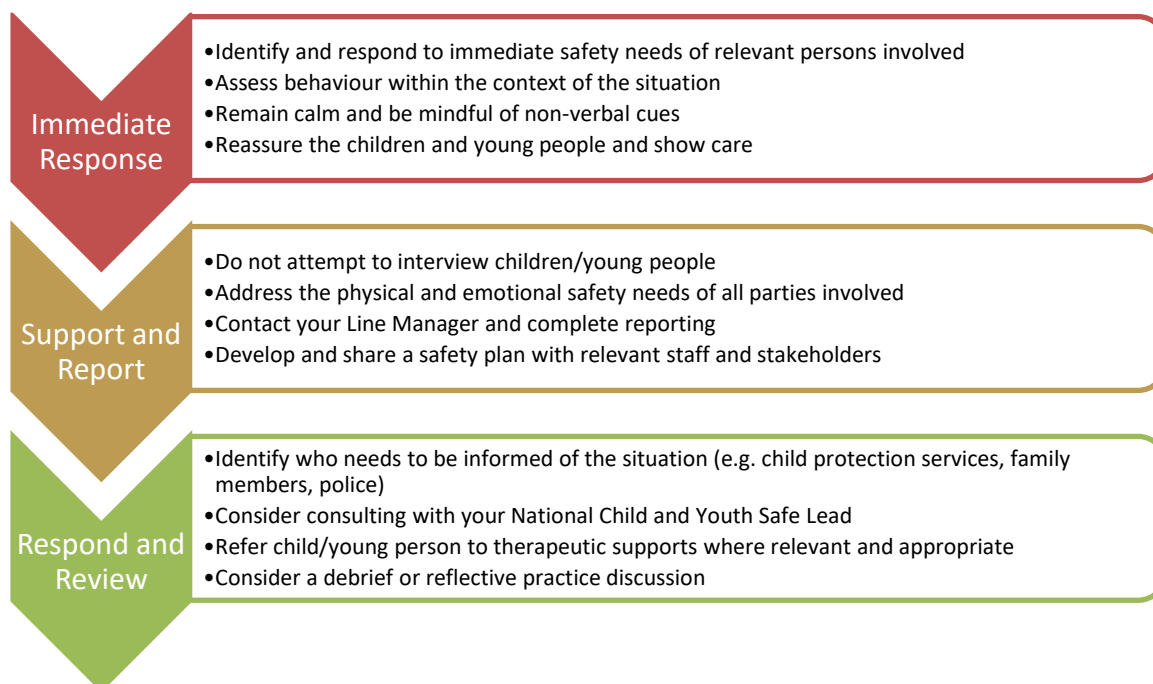
- a. Child protection services
- b. Police
- c. Other staff before coming onto their next shift
- d. Family members. Note: Ensure you have considered a detailed plan before informing family members. This information is likely to come as a shock and cause distress to the family. Consider how to best keep all parties safe and provide tailored support to the children/young people involved and their families.

4.6 After an incident or disclosure

Children and young people are likely to be affected after an incident or disclosure occurs. It is essential that staff consider their needs and are mindful of changes in behaviour or demeanour. Provide appropriate support as required. Once the immediate safety needs of children, young people and staff have been addressed, a response plan should be developed in order to provide ongoing care and support. Response plans can be developed with input from the Child and Youth Safe team and should consider:

- Reinforcing the behaviour expectations at the service, or introducing temporary changes to the service's rules. Consider whether this discussion is best conducted with all affected children and young people, or one on one.
- Whether the child or young person requires or would benefit from therapeutic intervention such as crisis support, counselling, protective intervention education and/or ongoing mental health support.
- Whether the staff involved in the incident require debriefing, with their line manager or local Chaplain or EAP or a clinical supervisor.
- Whether the staffing group require or would benefit from a reflective practice session, additional training and/or professional development.
- Regular reviews of the plan to ensure all actions have been finalised.

4.7 Flowchart Summary of Responding to Problematic Sexualised Behaviours



5. Internal Resources

The following documents can assist you to respond to problematic sexualised behaviours. They are located on the [MA Internal Policy Hub](#) or [Child and Youth Safe Intranet page](#).

- National Compliance Framework and Regulatory Monitoring of Child and Youth Safe Practice
- Child and Youth Safe Policy
- Recognising and Responding to Risk of Harm – Children and Young People Policy and relevant State or Territory procedures
- Behavioural Standards for Keeping Children and Young People Safe
- Children and Young People Sexting – Practice Guideline
- Children and Young People Accessing Online Pornography – Practice Guideline
- Managing the Disclosure of Abuse or Neglect by a Child – Practice Guideline

6. External Contacts and Resources

Name	Location	Details
Bravehearts	Australia wide	Phone: 1800 272 831 https://bravehearts.org.au/
Raising Children Network	Australia wide	https://raisingchildren.net.au/
Association of Children's Welfare Agencies	New South Wales	Problematic and Harmful Sexual Behaviours factsheets for carers and practitioners
The Centre for Excellence in Therapeutic Care	Australia wide	Practice Guide: Responding to young people living in out of home care who engage in harmful sexual behaviour
Out of Home Care Toolbox	Victoria	https://www.oohctoolbox.org.au/sexualised-behaviours
1800 Respect National Domestic Family and Sexual Violence Counselling Service	Australia wide	https://www.1800respect.org.au/ Phone: 1800 737 732 Online chat function available through the website.
Respect	Australia wide	Support Services listed by state: https://www.respect.gov.au/services/
National Association of Services Against Sexual Violence (NASASV)	Australia wide	https://www.nasasv.org.au/support-directory
TRAFFIC LIGHTS – sexual behaviours from birth to eighteen	Australia wide	https://www.childspeak.com.au/wp-content/uploads/2016/05/traffic-lights.pdf

7. Appendix

7.1 Appendix A: [Traffic Lights – sexual behaviours from birth to eighteen](#)



SEXUAL BEHAVIOURS IN CHILDREN & ADOLESCENTS

A guide for adults to IDENTIFY, ASSESS and RESPOND to sexual behaviours which cause concern

All people have the right to express their sexuality. When children or adolescents display sexual behaviour which increases their vulnerability or causes harm to another, adults have a responsibility to take action to provide support and protection.

Children and adolescents who have a disability, have been abused, or experienced other disruptions to their development or socialisation, may be at increased risk of exposure to, or of developing, inappropriate sexual behaviours. Adults who care for these young people have a duty of care to provide relevant information and support.

By following steps 1, 2 and 3 adults can learn to identify, assess and respond to sexual behaviour in children and adolescents.

Knowing how to identify and respond to sexual behaviours in children and adolescents helps adults to support the development of healthy sexuality and protect young people from harm or abuse.

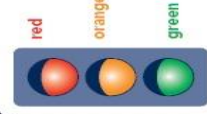
Sexuality is integral to a person's identity and develops throughout life, from birth to death. A person's sexuality is influenced by their experiences and social, emotional, physical, cultural, economic and political factors. It is natural for people across all ages to express their sexuality through their behaviour.

Sexual behaviour may be expressed in a variety of ways including language, touch, exploring one's own body or another's, sexual activity, games and interactions.

1. IDENTIFY

What is the behaviour?
green, orange or red?

Sexual development is influenced by many factors. When using the traffic lights framework to categorise behaviour, it is necessary to consider the current social, cultural and familial context.



Use the traffic lights framework to identify the appropriateness of the behaviour and then follow steps 2 and 3 to assess and respond. All green, orange and red behaviours require some level of attention and support.

sexual behaviours that are outside what is considered 'normal' – behaviour which is excessive, secretive, compulsive, coercive or degrading indicate a need for immediate intervention and action

sexual behaviours that are outside 'normal' behaviour in terms of persistence, frequency or inequality in age or developmental abilities signal the need to take notice and gather information to assess the appropriate action

sexual behaviours that are 'normal', considered healthy – spontaneous, curious, light hearted, easily distracted, experimentation and equality of age, size and ability levels provide opportunities to give the child or adolescent positive feedback and information

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All children and adolescents have the right to be safe

Expressing sexuality through sexual behaviour is natural, healthy and a basic aspect of being human. Sexual behaviour which makes children or adolescents vulnerable or causes harm to another requires adult intervention to provide support and protection.

Adults do not have to do it alone

Talking about concerns helps to remove secrecy and prevent harm or abuse. Concerns might be discussed with a trusted friend, family member, teacher, support worker, therapist, counsellor, the Department of Child Safety, Disability Services Queensland, Family Planning Queensland, Community Health or the police.

Helping yourself

Recognising that a behaviour is inappropriate is the first step in a process. Influencing a change in behaviours is complex and involves many factors including time, patience and commitment. Children and adolescents need adults to remain clear and consistent. Adults need to recognise that managing difficult situations can have a personal impact. Adults have to take time to look after themselves so that they are able to look after children and adolescents.

Where to get help

Parent Line: 1300 301 300
Lifeline: 13 11 14
DIAL: 3224 8444 or 1800 177 120
(Disability Information and Awareness Line)
Family Planning Queensland: 07 3250 0240

Phone: 07 3250 0240
www.fpq.com.au

What do you think? green, orange or red?

Use the traffic lights framework to identify these scenarios

- Harry, aged eight, masturbates for most of the day at school. When masturbating he will often expose his penis to the rest of the class.
- Teal, aged 13, spends a lot of time alone in his bedroom with the door shut. When his mum knocks on the door he tells her to go away. Lately he is putting his sheets and pyjamas into the washing basket to be washed every morning.
- Gayle, aged 12, often tries to sit on the lap of her mum's male friends. When she does, she will talk about their bodies and say that it is okay for them to kiss her. Sometimes she likes to dance for them and says she is being a pop star.
- Kiya, aged 15, has been chatting with people on the internet for the last month. This Friday night, she intends to meet up with Geoff, a guy she has been talking with since last week. She is keen to meet him and hopes she will be able to wear her new jeans.
- Pai and Marley, both aged four, are playing in the cubby house and have both been taken their underpants off. They are looking at and touching each other's genitals.
- Harper, aged seven, tells her teacher that she has seen Lucas, aged 13, touching her best friend Cindy's vagina.

What action should adults take?

All green, orange and red light behaviours require some form of attention and response. It is the level of intervention that will vary. Green light behaviours may be opportunities to provide positive feedback and information which supports healthy sexuality. Orange and red light behaviours may require observation, documentation, education, reporting, increased supervision, therapy and/or a legal response.

How serious is the behaviour?

When sexual behaviour raises concern or involves harm to others, the behaviour is serious. Thinking about the context in which the behaviour occurs helps to establish the seriousness of the behaviour. If the answer to any of the following is yes, adults have a duty of care to take action.

- The behaviour:
- is life threatening
 - is against the law
 - is against organisational policy
 - is of concern to others
 - provides a potential health risk to the person
 - provides a potential health risk to others
 - interferes with the person's relationships

When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- state and/or commonwealth legislation
- organisational policies and procedures
- industry and community standards
- human rights
- the identified risks or needs of the children or adolescents
- the potential or real risks to others

Sexuality education encourages open and clear communication to provide a foundation for the development of healthy sexual behaviours and attitudes.

Topics for education may include:

- body parts
- being private
- self protection
- rubbery
- managing periods
- self esteem and feelings
- types of touch
- relationships
- safe sex
- reproductive health



TRAFFIC LIGHTS – sexual behaviours from birth to eighteen

- behaviour which is excessive, secretive, compulsive, obsessive, degrading or threatening
- significant age, developmental and/or power difference between the children involved
- of concern because of the nature of the activities and the manner in which they occur
- indicate a need for immediate intervention and action

red

- Birth to 5 years**
- simulation of explicit/roleplay or sexual behaviour in play
 - persistent masturbation
 - persistent touching of the genitals of other children
 - persistent attempts to touch the genitals of adults
 - sexual behaviour between young children involving penetration with objects
 - touching other children to engage in sexual play

- 5 to 9 years**
- persistent masturbation, particularly in front of others
 - sexual behaviour engaging significantly younger or less able children
 - smudging into the rooms of sleeping children
 - engagement in sexual play
 - simulation of sexual acts that are sophisticated for their age, eg oral sex
 - persistent sexual themes in talk, play, art etc.

- 9 to 12 years**
- persistent masturbation, particularly in front of others
 - sexual activity, eg oral sex or intercourse
 - arranging a date to face meeting with an online acquaintance
 - sending nude or sexually provocative images of self or others electronically
 - coercion of others, including same age, younger or less able children, into sexual activity
 - presence of Sexually Transmitted Infection (STI)

- 13 to 18 years**
- compulsive masturbation (especially chronic or public)
 - degradation/humiliation of self or others with sexual themes, eg threats, phone, email, touch
 - attempts/force others to expose genitals
 - preoccupation with sexually aggressive pornography
 - sexually explicit talk with younger children
 - sexual harassment, forced sexual contact
 - sexual contact with others of significant age and/or developmental difference
 - sending nude or sexually provocative images of self or others electronically
 - joining adults only online dating service
 - sexual contact with animals
 - genital injury to others/self

- outside 'normal' sexual behaviour in terms of persistence, frequency or intensity in or out of developmental abilities
- outside normal in other type or persistence of activities
- of concern due to frequency and duration of the behaviour
- behaviour which is 'unusual' or different for a particular child or children
- signal the need to take notice and gather information to assess the appropriate action

orange

- Birth to 5 years**
- preoccupation with adult sexual type behaviour
 - pulling other children's parts down/up against their will
 - explicit sexual conversation using sophisticated or adult language
 - preoccupation with touching
 - preference to other child focused activities
 - chronic peeping
 - following others into toilets to look at them or touch them

- 5 to 9 years**
- questions about sexual activity which persist or are repeated frequently, despite an answer being given
 - writing sexually threatening notes
 - engaging in mutual masturbation
 - use of adult language to discuss sex, eg "Do you like it easy" or "I'm able - they're screwing"

- 9 to 12 years**
- uncharacteristic behaviour, eg sudden provocative changes in friendliness with new or older friends
 - consistent bullying involving sexual aggression
 - pseudo maturity, including inappropriate knowledge and discussion of sexuality
 - giving out identifying details to online acquaintances
 - preoccupation with chatting online
 - persistent expression of fear of pregnancy/STIs

- 13 to 18 years**
- sexual preoccupation/aversion which interferes with daily function
 - preoccupation with pornography
 - giving out identifying details to online acquaintances
 - preoccupation with chatting online
 - giving false gender, age, sexuality details online in adult chat room
 - arranging a date to face meeting with an online acquaintance
 - sexually aggressive themes/obsessions
 - sexual graffiti (chronic/impacting on others)
 - violation of others' personal spaces
 - single occurrence of peeping, exposing, non-consenting sexual touch with known peers; pulling skirts up/pants down; mooning and obscene gestures
 - unsafe sexual behaviour, including unprotected sex, sexual activity while intoxicated, multiple partners and frequent changes of partner
 - oral sex and/or intercourse (age and developmental ability to give consent must be considered)

- normal sexual development which is spontaneous, curious, light hearted, mutual and easily distracted
- play or activities among equals in terms of age, size and ability levels
- behaviour reflects information gathering, balanced with curiosity about other parts of life
- provide opportunities to give the child or adolescent positive feedback and information

green

- Birth to 5 years**
- thumb sucking, body stroking and holding of genitals
 - wanting to touch other children's genitals
 - asking about or wanting to touch the breasts, bottoms or genitals of familiar adults, eg when in the bath
 - games - "doctor/nurse", "show me yours and I'll show you mine"
 - enjoyment of being nude
 - interest in body parts and functions

- 5 to 9 years**
- masturbation to self/soothe
 - increased curiosity in adult sexuality eg questions about babies, gender differences
 - increased curiosity about other children's genitals, eg playing mutual games to see or touch genitals
 - telling stories or asking questions, using swear words, "toilet" words or names for private body parts
 - increased sense of privacy about bodies

- 9 to 12 years**
- use of sexual language
 - having girl/boyfriends
 - exhibitionism, eg flashing or mooning amongst same age peers
 - increased need for privacy
 - consensual kissing with known peers
 - use of internet to chat online

- 13 to 18 years**
- sexually explicit conversations with peers
 - obsessive and jokes within the cultural norm
 - flirting
 - interest in erotica
 - use of internet to chat online
 - solitary masturbation
 - interest and/or participation in a one-on-one relationship (with or without sexual activity)
 - sexual activity including hugging, kissing, holding hands, foreplay, mutual masturbation
 - consenting oral sex and/or intercourse with a partner of similar age and developmental ability (age and developmental ability to give consent must be considered)

Table 1: Adapted from the Child at Risk Assessment Unit. (2003). Age-Appropriate Sexual Play and Behaviour in Children. Canberra: Australian Capital Territory Government Community Care, 5-11.

3. RESPOND

What can be done to address the child's needs?

All behaviour has a function. When adults understand why the behaviour may be occurring, they can respond by helping to meet the needs of children and adolescents in more appropriate ways.

Behaviour usually reflects a range of needs. Many strategies may be required to respond to these needs. It is important to address the needs of the people who have an impact on the lives of children or adolescents, eg family, carers, teachers and support workers.

Strategies for meeting the need could include:

- sexuality education
- meaningful consequences for inappropriate behaviour
- positive reinforcement for appropriate behaviour
- consistency between all staff and areas across all environments
- meaningful tasks, eg work, volunteering
- list of appropriate activities for redirection
- discuss behaviour management with all staff and put in writing
- family/carer and support program
- 'script' for staff/careers to redirect behaviour appropriately and consistently
- policy development
- reduce unsupervised access to vulnerable people with clear explanation of reason for this
- change accommodation if there is abuse of co-residents
- relevant therapy services
- psychiatric assessment
- check for infections and/or irritations
- review medication for side effects
- monitor/record behaviour
- evaluate and review strategies
- make clear rules, eg use a ruler, chair/poster
- social activities, eg dancing, books, clubs
- hobbies, eg painting, gym, interest groups
- support relationships eg photograph album, access
- communication aids
- display public/private signs in appropriate rooms and referring to them
- model and teach about privacy in everyday life
- supply lubricant and/or condoms
- refer to other services
- others

2. ASSESS

What is the behaviour communicating?

All behaviour communicates. When children or adolescents do not have the language, experience or ability to seek help, adults must look carefully at their behaviour to find out what they need.

When sexual behaviours are identified as inappropriate or offending, adults must think about why the young person is exhibiting the behaviour.

Q1. What are the issues or concerns regarding the behaviour?

Q2. What might these concerns indicate?

- lack of sexuality information
- lack of privacy
- boredom
- loneliness
- giving false gender, age, sexuality details online in adult chat room
- lack of consistency across environments
- lack of appropriate consequences
- lack of rules
- poor boundaries
- family/carer information or support needs
- staffing information/training requirements
- response to a traumatic sexual experience
- emotional, physical or sexual abuse or neglect
- communication difficulties
- depression
- sexual excitement
- curiosity
- supervision requirements
- anxiety/confusion
- attention needs
- relationship needs
- gender issues
- medical needs
- need for physical activity
- grief and loss issues
- others

Understanding the child or adolescent and the issues that may be contributing to the behaviour, guides the planning of effective responses.