

What do you think? **green, orange or red?**

Use the traffic lights framework to identify these scenarios

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

Suggested answers: 1 = red 2 = green 3 = orange 4 = orange 5 = green 6 = red

What action should adults take?

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

How serious is the behaviour?

When sexual behaviour raises concern or involves harm to others, the behaviour is serious. Thinking about the context in which the behaviour occurs helps to establish the seriousness of the behaviour.

If the answer to any of the following is yes, adults have a duty of care to take action.

The behaviour:

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

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

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

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

Topics for education may include:

- body parts
- being private
- self protection
- puberty
- managing periods
- types of touch
- relationships
- safe sex
- reproductive health
- contraception
- sexual abuse issues
- sexual health checks
- sexual functioning
- self esteem and feelings
- decision making

All children and adolescents have the right to be safe

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

Adults do not have to do it alone

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

Helping yourself

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

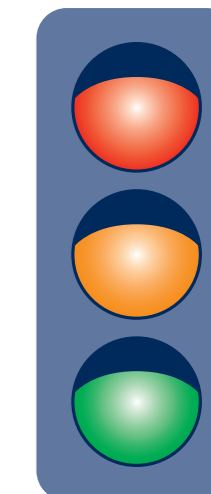
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SEXUAL BEHAVIOURS IN CHILDREN & ADOLESCENTS

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



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

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

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

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

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

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

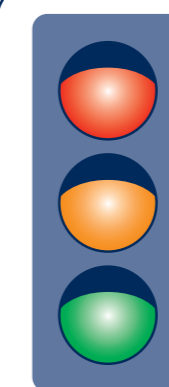
1. IDENTIFY

What is the behaviour?
green, orange or red?

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

The table on the next page lists specific examples of red, orange and green light behaviours at various ages. Note that these are examples only and must be considered in context.

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



- red** sexual behaviours that are outside what is considered 'normal' – behaviour which is excessive, secretive, compulsive, coercive or degrading indicate a need for immediate intervention and action
- orange** sexual behaviours that are outside 'normal' behaviour in terms of persistence, frequency or inequality in age or developmental abilities signal the need to take notice and gather information to assess the appropriate action
- green** sexual behaviours that are 'normal', considered healthy – spontaneous, curious, light hearted, easily distracted, experimentation and equality of age, size and ability levels provide opportunities to give the child or adolescent positive feedback and information



Where to get help

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

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TRAFFIC LIGHTS – sexual behaviours from birth to eighteen

red

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

Birth to 5 years

- simulation of explicit foreplay or sexual behaviour in play
- persistent masturbation
- persistent touching of the genitals of other children
- persistent attempts to touch the genitals of adults
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

5 to 9 years

- persistent masturbation, particularly in front of others
- sexual behaviour engaging significantly younger or less able children
- sneaking into the rooms of sleeping younger children to touch or engage in sexual play
- simulation of sexual acts that are sophisticated for their age, eg oral sex
- persistent sexual themes in talk, play, art etc

9 to 12 years

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

13 to 18 years

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

orange

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

Birth to 5 years

- preoccupation with adult sexual type behaviour
- pulling other children's pants down/skirts up against their will
- explicit sexual conversation using sophisticated or adult language
- preoccupation with touching another's genitals (often in preference to other child focussed activities)
- chronic peeping
- following others into toilets to look at them or touch them

5 to 9 years

- questions about sexual activity which persist or are repeated frequently, despite an answer being given
- writing sexually threatening notes
- engaging in mutual masturbation
- use of adult language to discuss sex, eg "Do you think I look sexy?" or "Look at my dolls – they're screwing."

9 to 12 years

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

13 to 18 years

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

green

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

Birth to 5 years

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

5 to 9 years

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

9 to 12 years

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

13 to 18 years

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

2. ASSESS

What is the behaviour communicating?

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

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

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

Q2. What might these concerns indicate?

- lack of sexuality information
- lack of privacy
- boredom
- loneliness
- family/carer conflict
- lack of consistency across environments
- lack of appropriate consequences
- lack of rules
- poor boundaries
- family/carer information or support needs
- staffing information/training requirements
- response to a traumatic sexual experience
- emotional, physical or sexual abuse or neglect
- communication difficulties
- depression
- sexual excitement
- curiosity
- supervision requirements
- anxiety/confusion
- attention needs
- relationship needs
- gender issues
- medical needs
- need for physical activity
- grief and loss issues
- other/s _____

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

3. RESPOND

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

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

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

Strategies for meeting the need could include:

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