



One Minute Guide to Children's Harmful Sexual Behaviour (HSB) updated 2023

Definition of HSB - sexual behaviours expressed by children and young people aged under 18 years that are developmentally inappropriate and may be harmful towards themselves or others, and/or be abusive towards others.

Developmentally Appropriate Sexual Behaviours

We have adopted the NSPCC framework (updated 2017) for understanding these: [Healthy sexual development of children and young people | NSPCC Learning](#)

0- to 4-years-old - emerging natural exploratory behaviour such as:

- enjoying being naked
- kissing and hugging people they know well, friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of others
- being curious about the differences between boys and girls
- talking about private body parts and functions, using words like 'willy', 'bum'
- role playing about different relationships, for example marriage.

5- to 9-year-olds - becoming more conscious of sex and their own sexuality:

- more aware of the need for privacy
- asking what sex is, where babies come from, same-sex relationships etc
- kissing, hugging and holding hands with a boyfriend or girlfriend
- copying swear words or slang to talk about sex

9- to 13-year-olds – becoming more curious about sex.

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (finding sexual pictures or videos)
- masturbating in private.

13- to 17-year-olds – becoming more private and exploring their sexual identity:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm
- experimenting sexually with the same age group
- looking for sexual pictures or videos online.

Harmful Sexual Behaviours

We have adopted Hackett's Continuum (2010), best used for children aged 12+:

Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none">• Developmentally expected• Socially acceptable• Consensual, mutual, reciprocal• Shared decision making	<ul style="list-style-type: none">• Single instances of inappropriate sexual behaviour• Socially acceptable behaviour within peer group• Context for behaviour may be inappropriate• Generally consensual and reciprocal	<ul style="list-style-type: none">• Problematic and concerning behaviours• Developmentally unusual and socially unexpected• No overt elements of victimisation• Consent issues may be unclear• May lack reciprocity or equal power• May include levels of compulsivity	<ul style="list-style-type: none">• Victimising intent or outcome• Includes misuse of power• Coercion and force to ensure victim compliance• Intrusive• Informed consent lacking, or not able to be freely given by victim• May include elements of expressive violence	<ul style="list-style-type: none">• Physically violent sexual abuse• Highly intrusive• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator• Sadism

What to do if you have concerns:

1. Consult with your safeguarding lead to help clarify the level of concern. Safeguarding procedures are at: <https://www.proceduresonline.com/swcpp>
2. If there is no identified risk, this may be an opportunity to positively reinforce appropriate behaviour or provide relevant information and support.
3. If you identify a risk of harm, complete or update an Early Help Assessment and call a Team around the Family meeting to make a multi-agency plan. Early Help procedures can be found here: <https://thehub.bathnes.gov.uk/>
4. If there is an immediate risk of significant harm, consult with Social Care Duty on 01225 396312 or 396313 or <https://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>
5. If behaviour may be abusive or violent, trained staff will undertake a specific 'AIM3' assessment to understand needs and risks and plan to address these.
6. Where Police have been notified, the Youth Justice Service may also become involved in the assessment and work with the child and their parents/carers.
7. Specialist services have access to a CAMHS HSB Specialist and other professionals involved may also be invited to consultation meetings.

Other considerations:

1. Take full account of the voice of the child in any assessment.
2. Give priority consideration to the needs of any children harmed or at risk.
3. It is vital to view those displaying HSB as children first and offenders second.
4. Consider the need for fathers, mothers and other carers to have opportunity to discuss their concerns and receive support and information.