



Falkirk Council



Clackmannanshire
Council



Managing Sexualised Behaviour Guidelines

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Foreword

These guidelines have been produced as a response to the sexual health needs of young people in Forth Valley. Whilst sexualised behaviour can be a natural healthy part of growing up, some children and young people may develop inappropriate/problematic habits or display sexually harmful behaviour.

Staff cannot offer advice without support and guidance through organisational policy and procedures. This document aims to provide guidance on Managing Sexualised Behaviour for all staff in schools in Forth Valley. It has been written in wider consultation with, and with input from Falkirk, Clackmannanshire and Stirling Education and NHS Forth Valley.

The purpose of the document is to allow staff whether in the role of teacher, learning assistant, janitor or administration, to use this as a reference and guide for their practice. It will support staff to understand how to respond and manage the sexual behaviours of the children and young people in their school.

Group Membership

The following people formed the writing group for these guidelines:

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Partners

With thanks to:

Woodlands School, Edinburgh for kind permission to use their original Managing Sexualised Behaviour Guidelines
The AIM Project, Stockport for kind permission to use their monitoring form and for their advice www.aimproject.co.uk

To all who took part in the consultation including:

Barnardo's Freagarrach Team, Stirling
Central Advocacy Partners
Schools in Forth Valley
NHS Forth Valley Staff - Speech and Language Therapy, Occupational Therapy, Health Promotion, Child Protection, Looked After Children Team

Rationale

Sexualised behaviour can be a natural healthy part of growing up.

Some children and young people, however, may develop inappropriate/problematic habits or display sexually harmful behaviour.

When this happens in school*, staff may respond to these behaviours in different ways, which can be confusing for the child or young person(s) involved.

The topic of children/young people's sexual behaviour can make some adults feel uncomfortable and this can affect the appropriateness of the response they make. Their responses are also influenced by what they understand to be 'normal' or 'acceptable'.

These guidelines have been developed to create a consistency in approach amongst all school staff, which in turn creates a shared understanding of managing sexualised behaviour.

They also provide an opportunity for staff to effectively monitor behaviour in their schools and evaluate how they respond to incidents. This can highlight the need for additional support for children and young people by way of the curriculum and also more targeted work and for teaching staff through resources and Professional Learning.

Intervention at an early age can prevent ongoing behaviour issues that may continue in to adulthood (Steiger 2005) when they may be viewed as a public nuisance or at worst a sexual offence.

Children and young people with learning disabilities are over - represented in research on adults displaying sexually harmful behaviour (Vizard 2000). This may be due to their vulnerability, the likelihood of being caught, their lack of understanding of sexual boundaries, public and private and appropriate behaviour (O'Callaghan 2001).

By offering good sexual health, relationships and parenthood education, alongside targeted approaches to managing sexualised behaviour, schools can play a significant role in helping young people to become responsible adults.

References

O'Callaghan, D (2001) Young offenders with learning difficulties. G-Map extract from S.M.Sgroi Handbook of Clinical Intervention in Child Sexual Abuse. Lexington Books.

Steiger, P. (2005) Children who engage in problem sexual behaviours. A review of literature. Childhood Foundation, Melbourne.

Vizard, E. (2000) Characteristics of a British sample of sexually abusive children. BASPCAN Congress, University of York.

* 'school' refers to all educational establishments, including nursery schools and family centres.

Policy Values

The policy values are:

- sexuality is a natural and healthy part of who we are
- each of us feels differently about our sexuality, and we may express it in different ways without harm or coercion to others
- we should treat each other as we would like to be treated
- we should never have to do anything sexual we don't want to do
- if we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections

These values are reflected in the Sexual Health and Relationships Education programme (SHARE) (1).

They are also firmly rooted within the United Nations Rights of the Child (2), Getting it Right for Every Child (GIRFEC) (3), National Guidance for Child Protection (4) and the Equality Act (2010) (5).

By adopting these core values each school will support the wellbeing of children and young people with a common, co-ordinated approach across all agencies. This will ensure appropriate, proportionate and timely help to all children and young people as they need it.

Getting it right for every child (GIRFEC)

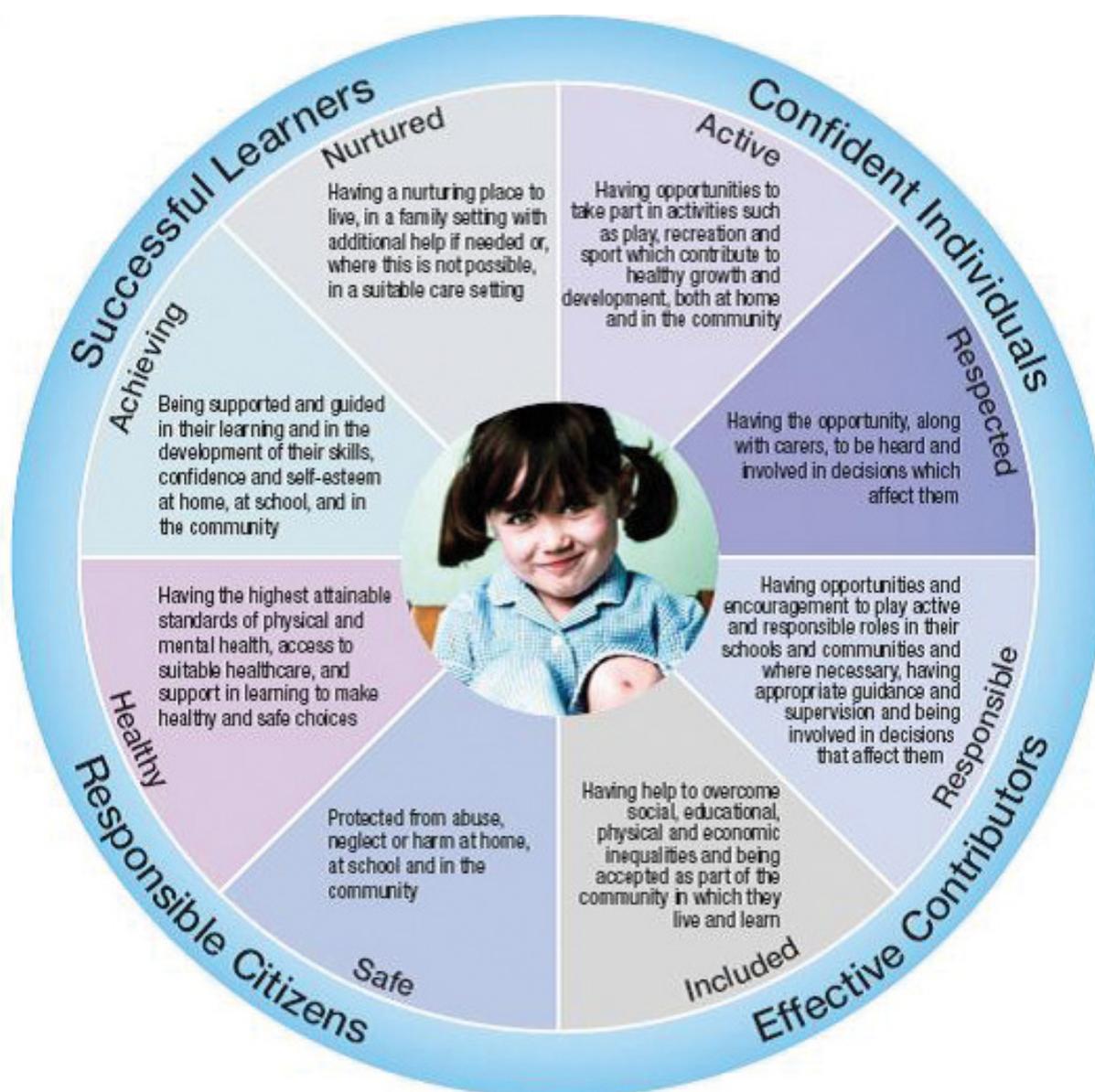
GIRFEC has a focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.

GIRFEC values and principles

- **Promoting the well-being of individual children and young people:** this is based on understanding how children young people develop in their families and communities and addressing their needs at the earliest possible time.
- **Keeping children and young people safe:** emotional and physical safety is fundamental and is wider than child protection
- **Putting the child at the centre:** children and young people should have their views listened to and they should be involved in decisions that affect them.
- **Taking a whole child approach:** recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life.
- **Building on strengths and promoting resilience:** using a child or young person's existing networks and support where possible.
- **Building a competent workforce to promote children and young people's well-being:** committed to contributing individual learning and development and improvement of inter-professional practice.

References

- (1) SHARE - Sexual Health and Relationships Education
www.healthscotland.com
- (2) UN Rights of The Child (1989)
http://www.unicef.org.uk/crc/files/Rights_overview.pdf
- (3) Getting it Right for Evey Child (GIRFEC) (2012)
www.scotland.gov.uk/topics/people/young-people/gettingitright
- (4) National Guidance for Child Protection in Scotland (2010)
<http://www.scotland.gov.uk/Publications/2010/12/09134441/0>
- (5) Equality Act (2010)
<http://www.legislation.gov.uk/ukpga/2010/15/contents>



Introduction

Some children and young people may need help and guidance in relation to their sexual behaviour if it becomes harmful or problematic. Similarly, some staff may need support and guidance in this sensitive area to ensure that consistency and best practice are pursued for the benefit of the child or young person.

This document is designed to:

- provide staff with relevant information
- increase staff confidence and competence in dealing with situations relating to sexualised behaviour
- give clear guidance on how to respond to specific situations
- provide a range of resources to support staff

Children and young people require consistent information and opportunities to develop skills relating to their sexual health and wellbeing.

These guidelines should be adopted by all school staff, whether in the role of teacher, learning assistant, janitor or administration. They are also relevant for the wider community and everyone involved in the wellbeing of a child or young person.

Good Practice in Schools

The Code of Professionalism and Conduct (COPAC) GTC ⁽⁶⁾ sets out key principles and values for teachers in Scotland. It is intended that teachers are mindful of the code in relation to the judgements and commentary they may be called upon to make in situations involving sexualised behaviour.

Good practice should include:

- senior staff and managers taking responsibility to create a climate whereby staff who feel worried or distressed about any situation in their place of work are able to approach a senior member of staff to discuss their anxieties.
- ensuring staff do not impose their own beliefs and are aware of and respect others' cultural and religious beliefs and practices.
- creating a supportive environment for children and young people in the area of sexuality and relationships through a positive attitude and sensitive approach when offering help and advice.
- offering a range of learning opportunities for children and young people to develop knowledge, skills, values and attitudes through Curriculum for Excellence, Health and Wellbeing organiser Sexual Health, Relationships and Parenthood experiences and outcomes ⁽⁷⁾.
- ensuring that all children and young people - including those with additional support needs - are entitled to confidentiality and respect and access to appropriate advice, information and services ⁽⁸⁾.
- all staff are confident and competent in Child Protection procedures and understand their responsibility to report abuse or illegal acts in line with child protection procedures (see child protection flowchart).
- supporting children, young people and staff to understand and to use appropriate sexual language.
- offering Professional Learning opportunities to support staff confidence and competence in dealing with sexualised behaviour.

References

- ⁽⁶⁾ Code of Professionalism and Conduct, Duty of Care
<http://www.gtcs.org.uk/standards/copac.aspx> (see appendix...)
- ⁽⁷⁾ Health and Wellbeing, Education Scotland (2010)
www.educationscotland.gov.uk/learningteachingandassessment/curriculumareas/healthandwellbeing/index.asp
- ⁽⁸⁾ The Scottish Child Law Centre Offers a wide range of information on childrens rights
www.sclc.org.uk including confidentiality

The Legal Context of Sexualised Behaviour

These guidelines are underpinned by legal and national guidance.

Under the [Sexual Offences \(Scotland\) Act 2009](#):

- It is still illegal to have sex under the age of 16.

This does not mean, however, that all underage sex amongst young people aged 13-15 is a Child Protection concern.

Young people aged 13-15 can be deemed competent to consent to sexual activity. Individual consideration should be given in every case of sexual activity involving someone aged 13-15 as to what approach is in the young person's best interest. Practice should be dictated by local and national guidance .

- If the under-age sexual activity involves children under the age of 13, the concerns must be passed on in accordance with local Child Protection procedures.
- Children under the age of 13 are considered unable to consent to any sexual act.

<http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill>

[National Guidance on Underage Sexual Activity \(2010\)](#) sets out good practice for professionals and aims seeks to strike a balance between assuring the freedom of young people to make decisions about their own lives, and protecting them from activity which could give rise to immediate harm and/or longer term adverse consequences to one or both of them

- If someone is aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact on the young person(s) and whether this behaviour is a Child Protection concern.
- Where sexual activity involves young people who are 13 or over, a range of issues should be considered before a decision is taken.
- In all cases the best interests of the young person is the most important thing to think about. Given that between a third and half of young people in Scotland have sex before they reach their sixteenth birthdays and only a small proportion of these have been subjected to sexual abuse, the young person's best interests will most often be served by maintaining their confidentiality.

<http://www.scotland.gov.uk/Publications/2010/12/02143509/1>

Management of Sexualised Behaviour Incidents

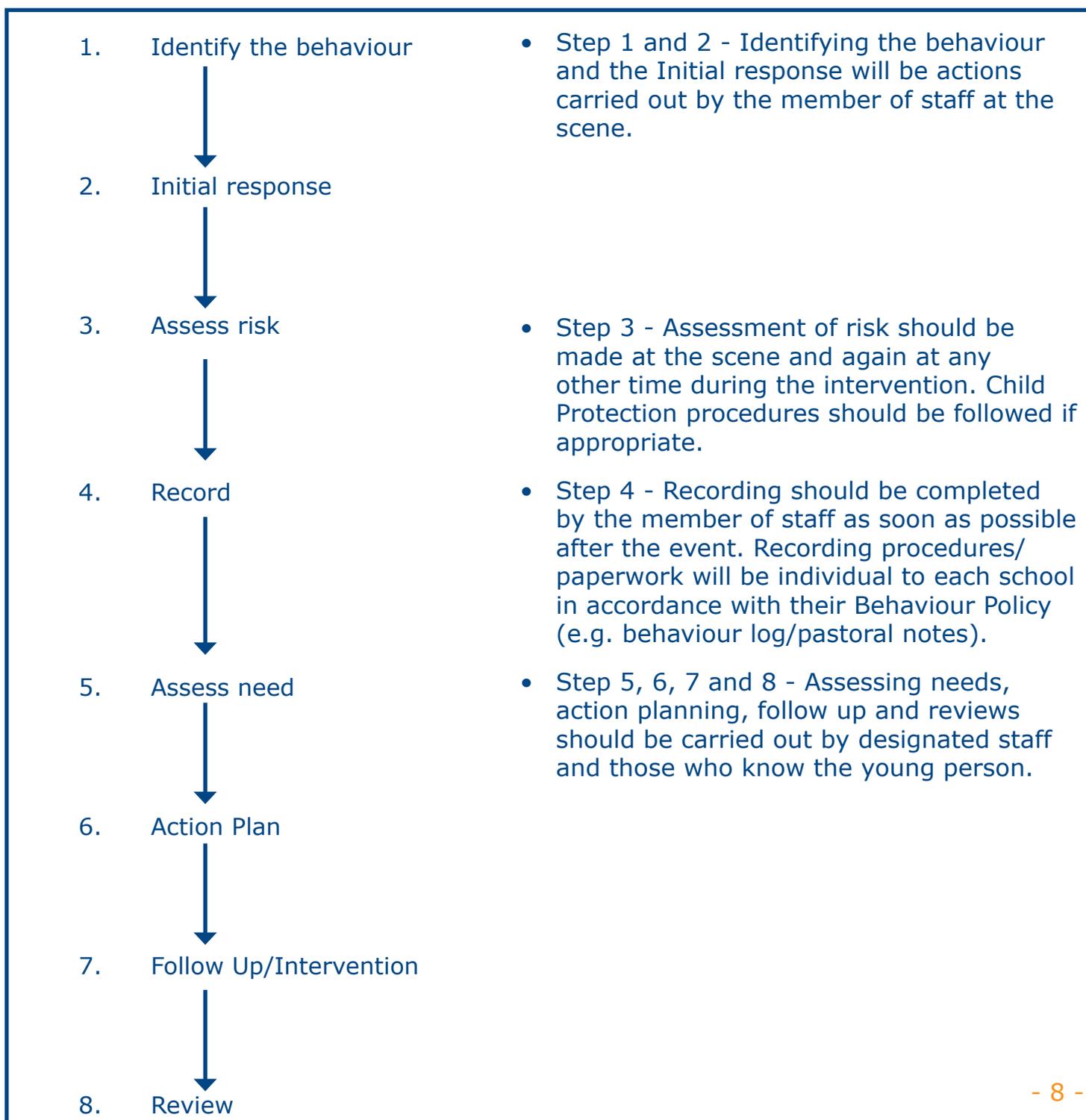
Roles and Responsibilities

This section covers:

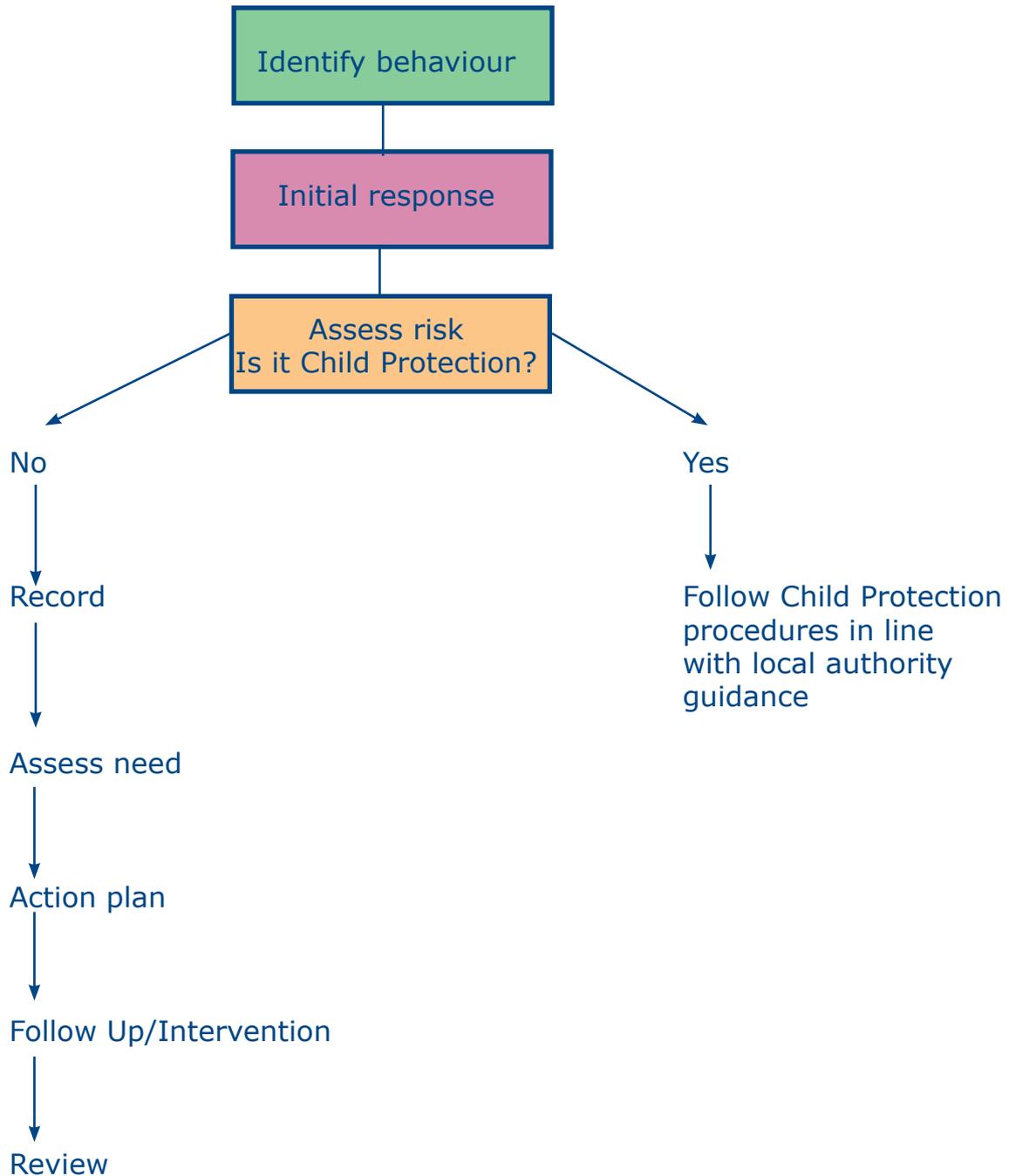
1. Management of sexualised behaviour incidents.
2. Incidents of Child Protection.

It relies on staff using their professional judgement and knowledge of the child or young person to establish an appropriate course of action.

Management of incidents should follow a step-by-step approach:



Management of Incidents and Child Protection



* The Integrated Assessment Framework should be used to support decision making when identifying a young person's needs. This is a process in which professionals work together to support children/young people and work collaboratively with parents/carers.

It is used to gather and share information about the child/young person's development, family and school context, and the context of the wider community, in order to identify the most appropriate strategies and supports. The process applies whether additional support is provided by a single agency or by multiple agencies and services.

<http://www.falkirk.gov.uk/services/specialist/girfec/iaf/pdf/Appendix3.pdf>

* Not all children and young people will require action to be taken at each stage.

Step 1 Identify Behaviour

Certain behaviours may not appear overtly sexual and different situations and contexts may cause more concern to some staff than others. It should be noted that whilst factors such as age and stage will influence how a situation is perceived, personal and moral values should not.

For example:

- finding 2 boys together with their trousers down
- a girl masturbating in the classroom
- a boy touching a teacher's breast
- overhearing a girl telling classmates that she is having sex
- one boy calling a classmate 'gayboy'.

These incidents could be deemed as:

- accidental
- non-sexual
- playful
- a natural curiosity
- teenage bravado
- experimental
- sexual
- harmful
- abusive.

Identifying sexualised behaviour in children requires some understanding of what is age and stage appropriate. The following Behaviour Charts give some guidance, although staff should remember that sexual development is influenced by many factors and should be considered in context.

Adapted from Gil 1993; Cavanagh Johnson 1999; Ryan 2000; Barentt et al, 2007

References

Barnett, M; Glaquinto, A; Hunter, L & Worth, C (2007) Age appropriate sexual behaviour in children and young people. SECASA and Gatehouse Centre, Melbourne.

Cavanagh Johnson, T. (1999) Understanding your Child's Sexual Behaviour. New Harbinger Publications

Gil, E & Johnson, TC (1993) Sexualised Children; Assessment and treatment of sexualised children who molest children. Launch Press, Rockville.

Ryan, G. (2000) 'Childhood sexuality; A decade of study. Research and Curriculum development.' In Child Abuse and Neglect 24 (1) 33-48

Sexual behaviours of children aged 0-4 years: Infant, toddler and pre-school.

Age appropriate sexual behaviours

- Touching or rubbing their own genitals.
- Enjoying being nude.
- Showing others their genitals.
- Playing doctors and nurses.
- Playing mummies and daddies.
- Touching or looking at the private parts of other children or familiar adults
- Using slang words/dirty language for bathroom and sexual functions, talking about 'sex'.

Concerning sexual behaviours

- Persistent masturbation that does not cease when told to stop.
- Forcing another child to engage in sexual play.
- Sexualising play with dolls such as 'humping' a teddy bear.
- Touching the private parts of adults not known to the child.
- Chronic peeping behaviour.

Very concerning sexual behaviours

- Touching or rubbing themselves to the exclusion of normal childhood activities; hurting their own genitals by rubbing or touching.
- Simulating sex with other children, with or without clothes on.
- Oral sex.
- Sexual play involving forceful anal or vaginal penetration with objects.

* Age appropriate behaviours may still need addressing and discouraging.

<p>Sexual behaviours of children aged 5-7 years: Early school years.</p>
<p>Age appropriate sexual behaviours</p>
<ul style="list-style-type: none"> • Self-touching including masturbating. • 'Show me yours/I'll show you mine' with same age children. • Hearing and telling age appropriate 'dirty' jokes. • Playing mummies and daddies. • Kissing, holding hands. • Mimicking or practicing observed behaviours such as pinching a bottom. • Increased curiosity in adult sexual behaviour ('where do babies come from?' etc)
<p>Concerning sexual behaviours</p>
<ul style="list-style-type: none"> • Continually rubbing/touching their own genitals in public. • Persistent use of dirty words. • Wanting to play sex games with much older or younger children. • Continually wanting to touch the private parts of other children. • Chronic peeping behaviour.
<p>Very concerning sexual behaviours</p>
<ul style="list-style-type: none"> • Touching or rubbing themselves persistently in private or public to the exclusion of normal childhood activities. • Rubbing their genitals on other people. • Forcing other children to play sexual games. • Sexual knowledge too advanced for their age. • Talking about sex and sexual acts habitually.

* Age appropriate behaviours may still need addressing and discouraging.

Sexual behaviours of children aged 8-12 years: Pre adolescence.

Age appropriate sexual behaviours

- Occasional masturbation.
- 'Show me yours/I'll show you mine' with peers.
- Kissing and flirting.
- Genital or reproduction conversations with peers.
- 'Dirty' words or jokes with their peer group.

Concerning sexual behaviours

- Attempting to expose others' genitals.
- Sexual knowledge too advanced for their age once context is considered.
- Preoccupation with masturbation.
- Mutual masturbation/group masturbation.
- Single occurrence of peeping, exposing, obscenities, pornographic interest (sources include the internet, pay TV, videos, DVDs and magazines).
- Simulating foreplay or intercourse with peers with their clothes on.

Very concerning sexual behaviours

- Compulsive masturbation, including task interruption to masturbate.
- Repeated or chronic peeping, exposing or using obscenities.
- Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines).
- Degradation/humiliation of themselves or others using sexual themes.
- Touching the genitals of others without permission.
- Sexually explicit threats - written or verbal.
- Forced exposure of others' genitals.
- Simulating intercourse with peers with clothes off.
- Penetration of dolls, children or animals.

* Age appropriate behaviours may still need addressing and discouraging.

Sexual behaviours of children aged 13-18 years: Adolescence to adulthood.

Age appropriate sexual behaviours

- Sexually explicit conversations with peers.
- Obscenities and jokes within the cultural norm.
- Flirting.
- Interest in erotica.
- Use of internet to chat online.
- Solitary masturbation.
- Interest/participation in one-on-one relationship.
- Sexual activity - low level (kissing) to heavy petting.
- Consensual sexual intercourse.

Concerning sexual behaviours

- Sexual pre-occupation that interferes with daily functions (e.g. masturbation).
- Preoccupation with pornography.
- Preoccupation with chatting online, giving out personal details, meeting online acquaintances.
- Sexually aggressive themes/obscenities.
- Single occurrence of peeping, exposing, using obscenities.
- Unsafe sexual practices.

Very concerning sexual behaviours

- Compulsive masturbation, especially chronic or public.
- Repeated or chronic peeping, exposing or using obscenities.
- Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines).
- Degradation/humiliation of themselves or others using sexual themes.
- Touching the genitals of others without permission.
- Sexually explicit threats - written or verbal.
- Sending nude or sexually provocative images or self or others.
- Penetration of dolls, children or animals.
- Genital injury to self or others.
- Sexual harassment forced sexual contact.
- Forced exposure of others' genitals.
- Sexually explicit talk with younger children.
- Sexual contact with others of significant age/developmental differences.

Step 2 Initial Response

The initial response to the sexualised behaviour should depend on the ability and understanding of the child/young person. Consistent approaches (including language) should be used by all members of staff within each establishment when dealing with sexualised behaviour.

Having a consistent initial response to behaviour is important in:

Giving clarity to the young person

Receiving mixed messages only creates confusion e.g. one staff member accepts a behaviour, another ignores the behaviour, one discourages it, another addresses it.

Allowing the staff member to respond appropriately to a situation

Without guidance a staff member could panic, appear judgemental, allow their own embarrassment to cloud the situation.

Diffusing a situation

Some behaviours are displayed to gain a response/seek attention. If all staff give the same response it can take the motive out of the behaviour.

* Please note - this checklist is adapted from the Managing Sexualised Behaviour guidelines from Woodlands School, Edinburgh. It was designed specifically for their own students according to their age, ability and types of behaviour displayed.

Schools should develop their own checklist to reflect the needs of their own staff and students.

Types of sexualised behaviour		Cause concern? YES or NO	Possible Response
Inappropriate language			
1	"I fancy..../I love..../I'm going out with...."	No	General conversation about growing up.
2	"I want to have sex with..../shag..../go down on...."	Yes	It's not okay. Record behaviour.
3	"....shags his mum/...slept with his sister"	Yes	It's not okay. Sexual bullying. Record behaviour. Possible child protection issue.
4	"....is a slag/....is a slut/....is a tart/....is a prostitute"	Yes	It's not okay. Inappropriate use of language. Sexual bullying. Record behaviour. Possible child protection issue.

5	"....is gay/....is a lesbo"	Yes	It's not okay. Sexual bullying. Record behaviour.
6	sexually explicit talk	Yes	It's not okay. Record behaviour. Possible child protection issue.
7	sexual comment aimed at staff	Yes	It's not okay. Sexual harrassment. Record behaviour.

Non-physical contact			
8	Inappropriate dress/revealing clothes/ buttons/zip unfastened.	Yes	It's not okay. Quiet word, pupil sort out clothes. Consider if with intent. Record behaviour.
9	Provocative gestures e.g. 'finger/ wanker sign' made towards another.	Yes	It's not okay. Sexual bullying. Record behaviour.
10	Exposing own private parts.	Yes	It's not okay. Quiet word. Consider if with intent. Record behaviour.
11	Fondling own private parts.	Yes	It's not okay. Record behaviour.
12	Masturbation in a public place.	Yes	It's not okay. Record behaviour.
13	Masturbation in school toilet.	Yes	It's not okay. Record behaviour.

Physical contact between pupils.			
14	Holding hands.	No	
15	Hugs as greeting/saying goodbye.	No	
16	Unwanted cuddles/kisses/touches.	Yes	It's not okay. Record behaviour.
17	Kissing.	Yes	It's not okay. Record behaviour.
18	Fondling over clothing.	Yes	It's not okay. Record behaviour. Consider intent/consent. Possible child protection issue.
19	Fondling under clothing.	Yes	It's not okay. Record behaviour. Consider intent/consent. Possible child protection issue.
20	Exposing the private parts of others.	Yes	It's not okay. Record behaviour. Possible child protection issue.
21	Genital injury to self or others.	Yes	It's not okay. Record behaviour. Possible child protection issue.
22	Simulating sex.	Yes	It's not okay. Record behaviour. Possible child protection issue.
23	Penetrative sex.	Yes	It's not okay. Record behaviour. Possible child protection issue.

Physical contact made between pupils/staff and vice versa.			
24	Staff care on injury to student.	No	Explanation given and permission sought from young person.
25	Intimate care.	No	Explanation given and permission sought from young person. Wear gloves, follow Intimate Care guidelines.
26	Student looking up teachers skirt.	Yes	It's not okay. Record behaviour.

Other			
27	Using pornography.	Yes	It's not okay. Record behaviour. Possible child protection issue - depending on content.
28	Exposing others to pornography.	Yes	It's not okay. Record behaviour. Possible child protection issue.
29	Sending or sharing nude or provocative pictures of self or others (sexting) by electronic devices (mobile phones, internet etc)	Yes	It's not okay. Record behaviour. Possible child protection issue.
30	Use of sexualised language on internet, social networking sites, mobile phones etc.	Yes	It's not okay. Record behaviour. Possible child protection issue.

- This checklist is not exhaustive and can not reflect all situations. Schools should develop their own checklists based on the age, ability and behaviour of their students and add to this as new situations arise.
- Please note that this checklist relates to behaviour in school. Children and young people should be aware that some behaviours not acceptable in school are okay at home and in private (e.g masturbation).
- Some serious sexually harmful behaviours are illegal under the Sexual Offences Act (2009).

Further guidance is available from <http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill/bill-provisions>

The checklist uses 'It's not okay' as a standard initial response. This can be adapted or elaborated upon. Younger children, or students with limited vocabulary/communication may need hand signals, signs, symbols or gestures alongside a verbal command. Schools should develop a response based on the needs of their own students. The important aspect is that all staff give the same initial response (which can be copied at home and elsewhere) to aid consistency.

After the initial response, more dialogue may take place.

For example:

A young woman unbuttons her blouse in the classroom.

Response - thumbs down sign/shake of head/say 'It's not okay...' (avoid, "not appropriate" as this can be confusing).

Further dialogue - e.g. "It's not okay to... unbutton your blouse like that because... it shows off too much of your body and makes others feel uncomfortable. Now I want you to... do up the buttons on your blouse."

Alternatively, the initial response could simply be 'That's not okay', to be followed up by further dialogue at a more appropriate time.

First responders may choose to speak to the student in front of others only when;

- they know the student and his or her circumstances
- they are sure they have the students attention
- it won't humiliate the student
- it won't cause distress to the student who was mistreated
- they want the other students to 'hear the message'

The follow up dialogue should be carried out as soon as possible after the situation takes place.

Further examples of initial approaches:

A young man masturbates in the classroom. Response - thumbs down sign/shake of head/say 'It's not okay...'

Further dialogue - 'It's not okay to masturbate (touch your penis/private body parts) in the classroom. You can only do that in a private place. Now I want you to put your hands... (on the table)...

A young woman and young man are kissing and fondling each other by the lockers.

Response - It's not okay (to behave like that in school) (plus sign/gesture if required)

'It's not okay to kiss and cuddle in a public place like school. It makes other people feel uncomfortable. Now I want you to stop kissing and cuddling and... (go to class...)

As a female teacher is bending over to reach for a book, a male student tries to look up her skirt.

Response - It's not okay (to do that) (plus sign/gesture if appropriate)

'It's not okay to look up my skirt or anyone else's. That is sexual harassment. Now I want you to (go back to your seat) Or (that behaviour is not acceptable in school. See me after class please.)

Step 3 Assess Risk

The first assessment of risk will be undertaken by the member of staff at the scene who witnesses the incident or has concerns.

They should ask themselves:

- Is this behaviour which needs to be addressed but not Child Protection? (low level risk)
- Or is this a Child Protection concern? (high level risk)

Low level risk

Examples:

Pinching the teacher's bottom

Masturbating in the classroom

Exposing own genitals

(Assuming this is a single incident and age and stage appropriate).

Action required = record behaviour and note concern (behaviour log/pastoral notes).

High level risk

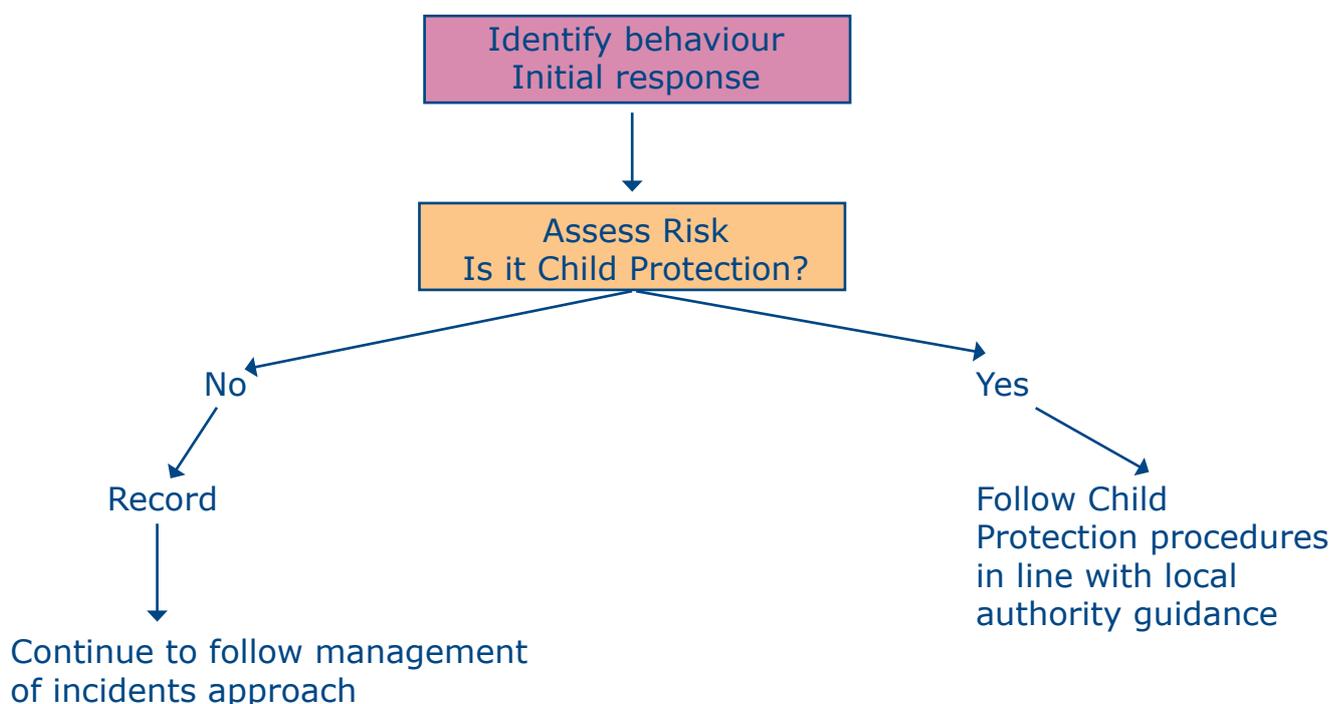
Examples:

A young person discloses abuse

An abusive incident is witnessed (assault, rape)

Sending or sharing nude pictures of self or others (including by internet or mobile phone)

Action required = follow Child Protection procedures.



* Schools will have their own Child Protection procedures in line with the Integrated Assessment Framework across Forth Valley.

Step 4 Record

Incidents of behaviour will be recorded in line with the school's own policy on Behaviour/Child Protection (behaviour log/pastoral notes).

The benefit of recording all behaviour is that the situation can be assessed by a number of people, rather than being the sole judgement of one staff member.

Recording can identify repeated and habitual behaviour, monitor interventions and progress and identify any additional support required.

Information should be factual.

The level of detail will depend on the action and behaviour, but could include:

Name and Date

Type of behaviour

Context of behaviour

Where the behaviour took place

Relationship between child and other person involved

Response of other person involved

Response of the child

What was attempted to address that behaviour and what was the child's response?

What was response of the child's parent if told of incident?

All efforts should be made to help the child/young person to communicate their own account of events and explanation of their behaviour.

Those affected by the behaviour should also have their views recorded. This may include the victim(s) and also any bystanders, if appropriate.

Staff should remember that this information will be shared and is accessible to the young person. All data should be processed fairly and lawfully under the Data Protection Act (1998)

The following page contains a checklist of questions, taken from a Sexual Behaviour Monitoring Form from the AIM Project* and recommended for use by schools by Barnardos' Freagarrach service for Managing Sexualised Behaviour.

As schools often refer young people to Barnardos, it is useful for schools to follow a similar example of collating and providing information.

*Courtesy of AIM project

www.aimproject.org.uk/index.php

Sexual Behaviours Monitoring Form
Courtesy of AIM project
<http://www.aimproject.org.uk/index.php>

Child/Adolescents Name: _____

Date of Incident: _____

Form completed by (should be the person who observed or had the incident reported to them)

- **Type of behaviour:** describe in as much detail as possible, what the child/young person did or said:
- **Context of the behaviour:** e.g. was the behaviour spontaneous or planned? Was there use of force threat or coercion?
- **Relationship between the child/young person involved:** e.g. are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/young person may be more in control than the other e.g. size, ability, status, strength differences?
- **Response of other children/young person, adult involved:** e.g. did they engage freely? Were they uncomfortable? Were they anxious or fearful?
- **Response of the child/young person:** e.g. were they defensive, denying, aggressive, angry or were they passive; or were they embarrassed, regretful and taking responsibility?
- **What was attempted to address the behaviour and what was the child/young person's response to that?** e.g. could the child/young person be easily focused on another task, or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?
- **What was the response of the parents if informed of their child's sexual behaviour?**

Signed/Date: _____

Step 5 Assess Need

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

Every effort should be made to discuss the matter with the child/young person and obtain their account of the situation and reason for their behaviour. They may be able to explain exactly what they think their needs are.

When children or young people do not have the language, experience or ability to seek help, staff must look carefully at their behaviour to find out what they need.

Reasons for behaviour could include:

- lack of sexual health information
- boredom
- loneliness
- lack of privacy
- poor boundaries
- no knowledge of public/private and acceptable behaviour
- fear/lack of understanding of puberty and body changes
- emotional, physical or sexual abuse
- neglect
- communication difficulties
- depression
- anxiety or confusion
- curiosity
- attention needs
- gender issues
- sexuality issues
- grief and loss
- frustration
- medical attention
- need for physical activity
- over protection

Needs could include:

- access to sexual health education and information
- access to activities, hobbies, social outlets
- opportunities to make friends, meet partners
- privacy and respect
- clear rules and boundaries
- health reviews which include sexual health
- medical checks
- putting their sexual health needs on the agenda of other professionals/support staff
- awareness raising and training for their support workers, parents, carers
- access to sexual health services
- freedom to make choices and gain experiences
- support and comfort

- raising of self esteem
- assistance with communication
- outlets to education, information and learning
- counselling

Level of concern and level of response needed will be different depending on the circumstances and the individual(s) involved. A number of factors need to be considered when deciding upon appropriate follow up action or intervention. This may involve other colleagues and staff.

Intention also plays a part in the assessment. This will depend upon knowledge of the child and whether the behaviour was:

- random through natural self exploration
- repeated
- intended as bullying
- premeditated action to gain attention or annoy others
- influenced by an imbalance of power

Attempts at secrecy, reaction/remorse, understanding of possible consequences and seriousness of actions also need to be considered.

Assessments should also examine prior interventions (at home, at school, with outside agencies) in order to plan the next step.

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

An assessment may require no intervention if the behaviour is healthy and natural.

Step 6 Action Plan

There will be instances of behaviour where staff believe it is necessary to go beyond teaching delivered through the curriculum, or management in immediate response to the behaviour.

This may include targeted work with individuals or groups to address behaviours which put the young person or others at risk; or behaviours which are repeated or habitual.

The targeted work should be complemented by the sexual health and relationships education curriculum, but not replace it. Formal education programmes also play a significant part in assisting children and young people with the skills and knowledge to reduce sexual risk taking behaviour (Kirby et al 1997).

Before any actions are taken there are five questions staff need to ask themselves when they are concerned about a child or young person. These are taken from GIRFEC guidelines.

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Additionally, staff will need to consider more specific questions. For example:

- How does this young person learn/communicate?
- Who should deliver this intervention?
- Where will the intervention take place?
- When does the intervention begin?
- When will we review progress?

Other aspects of good practice should be considered:

- Both the school and parent/carer should work together to design and deliver the appropriate intervention. They will know the needs of the child or young person better than anyone else.
- If the intervention takes place at both home and school, the child or young person will receive a consistent message and approach.
- The people delivering the intervention should be the people most familiar to the child or young person as they will understand how the child communicates and learns. This will be teaching staff and parents/carers.
- Some children, in particular those with a learning disability, may take longer to process learning and engage in behaviour change.

- Some children and young people require repetition of messages/learning.

Reference

Kirby, D. and Coyle, K. (1997) School-based programs to reduce sexual risk-taking behavior. *Children and Youth Services Review*, 19, 415–436.

The targeted intervention will be driven by the needs of the child. Managing sexualised behaviour, however, can involve a range of aspects.

Some strategies which schools employ include:

- relationships, sexual health and parenthood education
- meaningful consequences for inappropriate behaviour
- positive reinforcement for appropriate behaviour
- consistency between all staff and carers across all environments
- meaningful tasks, e.g. work, volunteering
- list of appropriate activities for redirection
- discuss behaviour management with all staff and put in writing
- staff training and support programme
- 'script' for staff/carers to redirect behaviour appropriately and consistently
- policy development
- relevant therapy services
- psychiatric assessment
- check for infections and/or irritations (medical staff)
- review medication for side effects (medical staff)
- monitor/record behaviour
- evaluate and review strategies
- make clear rules, e.g. use a rules' chart/poster
- social activities, e.g. dancing, bbq's, clubs
- hobbies, e.g. painting, gym, interest groups
- support friendships and relationships, access to social situations
- communication aids
- display 'public'/'private' signs in appropriate rooms and refer to them
- model and teach about privacy in everyday life
- supply lubricant and/or condoms
- intimate care guidelines for staff
- social stories
- referral to other services

Step 7 Follow Up/Intervention

For the majority of children and young people, targeted interventions are more successful when delivered by people they know and people who understand how they learn and communicate. This will be the parent/carer and teacher.

In some circumstances, where school/home intervention has not fully succeeded, or the behaviour is of a very serious nature, support from partner agencies may be necessary. In some cases, Child Protection concerns may emerge at this stage and procedures followed.

This diagram is a general guide to determine:

- when no intervention is required
- when the intervention can be managed within the school environment (and duplicated/complimented by work at home)
- when further discussion with appropriate agencies may need to take place when a referral is required

	No Intervention Needed	School Intervention	Home Intervention	Enquiry to Outside Agency	Referral
Age Appropriate Behaviour					
Concerning (Low Level)					
Concerning (Medium Level)					
Harmful					

Step 8 Review

Once the intervention has been designed and delivery has been allocated and agreed upon, a review date should be set.

This allows all parties to meet and monitor progress, make changes as required and plan the next step.

The review may consider:

The effectiveness of the programme

Has any behaviour change been observed?

What is working?

What is not so successful?

Does the content or style or delivery need adjusting?

The needs of the child or young person

Have their needs been met?

Have their needs changed?

The success of those delivering the intervention

Do staff, parents or carers need more support, additional training or better resources?

Timescale

Is this realistic?

Whilst research shows that targeted interventions can be highly effective in reducing sexually harmful behaviour in children and young people (Veneziano & Veneziano 2002) this intervention can take anywhere between a few weeks to 2 years (in high risk cases).

Some children and young people, in particular those with a learning disability, may also take longer to process the information. Any intervention may need repeating several times.

Contributory factors

What is contributing to the success?

What may be the barriers? Policy, staffing, parenting, home circumstances, friendship groups, medication etc can all play a part in managing sexualised behaviour.

* If the initial intervention has been successful no further intervention may be required.

References

Veneziano, C. & Veneziano, L. (2002). Adolescent Sex Offenders: A Review of the Literature. *Trauma, Violence & Abuse*, 3, 247-260.

Appendix

Strategies for managing sexualised behaviour

Masturbation

John is 14 and frequently touches his penis in the classroom. He becomes angry, embarrassed and upset if the teacher says anything in front of the class.

Strategies:

- Think why John may be masturbating. A doctor could check his medication (medication can affect erection/ejaculation/orgasm leading to frustration) and could check there is no infection to the penis.

Check his washing routine - personal hygiene may be the reason for an infection (allergy to soap etc).

- Use a social story.

Sometimes when I am in school I want to touch or rub my penis.

It is not okay to touch my penis in school.

School is a public place.

When I am in school I must remember not to touch or rub my penis.



If I want to touch my penis I can do this in a private place.

My bedroom is a private place.

I can go into my bedroom when I am at home.

I must shut my curtains so that nobody can see me.

I can touch and rub my penis in my bedroom.

Afterwards I must wash my hand.



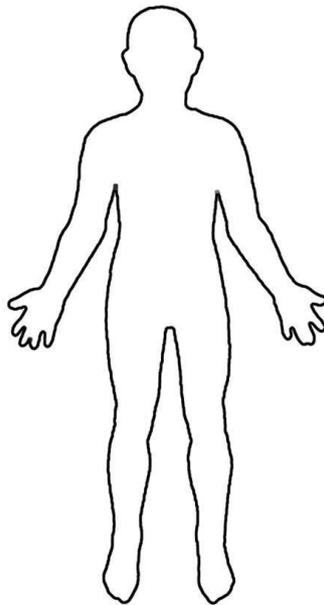
- Talk to John's parents/carers about where he can have private time at home to masturbate (bedroom, bathroom).
- Parent/carer could have a 'do not disturb' sign for John to use when he wants time alone.
- Use photographs of his bedroom and bathroom to re-inforce private areas.
- Teach about public and private in Sexual Health and Relationships Education - include public/private places and private parts of the body.
- Teach the class about 'when can we touch the private parts of our body?' (bathing, checking for lumps and bumps, masturbation).
- Include masturbation as a topic within 'puberty' – reinforcing that masturbation is natural and a part of growing up.
- Explain about the Law and the repercussions of masturbating in public.
- Help John to understand how other people might feel about him touching himself (embarrassed etc).
- Introduce re-direction. For example, give John a soft ball to squeeze when he feels he wants to touch himself.
- Explain to John that he can not do this in the classroom.
- Instead of saying something in front of the class, and causing embarrassment, use a subtle sign/signal for John if he touches himself which means 'stop'. (Tap on the desk, point to an object, hold up a sign, make a gesture).
- Ask parents/carers to use the same sign/signal at home if John masturbates in a public room.
- If frequent rubbing (with hand, or rubbing up against objects) is causing soreness, ask parents to supply condoms and lubricant at home, look at alternatives. Condoms and lubricant can help, vibrating cushions to rub up against, other softer materials.
- Speech and Language Therapy can identify communication techniques if teachers and parents need assistance to convey messages/learning to John.
- Occupational Therapy can offer techniques such as deep massage (arms, legs etc) to take John's attention away from masturbating and help him relax. They can also advise on sensory toys.

Touching private body parts

Helen is 12 years old and is in a wheelchair. When female teachers stand close to Helen, she often reaches up to touch their breasts. She has also tried to put the teacher's hand on to her own breast.

Strategies

- Think about why Helen is doing this. Is she copying behaviour? Is this linked to abuse? Is it attention seeking? Is she looking for a certain response by her behaviour? Is it curiosity? Does she need private time to explore her own body? Talk to her parents about privacy at home.
- Develop a consistent response from staff. 'You shouldn't touch other people's breasts. Breasts are private body parts'. Ensure all staff do this and do not dismiss it as 'accidental'.
- Teach about public and private parts of the body.
- Teach about touching and private touching using a body outline. 'is it OK to touch someone here? Or here?'



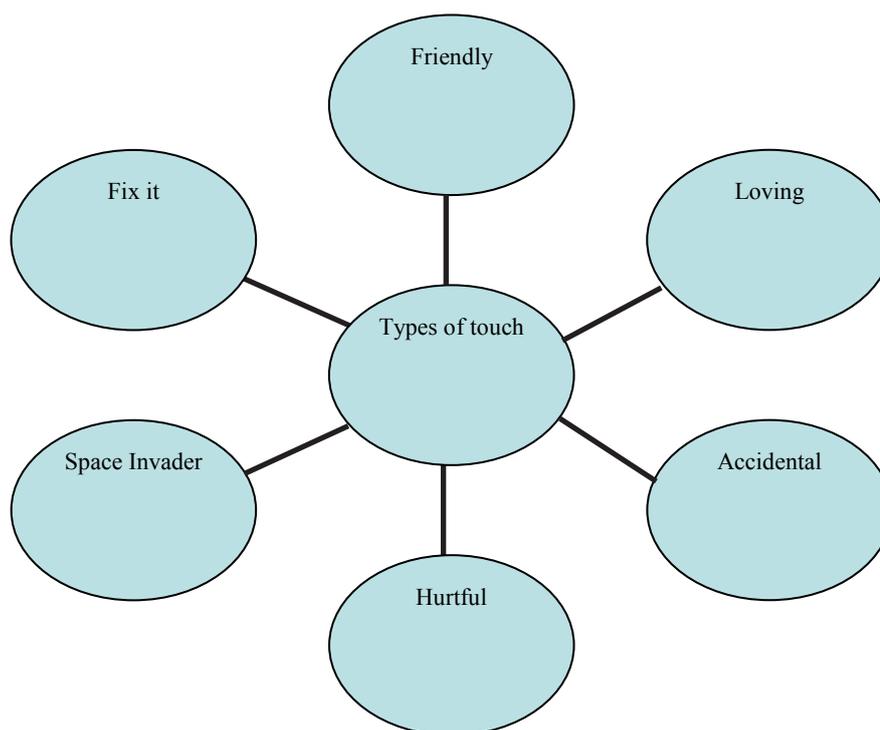
- Develop a social story.
- Ask parents to discuss body parts and private body parts with Helen at bedtime and bathtime.
- Help Helen to understand how other people might feel about being touched (upset, angry, embarrassed).
- Discuss the Law and repercussions of touching other people and other people touching you.
- Adopt guidelines in school for handling and intimate care in order to model good touch/bad touch - e.g staff helping with Helen with sanitary protection/keeping clean. Explain situation, ask permission, use gloves, keep door closed for privacy.
- Set a good example- look at lifting and handling techniques- avoid touching private body parts e.g breasts when lifting underarm.

Unwanted hugs and kisses/personal boundaries

Penny is nine years old. She can be very affectionate. This includes hugging and kissing and sitting on people's knees. Some staff like to give hugs back, but others are worried that this gives the wrong impression. She also hugs students and some parents have now complained.

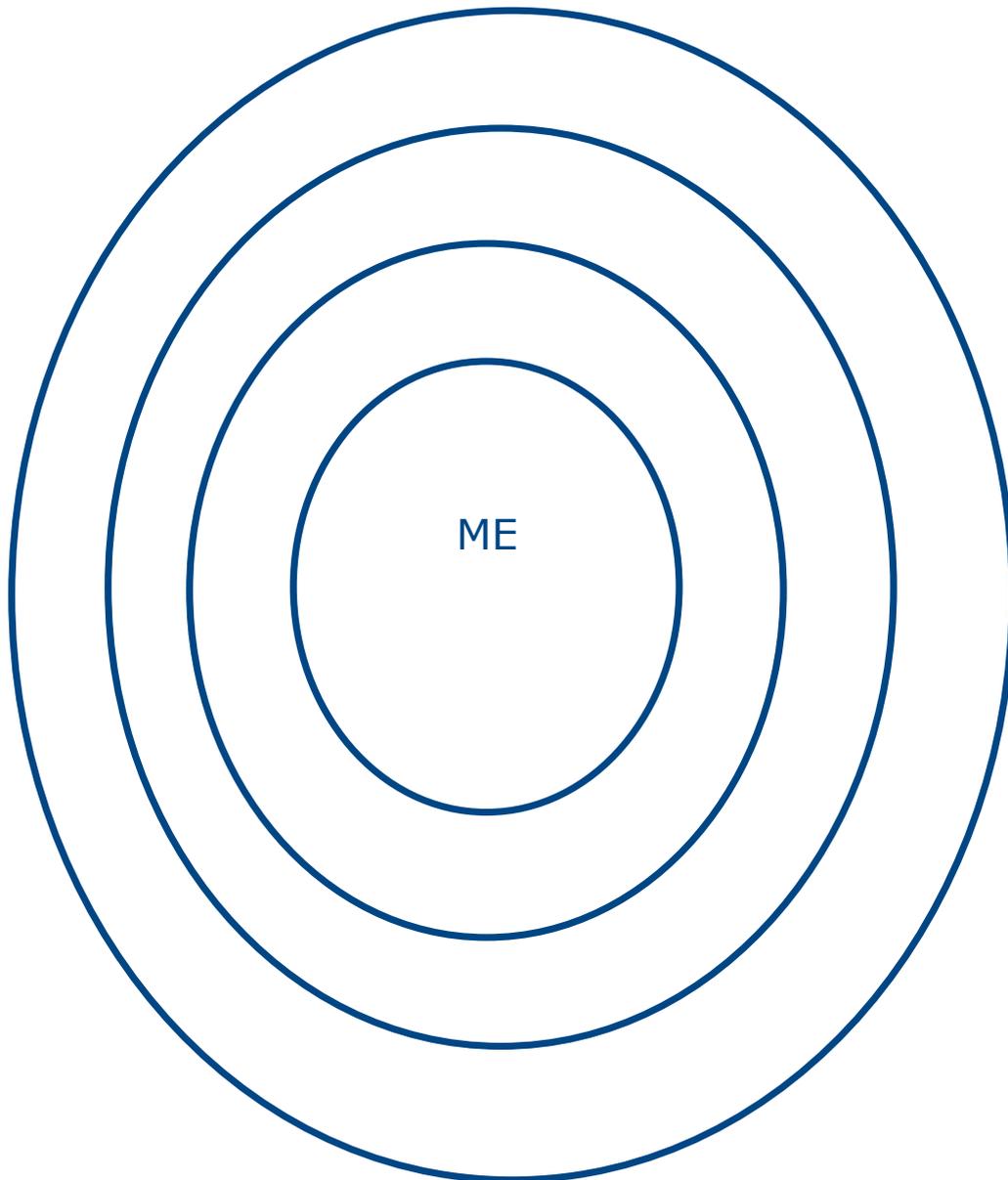
Strategies

- Think about why Penny does this. Can she get this feeling of security from something else?
- Develop school guidelines/agreement about acceptable personal contact for all staff to follow.
- Introduce 'acceptable touches' in school e.g handshake.
- Talk to parents about how she behaves at home (does she hug strangers?).
- Teach Penny and her class about different types of touch:



- Explore with the class how it might feel to be hugged when you don't want to be. Use roleplay to practise saying 'no'. The class will learn about boundaries and also about assertiveness and keeping themselves safe.

Use the Circle of Friendship model to identify - 'Who can I touch?'



- Penny writes her name (or 'me') in the centre and then the names of her closest family and friends in the next circle. Then the names of people she knows well, but are not as close (teachers, support staff, neighbours). The last circle will be people she might say hello or wave to- the postman, the bus driver etc.
- This can be used to discuss 'who can I touch?' 'who can touch me?' and 'who can I talk to about...(Sex? My period? Growing up?)....?'
- Explain the Law and possible repercussions of hugging/kissing etc with strangers or people who do not want that level of intimacy.
- Have a sign or signal ready and a response for when Penny demonstrates that behaviour; 'Penny, that's not okay. Hugs are for (your mum). We shake hands in school'.

Language

Thomas has started to use sexually explicit words in the classroom. He is 12 years old and may have picked this up from his older brother. He enjoys shocking other pupils and recently started asking the girls about their 'pussies'.

Strategies

- Think about why Thomas is doing this? Does he need attention? Can he get this from something else?
- Talk to Thomas about his language. Explain that he can't use those words in school.
- Ask him to write all the words down. Where has he learned these words? Does he know the meaning of them? (He could simply be copying something he heard)
- Do a language exercise with the class:

On 3 pieces of flipchart write Male sexual parts, Female sexual parts and Sexual activity. In groups, students have 3 minutes to write down as many words they know, then the flipchart is swapped until all students have written on all 3 flipcharts.

Display the flipchart and discuss different words.

Agree which words are acceptable/not acceptable and in what context (with your friends/in school/with your parent/with a doctor...).

Discuss why certain words may be offensive.

If a student uses a word that is not an agreed word, or out of context, remind the class.

- Have a set response if an offensive word is used. 'It is not okay to use that word in school. I want you to apologise to the class'.
- Talk to parents about Thomas' use of language. Ask parent/carer to adopt the same response if he uses offensive language at home.
- Consider restorative practice if offensive language continues to be directed at certain children/young people.

Pornography

Brian is 13 and brought a pornographic magazine in to school to show his friends. A teacher confiscated it but was not unduly concerned.

There are now rumours that he has explicit images on his mobile phone. Last week a teacher caught Brian sneaking in to the girls changing room trying to take pictures of them naked.

Strategies

- Talk to Brian to find out if this is true. If so, try and take possession of his phone. Do not delete the images.
- Think about why Brian is looking at these images. Could there be a healthier way to explore this area of interest?
- Find out where Brian got the magazine.
- Talk to Brian about the images on his phone. Explain that taking and sharing images (sexting) is against the law.
- Talk to Brian's parents – how is he accessing this material via his phone? What about his home computer?
- Explain to Brian about the Law on accessing pornography and sharing it with others.
- Explain to Brian about the Law and taking sexually explicit pictures of other people.
- Invite the Police to talk to the class about internet safety.
- Look at staff training to increase own knowledge of the internet.
- Teach the class about pornography, sexual images, male and female stereotypes, how men and women are presented in the media.
- Teach the class about positive relationships.

Intimate behaviour

Simon and Carl, both 15, have been found in the changing rooms together with their trousers and underwear down. They were standing close to each other but jumped apart when the teacher came in.

The teacher was embarrassed and wasn't sure what to do. He did note, however, that although both boys have some additional support needs, neither looked unhappy to be there and there seemed no obvious sign of coercion.

No other incidents have been reported but there are rumours that they are a couple and other students have been calling them 'gayboy'.

Strategies

- Adopt a response 'It's not okay to behave like that in school. School is a public place. Get dressed properly and go back to class'.
- Write down exactly what was seen.
- Talk to the boys about the situation. Try and establish what was happening. Ensure that neither of the boys seem to have been coerced.
- Explain that behaviour like that is not acceptable in school.
- Think about why Simon and Carl behaved in that way.
- Are they simply curious about private body parts? Has this been taught already?
- Do they want to have a relationship? Do they have access to meeting other boys or girls? Is the changing room the only privacy they have?
- Teach about boyfriends and girlfriends in Sex and Relationship education and include same sex relationships. For example:

What relationship could these 2 people have?

What kind of things might they do together?



- Reinforce that 2 boys can have a relationship, but sex is illegal under 16 and sexual behaviour can only be done in a private place.
- If appropriate, talk to parents about opportunities for social activities/meeting people.
- Ensure the school has a policy on LGBT and that all staff are aware of this.
- Agree on 'acceptable language' to be used in school. The use of 'gayboy' could be sexual or homophobic. It may be copycat language with no intended meaning, but it is still offensive and unacceptable. Ensure that all staff respond to the use of unacceptable language.
- Contact LGBT Youth for how the school can support all pupils.
(www.lgbtyouth.org.uk)

Stalking/unwanted attention

Jamie is 15 and on the autistic spectrum. He has recently become fixated on Louise.

He stares at her during class, follows her around school and has now begun turning up outside her house.

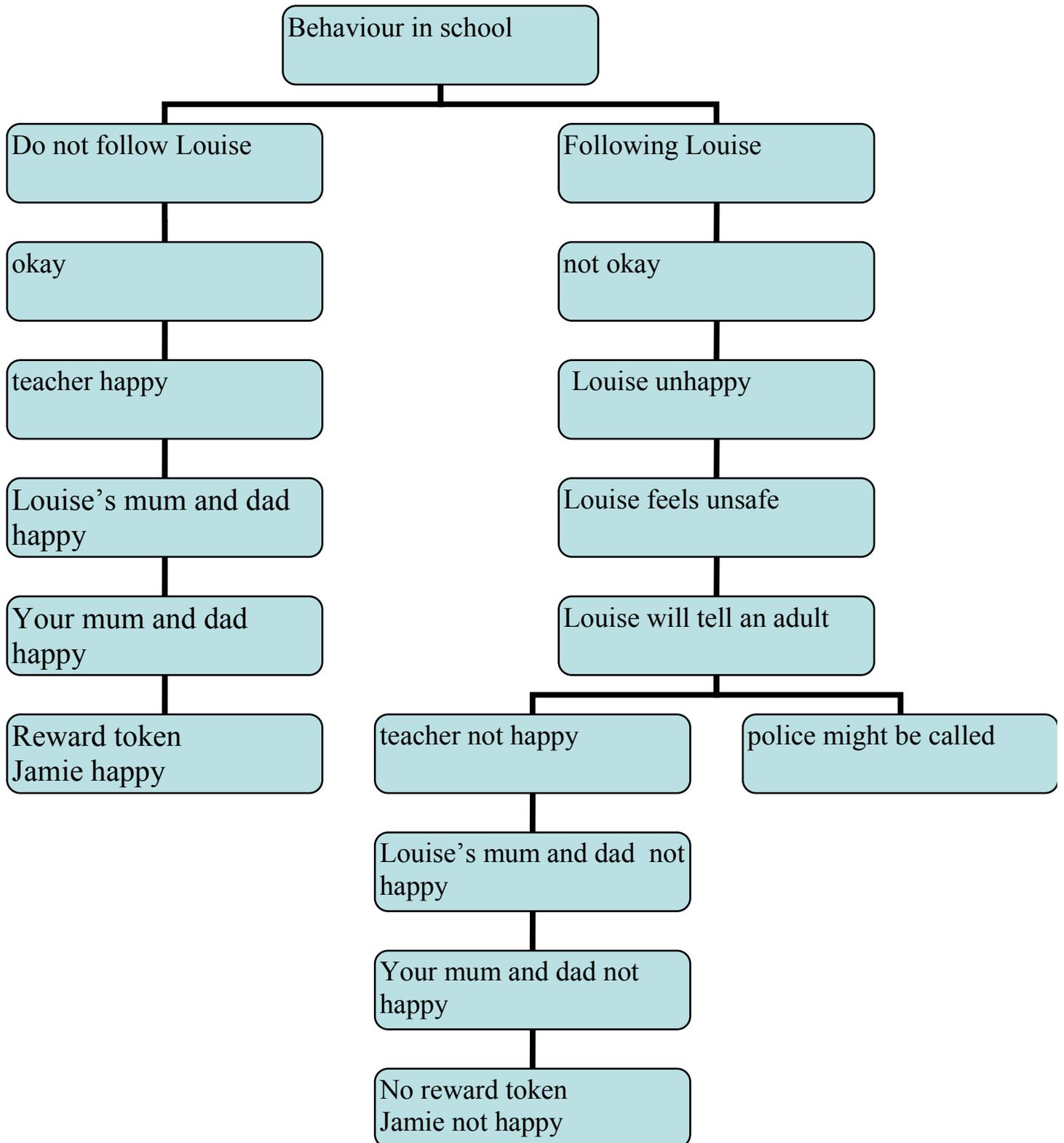
Louise does not have the same feelings for Jamie and is becoming increasingly anxious about his behaviour.

Strategies

- Think about why Jamie is behaving this way. Does he want a girlfriend? Does he have the opportunity to meet other girls?
- Ask Jamie to write down how he feels about Louise. He can draw a picture of himself with different thought bubbles. Ask Jamie to write down what Louise may be feeling. Try to develop a sense of empathy.
- Put in practical arrangements for example sitting apart/away from view in class. Put in place activities after school so that Jamie can not follow Louise home.
- Develop a consistent response from teachers, Louise, Jamie's parents and Louise's parents to address his behaviour and reinforce the message. 'It's not okay to follow Louise around. It makes her uncomfortable. Now go...(home/ back to class)..'
- Use diversionary tactics/activities.
- Teach the class about boyfriends and girlfriends in Sexual Health and Relationships Education.
- Teach the class about positive relationships.
- Roleplay 'acceptable behaviour' with friends/boyfriends/girlfriends.
- Explain about the Law on unwanted attention.

Flowchart

Use a flowchart to map out behaviour and consequences. Add a reward token if the child or young person responds to this:



Sexual bullying

Sylvia is 14 and Richard is 16.

When a teacher found Sylvia crying in the corridor, she told the teacher that Richard had pushed her against the lockers and tried to pull her skirt up. He hadn't succeeded but Sylvia was frightened.

Richard has been aggressive with other boys lately too.

Strategies

- Talk to Richard and tell him what you have heard. Explain that it is not okay.
- Find out why Richard behaved like that. Was Sylvia targeted intentionally or was it a random attack?
- Talk to Richard's parents about his behaviour at home.
- What about his other aggressive behaviour? Follow your school's Behaviour Policy guidelines.
- Support Sylvia. Develop a response for her to say if Richard approaches her again and a teacher she can go to for support.
- Work with Richard to help him understand how Sylvia is feeling, and other boys he has been aggressive with.
- Consider restorative practice.
- Consider anger management.
- Explain to Richard about the Law and consequences of assault and sexual assault and touching someone under the age of 16.
- Help Richard to explore his feelings through emotional literacy. Develop coping strategies, identify triggers.
- Look at short term practical arrangements if necessary - working away from other pupils, being escorted to class.
- Introduce behaviour targets and praise positive behaviour. Duplicate this work at home if required.
- Cover a range of topics as a class in Sexual Health and Relationship Education - including emotions, puberty (hormonal changes to how we feel), assertiveness, keeping safe, friendships and relationships, respect and responsibility.

