

Checklist for Understanding Younger Children with Learning Disabilities

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of Sexual Behaviour	<p>Disinhibition, they enjoy being naked or semi naked</p> <p>Games like mummies & daddies / doctors & nurses</p> <p>Mutual exploratory touching of other children</p> <p>Touching their genitals as a way of soothing themselves and regulating their emotions</p> <p>Enjoying saying 'rude' words e.g. bum & willie, particularly to get reactions from adults</p>	<p>Children with learning disabilities may have healthy sexual feelings but feel confused due to functioning at a younger level</p> <p>Children with learning disabilities may show sexual behaviours more appropriate for a younger child</p> <p>Children with learning disabilities may not understand the concept of private and public behaviour</p> <p>Use of adult sexual language without understanding meaning</p> <p>Touching their genitals frequently particularly if this is the only way they have to comfort themselves and regulate strong emotions</p> <p>Trying to touch or expose other children's genitals</p> <p>Preoccupation with masturbation or group masturbation</p> <p>Mutual masturbation or group masturbation</p>	<p>Engaging in or simulating adult sexual activity e.g. intercourse, oral sex etc.</p> <p>Exposure of their genitals</p> <p>Touching / rubbing their genitals persistently causing pain or injury</p> <p>Forcibly touching other children's genitals or forcing them into sexual play</p> <p>Trying to touch adults' genitals</p> <p>Sexual activity with animals</p> <p>Exposing themselves on social media</p> <p>Coercion of others to take and send naked pictures</p> <p>Making sexual threats, written or verbal</p> <p>Fixation on pornography</p>
2. Context of Behaviour	<p>Characterised by curiosity mutuality and is exploratory in nature</p> <p>Open , not hidden</p> <p>Emotions around the behaviour are fun and light hearted</p> <p>The behaviour is spontaneous</p> <p>No intent to cause harm</p>	<p>The children involved seem uncomfortable with the behaviour</p> <p>The child may be unaware that the behaviour is not appropriate</p> <p>Child needs constant reinforcement about boundaries and appropriate sexual behaviours due to their learning disability</p>	<p>Behaviour is planned, secretive, there are elements if threat, force or coercion</p> <p>Self-directed behaviours to resolve high levels of intense emotions for the child e.g. Anger, sexual, arousal, insecurity</p> <p>Victim selection based on vulnerability, due to age or ability</p>

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3. Child's emotional response when challenged about their behaviour	Embarrassed, Dependent on their ability level, they may be able to understand appropriate sexual behaviours	Child ashamed Child may struggle to understand what they have done wrong due to their ability level Child able to demonstrate remorse and empathy and make amends when directed	Child angry, fearful, aggressive, distressed Or passive, lacking in understanding why anyone would be worried Does not have the ability to take responsibility for their behaviour Child blames / threatens others and does not show empathy
4. Response of other children / adults targeted	Children engaging freely, happy Between children, behaviour is mutual	Uncomfortable, unhappy with behaviour but not fearful or anxious If behaviour directed at adults, they feel uncomfortable	Unhappy, fearful, anxious, distressed, socially impacted Could be physically hurt Avoiding the child Adults can feel disempowered / intimidated
5. Power Dynamics	Similar age and ability would normally play / socialise together There are no factors to suggest a power imbalance	Children would not normally play / socialise together Some factors / dynamics which suggest one child is more in control than others If the sexual bullying has been over social media, there may be no relationship	There are clear power differences e.g. due to age, size, status, ability, strength, personality etc. Bullying, coercion and blackmail over social media is targeted at those perceived to be more vulnerable
6. Frequency of the behaviour	Not frequent	Behaviour is intermittent The child also has interest in other things	Frequent incidents and child seems focused on behaviour, from which they seem to seek comfort / reassurance, / or control It is disproportionate to other aspects of their life

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7. Persistence of the behaviour	Behaviour is age appropriate, ad hoc, and not the main focus for the child. The child is interested in other things	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour Child is responsive to intervention but sometimes needs to be reminded	Child cannot be distracted from the behaviour easily and returns to the behaviour Focus on the behaviour is disproportionate to other aspects of their life It appears to be compulsive and the main way they seek comfort / attention and control
8. Background information / Family response	Nothing known of concern Parents / carers are supportive of the child	There are concerns about child displaying other difficult behaviours Little known about the family or there are some concerns about the family The family struggle to talk about sexual behaviours Family struggles to accept their child has engaged in sexual behaviours, seek alternative explanations	Patterns of discontinuity of care / poor attachments High levels of trauma e.g. physical, emotional, sexual, neglect, domestic violence Other behavioural problems or conduct disorder / PTSD / Fire setting Cruelty to animals Poor peer relations Family denial / minimisation of the behaviour Blaming of the victim, threatening the victim and family Rejecting or harsh punishment of the child

CARSON AIM Model 2016 Checklist for Understanding Adolescents with Learning Disabilities

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of sexual activity (based on work by O'Callaghan & GMap 2002)	<p>Explicit sexual discussions, use of sexual swear words, sexual jokes</p> <p>Flirtatious behaviour, kisses / cuddles</p> <p>Interest in pornography / social media</p> <p>Mutually consenting masturbation / sexual intercourse / oral sex etc.</p>	<p>Their healthy sexual feelings are confusing for them</p> <p>They may show sexual behaviours more appropriate for a younger child</p> <p>They may not understand the concept of private and public behaviours</p> <p>Use of adult sexual language without understanding meaning</p> <p>Touching their genitals frequently particularly if this is the only way they comfort themselves and regulate strong emotions</p> <p>Trying to touch other adolescent's bodies or genitals over clothing</p> <p>Concerning behaviours are displayed in two or more settings</p> <p>Sexual bullying through social media</p> <p>Preoccupation with masturbation, particularly if having difficulties with erections or ejaculation</p> <p>Mutual masturbation or group masturbation</p>	<p>Sexual preoccupation which interferes with daily function</p> <p>Evidence of high level of sexual compulsivity e.g. Masturbation, hoarding of sexually explicit images; frequent use of pornography and distorted concepts of what is real</p> <p>Sexual assault and rape</p> <p>Adolescents has two or more identified targets</p> <p>Adolescent has offended against strangers (adult or child) in a public setting</p> <p>Use of threats of violence in sexual relationships</p> <p>Adolescent has made significant effort to gain access to a targeted child</p> <p>Self-reported sexual interest in children</p> <p>Self-reported predatory sexual fantasies concerning peers or adults</p> <p>Sexual contact with animals</p>

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2. Context of behaviour	Mutual, both parties free to engage and disengage	Behaviour infrequent / isolated incident Behaviour self-directed Behaviour restricted to a specific setting Behaviour in the context of a 'romantic' relationship but where there may be pressure to please Those targeted are not equipped to describe their wants and desires or to give consent	Behaviour is planned , secretive, there are elements of force, threat or coercion Adolescent has one or more previous convictions / final warning / reprimands for sexual behaviour Adolescent has a pattern or prior sexually aggressive behaviour Those targeted are not equipped to describe their wants and desires and to give consent
3. Adolescent's response	Happy, comfortable, may be embarrassed if found by adults	Embarrassment or shame related to the behaviour They understand / retain the reasons why others feel the behaviour is problematic / harmful Experience consequences as significant / has some degree or awareness of consequences Appears highly anxious or confused re sexual development or boundaries	Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them Rejecting of concerns expressed Adolescent states that they will continue with the behaviour
4. Response of others / targeted adults	Happy, comfortable, may be embarrassed if found by adults	Uncomfortable or irritated, not fearful or anxious Feel able to tell someone Adults targeted, feel uncomfortable	Uncomfortable, fearful, anxious, avoids the adolescent Adults can feel disempowered, intimidated, deskilled or unable to control the behaviour and to protect others

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5. Power Dynamics	There should be no significant differences in age or development which would suggest there is a power imbalance	One or two particular adolescents targeted Adolescent predominately associate with children 3 or more years younger Power imbalance, due to age, physical strength and capacity, emotional development	Evidence of those thought to be vulnerable by the adolescent Significant power imbalance due to age physical strength and capacity, emotional development Poor social skills / deficits in intimacy skills
6. Persistence of the behaviour	Healthy interest but not the sole focus of interest in the adolescent's life	Responds to complaints by stopping or changing behaviour Intervention has some impact but behaviours may resume	Evidence of high level of sexual compulsivity Behaviours have persisted despite significant negative consequences
7. Other behavioural problems	No other behavioural problems Healthy, peer relationships	Adolescent isolated in the community or has a very restricted lifestyle Access to others is poorly supervised	Concurrent diagnosis of significant mental health problems Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence Viewed negativity in community due to sexual behaviours History of fire setting Long standing history of severely problematic or challenging behaviours

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8. Background information / Family Response	<p>No significant family history Parents have a positive view of adolescent's developing sexuality</p> <p>Positive attachments with parents and carers</p> <p>At least one positive friendship</p> <p>Adolescents has access to social and leisure pursuits and to appropriate sex education</p>	<p>Family anxious about adolescent's developing sexuality and have inappropriate concerns</p> <p>Family experiencing high levels of stress</p> <p>Siblings have experienced sexual abuse</p>	<p>Adolescent has experienced abuse, sexual, physical, emotional or neglect</p> <p>Violence in the household</p> <p>Poor or distorted sexual boundaries in the family</p> <p>Patterns of discontinuity of care / poor attachments</p> <p>Family members including siblings have anti-social history including offences against children</p> <p>Family are minimising the behaviour or are rejecting of the adolescent, harsh or punitive</p>