

CARSON AIM Model 2016 - Checklist for Understanding Younger Children

	Healthy	Problematic	Harmful
1. Type of Sexual Behaviour	<p>For 0-7 year olds</p> <p>Disinhibition, they enjoy being naked or semi naked</p> <p>Games like mummies & daddies / doctors & nurses</p> <p>Touching their genitals in as a way of soothing themselves and regular emotions</p> <p>Enjoying saying 'rude' words e.g. bum & willie, particularly to get reactions from adults</p>	<p>For all ages</p> <p>Location i.e. the behaviour is in public, but otherwise healthy</p> <p>Trying to touch or expose other children's genitals</p> <p>For 0- 7 year olds</p> <p>Use of adult sexual language without understanding or meaning</p> <p>Touching their genitals frequently, particularly if this is the only way they comfort themselves and regulate strong emotions</p>	<p>For all ages</p> <p>Engaging in or simulating adult sexual activity e.g. intercourse, oral sex etc.</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>For 8 - 12 year olds</p> <p>Kissing and flirting</p> <p>Dirty words / jokes with their peer group</p> <p>Occasional masturbation</p>	<p>For 8 - 12 year olds</p> <p>Sexual bullying through social media</p> <p>Preoccupation with masturbation</p> <p>Mutual masturbation or group masturbation</p>	<p>For 8 - 12 year olds</p> <p>Deliberate exposure of their genitals</p> <p>Coercion of others to take and send naked pictures</p> <p>Blackmail of others through social media</p> <p>Making sexual threats, written or verbal</p> <p>Fixation on pornography</p>

	Healthy	Problematic	Harmful
2. Context of behaviour	<p>Characterised by curiosity, mutuality and is exploratory in nature; Open not hidden</p> <p>Emotions around the behaviour are fun and light hearted</p> <p>The behaviour is spontaneous</p> <p>There is no intent to cause harm</p>	<p>The children involved seem uncomfortable with the behaviour</p> <p>The child may be aware that the behaviour is not appropriate</p>	<p>Behaviour is planned, secretive there are elements of threat, force, coercion</p> <p>Self-directed behaviours to resolve high levels of intense emotions for the child e.g. Anger, sexual arousal, insecurity</p>
3. Child's emotional response when challenged about their behaviour	<p>Embarrassed</p> <p>Dependent on age & understanding, able to take responsibility for their behaviour and its effects on others</p>	<p>Child ashamed</p> <p>They may initially struggle to take responsibility for their behaviour</p> <p>Child able to demonstrate remorse and empathy</p>	<p>Child angry, fearful, aggressive, distressed</p> <p>Or passive, lacking in understanding why anyone would be worried</p> <p>Cannot take responsibility for their behaviour, blames/threatens others and does not show empathy</p>
4. Response of other children / adults targeted	<p>Children engaging freely, happily</p> <p>Between children, behaviour is mutual</p>	<p>Uncomfortable, unhappy with behaviour but not fearful or anxious</p> <p>If behaviour directed at adults, they feel uncomfortable</p>	<p>Unhappy, tearful, anxious, distressed, socially impacted</p> <p>Could be physically hurt</p> <p>Avoiding the child</p> <p>Adults can feel disempowered and intimidated</p>
5. Power Dynamics	<p>Similar age and ability, would normally play / socialise together</p> <p>There are no factors to suggest a power imbalance</p>	<p>Children would not normally play / socialise together</p> <p>Some factors / dynamics which suggest one child is more in control than the other</p> <p>If the sexual bullying has been over social media, there may be no relationship</p>	<p>There are clear power differences e.g. due to age, size, status, ability, strength, personality etc.</p> <p>Bullying, coercion and blackmail over social media is targeted at those perceived to be vulnerable</p>

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6. Frequency 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 intermittent The child also has interest in other things	Frequent incidents increasing in intensity or intrusiveness Main way they seem to seek comfort / reassurance / or control It is disproportionate to other aspects of their life
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 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	Child has 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 struggle 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 Child has other behavioural problems or conduct disorder / PTSD Cruelty to animals Fire setting 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

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of Sexual Activity	<p>Explicit sexual discussion, use of sexual swear words, sexual jokes</p> <p>Flirtation behaviour kisses/cuddles</p> <p>Interest in pornography</p> <p>Mutually consenting masturbation / sexual intercourse / oral sex</p>	<p>Sexual preoccupation and anxiety</p> <p>Single occurrences of exposure, peeping, frottage or obscene telephone calls</p> <p>Engaging in sexual conversations on line</p> <p>Sharing of naked or semi naked or sexually provocative pictures of self</p> <p>Sharing intimate / embarrassing pictures of others to embarrass them</p>	<p>Sexual preoccupation which interferes with daily function</p> <p>Persistent obscene telephone calls, voyeurism, exhibitionism off or online, frottage</p> <p>Sexual activity with animals</p> <p>Chronic use of pornography and distorted concepts of what is real</p> <p>Use of hard core pornography with sadistic or violent themes, or involving younger children</p> <p>Use of aggression / violence in sexual relationships</p> <p>Sexual assault and rape</p> <p>Making sexually explicit threats or blackmail through social media</p> <p>Involvement in sexual exploitation, including procuring others</p>
2. Context of Behaviour	<p>Mutual informed consent given</p>	<p>Behaviour appears influenced by peers</p> <p>Touching behaviours (non-penetrative)</p> <p>Isolated incident</p> <p>They may have high levels of anxiety about sex</p>	<p>Behaviour, planned, manipulative, secretive, there are elements of threat, force or coercion</p> <p>Previous concerns or convictions for sexual behaviour</p> <p>The behaviour is a way for them to cope with negative emotions</p>
3. Adolescent's response when challenged about their behaviour	<p>Happy, comfortable</p> <p>May be embarrassed if spoken to by adults</p>	<p>Embarrassed, ashamed, anxious</p> <p>Didn't understand the possible impact (particularly re activity on social media)</p> <p>Can demonstrate remorse and empathy</p>	<p>Anger, aggression, defensive, alternatively shows little emotion on being challenged.</p> <p>Denial of responsibility, blames the victim</p> <p>Lack of empathy</p>

	HEALTHY	PROBLEMATIC	HARMFUL
4. Response of others targeted can include adults	Happy, comfortable, may be embarrassed if found by adults	Uncomfortable or irritated, but not fearful or anxious. They feel able to tell someone Adults, if targeted may feel uncomfortable	Uncomfortable, fearful, anxious suicidal if the abuse has been through social media Avoidant of the adolescent Adults may feel disempowered, intimidated and unable to control the behaviour or protect themselves or others
5. Power Dynamics	Within the same peer group and ability group Would normally socialise together There are no factors to suggest a power imbalance	Factors suggest one adolescent is more in control than the other May be a naïve attempt at developing a relationship On social media, the young people involved may not know each other at all, but join in group behaviours	There are clear power differences in the relationship The adolescent has very poor social skills / deficits in intimacy skills Victims on social media are selected for their vulnerability, or social media is used to intimidate and sexually exploit others
6. Persistence / frequency of the behaviour	Healthy interest in sexual behaviour but not the sole focus of interest in the adolescents life	Interest in sexual behaviour is slightly out of balance with other aspects of the adolescent's life, but it is not all consuming Behaviours are intermittent and the adolescent can control behaviours	Adolescent is obsessed or preoccupied with sexual thoughts / pornography, which may be sadistic and aggressive Incidents are frequent or increasing in frequency The focus on sex is out of balance with other aspects of their life
7. Other behavioural problems	No other problems, healthy peer relationships	Adolescent has poor sexual boundaries and may have difficulties coping with difficult emotions or in making connections and relationships	Adolescent has a diagnosis of depression or other significant mental health problems. Formal diagnosis of Conduct disorder History of cruelty to or sex with animals Fire setting Self-reported sexual interest in children

	HEALTHY	PROBLEMATIC	HARMFUL
8. Background Information / Family response	No Significant family history	<p>Family initially struggle to accept that their young person is at fault</p> <p>Family have problems or cultural objections to discussing sexual behaviours</p> <p>Boundaries within the family on privacy, intimacy, sexual information and activity are not clear or not enforced</p>	<p>Pattern of discontinuity of care / poor attachments</p> <p>High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence</p> <p>Family members 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>