
Continuum for Understanding Harmful Sexual Behaviours

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INTRODUCTION

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission), highlighted harmful sexual behaviours (HSB) as a significant concern, dedicating an entire volume to guide the country's response to better understand and respond to this ongoing concern. The Royal Commission defined 'children with harmful sexual behaviours' as children and young people under 18 years of age who have sexual behaviours that fall outside the range typically accepted as normal for a child/young person's age and level of development (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). The term 'harmful sexual behaviours' recognises the seriousness of these behaviours together with the significant impact they can have on children and young people who have been affected.

Childhood and adolescence are filled with periods of steady and rapid development. From birth, children learn from their experiences, relationships, connection to community and the world around them more broadly. Progression through developmental stages typically occurs on a relatively predictable trajectory, with foundational skills and abilities being attained with continuous movement onto increasingly complicated or nuanced development and skill acquisition. However, for children and young people who have experienced harm, either singular or cumulative, this normal development can be interrupted, derailed, or stalled altogether.

Like other areas of development such as motor skills and language acquisition, sexual and gender identity development begins from birth and continues through childhood and adolescence. Children learn through appropriate, natural, and adaptive sexualised behaviour or play and exploration. Children who experience disruption to their developmental trajectory may also display behaviour and play that is not developmentally usual or expected, including HSB. Like many behaviours and developmental disruptions, HSB are best understood along a continuum of severity, intensity, and impact within each psychosocial stage of development.

Much like identifying the prevalence of child sexual abuse within the community, determining the prevalence of children and young people engaging in HSB is fraught with difficulty (Bromfield, Hirte, Octoman, & Katz, 2017). This is partly due to varying definitions of what constitutes HSB and associated data collection issues, but also due to the secrecy within which child sexual abuse occurs regardless of who is causing the harm.

A review of available literature in Australia by El-Murr (2017) concluded that, in general, studies locally find rates between 30–60 percent of all experiences of childhood sexual abuse are carried out by other children and young people. Herbert and Bromfield (2018) noted a similar figure of 31 percent (named offenders 10–19 years within a forensic setting) in a local WA sample during their review of the Multiagency Investigation and Support Team. Whilst there is data available for criminal offences related to young people who have been convicted of sexual assault, this data only represents a very small portion of behaviour within the HSB spectrum of behaviour and only includes children above the age of criminal responsibility against whom convictions were sought. Multiple international studies have been undertaken also finding a significant proportion of child sexual abuse cases are caused by children displaying HSB, (RAINN, 2021; Allen & Superle, 2016; National Society for the Prevention of Cruelty to Children, 2021).

The Royal Commission highlighted those children with HSB have often been victims themselves, often with histories of adverse experiences in childhood, including trauma, prior sexual and physical abuse, exposure to family violence and exposure to excessive or harmful pornography. However, some young people who have not been exposed to these adverse childhood experiences also demonstrate HSB, and most young people who have been victims of maltreatment do not display HSB.

Research has demonstrated that HSB are often influenced by a variety of risk and protective factors occurring at the individual child, family, peer, school, neighbourhood, and community levels. There is certainly no single explanation for sexual behaviours, no more than there is a one-size-fits-all method for addressing them. There are a range of characteristics and circumstances that heighten children and young people's vulnerabilities though. Experiences that fall within the broad term of Adverse Childhood Experiences (child abuse and household dysfunction) (Felitti et al., 1998) have been seen at increased rates within children and young people with HSB:

- Experience of child sexual abuse (Aebi et al., 2015; Friedrich et al., 2001)

- Experience of other forms of child abuse; physical abuse, emotional abuse, neglect and family violence (with 80 percent of some samples of children with HSB also having experienced family violence) (Fox, 2017; Malvaso, Proeve, Delfabbro, & Cale, 2020)
- Caregiver instability, absence and/or difficulties with parent-child attachment relationships (Malvaso et al., 2020; O'Brien, 2008)
- Exposure to pornography and/or adult sexual activity (Malvaso et al., 2020; Wright, Tokunaga, & Kraus, 2016).

In addition, some groups of children are more vulnerable than others to developing these behaviours:

- Children with a learning disability (Hackett, Phillips, Masson, & Balfe, 2013; Seto & Lalumiere, 2010)
- Children with impulsivity, social difficulties and difficulty with following rules (O'Brien, 2008)
- Male children (some samples note 97 percent of children displaying HSB are males) (Friedrich et al., 2001; Hackett et al., 2013)
- Children living in out of home care.

Harmful sexual behaviours are often demonstrated due to a child or young person's lack of internal controls and understanding of boundaries and appropriate sexual interactions with others. As such, children with disability (e.g., an intellectual disability), for example, may not be aware of the impact their sexual expressions are having on others.

Children and young people can be significantly affected by the HSB of their peers. Impacts may range from feeling uncomfortable and ashamed when exposed to HSB to significant health and mental health issues (when exposed to extreme or violent acts by a peer). Research shows that children and young people who have experienced sexual abuse or harm by another child or young person can display the same trauma impacts as children sexually harmed by adults (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2000; O'Brien, 2010) and are at risk of experiencing life-long impacts.

Immediate and long-term adverse effects of exposure to HSB can encompass physical and psychological health, neurobiological development, interpersonal relationships, connection to culture, sexual identity, participation, and social functioning. Like all forms of child abuse and neglect, the impacts are individualised and may exist across different functional domains.

Children and young people exposed to HSB may experience flashbacks and nightmares or develop ongoing learning, social, and behavioural difficulties. They may feel upset, angry, fearful, and confused. Some children may also experience feelings of shame and guilt, blaming themselves for 'getting into the situation' or being unable to stop it, especially if they started as willing participants. They can also be humiliated and shamed by others, even if they are the victim of the behaviours. These impacts can lead to longer-term problems with future intimate relationships, mental health, and wellbeing.

Many complex and interconnected factors may influence how children and young people are affected by sexual abuse. While no single factor can accurately predict how an individual will respond, some factors appear to influence the severity or type of impacts they experience, including:

- the characteristics of the abuse (such as the type, duration, and frequency)
- the relationship of the perpetrator to the child (including power differential and age differences)
- the social, historical, and institutional contexts of the abuse
- the victim's circumstances, experiences, and characteristics (such as age, gender, disability, prior maltreatment, and experiences with disclosing the abuse) (Royal Commission into Institutional Responses to Child Sexual Abuse 2017)

Harmful sexual behaviours in most instances not only causes harm to those around them but also to the child or young person displaying the behaviour. Children and young people displaying HSB which is visible to others are

frequently labelled, marginalised or stigmatised by their peers and the adults around them because these behaviours are not socially acceptable. They may be perceived as dangerous by other adults and prevented from participating in school activities, play dates or sporting events. These labels and the views of others tend to stick with the child or young person, being carried with them across environments and over time into adulthood. When this occurs, it can lead to a spiral of other mental health and social difficulties for the child or young person, because they begin to feel hopelessly isolated, bad, ashamed, and different. They may become angry, seek to isolate themselves further, and become less willing to engage in supports or interventions for their behaviour (and the underlying issues) if early intervention is not provided. Self-harm and suicide ideation may be apparent in extreme cases where appropriate supports are not provided, particularly in older adolescents.

Engaging in HSB can also lead to criminal charges and legal consequences for children and young people who are above the age of criminal responsibility whose behaviours are deemed illegal. The age of criminal responsibility is the age at which a child is considered by law to have understood that their actions were wrong and can face criminal charges. Any child over the age of criminal responsibility who engages in HSB towards another child or young person may be criminally charged in certain circumstances. If convicted, they may be subject to custodial sentences, probations and sanctions that limit their freedoms and future opportunities. Whilst this is not common when viewed within the broad scope of HSB, the impacts are devastating for a young person.

As noted previously, many children and young people who develop HSB are also victims of child abuse themselves. They have often been exposed to adverse childhood experiences, leading to a range of complex trauma symptoms similar to those children who have experienced child sexual abuse. Further, many children and young people who display HSB lack understanding about respectful relationships and boundaries and can have difficulty developing and maintaining peer relationships. Due to their limited understanding of personal boundaries, many are also vulnerable to peer isolation. For some, their indiscriminate friendliness and inability to understand boundaries results in a vulnerability that may place them at increased risk of being sexually victimised and exploited by others.

Early targeted intervention is often critical in supporting young people with these behaviours to better understand and manage these challenges. Available evidence suggests that children with HSB are unlikely to engage in future HSB if provided with appropriate treatment (Allard et al. 2016; Chaffin et al. 2008; Laing, Tolliday, Kelk, & Law, 2014). The Royal Commission (2017) also reported that effective and early identification, assessment, and therapeutic treatment which has been tailored to the child or young person (i.e., their needs, background, and situation) reduces the likelihood of behaviours continuing and escalating. It follows that this also reduces the likelihood of criminal justice involvement. Australian studies exploring young people's recidivism rates for sexual offending have found that after treatment between only 3 and 7 per cent of youth reoffended (Allard et al. 2016; Laing et al. 2014). These statistics should bring hope and motivation to anyone working with or supporting children and young people with HSB.

Harmful sexual behaviours in children and young people are significant and require our attention and response because they are, by their very definition, potentially harmful to the child, their family, and carers and at times to the wider community. Targeted early intervention is needed to minimise the impacts these behaviours can have on the child or young person displaying the behaviour, and on any other children exposed to or experiencing the behaviour.

UNDERSTANDING HSB ACROSS A CONTINUUM

Some sexual exploration is developmentally expected across different developmental stages of childhood and therefore not all sexualised behaviour is considered harmful or concerning. Given this, 'continuums' have been the best way to describe sexualised behaviour as they allow for the behaviour to be viewed on a spectrum and categorised into varying levels of concern. Models first suggested by Cavanagh-Johnson (1999), and Hackett, Holmes & Branigan (2016), and supported by Meiksans, Bromfield & Ey (2017), all suggest that a continuum-based approach should be taken to understand HSB, recognising that HSB includes a range of behaviours of varying severity, deviation from the norm, and impact.

Many published frameworks that have sought to categorise sexual behaviours on a continuum, vary in the language used to refer to categories of behaviour and the content of the categories themselves. Perhaps one of the most widely accepted frameworks currently and one commonly used in Australia, is that proposed by Hackett (2011). This model proposes that sexual behaviour in children and young people may range from normal and developmentally appropriate sexual exploration to behaviours that are considered inappropriate, to problematic, abusive, and violent. The model is comprehensive and is frequently used in research and by professionals working with children and young people engaging in sexual behaviours outside of normal development as a means of defining observed behaviours and determining treatment needs.

Another popular framework that is also broadly used in Australia is that commonly referred to as the 'Traffic Light Framework' (True Relationships and Reproductive Health, 2015). This is a less detailed framework in terms of stages recognised across the continuum compared to that proposed by Hackett (2011); valued for its simplicity, it is widely used to educate parents, teachers, social workers, and other individuals who support or work with children regularly. Rather than labels that describe the severity of the behaviour, this model uses descriptions of red, orange, and green to describe behaviour across four different age ranges.

Having a continuum to help practitioners, professionals, educators, parents/ carers, and policy makers, better understand HSB is integral. Continuums in this space are used at the individual, service, and system level to:

- Assess risk, build safety plans, understand, and match treatment responses and make placement decisions
- Design service models based on demand for different levels of concern of HSB
- Train practitioners, care staff, parents, educators, and specialists in how to recognise, understand and respond to HSB
- Develop policy principles and ways of working across government to respond to this area which cuts across child protection, health, justice, education, and policing

Whilst these models offer excellent application across some of these areas, neither is fit for purpose across all these areas or within the Australian context. Some key limitations have been identified when applying these models in clinical, workforce development and policy settings across 4 key areas:

1. Use of language and terminology
2. Implementation of the model (to understand and categorise behaviour) in practice with non-specialised practitioners and carers
3. Consideration of the nuances of consent, mutuality, reciprocity, and respect
4. Omission of children's emotional response to help guide and determine level of harm and therefore responses

Language

Although labels and categories help us to understand, assess and intervene, they present an inherent risk. Language is a powerful vehicle that influences the way we think, feel and act. Certain words can influence us to feel empathy, hope and supportive concern, to be open minded and accepting, and willing to offer help and

support to someone we perceive is in need. On the other hand, words can also lead us to feel angry, hurt, and disgusted, thinking in a rigidly dismissive manner, and wanting to isolate or punish someone we perceive to be dangerous and malicious.

Harmful sexual behaviours are an umbrella term chosen to convey both the impact and type of behaviour displayed by children and young people. Similar to the use of HSB as a broad term, the language we use to describe individual children is also important. It is critical that their behaviours are not pathologised or placed within our traditional adult constructs. A child and young person's sexual and social awareness, cognitive capacity, and emotional maturity are distinctively different from adults. By their very nature, they are still developing their sense of identity, how they see themselves in the world, and how they relate to others. This includes at its core their sexual and role identity, sexual preferences, and general understanding.

The appropriate terminology to describe HSB has been the subject of ongoing debate amongst researchers and professionals, as have terms used to refer to the children and young people who display these behaviours. In the past, terms applied to adults such as perpetrator or offender were also commonly to children. As the field and our understanding of these behaviours have evolved, different terms have often been used to describe sexual behaviour that falls outside of developmental norms, often differentiated by the age of children involved.

- For children under 10, the terms 'sexual behaviour' or 'problem sexual behaviours' have often been used.
- For children and young people between 10 and 18 years, the term 'sexually abusive behaviours' has generally been applied.
- Recent development within the field have seen the term 'harmful sexual behaviour' emerge as the new preferred terminology, for all children and young people aged up to 18.

Using appropriate and safe terms to describe children and young people who display HSB is important to prevent stigma and unnecessary harm to them. This is the case for both the umbrella term used to describe these behaviours and the language used within continuums to differentiate the severity of the behaviours.

The Hackett model is an important continuum that has helped to drive the field forward and evolve thinking in relation to HSB. However, terms preferred within the Hackett model, such as abusive, and violent may be seen as a quite negative descriptions of the type of behaviour and by inference the child. It also uses terms such as victimising intent and perpetrator as the behaviour progresses along the continuum. Whilst models should not seek to minimise the behaviour, such terms can lead to the child or young person receiving enduring labels of "abusive" and "violent" and the child internalising these labels as part of their identity, contributing to the development of negative self-identity and reduced motivation to change. These labels also result in social exclusion, and can reduce community support, understanding and empathy for the children and young people, collectively disconnecting and disempowering them from accessing the supports and interventions they need to achieve positive change in their behaviours, and reinforcing the misconception they are broken and bad.

In comparison, the Traffic Light model avoids labels by using the well understood concept of traffic lights which are used very broadly across society in a variety of contexts such as safety alerts, risk matrices, traffic directions, and other safety signs. Within this context they often convey to the user of the model that behaviours are either 'good to go' (green), require 'pause and caution' (orange), or 'danger and stop' (red).

Unlike the Hackett model this language lends itself more to the observational response of the behaviour, i.e., what someone should do if they observe the behaviour, rather than describing the behaviour itself. Whilst this externalises the behaviour and applies a very simple and universal language that is easily understood, it can be seen to trivialise the behaviour or externalise the behaviour too much from the child or young person.

Language that is trauma informed, and descriptive of the harm caused both to the child and to others around them is more in line with contemporary understanding of HSB, other models of trauma informed care and findings and recommendations of the Royal Commission.

Implementation limitations

Whilst the Hackett model has been successfully integrated into various frameworks in the United Kingdom and Scotland, this has incorporated extensive materials, literature and practice tools fit for those contexts and service systems. This allows what some may consider is a very specialized model (with a potentially forensic/ judicial slant) to be translated into general practice. However, there is still considerable scope for users to apply the actual continuum in a range of ways given its lack of step-by-step direction and explicit examples across ages or developmental stages. The UK framework progresses this, as do some local adaptations in Australia which have developed examples to apply the model, but still incorporate more perpetrator-oriented language. This is particularly fraught for less specialised practitioners or service systems.

The Traffic Light Framework is comprehensive in that it explores behaviours across the ages within each category, but it does not incorporate nuances and other contextual factors to be considered. This may cause users to fit a behaviour into a box or category based on the behaviour alone without giving due consideration to the complex interplay of other factors and considerations. It should be noted that the Traffic Light Framework does have a considerable training program behind it which may ensure these elements are considered for trained practitioners in the model, however this information is not freely accessible.

Consent, mutuality, reciprocity, and respect

Concepts such as mutuality, reciprocity, consent, and respect are highly relevant when discussing sexual behaviours and relationships, inclusive of HSB. The Traffic Light system does discuss concepts of force and coercion in the red category but is silent on the issue of consent in the green and orange groups, which is a critical concept that should not be assumed. There is also implied lack of consent in the red category when discussing power differential, but again consent is not an overt issue. This is likely more to do with the legal terminology that considers that children cannot consent, however the broader concept of consent particularly when considering adolescent sexual behaviours is crucial. Hackett's model does thoroughly discuss the concepts of consent, reciprocal nature of the behaviour and consent across the behaviour.

Emotionality

It is crucial that we consider the emotional experience of the child and young person displaying the HSB, and those around them, including any child or young person that may be engaged in, or the focus of the behaviour. Whilst the Traffic Light Framework makes particular comment about behaviour in the green category as being playful and curious, there is little reference to the emotional experience that may be felt within the other categories, and it is not suggested that this be considered in any structured way. Within the second stage of the model which relates to understanding what is behind the behaviour, this is more to help the user find direction in their response, not for the purpose of influencing their initial categorisation of the behaviour as either one of concern or not.

Rather than discussing emotional experiences through the continuum, the Hackett model discusses victimising intent as the behaviour progresses and in the violent category includes discussion on violence which is physiologically and or sexually arousing, which could be extended to suggest that the user should consider the emotional experience and motivation behind the behaviour, it does not expand on this in other categories and also fails to recognise that emotional reactions can be mixed, expression of behaviour at the extreme may not be for sexually gratifying motivations and the child or young person displaying these behaviours may carry significant shame or guilt associated with the behaviour.

CREATING A REVISED CONTINUUM

Within the context of broader discussions and consultations on HSB within Western Australia (WA) with approximately 60 professionals and based on the first authors' clinical specialist experience in out of home care, child sexual abuse, HSB and complex trauma, it became evident neither model was fit for purpose for the WA context and the current service or policy environment. These discussions included professionals from a range of practice and policy areas, including different levels of experience, across teaching, research, child protection, policing, health, justice, residential care, advocacy, and psychology; via electronic communication, face to face workshops and video conferencing.

We identified a need to further contextualise a model for understanding HSB that provides structure for practitioner decision making and more fully considers other factors, rather than just the overt behaviour. Such as, the nuances of age and developmental stage (not just in terms of cognitive capacity or chronological age); persistency, frequency and cumulation of the behaviour; emotionality of those involved; and the issue of consent, respect, and mutuality. Whilst Hackett's model does address some of these nuances (i.e., referring to consent and power differential), it does so in a way that often precludes general practitioners and front-line workers from considering this information in a stepped, or structured way. I.e., from experience, less specialist practitioners and front-line case workers such as residential care staff, benefit from models that scaffold their thinking in a structured stepped way, given they are often operating in high pressure environments, having to make decisions on risk and safety, and to respond quickly and often without readily available expert advice.

Further, experience and discussion within the WA context also suggested that neither popular model in Australia utilised language that was in keeping with other models of therapeutic responses typically utilised in WA. The traffic light model utilising a language set that in many respects avoids labels preferring the terms, green, orange, and red-light behaviour, which can be seen as diminishing the behaviour and not allowing for enough variant between the groups. And the Hackett model preferring terms such as abusive and violent which many felt were not in keeping with other models particularly within residential care that view behaviour through a trauma lens, where such terms are seen as stigmatising and labelling. Strong support was provided for the creation of a layered approach, from practitioners and policy makers and a change to language which was particularly important in response to work across government agencies collaborating in this space, to decrease the stigma for children with HSB.

Based on this, a revised model for understanding HSB across a continuum was developed which sought to address the issue of language and provided additional layers to be considered in a stepped-out model to help build the context required to accurately interpret sexualised behaviours. Feedback from this revised model was sought from policy and practitioners in WA seeking any suggested changes, gaps, or corrections they felt were needed and thoughts on implementation within their particular context. Whilst they reported that this model was more in-line with their expectations, would fit within other models of trauma informed practice and that the layered approach would support the application across a broad range of contexts and practitioner skill base, they felt that further practice tools particularly with regards to examples across different age ranges would be useful.

Subsequently a range of behaviours, and descriptions across different age ranges aligned with the WA context were developed. The model continued to be reviewed and refined by this group as adjustments were made. The resulting continuum is described below as is the step-by-step layered approach and companion tables for behaviours across the age range.

Whilst this continuum offers an opportunity for a bespoke model for understanding and responding to HSB within the WA service system, it has more broad applications within Australia, particularly within residential and out of home care settings where higher rates of HSB are seen between children and pressures to have non-specialised front-line workers respond to HSB in a rapid yet considered manner are evident.

This is a clinical practice paper and represents rapid feedback and design that occurred within broader discussions and consultations to develop a framework for the WA context. The next steps are to undertake research to validate this newly proposed continuum for understanding HSB.

LAYERED MODEL FOR UNDERSTANDING HSB

Detailed in Table 1 below, the continuum classification of sexual behaviour displayed by children is designed to guide practitioners' understanding and response to a range of behaviours. The proposed continuum extends from sexual behaviour that is Developmentally Appropriate through to that which may be considered HSB, inclusive of Concerning, Very Concerning and Serious/ Extreme Sexual Behaviours. The continuum should be used in a layered manner, where practitioners first look to review the behaviour in terms of a child or young person's developmental age and stage (physically, psychologically, socially, and cognitively), the social and environmental context within which the behaviour occurs, and through any relevant cultural lens. Once this level of assessment is complete, additional factors must be considered at the bottom end of the continuum. These additional factors include persistency and frequency of the behaviour, the emotional experience of the child or young person when the behaviour is displayed (and observed or uncovered), as well as the dynamic created when another child is involved in the behaviour, specifically with regards to the concepts of respect, mutuality, and consent. All behaviours of a sexual nature displayed by children and young people must be understood against the backdrop of this context of complex inter-related considerations to ensure accurate identification and appropriate responses.

Table 1: Layered Continuum for Understanding HSB

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
General description	<p>The type of behaviour is expected for the child’s developmental stage; it is seen as socially acceptable and aligned with community expectations. It is typically considered appropriate sexual expression and/or exploration.</p> <p>Sexual behaviours may be displayed in inappropriate contexts, particularly by younger children.</p>	<p>Sexual Behaviour is developmentally, socially, contextually and/or culturally inappropriate.</p> <p>Considered on the fringe of being developmentally acceptable.</p> <p>May be displayed as a single incident behaviour that is slightly outside the developmental norm or behaviour that may be outside the developmental norm but readily accepted within a social peer group or set context.</p>	Behaviours in this series are considered Harmful Sexual Behaviours . This is because they can cause harm to either the child or young person displaying the behaviours, or any other child or young person involved.		
			<p>Behaviour that is clearly outside developmental expectations. May also include developmentally inappropriate behaviours displayed as part of a pattern of behaviour.</p> <p>Regardless of context, the behaviour is generally socially unacceptable even within diverse peer groups.</p>	<p>This behaviour is clearly outside developmental expectations and is considered socially unacceptable. It is often intrusive and harmful to the child/young person displaying the behaviours and/or others.</p> <p>A child’s intent or motivator of the behaviour may also differ markedly from the norm in this group. They may disregard the other child’s wishes or resistance over gratification of themselves.</p>	<p>An extension of behaviours that are ‘Very Concerning’, ‘Serious/ Extreme’ behaviours may include elements of physical violence, sadism, degradation, and be highly intrusive and harmful to others.</p> <p>Particularly in early adolescence and adolescence, these behaviours may evoke sexual arousal linked to levels of violence and use of power and force.</p>
Persistence and frequency	<p>Sexual behaviours displayed outside of appropriate contexts are typically one-off play/peer based.</p> <p>Child or young person responds to redirection or explanation about appropriate context as required.</p>	<p>Often single incidents that can be shifted with minimal boundary setting, psychoeducation and/or redirection.</p>	<p>May be single incident, but typically repeated and sometimes compulsive/driven behaviour.</p>	<p>Often repeated but not always compulsive, behaviour can sometimes be seen to ‘escalate’ in level and frequency over time.</p>	<p>Behaviour is often persistent and accompanied by rigid or ingrained patterns of thought that have developed over an extended period.</p> <p>Behaviour is likely to continue without specialised therapeutic intervention.</p>

	Generally seen in early adolescence and adolescence as healthy experimentation or in pre-school aged children exploring their bodies.				
If involving another child or young person	<p>The behaviour is mutual and reciprocal with no power differential or coercion.</p> <p><i>*may not be at the legal age of 'consent'</i></p>	Generally consensual, reciprocal and includes mutuality with no or minimal power differential or coercion. Possible self-induced pressure to fit in with peers	May involve inequity in power, lack of respect or reciprocity for the other and limited mutuality.	Will likely include a lack of respect for the rights of the other child, inequity in power, disregard for the concept of mutuality (particularly in early adolescence and adolescence where sexual gratification is a motivator) and will often involve coercion or force.	Often involves force, coercion, threats, and deception with limited respect for the rights of the other.
Emotional experience	Generally positive, with displayed curiosity, giggling, laughter and joy.	Generally positive and curious although often met with embarrassment if exposed.	<p>Often accompanied with complex feelings of guilt, remorse and/or shame*, particularly where the child or young person is aware the behaviour may not be appropriate.</p> <p>May have feelings of confusion if there is a lack of understanding of sexual development for children with disability.</p> <p><i>*shame is an internal expression of humiliation and distress that may manifest in many ways. Particularly for those with a history of childhood trauma, external expression of shame varies and may include anger and hostility.</i></p>	<p>An extension of emotions associated with those in the 'Concerning' group but with greater intensity.</p> <p>May have feelings of confusion if there is a lack of understanding of sexual development for children with disability or special needs.</p>	Varies widely and is often related to the motivating and causal factors of the behaviour, though can include shame, anger and pleasure.

Persistency, frequency, and cumulative behaviour

Of particular note in the continuum is the explicit consideration of the quantum of the behaviour in terms of frequency and persistency. It is not uncommon for children and young people with HSB to display behaviours simultaneously from across the continuum or for these behaviours to escalate across the continuum over time. So, while it is critical to assess each behaviour within the individual context, consideration should also be given where patterns or clusters appear over time, even when most behaviours may be deemed within the lower end of the continuum.

Emotional Experience

As you can see in the Layered Continuum for Understanding HSB above, the emotional experiences of the children displaying and impacted by HSB contribute to the level of concern for the behaviour. A strong connection exists between our emotions and behaviours in a general sense. How we feel about ourselves, others and the wider world influences the way we behave, engage, and respond to others. This connection is an important consideration when working with children and young people with HSB.

The types of emotions demonstrated by the child or young person when their behaviour is witnessed by others can be quite indicative of how harmful the behaviour is, and the level of concern required in addressing it. The level of emotional discomfort for the child or young person engaging in the behaviour usually increases as the behaviour moves further along the continuum away from developmentally appropriate sexual behaviour for that child or young person's developmental stage. The emotional response of the child or young person in the moments following the identification or witness of the behaviour can, therefore, be a useful piece of information in helping to determine what level of harmful behaviour may be occurring. Figure 1 below demonstrates the increasing intensity and complexity of emotions that occur as behaviour progresses along the continuum.

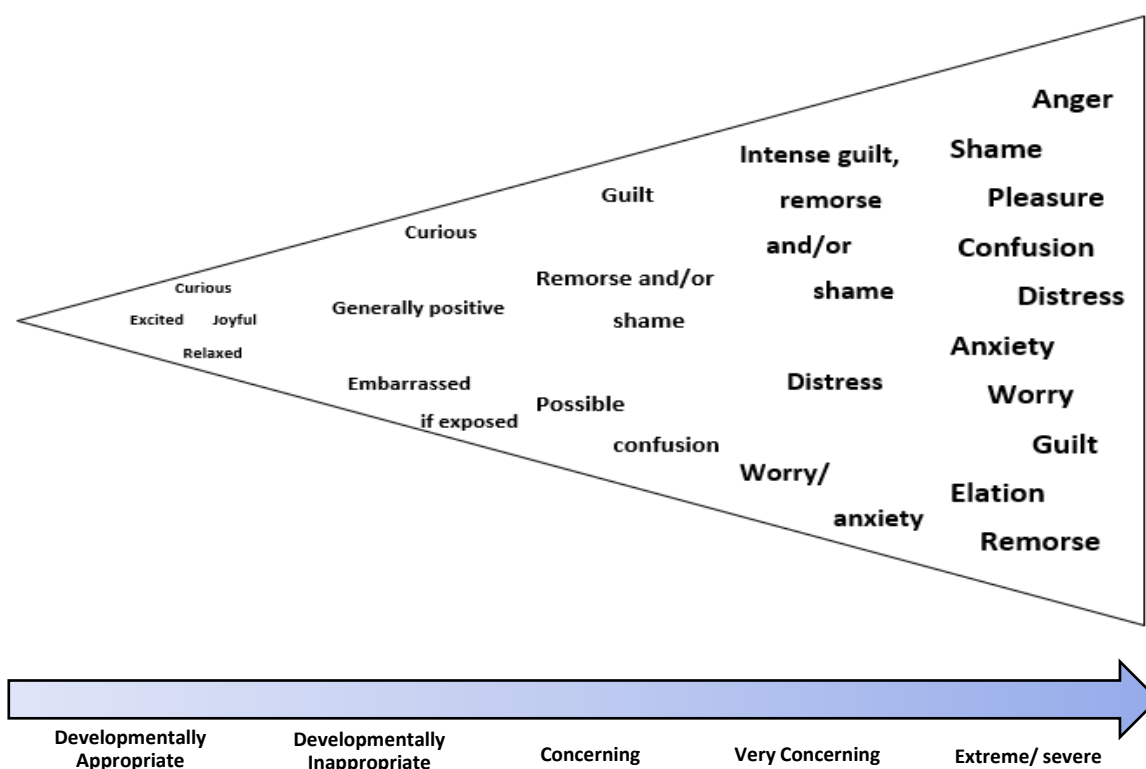


Figure 1: emotionality across the continuum of harmful sexual behaviours

Consent, mutuality, reciprocity, and respect

Whilst the concept of consent within this context is generally understood as an agreement between participants that is freely given to affirm participation in a sexual activity, the issue of mutuality and reciprocity is less so. Mutuality is about sharing feelings and actions within the relationship and/or experience, whilst reciprocity relates to an exchange for mutual benefit. For children and young people exploring sexual behaviours (regardless of age), there should be free agreement to participate in the shared experience which involves an exchange, i.e. one child 'doing to' another child, or one child coercing compliance of another child would violate this principle. In addition, both children should have respect for one another in that relationship and exchange. That is that they should have regard for their rights, feelings and wishes.

This is particularly important when we view adolescent sexual exploration; as young people progress in their development, they naturally begin to explore themselves and others in new and often sexual ways. Various behaviours across the Early Adolescence and Adolescence groups are often considered 'appropriate' and 'typical' behaviour within modern social norms. However, some behaviours can still be considered a criminal offence or in contrast to our understanding of and legal application of the concept of consent. For example, while it is not atypical in modern Australian society for a 13-year-old to be engaging in progressed sexual activity such as oral sex (which is penetrative), or even vaginal sex, in WA, young people of this age are deemed under the law as unable to give consent.

This is where consideration of additional concepts of mutuality, respect and reciprocity are pertinent to ensure that where young people are engaging in behaviours that fall outside our traditional constructs of legal consent, they do so with agreement, shared understanding, genuine exchange and respect for each other's rights, feelings and wishes.

When considering this layer, behaviours between Developmentally Appropriate and Developmentally Inappropriate, and then between Developmentally Inappropriate and Concerning may be fluid and extra care for application of context should be taken.

WORKING YOUR WAY THROUGH THE CONTINUUM – STEP BY STEP

This next section steps out, how to use this continuum in more detail. The steps should be explored one by one in sequential order, each time adding a level of detail and deeper understanding of the behaviour, context and in many instances, what underlies the behaviour and what the impact of that behaviour may be on those involved.

Step 1.

Where does the general description of the behaviour fit along the continuum for the particular developmental age of the child or young person? i.e., is it developmentally appropriate, concerning or serious?

[Table 2: General Description](#)

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
General description	Behaviour that is expected for a child's developmental stage.	Sexual behaviour that is outside what is expected for the child's developmental stage.	Behaviours in this series are considered Harmful Sexual Behaviours.		
			Behaviour that is clearly outside developmental expectations.	This behaviour is clearly outside developmental expectations and is often intrusive and harmful.	Behaviours may include elements of physical violence, sadism, degradation, and be highly intrusive and harmful to others.

[Behaviour that can be considered appropriate or harmful across the ages](#)

To support the application of this continuum, Tables 3 through 8 have been created as examples of sexual behaviours across a range of developmental stages described in terms of age, schooling and sexual development drawn from the work of child-developmental theories and mapped onto contemporary schooling levels in the Australian context.

- Infancy and Early Childhood – Approximately Birth to 3 years
- Lower Primary School – 4–6 years
- Middle Primary School (Pre-pubescent) – 7–9 years
- Upper Primary School (Pubescent) – 10–11 years
- Lower High School (Early Adolescence) – 12–14 years
- Upper High School (Adolescence) – 15–17 years

These Tables provide examples only and must be considered in terms of contemporary evidence as it arises and does not remove the need for specialist consultation in this space, particularly where the behaviour is considered to be in the Concerning, Very Concerning and Serious or Extreme end of the continuum.

[Exposure to and use of pornography](#)

Society's interactions with the online world are increasing at an exponential rate, with multiple mobile devices, smartphones, computers, and other internet-connected devices being common fixtures in our lives. Online interactions are no more apparent than in children and young people who are 'logging on' to various social media platforms, interactive gaming forums and online learning throughout their day. Unfortunately, with this increased exposure to the internet, children and young people are more readily exposed to unfiltered and often developmentally inappropriate content from various sources. Despite controls, this means children and young people can more easily access and be exposed to pornographic material online, whether intentionally or not.

Pornography is a term typically used to describe sexually explicit material that is generally intended to sexually arouse the viewer. Pornography can come in many different forms and include a variety of content that would be considered both common and extreme. Typically, this includes images, videos, text and cartoons or anime representing sexual themes, practices, and scenarios. Contemporary access to pornography is generally via the internet, although printed material, DVD's and other image storage devices are also used to exchange, view, and store pornographic material.

An inquiry undertaken by the House of Representatives Standing Committee on Social Policy and Legal Affairs (2020) found that children were most likely to first access online pornography between the ages of 10 and 13 years. A review by Quadara, El-Murr, and Latham (2017), noted that 44 percent of children aged 9 to 16 years had been exposed to sexual images in the month before (with males being more likely), either via intentional searching or through accidental exposure while on the internet.

The impact of exposure to and consumption of online pornographic material on children and young people can be far-reaching. It can impact their knowledge and attitudes towards sex and relationships, including sexual violence, and influence their sexual behaviours and practices (Quadara et al., 2017).

Given this information, throughout the Tables below, pornography is included even at young ages. While this is now a generally accepted experience that young children encounter, the impacts are potentially harmful. They, therefore, require both general and targeted intervention to prevent and resolve harmful impacts. This is particularly so when a child moves from accidental exposure to more repeated, purposeful searching for the material and as the material content becomes more explicit, violent or deviates from acceptable sexual norms of mutuality and consent.

Table 3: Infancy and Early Childhood – Approximately Birth to 3 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>From birth, children will explore all their body parts equally, including the genitals; may include touching, holding, poking with fingers, pulling and unconscious masturbation.</p> <p>Play-based behaviour with others can include various games that involve children being naked, playing gender-based roles and make-believe games such as mums and dads, mums and mums, dads and dads; doctors and nurses; families; ‘I’ll show you mine if you show me yours’, and so on.</p> <p>Children may also want to touch and/or look at the genitals of others around them in a natural curiosity as they work out how their bodies are the same and different. This is more common around bath and dressing time; they often enjoy being nude.</p> <p>Language expression and jokes can include conversations about bottoms, breasts, vaginas, penises, and general bodily functions.</p>	<p>Regular masturbation that can be redirected with little emotional impact on or distress for the child.</p> <p>Exposing themselves to others or seeking to look at other children’s genitals outside play-based behaviour. Behaviour will usually dissipate with reinforcement of boundaries and redirection.</p> <p>Seeking opportunities to follow adults and other children into private areas such as toilets, bathrooms and bedrooms when changing in order to see or touch their genitals, bottom or breasts.</p> <p>Touching the genitals of animals.</p>	<p>Masturbation that occurs often, even after redirection.</p> <p>Play-based themes that are persistently sexual in nature, and/or demonstration through language or play of adult sexual themes.</p> <p>Seeking opportunities to watch others when undressed, in bathrooms or toilets.</p> <p>Invading other children or adults’ private space to lift/ move their clothing to see and/or touch their private parts or see their genitals, bottom or breasts.</p>	<p>Masturbation that is compulsive and occurs often. A preference for this activity over others. Masturbation that is rough or self-injurious.</p> <p>Play-based themes that are persistently sexual in nature even after redirection. Themes are simulated or demonstrated through play with other children, for example, simulating sex with or without clothes.</p> <p>Persistent touching of others’ genitals and private parts and/or seeking opportunities to do so even after redirection.</p> <p>Use of sexually aggressive and/or explicit language.</p>	<p>Using force to engage other children in sexual activity regardless of the context of play (i.e. normal fantasy play).</p> <p>Use of explicit sexual acts within play on other children, such as oral sex, masturbation and penetration (penetration may be with finger/objects).</p>

Table 4: Lower Primary School 4–6 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>Play-based behaviour with others can include various games that involve children being naked, playing gender-based roles and make-believe games such as mums and dads, mums and mums, dads and dads; doctors and nurses; families; ‘I’ll show you mine if you show me yours’, and so on.</p> <p>Children may also want to touch and/or look at the genitals of others around them in a natural curiosity as they work out how their bodies are the same and different. This is more common around bath and dressing time; they often enjoy being nude.</p> <p>Language expression and jokes can include conversations about bottoms, breasts, vaginas, penises, and general bodily functions. Children become more curious about gender, sexuality, where babies come from and other sexual-based concepts in this stage and ask caregivers a range of questions.</p> <p>Children may begin to explore their own bodies and genitals with more purpose, which may include behaviour more akin to masturbation.</p>	<p>Regular masturbation that can be redirected with little emotional impact/distress for the child.</p> <p>Exposing themselves to other children or seeking to look at other children’s genitals outside play-based behaviour. Behaviour will usually dissipate with reinforcement of boundaries and redirection.</p> <p>Seeking opportunities to follow adults and other children into private areas such as toilets, bathrooms and bedrooms when changing in order to see or touch their genitals, bottom or breasts.</p> <p>Using language of a sexually explicit nature and/or including sexual themes in play such as open mouth kissing and fondling. This behaviour can be redirected with appropriate prompts and cause little emotional impact or distress for the child.</p> <p>Persistent nudity in contexts where this may be considered inappropriate even after they have been redirected.</p> <p>Touching the genitals of animals.</p>	<p>Regular masturbation that interferes with other activities, occurs within an inappropriate context or location (e.g., a public space), or persists after redirection.</p> <p>Frequently exposing themselves in public or to other children.</p> <p>Invading other children or adults’ private space to lift or move their clothing to see and/or touch genitals, bottoms or breasts.</p> <p>Using language of a sexually explicit nature and/or including sexual themes in play or when interacting with others (such as open mouth kissing and fondling).</p> <p>Persisting to touch the genitals of animals even after redirection.</p> <p>Intentionally accessing pornography and/or playing video games with violent or sexual content.</p>	<p>Compulsive masturbation that interferes with other activities, occurs within an inappropriate context/ location (e.g., a public space), is aggressive and/or self-injurious, and persists after redirection.</p> <p>Pursuing other children in an intimidating and/or aggressive manner in order to touch their private parts or engage them in sexualised behaviour.</p> <p>Using language of a highly sexually explicit nature and/or simulating sexually explicit acts in or out of play, such as oral sex and anal or vaginal penetration.</p> <p>Engaging significantly younger or more vulnerable children in sexualised behaviour.</p> <p>Frequently watching pornography.</p>	<p>Forcing other children to engage in sexual behaviour; may include force and include oral sex and penetration with objects.</p> <p>Persistently using language of a highly sexual and explicit nature.</p> <p>Taking photos of themselves or others’ genitals or generally sexual images and/or sharing these types of images with others.</p> <p>Frequently watching and/or showing other children pornography.</p>

Table 5: Middle Primary School (Pre-pubescent) 7–9 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>Masturbation or touching of own genitals in private.</p> <p>Increased sense of privacy and more care with regards to toileting and changing in private.</p> <p>Increased curiosity about other children’s genitals of the same and opposite gender, which may translate into looking and touching of familiar same-age children’s genitals.</p> <p>Language expression and jokes continue to include conversations about bottoms, breasts, vaginas, penises, and general bodily functions.</p> <p>Increased curiosity and questions about gender, sexuality, where babies come from and other sexual-based concepts.</p> <p>Children will also begin to discuss having girlfriends or boyfriends, and behaviour may extend into handholding or kissing another child of a similar age.</p> <p>Exposure to pornography via accidental or ‘curious searching’ (e.g., while searching ‘bottoms’)</p>	<p>Masturbation that occurs within an inappropriate context or location (e.g., a public space) or persists after redirection to a private space.</p> <p>Lack of awareness of the need for privacy and, therefore, frequent nudity around others or in inappropriate contexts.</p> <p>Using language of a sexually explicit nature that persists after redirection.</p> <p>Engaging other children of a similar age in sexual behaviours, including fondling.</p> <p>Displaying sexual themes and actions in play with other children, though the behaviour can be redirected and modified.</p> <p>Intentionally accessing pornography and/or playing video games with violent or sexual content.</p>	<p>Regular masturbation that interferes with other activities or that occurs with other children.</p> <p>Frequently exposing themselves in public or to other children.</p> <p>Engaging significantly younger or more vulnerable children in sexualised behaviour.</p> <p>Invading other children or adults’ private space to lift or move their clothing to see and/or touch their genitals, bottoms, or breasts.</p> <p>Using language of a sexually explicit nature and/or including sexual themes in play or when interacting with others (such as open mouth kissing and fondling).</p> <p>Frequently watching pornography.</p>	<p>Compulsive masturbation that interferes with other activities, and/or is aggressive and/or self-injurious.</p> <p>Pursuing other children in an intimidating and/or aggressive manner in order to touch their genitals, bottoms or breasts or engage them in sexualised behaviour.</p> <p>Using language of a highly sexually explicit nature and/or simulating sexually explicit acts in or out of play such as oral sex and anal or vaginal penetration.</p> <p>Frequently watching pornography to the exclusion of other activities.</p>	<p>Forcing other children to engage in sexual behaviour; may include force and include oral sex and penetration with objects.</p> <p>Persistently using language of a highly sexual and explicit nature.</p> <p>Taking photos of their or others’ genitals (or generally sexual images) and sharing these with others.</p> <p>Frequently watching and showing other children pornography.</p>

Table 6: Upper Primary School (Pubescent) 10–11 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>Masturbation or touching of own genitals in private. Masturbation can become more targeted toward sexual gratification.</p> <p>Increased sense of privacy; more care with regards to toileting and changing in private.</p> <p>Engaging in relationships with same-aged peers of the same and different gender and engaging with them in sexual affection such as hugging and kissing.</p> <p>Using sexually explicit language and displaying exhibitionism with peers, particularly in change rooms and bathrooms.</p> <p>Increased curiosity and discussion with peers about sex, sexuality, gender, pregnancy, puberty, and so on.</p> <p>Taking and sharing photos of themselves in various poses (clothed).</p> <p>Accessing pornography.</p>	<p>Regular masturbation that interferes with other activities or occurs in inappropriate contexts or locations (e.g., a public space) or that includes other same-aged peers of the same or opposite sex in parallel or reciprocal masturbation.</p> <p>Disregard for privacy and regular exposure of themselves in public spaces even after redirection.</p> <p>Engaging in relationships and sexual behaviour with older individuals or behaviour that includes fondling of genitals.</p> <p>Using sexually explicit language that displays knowledge above their developmental age.</p> <p>Frequent displays of exhibitionism with peers, particularly in change rooms and bathrooms, even after redirection.</p> <p>Displaying voyeuristic behaviours with peers that is persistent.</p> <p>Regularly watching pornography.</p>	<p>Compulsive masturbation that interferes with other activities, and/or is aggressive, and/or self-injurious.</p> <p>Persistently displaying voyeuristic behaviours with peers that are persistent and/or include attempts to touch others' genitals.</p> <p>Engaging in relationships and sexual behaviour that includes mutual masturbation or oral sex (same-aged peers).</p> <p>Engaging significantly younger or more vulnerable children in sexualised behaviour and/or showing them pornography.</p> <p>Frequently watching pornography to the exclusion of other activities and/or using pornography to masturbate.</p> <p>Taking and sharing photos of themselves in various poses unclothed and/or exposing genitals.</p>	<p>Forcing other children to watch them masturbate.</p> <p>Pursuing other children in an intimidating and/or aggressive manner in order to touch their genitals, bottoms or breasts or engage them in sexualised behaviour.</p> <p>Using language and/or behaviour of a sexual nature that seeks to degrade, humiliate, or threaten others.</p> <p>Engaging in sexual relationships with older individuals that include oral sex.</p> <p>Increased interest and watching pornography that includes sexually explicit acts including violence, group sex, children, and so on.</p> <p>Frequently watching and showing pornography to younger or more vulnerable children.</p> <p>Taking and sharing photos of themselves in sexually explicit poses unclothed and/or exposing genitals.</p>	<p>Forcing other children to engage in sexual behaviour; may include force and include oral sex and penetration with objects.</p> <p>Having vaginal or anal sex.</p> <p>Engaging in sexual behaviour with peers that includes group sex or having multiple sexual partners over time.</p> <p>Taking and sharing sexually explicit photos of others without permission and/or using coercion to gain such photos from others.</p>

Table 7: Lower High School (Early Adolescence) 12–14 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>Marked by increased sexual curiosity to explore their own and others sexual motivations, sexual and gender identity, orientation and behaviour. Young people are experimenting with others and themselves. Age of consent, and potential criminal consequences of their actions becomes a complicating factor at this age for some children and young people.</p> <p>As in other elements of their life, they seek physical privacy and may begin to masturbate for purposeful sexual pleasure.</p> <p>They often continue to engage in the online world and may seek to explore sexual interest via accessing a variety of pornographic content. Some may also use this content during masturbation for sexual arousal.</p> <p>They will begin to explore intimate relationships with same-age peers of either sex and may have brief or ongoing sexual relationships that routinely include hugging, kissing, and fondling.</p> <p>They will continue to use sexually explicit language and exhibitionism with peers. This may extend to</p>	<p>Although precarious depending on the actual age of both young people involved, sexual relationships may progress to include mutual masturbation and oral sex.</p> <p>Engaging in intimate relationships with peers of up to a two-year age gap as their social networks expand.</p> <p>Masturbation that is more frequent or occurs in inappropriate contexts or not in private.</p> <p>Disregard for the privacy of self and others.</p> <p>Regular exploration of pornographic material or exploration of material that is explicit.</p> <p>Preoccupation with sexually explicit language or use of sexual language in inappropriate contexts. Sexting that is prolific or non-reciprocal with peers.</p> <p>Taking and sharing photos of themselves in various poses unclothed and/or exposing genitals. Given this can be deemed a criminal offence, this behaviour should be redirected.</p> <p>Persuading others to engage in sexting, share photos of themselves in various poses (usually clothed).</p>	<p>Sexual behaviours with others that includes vaginal or anal sex (with protection).</p> <p>Intimate relationships with individuals more than a two-year age gap.</p> <p>Compulsive masturbation that interferes with other activities, and/or is aggressive, and/or self-injurious. Or where the young person feels compelled to do this in public.</p> <p>Use of sexually explicit language to intimidate others regardless of the type of communication.</p> <p>Preoccupation with watching pornographic material that interferes with other social experiences or includes sexually explicit content including violence and degradation.</p> <p>Invading others' privacy as a form of voyeurism.</p> <p>Taking and sharing photos of themselves in various poses (which may be considered sexually explicit), unclothed, exposing genitals, which persists after provision of information that this is not appropriate and may be deemed a criminal offence.</p>	<p>Engaging in sexual behaviour with others that includes group sex or having multiple sexual partners.</p> <p>Using coercion or bribery to engage others in sexual behaviours of any level.</p> <p>Intimate relationships with individuals who are significantly different in age, and/or where there is a significant power or developmental difference.</p> <p>Regularly masturbating to sexually explicit and deviant pornographic material (e.g., containing animals, violence, children, and so on).</p> <p>Taking and/or sharing sexually explicit photos of others without their consent.</p>	<p>Preoccupation with masturbating to sexually explicit and deviant pornographic material (e.g., containing animals, violence, children, and so on).</p> <p>Frequently lying about their age for the purpose of engaging significantly older individuals in sexual activity.</p> <p>Forcing other children to engage in sexual behaviour; may include force and include oral sex and penetration with objects.</p> <p>Having unprotected vaginal or anal sex or engaging in sexual behaviour while intoxicated.</p> <p>Exchanging sexual behaviour/ acts for tangible or non-tangible things (e.g., drugs, food, alcohol, money, social inclusion, and so on).</p> <p>Taking and sharing sexually explicit photos of others without permission.</p>

<p>sexting and other forms of communication of a sexual nature.</p> <p>Young people will also continue taking and sharing photos of themselves in various poses (usually clothed). They may begin to push the boundaries with peers and the content shared.</p>		<p>Coercing or bribing others to engage in sexting or sharing photos of themselves in various poses (usually clothed).</p>		
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Table 8: Upper High School (Adolescence) 15–17 years

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>In this stage, young people’s sexual curiosity continues to increase as they begin to experiment even more with themselves and others. As they become more confident in their sexuality and interests, they may begin to explore more diverse sexual experiences and erotic material and behaviour.</p> <p>Engaging in sexual activity with both male and female partners.</p> <p>Privacy continues to be important, and they will continue to masturbate in private for sexual gratification.</p> <p>They continue to engage in the online world and may seek to explore sexual interest via accessing a variety of pornographic content; some may also use this content during masturbation for sexual arousal.</p> <p>They will continue to explore intimate relationships with peers of either sex and may have brief or ongoing sexual encounters that include oral, anal, and vaginal sex. Relationships will generally be with same age (or relatively) peers, consensual and reciprocal in nature.</p> <p>Sexual experiences are reciprocal in nature, such as mutual masturbation</p>	<p>Preoccupation with sexual behaviour and seeking intimate partners.</p> <p>Multiple sexual partners, frequently changing sexual partners, or engaging sexual partners that are substantially different in age.</p> <p>Engaging in sexual behaviour with others that includes more than one other person at a time (e.g., group sex).</p> <p>Seeking out pornographic material that is explicit and includes themes of violence and group sex.</p> <p>Communication with peers that is explicit, unwanted, or harassing, regardless of communication type used (e.g., using photos, text, or verbal communication).</p> <p>Lack of understanding of privacy and frequent exposure of self in public places (e.g., flashing genitals).</p>	<p>Compulsive masturbation that interferes with daily activities, is self-injurious, or occurs in public.</p> <p>Accessing pornographic material that is explicit, sexually aggressive and/or illegal, such as showing animals or children.</p> <p>Repeated exposure of genitals, bottoms and breasts in a public place with peers (e.g., flashing).</p> <p>Taking and sharing photos of themselves in sexually explicit poses unclothed and/or exposing genitals.</p>	<p>Lying about their age for the purpose of engaging significantly older individuals in sexual activity.</p> <p>Regularly masturbating to sexually explicit and deviant pornographic material (e.g., containing animals, violence, children, and so on).</p> <p>Engaging children or others who are developmental younger or vulnerable in sexual activity.</p> <p>Having unprotected vaginal or anal sex or engaging in sexual behaviour while intoxicated.</p> <p>Taking and/or sharing sexually explicit photos of others without their consent.</p>	<p>Compulsive masturbation that interferes with daily activities, cannot be contained to private places, and causes physical and emotional harm. This may include self-injurious behaviours and the compulsion to masturbate in public.</p> <p>Preoccupation with and regularly accessing pornographic material (may be while masturbating) that is explicit, sexually aggressive and/or illegal.</p> <p>Forcing or coercing others into sexual activity regardless of their age or developmental vulnerabilities. This may include the use of bribery, manipulation, blackmail, and so on.</p> <p>Exchanging in sexual behaviour or acts for tangible or non-tangible things (e.g., drugs, food, alcohol, money, social inclusion, and so on).</p> <p>Taking and sharing sexually explicit photos of others without permission and/or using coercion to gain such photos from others.</p>

<p>and oral sexual gratification of their partners becomes important.</p> <p>Sending and receiving sexually explicit texts and photos is relatively typical at this age.</p>				
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Step 2.

How often has this behaviour occurred? Is it a one off, has it happened before, does it speak to a 'pattern of behaviour', is it persistent?

[Table 9: Persistency and frequency](#)

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
Persistency and frequency	Typically, one-off play/peer based.	Single incidents that can be shifted with minimal redirection.	Repeated behaviours.	Often repeated and escalating behaviours.	Persistent behaviours.

Now you may need to adjust your classification up or down on the continuum. For example, if the behaviour is relatively appropriate for the child's age, but it is persistent and has occurred frequently over time or been repeated after discussion and boundary setting with the child, you may need to consider this behaviour as more concerning than indicated by the general description alone.

Step 3.

Was the child/ ren involved in the behaviour distressed when the behaviour was being displayed and/ discovered? Ie, was it at the time, or is it now causing distress?

[Table 10: Emotionality](#)

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
Emotional experience	Positive.	Curious and some embarrassment.	Guilt, confusion and remorse.	More intense feelings of distress.	Complex and distressing emotions.

Again, you may need to adjust your classification up or down on the continuum slightly now that you have added this extra layer of contextual information. For example, if the behaviour is relatively appropriate for the child's age but is causing considerable distress for the child/ ren involved then further exploration may be required as to why and this may also lead you to consider perceiving the behaviour as slightly more concerning than first thought based on the general description alone. In the same vein, if the behaviour is at first glance potentially concerning or at least outside what would be expected for the developmental age of the child/ ren involved, but the emotionality expressed by them is 'happy, giggly, relaxed' then you may rethink your classification and decide that the behaviour falls within the developmentally inappropriate space on the continuum rather than concerning.

Step 4.

If there were other children involved in the behaviour, was the relationship equal, was there consent, was it mutual and reciprocal, and was there equal power?

Table 11: Consent, mutuality, and reciprocity

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
If involving another child or young person	The behaviour is mutual and reciprocal.	Generally consensual and reciprocal.	Unequal power, reduced respect or non-consent.	Includes coercion or force.	Includes force, coercion, and deception.

Consent, mutuality, power, and reciprocal nature of the behaviour can markedly impact our classification and be considered by police and child protection when determining criminal responsibility and reportable offences. For this layer of the continuum, we need to consider moving the classification up if things like force or coercion (in the form of tricks, lies and bribes) were used by one child over another. Additional factors such as children trying to conceal or hide the behaviour is also of concern here. For example, a behaviour deemed very concerning by general description may elevate to serious/ extreme if it was found that there were threats and deception used by one child over another to have the child engage in the behaviour and maintain secrecy.

Step 5.

This is your final check to consider the overall level of concern regarding the sexual behaviour. Consider all layers of the continuum as a whole and any additional contextual information you may hold that changes the level of concern up or down the continuum for that young person. Some additional contextual information that may change your level of concern could include where the child resides and who they reside with, any significant learning or social delays the child has, and the child's particular abuse and trauma history.

Remember: Use your professional judgment and knowledge of the child's background information in addition to steps 1-4 to help determine the final level of concern on the continuum.

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