

PRACTICE GUIDE

UNDERSTANDING HARMFUL SEXUAL BEHAVIOURS: A LAYERED CONTINUUM

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INTRODUCTION

The Australian Child Maltreatment Study showed that 1 in 4 Australian young people had experienced some form of child sexual abuse, and that approximately half of these cases involved sexual harm caused by another child or young person (Mathews et al., 2023; Mathews et al., 2024). Educators, medical professionals, carers, youth workers, law officers, family support and child protection practitioners, therapists and counsellors are all likely to encounter and need to respond to children's sexual behaviour.

This Practice Guide is intended to assist users to better understand and respond to harmful sexual behaviours (HSB) – to determine whether the behaviour they have encountered is HSB, and if so, how worried they should be, and who is best placed to respond. It is designed for non-HSB specialists working with children and young people across a range of settings. Following a brief definition of what HSBs are, the Guide takes users through the different elements that need to be considered in a series of 'steps' that comprise the layered approach to understanding harmful sexual behaviour.

In developing this Practice Guide, the authors have considered research, data, and practice knowledge (see Paton & Bromfield, developing the continuum, including a study specifically designed to help us test and refine this continuum (Thain, Paton & Bromfield, in progress). The field of HSB is rapidly evolving and the evidence base is growing. This Practice Guide represents the second version of the Layered continuum and comprises some important revisions to Paton and Bromfield's (2022) original Layered Continuum.

What are Harmful Sexual Behaviours

Like other areas of development such as motor skills and language acquisition, the development of sexual and gender identity begins from birth and continues through childhood and adolescence. Children learn through appropriate, natural, and adaptive sexualised behaviour or play and exploration. Children may also display behaviour and play that is not developmentally usual or expected, including HSB.

The definition of HSB developed by the National Harmful Sexual Behaviours Clinical Reference Group (2022) states:

“Harmful sexual behaviours are sexual behaviours that fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity, mutuality, and may involve the use of coercion, shame, force or a misuse of power.” (Attorney-General's Department, 2024, p.12)

Harmful sexual behaviours are an umbrella term chosen to convey both the impact and type of behaviour displayed by children and young people (Hackett, 2019). There are however some behaviours that although appear like HSB, this term should not be used. These include:

Where the sexual behaviour occurs in the context of child sexual exploitation (i.e. exchange of cash, drugs, gifts, food, protection, accommodation etc, for sexual act) or the sexual behaviour is an induced behaviour in the context of child sexual abuse (i.e. where an adult/adolescent induces a child to perform a sexual act on another child), this should not be labelled as harmful sexual behaviours.

Like many behaviours, HSBs are best understood in context and along a continuum that considers the behaviour or behaviours, the child's psychosocial stage of development, and the severity and impacts. For example, a 5-year-old child masturbating another child would be considered HSB; whereas this same behaviour between two 15-year-olds could be healthy sexual expression if it is undertaken with consent, reciprocity, and mutuality.

Why do we use different language for children compared to adults?

Like 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. We describe adults who sexually abuse children as perpetrators, abusers, and sex offenders, but we do not use these terms when describing children or young people. We recognise and acknowledge that sexual harm caused by another child can be equal in impact to sexual harm caused by an adult (Shaw, et al., 2000; O'Brien, 2010).

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 of sex and sexuality. Children who display HSB are first and foremost children whose cognitive, social, and emotional reasoning are still developing, as is their understanding of sex and sexuality, respectful relationships, and consent. The pathway to a child displaying HSB is also often marked by childhood adversities, including the experience of violence, abuse, and neglect that can mean the child displaying harmful sexual behaviours is themselves also a vulnerable child (Aebi et al., 2015; Fox, 2017; Hall, et al., 2018; Malvaso, et al., 2020). We also know from the HSB treatment literature, that most children who displays HSBs can be supported to desist the behaviours and do not go on to become adult perpetrators of child sexual abuse (Allard et al. 2016; Chaffin et al., 2008; Laing et al., 2014).

Labels and categories help us to understand, assess, and intervene, however the language we use is also a powerful vehicle that can influence 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. Applying the labels we use with adults, like *perpetrator*, *abuser*, *offender*, can have a significant negative impact on the way perceptions of and responses to children. Perversely, it can stop children from receiving the types of responses that are most effective at helping children who display HSB to heal and stop the behaviours – putting them and others at risk in the long-term. It is therefore important that we focus on labelling and categorising the behaviour rather than the child.

Using appropriate and safe terms to describe children and young people who display HSB is important to prevent stigma and unnecessary harm to them (El-Murr et al., 2017; Hackett et al., 2019; Royal Commission, 2017). 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 inquiries such as the Royal Commission into Institutional Responses to Child Sexual Abuse.

THE LAYERED CONTINUUM FOR UNDERSTANDING HARMFUL SEXUAL BEHAVIOURS

Understanding children's sexual behaviours and identifying what is concerning can be challenging, particularly as children and the world in which they live rapidly evolve. The layered continuum is designed to help you to identify whether a child's sexual behaviour is—or is not—harmful, and how concerned you should be about the behaviours by guiding you through a series of 'layered' steps that will help to deepen your thinking and understanding of the behaviours – and to determine who is best placed to respond.

The layered continuum positions children's behaviour on a continuum from Developmentally Appropriate, to Developmentally Inappropriate, through to behaviours which may be considered HSB, inclusive of Concerning, Very Concerning and Serious/Extreme Harmful Sexual Behaviours (see Table 1).



Table 1: Layered Continuum for Understanding HSB (2024)

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/Extreme
General description of the behaviour	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.	Sexual Behaviour is developmentally, socially, contextually and/or culturally inappropriate. Considered on the fringe of being developmentally acceptable. 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. Inappropriate sexual behaviour can include appropriate sexual behaviour that is displayed in inappropriate contexts, particularly by younger children.	Concerning, Very Concerning and Serious/Extreme Behaviours are all 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.		
			Behaviour that is clearly outside developmental expectations. May also include developmentally inappropriate behaviours displayed as part of a pattern of behaviour. Regardless of context, the behaviour is generally socially unacceptable even within diverse peer or social groups.	This behaviour is clearly outside developmental expectations and is considered socially unacceptable. It is often intrusive and harmful to the child or young person displaying the behaviours and/or others. 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, distress or resistance prioritising their own gratification or needs over others.	An extension of behaviours that are ‘Very Concerning’, ‘Serious/Extreme’ behaviours may also include elements of physical violence, sadism, degradation, and be highly intrusive and harmful to others. Particularly in early adolescence and adolescence, these behaviours may evoke sexual arousal linked to violence and use of power and force.
Consent, mutuality, reciprocity and respect - for behaviours involving another child or young person	The children involved have a shared understanding of the behaviour. The behaviour is mutual and reciprocal with no power differential or coercion. <i>*may not be at the legal age of ‘consent’</i>	The children involved have a shared understanding of the behaviour. Generally consensual, reciprocal and includes mutuality with no or minimal power differential. 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. There may be differences in the understanding of the children involved regarding the sexual nature of the behaviour or gratification experienced.	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, or involvement of younger children in sexual activity which they do not understand.	Often involves force, coercion, threats, and deception with limited respect for the rights of the other children involved. The child displaying the behaviours may have developed or be developing a fixated sexual interest in younger children.

<p>Emotional experience and expression</p>	<p>Generally positive or neutral. May include displayed curiosity, giggling, laughter and joy in younger children, and engagement or pleasure by adolescents.</p>	<p>May include positive, neutral, curious, or embarrassed, particularly if the behaviour is exposed.</p>	<p>May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. Can however be 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. 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>May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. An extension of emotions associated with those in the 'Concerning' group but with greater intensity. May have feelings of confusion if there is a lack of understanding of sexual development for children with disability or special needs. May display a lack of insight, care or empathy for the experience of other children involved. Distress may be more situated in the consequences of 'getting caught'.</p>	<p>May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. Varies widely and is often related to the motivating and causal factors of the behaviour, though can include shame, anger and pleasure. There is likely to be a lack of care or empathy for the experience of any children harmed by their behaviours. As with very concerning behaviours, emotional response may be more situated in the consequences of 'getting caught'.</p>
<p>Pattern of behaviour</p>	<p>Pattern of the child's sexual expression has been developmentally appropriate.</p>	<p>Sexual behaviours displayed outside of appropriate contexts are typically one-off play/peer based. Child or young person responds to redirection or explanation about appropriate context as required. Generally seen in early adolescence and adolescence as healthy experimentation or in pre-school aged children exploring their bodies. 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. Likely to persist despite targeted redirection or intervention, sometimes in secret. May involve multiple children and occur across varied locations.</p>	<p>Behaviour is often persistent and accompanied by rigid or ingrained patterns of thought that have developed over an extended period. Behaviour is likely to continue without specialised therapeutic intervention, and often persists in secret. Likely includes multiple children and varied locations.</p>

WORKING YOUR WAY THROUGH THE LAYERED CONTINUUM – STEP BY STEP

The Layered Continuum comprises 5 steps, which should be explored one by one in sequential order. Each step will add a level of detail and deeper understanding of the behaviour and context in which it occurs. Working through the steps can also help you to consider what underlies the behaviour and what the impact of that behaviour may be on those involved. The Layered Continuum will help you to come to an understanding (or assessment) of two distinct but related concepts: the level of harm caused by the behaviour, and how concerned we are about the behaviour continuing.

The continuum should be used in a layered manner where:

- adults working with children start with the sexual behaviour which they have encountered, and consider this in terms of a child or young person's developmental age and stage (physically, psychologically, socially, sexually, and cognitively);
- then consider the social and environmental context within which the behaviour occurs, and through any relevant cultural lens; and
- finally, adults working with children and young people should look inwards to consider their own 'positionality' or the lens with which they are viewing the behaviour and whether this is impacting the seriousness with which they are viewing the behaviour.

Once this level of assessment is complete, additional factors must be considered, including:

- the dynamic created when another child is involved in the behaviour, specifically with regard to the concepts of **respect, mutuality, and consent**;
- children's **emotional experience and response** surrounding the behaviour (for both the child or young person displaying the behaviour and others impacted); and
- the pattern of the behaviour over time.

Sexual behaviours displayed by children and young people which are understood against the backdrop of the context of these inter-related elements will be more accurately identified, which will inform more appropriate responses.

The next section of this Practice Guide provides more detailed guidance to assist you in working through each of the steps in the Layered Continuum to help you to form an assessment of how concerned you need to be about children's sexual behaviour which you have or may encounter.

At the end of the stepped guide to working through the layered continuum, there is a series of tables providing examples of children's sexual behaviours across the continuum from Developmentally Appropriate to Harmful for different ages and stages; there are also some considerations for thinking about HSB where children have used and been exposed to pornography and technology assisted sexual behaviours.

Step 1. General description of the behaviour - exploring developmental and contextual domains

“There is no one set of behaviours that are HSB-presenting behaviours” (Thain et al, in progress)

The first step is to consider the actual behaviour being displayed and where this sits along the continuum for the child’s developmental stage and context. Figure 1 below provides a high-level schematic of the factors to consider here.

Child’s developmental capacity

Asking the first general question - is the behaviour within a range that we would expect for a child of their developmental stage? To answer this question, we first need to understand what we mean by development.

Development includes cognitive, social, emotional, physical, and sexual domains. Drawing on various theories on development including the Australian Early Development Census (Commonwealth of Australia, 2023), the following domains have been articulated to guide thinking.

- **Cognitive development** – relates to intellectual capacity, creativity, ability to interact with others and the world around, memory, plan, process complex thoughts etc.
- **Language development** – sometimes included within cognitive development (although discrete), relates to the development of language, ability to communicate with others, developing both expressive and receptive language.
- **Social and emotional development** – is closely related to one’s experience of relationships with others, where they learn to understand and regulate their own emotions, understand emotions of others, develop empathy and general emotional intelligence.
- **Physical and biological development** – includes physical changes in the child such as growing in height, weight, and strength, development of fine and gross motor skills, and abilities related to capacity to self-care. In puberty this includes changes to the child’s internal and external sex organs coupled with changes to physiological reactions and hormone changes.
- **Sexual development** – beginning from birth including both physical development to internal and external sex organs, changes in hormones and physiological responses to stimuli, and emotional attitudes, beliefs, and interest in sexual activities, intimacy, and exploration.

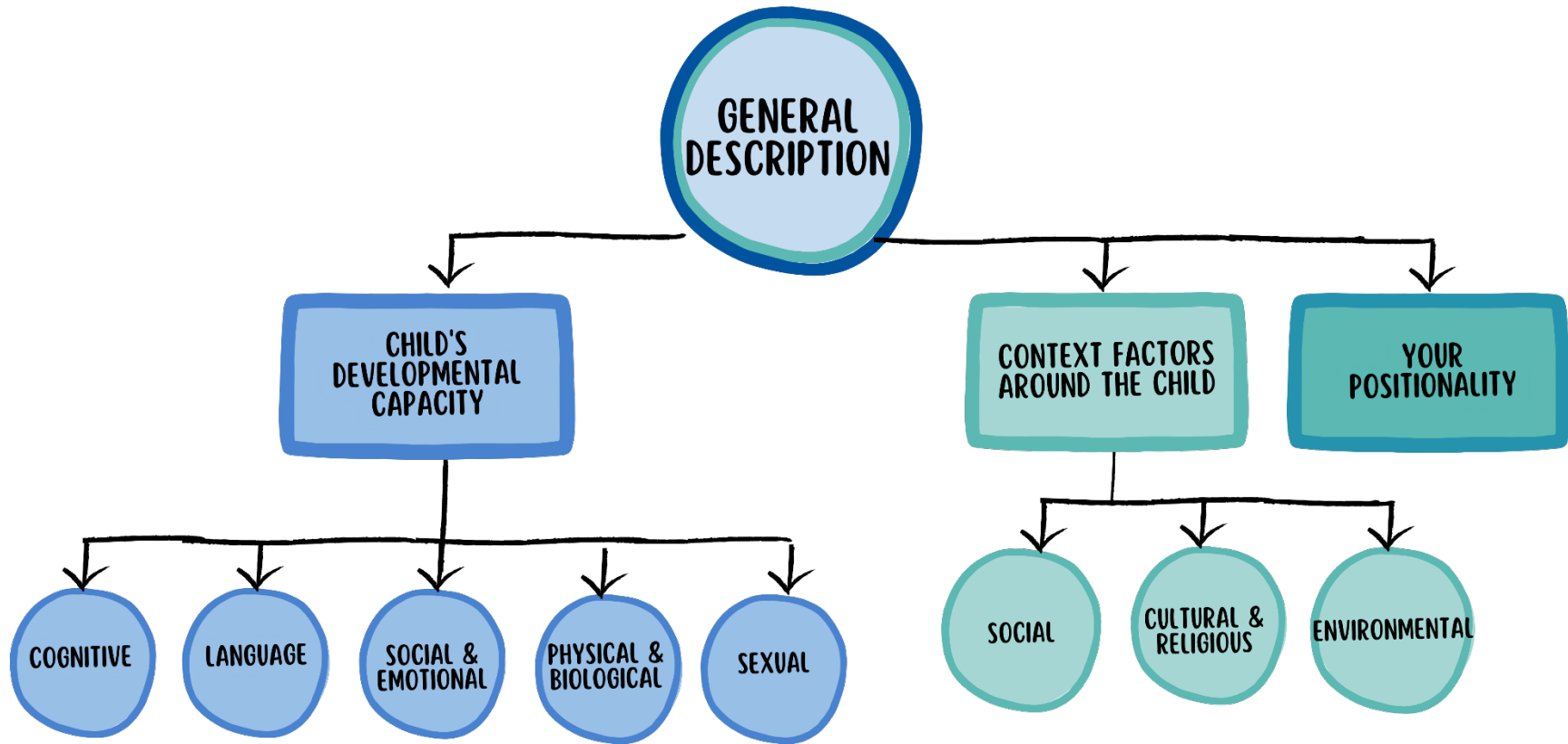


Figure 1. developmental and contextual factors to actively consider when reviewing the general behaviour

Contextual factors around the child

Context, whilst critically important, is much less understood and harder to define, but nonetheless highly influential in determining whether a behaviour is expected or has the potential to cause harm. Factors such as social context, culture, religion, and environment are key areas to bear in mind.

- **Social context** – social setting or situational circumstances around a person. Bronfenbrenner (2009) notes that these elements directly and indirectly influence an individual's development and interactions with others and the world.
- **Cultural and religious context** – the importance of one's identification in culture and religion is critical in understanding the broader context of HSB. It incorporates shared beliefs, values, customs, history and stories, and language, which influence a person's identity and how they see the world and interact with others. Values, beliefs, and practices related to gender, development, sexuality, and diversity stemming from cultural and religious contexts can impact a child or young person's understanding of sexual behaviour and influence the responses of those around them.
- **Environmental context** – the physical environment and space within which a behaviour occurs. This may also extend to the physical environment in which the child or young person lives, engages in community, works, or learns. There are some contexts that increase the risk of children displaying HSB in that context, e.g., residential care, (Firmin, 2020; Contextual Safeguarding).

When we blend behaviour, context, and development, we may see complex interaction and tensions playing out. For example, we may establish that a behaviour is well within a developmental norm for a typically developing child or young person for their age and overall development across domains. But if the behaviour is outside the social or cultural norms or expectations of gender or age, the implications for the child or young person for having displayed such behaviours may be significant (such as social expulsion, shaming, physical punishment). In this context, developmentally expected behaviour may still be concerning or even harmful within that context for that child.

Consider your positionality

This step requires practitioners to pause and purposefully consider the lens through which they view HSB. Considering both the professional and personal self in this, and how these intersect, can be helpful to ensure a practitioner displays appropriate self-reflection. For example, previous life experience with the impacts of sexual violence on victim-survivors may understandably make it harder for individuals to consider the context and needs of a child who displays harmful sexual behaviour. Conversely, an individual with experience in a social context in which adolescent boys routinely displayed sexual aggression might initially discount HSB as developmentally expected.

The personal-self – is made up of your current thoughts, feelings, beliefs, and ways of relating to others and the world around you. It is heavily impacted by past experiences, and influential relationships that shape these characteristics. Within the domain of understanding HSB and sexual behaviours more generally, a person's attitudes, beliefs, and morals shaped by past experiences related to sexual development, sexual expression and gender roles play a huge role. For example:

- sexual experiences, including any experiences of sexual violence (age and context of experiences and associated attitudes and beliefs held about these);
- expectations regarding sex, sexuality and gender roles;
- sexual education, inclusive of bodily autonomy, consent education, relationships;
- attitudes towards sex, abstinence, and sexual pleasure;
- openness to discussing and/or exploring issues associated with sex and sexuality; and

- an individual's, family's, and community's religious and cultural beliefs about sexual behaviour.

The professional-self – influenced by your past and present experiences, knowledge, skills, training, professional roles, and responsibilities which all influence how you 'show up' in your professional day-to-day world. Questions such as *what role am I in, or what hat am I wearing* as you observe this behaviour are important. Confidence in understanding and responding because of skill, training, and experience can be highly influential in terms of the concern or perceived harm a behaviour may cause.

Combined, the personal and professional self, come together to create a lens through which we view sexual behaviour displayed by children and young people. It is critical that frontline staff and practitioners consider their positionality with regard to these related issues to ensure that they do not respond in a biased manner to understanding and responding to HSB, by being either too reactionary and overinflating concern or harm caused by a behaviour (e.g. if you have conservative views and beliefs on sexual development and expression), or by downplaying and minimizing sexual behaviour that can be harmful (e.g. if your experience of sexual development and expression has been overly sex positive). These diverse experiences, views and beliefs are equally valid and do not necessitate poor judgement or assessment of behaviours, but the failure to reflect on these and draw active awareness to them can detrimentally impact how an individual understands and responds to sexual behaviour and HSB.

Assessing this layer

Where does the general description of the behaviour fit along the continuum, taking into consideration the various developmental and contextual domains? i.e., is it developmentally appropriate, concerning, or serious?

Table 2: Quick guide to assessing ‘General description of the behaviour - exploring developmental and contextual domains’

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
General description of the behaviour	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.
<p>Child's Developmental Capacity - Consider varying developmental abilities across sexual, cognitive, emotional, social, and physical domains. Whilst this won't necessarily change the harm caused (particularly when involving another child) it may impact the level of concern you have regarding a specific behaviour and therefore responses.</p>					
<p>Contextual Factors Around the Child - Consider the social, cultural, religious and environment context of the behaviour. Whilst this won't necessarily change the harm caused (particularly when involving another child) it may impact the level of concern you have regarding a specific behaviour and therefore responses.</p>					
<p>Consider your positionality - What is your positionality, the lens through which you are observing the behaviour? Considering both the professional and personal self, reflect on any potential bias or predetermined perspective which you bring to this review.</p>					

To support the application of this continuum, Appendix A includes Tables 6 through 11, which 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

Also included in Appendix A is a ‘special consideration’ section on exposure to and use of pornography, and technology-assisted behaviours, to help further guide adults’ understanding of sexual behaviours across the continuum.

These Tables and additional information provide **examples only** and must be considered in terms of contemporary evidence as it arises; they do not remove the need for specialist consultation in this space, particularly where the behaviour is in the Concerning, Very Concerning and Serious or Extreme end of the continuum. It is also important to note that sexual behaviours change and evolve over time, which may affect what is considered developmentally appropriate or inappropriate over time.



Step 2. 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, meaning that they should have regard for their rights, feelings and wishes. A child not comprehending that they are engaging in a sexual behaviour, the presence of significant inequality (e.g., in power, age, physical size), coercion, or force also negate consent.

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 the legal application of the concept of consent. For example, while it is not atypical in modern Australian society for a 14-year-old to be engaging in progressed sexual activity such as oral sex, in many legal jurisdictions 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 should be taken in the application of context.

Assessing this layer

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

Table 3: Quick guide to assessing 'Consent, mutuality, reciprocity and respect for a behaviour involving another child or young person'

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
Consent, mutuality, reciprocity, and respect for a behaviour involving another child or young person	The behaviour is mutual and reciprocal.	Generally consensual and reciprocal.	Unequal power including moderate age gap between children, reduced respect, or non-consent.	Includes non-consent, bribery, coercion, disrespect, or large age gap between children.	Includes force, coercion, disrespect, deception, threats, 'sextortion', manipulation, or large age gap between children.
Behaviours across the continuum, including Developmentally Appropriate behaviours, may be opportunistic, purposeful, or planned.					

Consent, mutuality, power, and the 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, bribes or threats) 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 keep it a secret.

Step 3. Emotional experience and response

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.

Emotional experiences are complex, and expression of emotions can vary between individuals, cultures, and context. The emotional experiences associated with a behaviour can also change over time as a child matures, as they change contexts or gain new insights or knowledge. Remembering that expressed emotional experience can be different to the internal emotional experience felt by an individual. Children may not display the emotion we are expecting, for example children may 'freeze' when they are shocked or afraid and therefore display a neutral emotion.

There are no 'right or wrong' emotional responses; a positive emotion at the time of the behaviour does not necessarily mean that there is no harm. However, emotional responses may give some insight into the child's level of awareness about the appropriateness or inappropriateness of the behaviour. Likewise, a child's ability to recognise and respond to the emotional expression of another child who is the focus of their HSB can increase or decrease our concern and should be considered, as could an expressed internal conflict that they have about their behaviour. Non-emotion, extreme emotion, and non-expected emotional responses are all worthy of further exploration as they may provide insight into the behaviour and increase or decrease your level of concern. A distressed emotional response can be a good indicator that a behaviour was harmful even where the behaviour doesn't first appear to be concerning.

When we consider the emotional experience associated with HSB, we need to consider this from both the perspective of the child or young person displaying the behaviour, and any other child or young person involved in the behaviour.

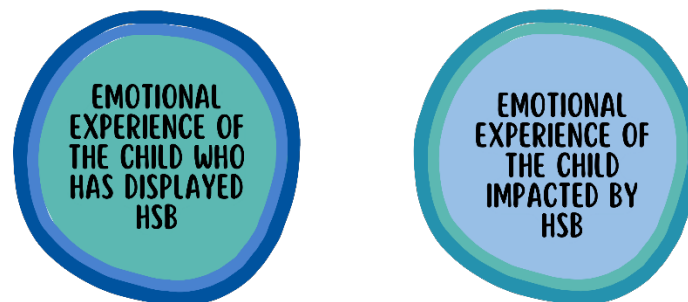


Figure 2. emotional experience from multiple perspectives

Further, this must be understood at different levels, i.e., what we observe (external), what the child or young person feels or experiences (internal), and what they express.

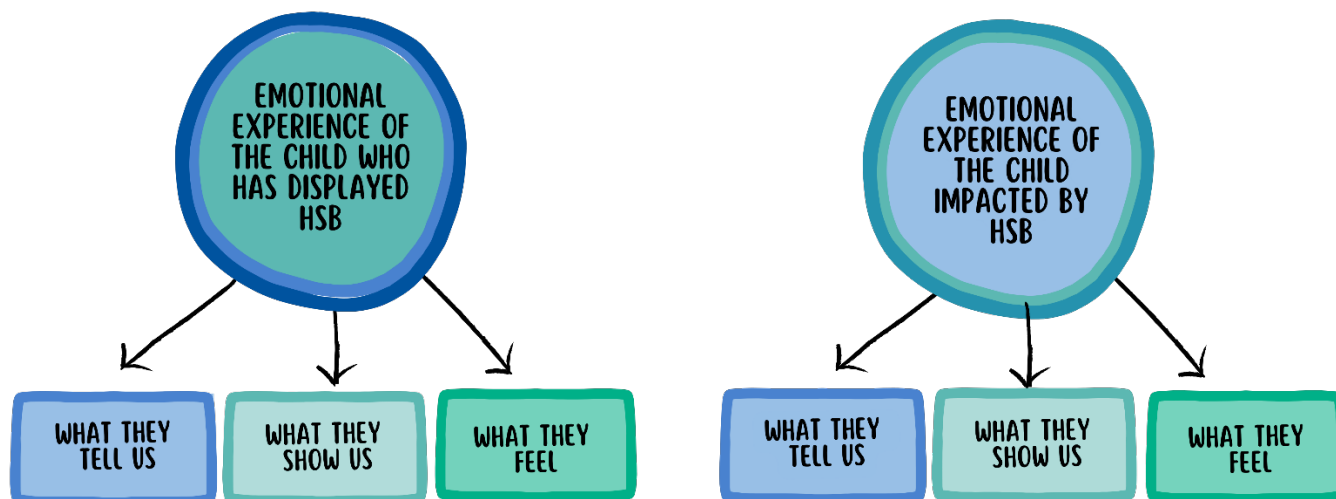


Figure 3. emotional experience from multiple perspectives and levels

- Expressed emotional experience** – reflected in what they show us and what they tell us, verbal and non-verbal cues. It is what is seen by an observer. An individual's facial expression, verbal expression and body posture can be telling signs of a person's emotional state. However, a person's emotional expression or affect can sometimes be incongruent with their actual internal emotional state and experience. This is not uncommon as individuals (even children and young people) may try to mask or hide painful or negative emotions. Similarly, some expressed emotions can be secondary to basic emotions. For example, children and young people can express anger as an emotional expression of frustration or sadness, but their internal emotional experience may be more reflective of anxiety, guilt, or shame. Similarly, a lack of expressed distress in a child who has been the focus of another child's HSB is not necessarily an indicator that the behaviour was not harmful – freeze responses, dissociation, and delayed understanding and processing of the event are common in victim-survivors of sexual abuse. Children's emotional experiences can also manifest in other ways (e.g., somatic complaints such as stomach aches and headaches), which a child may or may not connect with their feelings.
- Internal emotional experience** – emotion is a reaction to a stimulus, experienced as a feeling and manifested in behavioural and physiological responses. An individual's emotional experience is very subjective as it is results from the individual's interaction with an experience/stimulus and may be different for every individual. For example, one child may experience the situation of a caregiver yelling at them as being shameful and have an emotional reaction of sadness, where as another child may experience the same situation as unfair and respond with anger.

Although the expressed and internal emotional experiences can differ, the types of emotions demonstrated by the child or young person displaying the behaviour when the behaviour is witnessed by others can be indicative of how harmful (or wrong) they perceive the behaviour to be (and therefore their level of awareness about the appropriateness or inappropriateness of the behaviour). The level of emotional discomfort for the child or young person engaging in the behaviour can sometimes increase 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 witnessing of the behaviour can, therefore, be a useful piece of information in helping to determine what level of concern or harm is apparent.

Assessing this layer

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

Table 4: Quick guide to considering 'Emotional experience and expression'

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
Emotional experience and expression	Generally positive or neutral.	May include positive, neutral, curious, or embarrassed.	May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses.		
Consider the expressed and internal emotional experience of the child who has displayed the behaviour. Does the emotional expression concern you? Is it negative, positive, extreme, incongruent etc					
Consider the expressed and internal emotional experience of the child who has been impacted by the behaviour. Does the emotional expression concern you? Is it negative, positive, extreme, incongruent etc					

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, further exploration may be required as to why, which 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 emotional experienced 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. Pattern of behaviour

Of note in the continuum is the explicit consideration of the behaviour in terms of any ongoing pattern of behaviour. Distinct from earlier versions of the continuum, which just looked at frequency and persistency, the totality of pattern must be considered. In a recent study, the broad theme of pattern of behaviour appeared to better reflect the criticality for experts in considering the context in which behaviours persist, rather than quantifiable thresholds or objective definitions of frequency or persistence (Thain et al, in progress). For experts in Thain and colleagues (in progress), the frequency of behaviour appeared irrelevant in determining whether the behaviour was potentially harmful (as noted above, once is enough to cause harm). However, where a pattern of behaviour was present, this determined how worried they would be about the child displaying the behaviour. Figure 5 below, provides an overview of the key elements that contribute to overall pattern of behaviour.



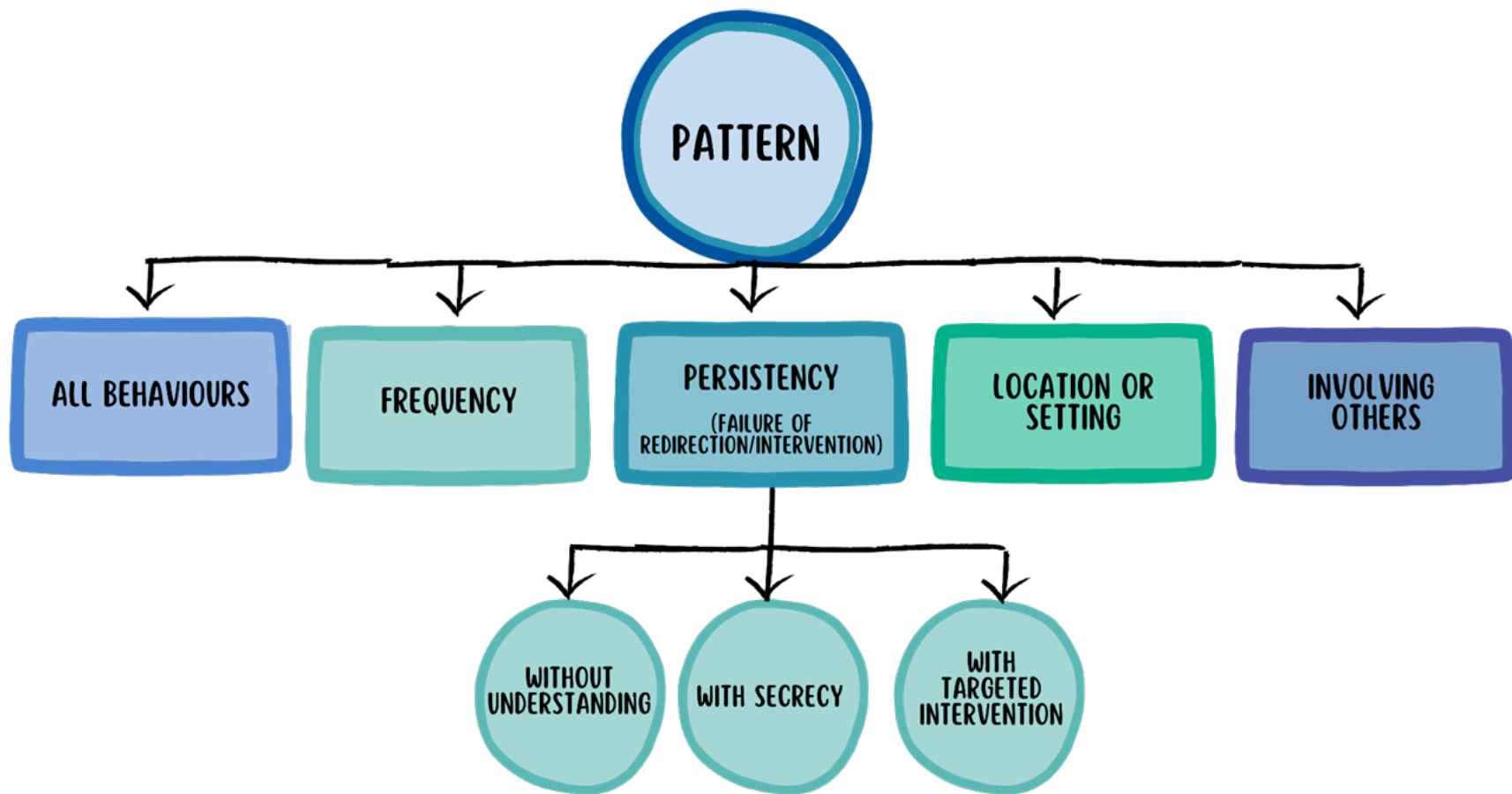


Figure 5. factors contributing to the overall picture of pattern of behaviour

- **All behaviours** – 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 where most of the behaviours may be deemed within the lower end of the continuum.
- **Frequency** – how often is the behaviour happening. Is it one off or occurring multiple times a week, daily etc. While there is no quantifiable threshold for ‘too much’ (Thain et al, in progress), where the behaviour is so frequent that it impacts the child’s normal or typical social functioning or daily routine, this is concerning.
- **Persistence** – generally understood as the continuation of the behaviour despite some form of intervention, redirection, or response. Thain et al. (in progress) break this down further to suggest that it is not enough to note that the behaviour is persisting, but to answer the question why and in what circumstance it persists. i.e.,
 - **Without understanding** – sexual behaviour continuing after redirection or intervention where the child or young person still does not understand that the behaviour is wrong or that it may be harmful. Everyday intervention is not always effective in behavioural change and there may be barriers to children understanding expectations such as limited psychological capacity to understand redirection, boundaries, or a lack of exposure to appropriate consent education. For example, a child with cognitive impairment may require a targeted disability focused intervention.
 - **With secrecy** – sexual behaviour continuing after redirection or intervention, but in secret. A developing pattern of secrecy, particularly where secrecy increases in response to redirection or intervention, is quite worrying.
 - **With targeted intervention** – sexual behaviour that continues after targeted intervention that is specialised is also quite worrying. Sometimes even targeted intervention is ineffective or mismatched to the unique needs and context of the child or young person. Persistence needs to be considered differently in situations where there has been no active change to factors that contributed to the behaviour developing in the first place, even with education, redirection or prompts to cease the behaviour. For example, the young person has been provided with adequate psychoeducation on boundaries, consent, and privacy, but continues to be exposed to a highly sexualised environment or to experience violence or abuse themselves.
- **Location or setting** – patterns of HSB can occur in specific situations or contexts, or across multiple settings or locations. It can be as simple as behaviour continuously occurring in the shared living space, or within the home environment only; conversely, the behaviour could happen in multiple rooms in the home, and in the school environment. Of particular concern is where a child displays the behaviour whenever they have the opportunity across settings or where they seek to create opportunities to display HSB without detection.
- **Involving others** – has the child displaying the behaviours repeatedly targeted a child or specific children as the focus of their behaviour, have they involved multiple different children in the behaviour, are there any patterns emerging in terms of the characteristics of children that have been the focus of their behaviour? Has the child sought to engage other children to display the same behaviours?

Assessing this layer

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? Does it occur in one or multiple contexts? What interventions/responses have been tried and how have they worked?

Table 5: Quick guide to assessing 'Pattern of the behaviour'

Descriptor	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>Pattern of behaviour</p> <ul style="list-style-type: none"> • Behaviours • Frequency • Persistency • Location or setting • Involving others 	<p>Consistent pattern of developmentally appropriate sexual behaviours and interactions.</p>	<p>Single incidents that can be shifted with simple redirection.</p> <p>Developmentally appropriate behaviour occurring outside appropriate contexts, e.g., public places rather than private.</p> <p>Behaviour is mutual and there is equal power if involving others.</p>	<p>Repeated behaviours over time, escalating in type.</p> <p>Behaviours may persist despite active redirection and some intervention.</p>	<p>Often repeated and escalating behaviours.</p> <p>Behaviours persist despite active redirection and targeted intervention.</p> <p>Behaviours may also move to being done in secret.</p> <p>May include multiple children and varied locations/settings.</p>	<p>Persistent and frequent behaviours despite targeted intervention.</p> <p>Child/young person uses opportunities to engage in the behaviours in secret.</p> <p>Likely to include multiple children and varied locations/settings.</p>

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, involves another child of equal age, but has now become persistent despite redirection and psychoeducation, supervision etc and is occurring more frequently or now with multiple children or across settings, you may need to consider this behaviour as more concerning than indicated by the general description alone.

Step 5. Final check in

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



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ATTACHMENT A: Behaviour examples across the continuum and additional considerations

Exposure to and use of pornography, technology assisted behaviours – special considerations.

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, DVDs 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. A recent online survey of Australians aged 15-20 years recorded that 86% of males and 69% of females had been exposed to pornography with 1 in 4 males and more than 1 in 6 females before they reach 12 years of age (Crabbe et al., 2023).

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 children are readily being exposed to sexual content, often inappropriate and outside their developmental capacity, the lines have become blurred for practitioners between what is considered normal and expected, and within that, what can still cause harm and is therefore concerning and requires intervention. Hackett et al. (2019) noted that practitioners have become increasingly concerned about this growing trend where children's sexual behaviours have been influenced by what they see online and interactions on social media.

Given this information, throughout the Tables below, pornography exposure and use, and use of technology to facilitate sexual behaviour (e.g., sexting) is included even at young ages. While this is now a generally accepted experience that many children and young people will encounter sexual imagery, 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.

Examples of sexual behaviours

To support the application of this continuum, Tables 6 through 11 below 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 do not remove the need for specialist consultation in this space, particularly where the behaviour is in the Concerning, Very Concerning and Serious or Extreme end of the continuum.



Table 6: 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. 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. 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. 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. 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. Seeking opportunities to follow adults and other children into private areas such as toilets, bathrooms and bedrooms when changing to see or touch their genitals, bottom, or breasts. Touching the genitals of animals.</p>	<p>Masturbation that occurs often, even after redirection. Play-based themes that are persistently sexual in nature, and/or demonstration through language or play of adult sexual themes. Seeking opportunities to watch others when undressed, in bathrooms or toilets. 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. 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. Persistent touching of others’ genitals and private parts and/or seeking opportunities to do so even after redirection. 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). 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 7: 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. 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. 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. 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. 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. Seeking opportunities to follow adults and other children into private areas such as toilets, bathrooms and bedrooms when changing to see or touch their genitals, bottom, or breasts. 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. Persistent nudity in contexts where this may be considered inappropriate even after they have been redirected. 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. Frequently exposing themselves in public or to other children. Invading other children or adults’ private space to lift or move their clothing to see and/or touch genitals, bottoms, or breasts. 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). Persisting to touch the genitals of animals even after redirection. 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. Pursuing other children in an intimidating and/or aggressive manner to touch their private parts or engage them in sexualised behaviour. 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. Engaging significantly younger or more vulnerable children in sexualised behaviour. Frequently watching pornography.</p>	<p>Forcing other children to engage in sexual behaviour; may include force and include oral sex and penetration with objects. Persistently using language of a highly sexual and explicit nature. Taking photos of themselves or others’ genitals or generally sexual images and/or sharing these types of images with others. Frequently watching and/or showing other children pornography.</p>

Table 8: 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 may 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 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 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> <p>Watching pornographic material that is violent, degrading, or deviant.</p>

Table 9: 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>Exposure to pornography via curious searching (e.g., while searching puberty, breasts, penis etc).</p> <p>Taking and sharing photos of themselves in various poses (clothed).</p>	<p>More frequent 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.</p> <p>Accessing pornography or sharing it with same age peers.</p> <p>Sexually explicit communication with peers such as sexting and sharing photos of themselves in sexually suggestive poses.</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</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 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 in pornographic materials that are violent, degrading, or deviant.</p> <p>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>Frequently watching pornographic material that is violent, degrading, or deviant (including viewing of material that depicts children or includes children – i.e., child abuse material.)</p> <p>Taking and sharing sexually explicit photos of others without permission and/or using coercion to gain such photos from others.</p>

Table 10: 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>Using sexually explicit language and exhibitionism with peers. Taking and sharing photos of themselves in various poses (clothed). This may extend to communications of a sexual nature (e.g., sexting). They may begin to push the boundaries with peers and the content shared.</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.</p> <p>Sexting that is prolific or non-reciprocal with peers.</p> <p>Taking and sharing photos of themselves in sexually explicit poses, unclothed and/or exposing genitals.</p> <p>Persuading peers to engage in sexting, share photos of themselves in various poses (clothed, but which may be considered sexually suggestive).</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>Invading others' privacy as a form of voyeurism.</p> <p>Preoccupation with accessing pornography to the exclusion of other activities (with or without masturbation).</p> <p>Taking and sharing photos of themselves in sexually suggestive poses, unclothed or exposing genitals, which persists after provision of information that this is not appropriate and may be deemed a criminal offence.</p> <p>Coercing or bribing peers to engage in sexting or sharing photos of themselves in various poses (clothed, but which may be considered sexually suggestive).</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, degrading behaviours or depicting/ showing children).</p> <p>Taking and/or sharing sexually explicit photos of others without their consent.</p> <p>Coercing or bribing peers to engage in sexting or sharing unclothed photos of themselves in various poses.</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>Preoccupation with masturbating to sexually explicit and deviant pornographic material, particularly where this materials portrays or includes younger children (e.g., child abuse material).</p> <p>Taking and sharing sexually explicit photos of others without permission.</p> <p>Exchanging sexual behaviour/acts for tangible or non-tangible things (e.g., drugs, food, alcohol, money, social inclusion, and so on).</p>

Table 11: 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 peers, consensual and reciprocal in nature.</p> <p>Sexual experiences which are reciprocal in nature, such as mutual masturbation and oral sexual gratification of their partners becomes important.</p> <p>Sending and receiving sexually explicit texts and sexually suggestive photos (clothed) is relatively typical.</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>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>Seeking out pornographic material that is explicit and includes themes of power imbalance and group sex.</p> <p>Taking and sharing photos of themselves in various poses unclothed and/or exposing genitals.</p> <p>Persuading peers to engage in sexting, share photos of themselves in various poses (unclothed or which may be considered sexually suggestive).</p>	<p>Compulsive masturbation that interferes with daily activities, is self-injurious, or occurs in public.</p> <p>Repeated exposure of genitals, bottoms, and breasts in a public place with peers (e.g., flashing).</p> <p>Accessing pornographic material that is explicit, sexually aggressive and/or illegal, such as showing violence or animals.</p> <p>Taking and sharing photos of themselves in various poses (which may be considered sexually suggestive), unclothed, exposing genitals. Coercing or bribing peers to engage in sexting or sharing photos of themselves in various sexual poses.</p>	<p>Lying about their age for the purpose of engaging significantly older individuals in sexual activity.</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>Regularly masturbating to sexually explicit and deviant pornographic material (e.g., containing animals, violence, degrading behaviours).</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.</p> <p>This may include self-injurious behaviours and the compulsion to masturbate in public.</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>Preoccupation with masturbating to sexually explicit and deviant pornographic material, particularly where this material portrays or includes younger children (e.g., child abuse material).</p> <p>Taking and sharing sexually explicit photos of others without permission and/or using coercion to gain such photos from others.</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>



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