Level A Checklist: Identify and Respond

4 to 6 years

Purpose: This checklist is designed to help you consider and respond to sexual behaviours displayed by a child aged between 4 – 6 years. It will help you identify those behaviours that cause concern and may be considered harmful.

1. Child's Information	
Child's name:	Jaryd Wilson
Child's DOB:	15/07/2019
Child's age:	6
Carer/s name:	Fiona Waters, David Waters
Child's placement location:	Fremantle, WA

2. Checklist Information	
Date behaviour observed:	21/08/2025
Date checklist completed:	22/08/2025
Person completing the checklist:	Fiona Waters

3. Description of the Behaviour
Provide a description below of the behaviour(s) you are concerned about for this child. Please provide as much description as possible including what you have seen and heard, personally and as reported by others. Be as objective as you can in your description.
I observed Jaryd to have his hands down his pants and be touching his penis while watching TV in the lounge room of the house. His younger foster sibling (4) was present in the room; however, both children appeared focused on what they were watching on the TV and I don't think the younger child was aware of Jaryd touching his penis.

4. Identify the Behaviour

Use the below checklist to review the sexual behaviour described above that has concerned you. Be as objective as you can be. If you are unsure or don't have enough information, select 'Don't Know' (DK)

	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme	DK
Put a mark in the box that best describes the **type of behaviour.** Use the **Don't Know** (DK) box if you are unsure or don't have enough information	• Is comfortable being naked in appropriate contexts (e.g. with appropriate family and kin). • Exploration of their own bodies and genitals with purpose. • Play-based behaviour with other children - may include children being naked, playing gender-based roles and make-believe games (e.g. mums and dads, mums and mums, dads and dads; doctors and nurses; families; 'I'll show you mine if you show me yours'). • Touching and/or looking at the genitals of others around them in a natural curiosity. • Conversation and jokes include bottoms, breasts, vaginas, penises, and general bodily functions. • Increased curiosity and questions about gender, sexuality, and other sexual-based concepts.	• Persistent nudity in public contexts. • Regular masturbation. • Exposing themselves to other children or seeking to look at other children's genitals outside play-based behaviour. • 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. • Touching the genitals of animals.	• Frequently exposing themselves in public or to other children. • Regular masturbation that interferes with other activities and/ occurs in inappropriate context or location (e.g., a public space). • Invading other children or adults' private space to lift or move their clothing to see and/or touch genitals, bottoms, or breasts. • 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). • Touching the genitals of animals even after redirection. • Accessing pornography and/or playing video games with violent or sexual content.	• Compulsive masturbation that interferes with other activities, occurs within an inappropriate context/ location (e.g., a public space), is aggressive and/or self-injurious. • Pursuing other children in an intimidating and/or aggressive manner to touch their private parts or engage them in sexualised behaviour. • 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. • Repeatedly watching pornography.	• 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. • Watching and/or showing other children pornography. • Taking photos of themselves or others' genitals or generally sexual images and/or sharing these types of images with others.	
	☒	☐	☐	☐	☐	☐

Put a mark in the box the best describes where **another child is involved.**	They have a similar understanding of the behaviour, they have equal power, and both freely engaged in the behaviour.	They have a similar understanding of the behaviour, but they have less power than the child and you are concerned they may have engaged in the behaviour due to some minor coercion or perceived pressure.	They have less power than the child and may lack understanding of the sexual nature of the behaviour and may have been coerced. The child may appear to display a lack of respect for the other child's welfare or their enjoyment.	Other child/ren involved have less power and have been coerced of forced into engaging in the sexual behaviour. The child may also show a lack of respect for the rights of the other child/ren involved.	Other child/ren involved have less power and have been coerced or forced into engaging in the sexual behaviour, usually with threats, tricks, or physical punishment. The child shows a lack of respect for the rights of the other child/ren.	
	☐	☐	☐	☐	☐	☒
Put a mark in the box that best describes the **pattern of behaviour.**	This is a one-off behaviour you haven't seen before and/ or not outside what you would expect for the child's age.	The sexual behaviour is developmentally appropriate but has occurred in an inappropriate context, but is a one off, or seems play/peer based. The child responded to your redirection, education, or explanation about the appropriateness of the behaviour or moving the behaviour to an appropriate context (e.g., a private space such as their bedroom, toilet), as required.	The sexual behaviour has happened more than once.	The sexual behaviour has happened more than once and seems to have increased in frequency or severity. **Or** You have tried to redirect and educate the child on appropriate behaviour, but you have continued to observe the behaviour. **Or** The child has displayed the behaviour towards multiple children and/ or in different settings/ locations.	The behaviour occurs regularly and has progressed over an extended period despite your and other's intervention. The behaviour involves multiple children and/ or in different settings/ locations.	
	☐	☒	☐	☐	☐	☐

How **concerned** are you?	I am not concerned about the wellbeing of the child.	I am slightly concerned about the wellbeing of the child.	I am concerned about the wellbeing of the child.	I am very concerned about the wellbeing of the child.	I am extremely concerned about the wellbeing of the child.	
	☒	☐	☐	☐	☐	☐
How **concerned** are you about other children?	I am not concerned about the other child or children involved in the behaviour displayed by the child.	I am slightly concerned about the other child/ children involved in the behaviours displayed by the child; or other children being around the child/ young person.	I am concerned about the other child/ren involved or being around the child.	I am very concerned about the other child/ren involved or being around the child.	I am extremely concerned about the other child/ren involved or being around the child.	
	☐	☒	☐	☐	☐	☐

5. Actions and Follow-up

Step 1: Forward this checklist to the child's case manager/ team leader for review, discussion and appropriate placement on the child's file if required.

Step 2: If all the rows have been marked as Developmentally Appropriate, continue supporting the child to develop healthy, safe and age-appropriate sexual behaviours and relationships with peers. Additionally, consider also seeking further learning and development opportunities related to HSB, and review the linked online carer resources, which may provide some helpful guidance.

Understanding and Responding to Harmful Sexual Behaviours – Online Carer Resources

Step 3: If some rows have been marked as Developmentally Inappropriate, Concerning, Very Concerning or Serious/ Extreme, or you have noted that you are Slightly Concerned, Concerned, Very Concerned or Extremely Concerned about the wellbeing of the child, young person or others around them, then consider the following:

- Restate the house rules around private spaces, boundaries, respectful behaviours
- Provide in the moment and timely education to the child aligned with their developmental age
- Follow your organisation's policies on incident reporting
- Discuss with your line manage any Mandatory Reporting requirements
- Work with your line manager or the child's care team to ensure there is a safety and wellbeing plan in place.

You may also find this resource helpful as a quick guide Steps for responding to an incident of HSB

Step 4: Case manager or team leader of the child to complete Level B Review as needed.