

Responding to children who display sexualised behaviour

It's important to be able to distinguish developmentally typical sexual behaviours from those that may be problematic or harmful, and make sure children get appropriate support. Always consider the child's holistic needs and safeguarding concerns alongside any sexualised behaviour and follow due procedures accordingly. This guide is a tool to support objective decision making about a child or young person's sexual behaviour and does not replace professional judgement or policy and legislation. Visit [nspcc.org.uk/hsb](https://www.nspcc.org.uk/hsb) for more information.

Need advice?

Contact our helpline for advice and support:

- Call **0808 800 5000**
- Email help@nspcc.org.uk
- Visit [nspcc.org.uk/helpline](https://www.nspcc.org.uk/helpline)

Childline

For children who need further support our free, confidential helpline is available 24/7:

- Call **0800 1111**
- Visit [childline.org.uk](https://www.childline.org.uk)

Developmentally typical	Problematic		Harmful	
Hackett Continuum				
Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none"> • Developmentally expected and socially acceptable behaviour • Consensual, mutual and reciprocal • Decision making is shared 	<ul style="list-style-type: none"> • Single instances of developmentally inappropriate sexual behaviour • Behaviour that may be socially acceptable within a peer group but not in wider society • May involve an inappropriate context for behaviour that would otherwise be considered normal 	<ul style="list-style-type: none"> • Developmentally unusual and socially unexpected behaviour • May be compulsive • Consent may be unclear and the behaviour may not be reciprocal • May involve an imbalance of power • Doesn't have an overt element of victimisation 	<ul style="list-style-type: none"> • Intrusive behaviour • May involve a misuse of power • May have an element of victimisation • May use coercion and force • May include elements of expressive violence • Informed consent has not been given (or the victim was not able to consent freely) 	<ul style="list-style-type: none"> • Physically violent sexual abuse • Highly intrusive • May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator • May involve sadism
<p>How to respond</p> <ul style="list-style-type: none"> • Although green behaviours are not concerning, they still require a response • Listen to what children and young people have to say and respond calmly and non-judgementally • Talk to parents about developmentally typical sexualised behaviours • Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse • Signpost helpful resources like our 'Talk PANTS' activity pack: nspcc.org.uk/pants • Make sure young people know how to behave responsibly and safely 	<p>How to respond</p> <ul style="list-style-type: none"> • Amber behaviours should not be ignored • Listen to what children and young people have to say and respond calmly and non-judgementally • Consider the child's developmental age as well as their chronological age, alongside wider holistic needs and safeguarding concerns about the problematic sexualised behaviour • Follow your organisation's child protection procedures and make a report to the person responsible for child protection • Your policy or procedure should guide you towards a nominated child protection lead who can be notified and will provide support • Consider whether the child or young person needs therapeutic support and make referrals as appropriate 		<p>How to respond</p> <ul style="list-style-type: none"> • Red behaviours indicate a need for immediate intervention and action • If a child is in immediate danger, call the police on 999 • Follow your organisation's child protection procedures and make a report to the person responsible for child protection • Your policy or procedure should guide you towards a nominated child protection lead who should be notified and will provide support • Typically referrals to children's social care and the police would be required. Referrals to therapeutic services should only be made once statutory services have been informed and followed due procedures 	