

Sexual Behaviours Monitoring Form

Courtesy of AIM Project <http://www.aimproject.org.uk/index.php>

Child/Adolescents name: _____

Date of incident: _____

Form completed by: _____

(Should be the person who observed or had the incident reported to them).

Type of behaviour:

Describe in as much detail as possible, what the child/young person did or said:

Context of the behaviour:

Was the behaviour spontaneous or planned?
Was there use of force threat or coercion?

Relationship between the child/young person involved:

Are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/young person may be more in control than the other e.g. size, ability, status, strength differences?

Response of other children/young person, adult involved:

Did they engage freely? Were they uncomfortable? Were they anxious or fearful?

Response of the child/young person:

What was their own explanation of the behaviour? Were they defensive, denying, aggressive, angry or were they passive; or were they embarrassed, regretful and taking responsibility?

What was attempted to address the behaviour and what was the child/young person's response to that?

Could the child/young person be easily focused on another task, or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?

What was the response of the parents if informed of their child's sexual behaviour?

Signed/Date: _____

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