Level B Assessment: Review and Enhance

Purpose: This assessment is designed to help the Care Team to assess and understand multiple incidents of sexual behaviour which may have been harmful. This form should be completed when there have been 2 or more Level A Checklist's completed, or a single Level A Checklist which was rated as Concerning, Very Concerning or Serious/Extreme.

To assist you with completing this Assessment, you may need to read the relevant table of age-related behaviours which provides example behaviours across the continuum.		
Birth to 3 years	4 to 6 years	7 to 9 years
10 to 11 years	12 to 14 years	15 to 17 years

1. Child/ Young Person's Information	
Child's name:	Rachel Doe
Child's DOB:	20/01/2011
Child's age:	14
Carer/s name:	Joe, Tessa, Freya
Child's placement location:	Armadale Residential Placement

2. Review Information	
Date review completed:	24/05/2025
Person completing the review:	Samantha Jones

3. Cultural Review	
Is the child Aboriginal and/or Torres Strait Islander?	no
If known, include identified Aboriginal mob and language group.	Click or tap here.
Is the child culturally, linguistically and/ or religiously diverse?	no
If you answered yes to either of the above questions, you must consult with an Aboriginal Practice Lead/ Cultural Advisor or appropriate alternative.	

4. Consultation informing the review – *list all those who have contributed to this review*	
Child or young person	Rachel Doe
Case Manager or equivalent	Samantha Jones
Team Leader or equivalent	Michael Thompson
Parent, Family or Kin	Melissa Doe
Caregiver	Joe and Tessa (Freya unavailable)
Aboriginal Practice Lead/ Cultural Advisor	Click or tap here.

Therapeutic Practitioner	Hannah Watson
Education support	Fiona Wild (Armadale SHS Deputy Principal)
Other	Click or tap here.

5. Description of the Behaviour

Using objective, descriptive language, describe the collection of behaviours you are reviewing from previous Level A Checklists and any of your own observations.

Rachel's brother has recently disclosed that while co-sleeping Rachel has touched his penis on multiple occasions, makes him touch her vagina (sometimes making him "kiss" her vagina), and also masturbates in the bed they are sharing. When he has said he doesn't like this, she reportedly makes comments like "this is how we show love" and says she will give him extra time on her iPad if he engages in the behaviours and doesn't tell their carers. Her brother has described this has happened "lots", is happening more often, and has made comments to carers he doesn't want to sleep in the same bed with Rachel anymore, appearing teary and withdrawn to carers in recent weeks.

6. Classify the Behaviour

Drawing on your experience and the table examples provided below select where you think the behaviours sit along the continuum. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months. You may be reviewing behaviours from across the continuum – use the ones that concern you the most.

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/Extreme
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 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.

	behaviour that is displayed in inappropriate contexts, particularly by younger children.			
☐	☐	☐	☒	☐

7. Developmental Considerations	
Consider the various areas of developmental abilities for the child or young person. Are there any notable delays or additional considerations in the child or young person's development?	
Cognitive development	Somewhat Delayed
If delays are noted, provide further information, e.g. formal diagnosis, memory function, attention, problem solving skills, executive functioning.	Has difficulty following multi-step instructions and engaging in problem solving
Language development	Developmentally Appropriate
If delays are noted, provide further information, e.g. receptive or expressive delays, limited vocabulary, poor conversational skills.	No language concerns noted
Social development	Somewhat Delayed
If delays are noted, provide further information, e.g. issues with developing and maintaining friendships/ relationships.	Issues developing and maintaining friendships with peers, prefers playing with younger children in developmentally younger activities
Emotional development	Very Delayed
If delays are noted, provide further information, e.g. diagnosed concerns – anxiety, depression, PTSD; regulation difficulties.	PTSD diagnosis, history of being labelled with "attachment difficulties" and "anxiety". Described as emotionally labile, sleep difficulties and nightmares, intense in desire to connect with caregivers.
Physical/ Biological development	Developmentally Appropriate
If delays are noted, provide further information, e.g. growth patterns, motor skills development, self-care abilities, puberty onset, or overall health status.	None reported.
Sexual development	Somewhat Delayed
If delays are noted, provide further information, e.g. understanding of body changes, interest in sexual activities, or age-appropriate sexual knowledge.	Poor understanding of sexual development, consent and body privacy for her age, described as "naive".

8. Contextual Considerations	
Consider the various contextual factors for the child or young person. Are there any notable concerns, influences, or additional considerations.	
Social context	Yes

Including situational circumstances, if additional considerations are noted, provide further information, e.g. have they recently come into care, relocated from home/ family region, recent births/ deaths, social group/ peer influences.	History of long-term exposure to family and domestic violence prior to entering care and protective role towards brother within this environment. Victim of child sexual abuse over prolonged period of time, with confusing messaging regarding “love” and threats towards her.

Cultural context	No
If additional considerations are noted, provide further information, e.g. cultural practices and beliefs, community connections, or recent significant life changes such as migration or sorry business.	Click or tap here.
Religious context	No
If additional considerations are noted, provide further information, e.g. religious practices and beliefs, religious observances.	Click or tap here.
Environmental context	Yes
If additional considerations are noted, provide further information, e.g. care arrangement (residential is vastly different to kinship/ foster care), school context, community context.	Rachel has experienced multiple different placements and instability since entering care and has recently moved to her current placement with her brother (whom she was previously placed separately too). Rachel has been asking to be placed with her brother for a long-time and displays a strong connection to him. There are multiple rotating carers in the current placement.

9. Understanding Consent, Mutuality, Reciprocity and Respect

Were there other children or young people involved in the behaviour?

Yes, please provide more detail below

If you answered yes, please describe how they were involved. How they are connected to the child or young person, their age, relevant information about them and any other information on the dynamic between the children. Use descriptive and objective language.

Younger brother involved and reporting discomfort and desire for the sexual behaviour to stop. Brother is four years younger than Rachel and is neurodivergent. Dynamic between the siblings has always been close relationship, but protective role from Rachel towards younger brother. Rachel can appear “possessive” over brother and does not like the other children in the placement to play with him.

Drawing on your experience and the table examples provided below select where you think the behaviour sits along the continuum in terms of consent, mutuality, reciprocity and respect. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months.

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
The children involved have a shared understanding of the behaviour. The behaviour is mutual and reciprocal with no power differential or coercion. **noting that the child may not be at the legal age of ‘consent’.*	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,	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.

			or involvement of younger children in sexual activity which they do not understand.	
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10. Pattern of the Behaviour
Considering the sexual behaviour displayed by the child or young person in the last six months, please describe the pattern of behaviour in terms of:
a. the type of sexual behaviours displayed.
Multiple incidents over potentially three month period involving younger brother, coerced sexual fondling, oral sex and masturbation in inappropriate context.
b. the frequency of these behaviours.
Exact frequency unclear, but described by brother as happening "lots" and becoming "more often". Rachel is found in brothers' bed most mornings by carers over recent weeks.
c. the persistency of these behaviours after redirection, intervention, education, and other supports.
No redirection or intervention has been attempted yet.
d. the location or setting in which they have occurred.
Brothers bedroom/bed overnight while co-sleeping (despite carers attempts to ask Rachel to sleep in her own bed).
e. the involvement of other children or young people.
Involving younger brother, who reports wanting the behaviour to stop and has become teary and withdrawn
Drawing on your experience and the table examples provided below select where you think the behaviour sits along the continuum in terms of pattern. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months.

Developmentally Appropriate	**Developmentally Inappropriate**	**Concerning**	**Very Concerning**	**Serious/ Extreme**
Pattern of the child's sexual expression has been developmentally appropriate.	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	May be single incident, but typically repeated and sometimes compulsive/driven behaviour.	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.	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.

	be shifted with minimal boundary setting, psychoeducation and/or redirection.			
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11. Past Interventions and Supports
What, if any, supports or interventions have been put in place to manage the behaviour and support change?
No specific interventions or supports as yet. Prior to knowledge of the behaviour occurring, carers were trying to enforce house rules of children sleeping in their own rooms, however would wake in the morning to find Rachel had gone into her brother's room during the night and slept there.
What has worked and what hasn't? Why/ why not?
Asking Rachel to sleep in her own room has not worked – she would go to bed in her own room but during the night would go to brother's room. Carers are asleep and unaware this is happening, so unable to intervene in the moment. Carers were also not making significant attempts to stop this as were under the impression co-sleeping helped both children feel "safe".
What are the strengths of the child, young person and/or their support network which may assist in supporting safety and wellbeing?
Appears to have genuine care for her brother, is building good relationships with carers (particularly Tessa), consistency in engaging in basketball team which she thoroughly enjoys, consistency of contact with mother recently.

12. The Child or Young Person's Views
Understanding the child and young person's views of their behaviour is important to ensure a tailored response that meets the needs of the child or young person. If appropriate you should engage the child or young person in a developmentally appropriate conversation about their behaviour.
a. Did you have a discussion with the child or young person about their behaviour?
Yes
b. If no, explain why this was unable to occur (e.g. cultural context made this inappropriate)
c. If yes, in your discussions with the child or young person, how willing have they been to engage in discussion on the sexual behaviour? Describe the discussion/s.
Denial/not willing to engage. Joe only had very brief conversation with Rachel following disclosures – she avoided eye contact, shrugged when asked questions and denied the behaviours. No further detailed conversations have been had while a care team meeting was being arranged to discuss the concerns.
d. How does the child or young person describe their behaviour and its impact on their life?
Not yet discussed to this extent
e. Their expressed and observed emotional experience.
No overt emotional experience noted over recent weeks that differs to usual. During conversation, appeared not willing to discuss.
f. Any other comments from the child or young person?
No

13. Overall Review

How concerned are you about the wellbeing of the child or young person?
Very concerned
How concerned are you about the safety of other children or young people being around this child or child or young person?
Very concerned
Why do you have this level of concern?
Behaviour is repeated, involves another child (who is distressed), and involves coercion and bribery. Both children have trauma histories and concerned about further traumatising the children.
Are there any other comments you wish to add?
Based on your answers to the above questions and considering the level of concern you have indicated above, where do you think the overall sexual behaviour sits along the continuum?

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
☐	☐	☐	☒	☐

Click or tap here.

14. Actions and Follow-up

Given your review of the child or young person's behaviour, please see below suggested actions you may wish to follow up with.

Developmentally Appropriate

Step 1: Continue promoting healthy, developmentally appropriate behaviours and provision of appropriate psychoeducation related to respectful relationship, sexual health, and personal boundaries as is developmentally, socially, and culturally appropriate for the child or young person.

Step 2: Ensure a copy of this Review is provided to relevant Care Team members and placed on the child or young person's file.

Developmentally Inappropriate

In addition to the above:

Step 3: Undertake review of the ***Acute Safety Plan*** or create one considering evaluation of all sexual behaviours in the last six months.

- Acute Safety Plan

Step 4: Reinforce appropriate boundaries and rules within the home environment to support development of appropriate behaviour, (including consideration for the online environment).

Step 5: Ensure carers have been provided with appropriate training and supports as required to support the home environment and the child or young person to develop appropriate behaviours, (including consideration for the online environment).

- Understanding and Responding to Harmful Sexual Behaviours – Online Carer Resources

Step 6: Ensure the child or young person has been provided with targeted psychoeducation to support their development of appropriate behaviours (including consideration for the online environment).

Concerning, Very Concerning or Serious/ Extreme

In addition to the above:

Step 7: After consultation and ***IF*** required prepare and submit a mandatory report.

- Link to MR guide
- Link to MR portal
- Link to MR training

Step 8: Develop and implement an ***Enhancing Safety and Wellbeing plan***.

- Enhancing Safety and Wellbeing Plan

Step 9: Consider and action as needed further specialised referral to relevant clinical and other supports, including psychologists, cultural advisor or practitioner to undertake targeted assessment and further intervention.

- Link to CSATS/ IHS and specialist service

Step 10: Consider and implement as required additional supervision needs to ensure safety for the child or young person and other children and young people around the child. This may include alternative placement considerations, based on the Care Team's assessment of immediate safety needs.