

It is helpful to distinguish between problematic and abusive sexual behaviour:

Problematic

- Problematic behaviours don't include overt victimisation of others may be disruptive to the child's development and can cause distress, rejection or increase victimisation of the child displaying the behaviour. They include behaviours involving sexual body parts that are developmentally inappropriate or potentially harmful to the child or others. They range from problematic self-stimulation and nonintrusive behaviours, to sexual interactions with other children that include behaviours more explicit than sex play, and aggressive sexual behaviours. Sometimes, the term 'problematic sexual behaviour' is used to describe behaviours that may be developmentally appropriate but that are expressed inappropriately in a given context.

- When this type of behaviour appears to be trauma-related – for example when symptoms originate from sexual abuse the child has experienced – the behaviour may be termed sexually reactive. Sexually reactive and sexually problematic behaviours are more commonly associated with children in the pre-adolescent age range.

Abusive

- Abusive behaviours involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm. Power imbalance may be due to age, intellectual ability, disability or physical strength. Abusive sexual behaviour may or may not have resulted in a criminal conviction or prosecution.

Such behaviours are more commonly associated with young people over the age of criminal responsibility or those in puberty.

As both problematic and abusive sexual behaviours are developmentally inappropriate and may cause developmental damage, a useful umbrella term is 'harmful sexual behaviour' or HSB. This term has been adopted widely in the field, and is used throughout this framework.

A continuum of behaviours

It is vital for professionals to distinguish normal from abnormal sexual behaviours. Chaffin, Letourneau and Silovsky (2002, p208) suggest a child's sexual behaviour should be considered abnormal if it:

- occurs at a frequency greater than would be developmentally expected
- interferes with the child's development
- occurs with coercion, intimidation, or force
- is associated with emotional distress
- occurs between children of divergent ages or developmental abilities
- repeatedly recurs in secrecy after intervention by caregivers.

Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant:

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

A continuum of responses

As identified in Hackett's model, above, children and young people with harmful sexual behaviours are a varied and complex group with diverse needs that cannot be addressed by a 'one size fits all' model of service provision.

The diverse needs of these children and young people include the fact that many of them have hitherto unrecognised learning difficulties, specific educational needs, a range of psychosocial risk factors and co-occurring mental health problems (Bladon et al, 2005).

The wide range of harmful sexual behaviours shown by children and young people means their needs should be met in a variety of different placement contexts. These range from their own homes (most children and young people), general looked-after or care settings (the more disadvantaged and hard to manage young people with moderate risk profiles), and more specialist or secure provision (young people who pose a high risk of serious, significant harm to others).

Assessing children and young people and meeting their needs in the context of the notion of a continuum of responses is the subject of the third domain of this framework: effective assessment and referral pathways.

In addition to the initial response and support offered to low level cases in frontline settings, several levels of service response and intensity are required in order to address various levels of need and concern, as highlighted in the following model developed by Morrison and colleagues (2001).

Hence a small network of regional, highly specialised assessment and treatment services may be required to meet some of the more specialised needs shown by a smaller number of more complex cases.

Figure 2: Continuum of service intensity, Morrison and colleagues (2001) adapted from Ryan (1999)

