



PROCEDURES AND GUIDANCE

Child Harmful Sexual Behaviour

Date of original document	July 2009
Date document reviewed	August 2015
Date document reviewed	January 2018
Date for next review	December 2020



Acknowledgement

We have appreciated the support and guidance of North East Lincolnshire LSCB and LA in developing the East Riding of Yorkshire Council Harmful Sexual Behaviour Project.

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1. DEFINITION

Harmful sexual behaviour involves one or more children engaging in or being engaged by others in any kind of sexual activity or sexual act that is inappropriate for their age, understanding and/or stage of development.

These behaviours and activities can range from using sexually explicit words that may indicate inappropriate knowledge and experience, to full penetrative sex with other children or adults that could be harmful to either party; that may be illegal and may, dependent on the age of the child or young person, result in criminal offences being committed.

Young people (below the age of eighteen years) who engage in any form of sexual activity with another individual, over whom they have power by virtue of age, emotional maturity, gender, physical strength or intellect (and where the other individual in this relationship may have suffered harm), may also be the perpetrator or victim of sexual exploitation and betrayal of trust.

Sexual activity includes sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing or being exposed to pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way that is distressing or harmful to others. We should also consider any form of sexual activity with an animal and where a young person sexually abuses an adult as potentially harmful to both the perpetrator and the victim.

Sexualised behaviours that are harmful are considered to fall outside of what would be deemed to be safe and or healthy for the young person or child/ren involved.

Sexually harmful behaviours may and are often likely to include elements of:

- Coercion;
- Secrecy;
- Power imbalance possibly involving significant difference in age and developmental factors;

- Degradation and threats;
- Compulsive behaviours;
- Age inappropriate knowledge or experience;
- Use of bribes, gifts and removal of inhibitors, for instance through the use of drugs or alcohol.

2. RISKS AND FEATURES TO BE AWARE OF

It is estimated that up to two thirds of contact Sexual Abuse is committed by peers. A history of Abuse, neglect and especially sexual abuse can contribute to a child displaying harmful sexual behaviour and increases their propensity to becoming a perpetrator of harmful sexualised behaviour and youth offending.

- A large proportion of children and young people who behave in a harmful sexualised manner suffer from learning difficulties and language and communication difficulties;
- All children, involved in inappropriate sexualised behaviour - including the instigator of the behaviour, need to be viewed as victims;
- Children have greater access to information about sex through technology and this has had an impact on their attitudes to sex and sexual behaviour;
- Children with harmful sexual behaviours who receive adequate treatment, are less likely to go on to commit abuse as an adult compared to children who receive no support;
- Denial of sexualised behaviour in children is not a barrier to successful interventions and is not a predictor of the risk or likelihood of 're-offending';
- Incidents of harmful sexual behaviour should be dealt with under the specific child protection procedures that recognise both the child protection and safeguarding needs of the victim and potentially criminal element to the behaviour. There should be a coordinated approach between the agencies;
- The needs of the children and young people should be considered separately from the needs of their victims;
- An Assessment should recognise that areas of unmet developmental needs, attachment problems, special educational needs and disabilities may all be relevant in understanding the onset and development of abusive behaviour;
- The family context is also relevant to understanding behaviour and assessing risk.

3. INDICATORS

There are no definitive diagnostic indicators in personal or family functioning that indicate a pre-disposition towards sexual offending although the following characteristics have been found in the background of some young people who sexually offend:

- Attachment disorders - poor nurturing and parental guidance;
- Domestic Violence and Abuse;

- Previous sexual victimisation - a younger age at the onset of the abuse is more likely to lead to sexualised behaviour;
- Social rejection and loneliness;
- Poor empathy skills;
- Learning disability;
- Exposure to sexualised behaviour in adults or exposure to sexualised material such as pornography and e-communications with predatory adults;
- Skewed boundaries and dysfunctional roles and relationships within families.

Many of these factors exist alongside typical family environments where other forms of abuse are present, particularly when families have been exposed to sexual offending or lack of age appropriate and sexual boundaries.

There is a significant cohort of young people who display this behaviour who have varying levels of learning and social developmental needs. Their needs must be carefully assessed as some assessment tools are unsuitable and not geared towards individual ability or experience. Also, in most cases any assessment and intervention will need to be extended and involve a high degree of coordination between agencies.

It can be useful to think of sexual behaviour as a range or continuum from those behaviours that are developmentally and socially accepted to those that are violently abusive. (See NSPCC Children and Young People with Harmful Sexual Behaviours).

Most healthy sexual behaviour can be characterised by:

- Mutuality (Children of a similar developmental and chronological age);
- Absence of coercion in any form (bullying, emotional blackmail, fear of the consequences);
- Absence of emotional distress.

Additionally, sexual behaviour which seems compulsive, is repeated in secrecy and continues after interventions from parents or carers is a cause for concern. The Brook Traffic Light Tool may also be useful in distinguishing between 'normal' age-appropriate behaviour and behaviour which causes concern. (See Appendix Two)

4. PROTECTION AND ACTION TO BE TAKEN

Where Incidents of harmful sexual behaviour come to light, either through discovery or disclosure, which may be third-party or second-hand information. Indications that sexual abuse may be an issue can sometimes arise out of health issues and medicals for unconnected reasons. The source and details provided should be accurately recorded by the person receiving the initial account.

Concerns about the behaviour and the welfare and safety of the child/ren should be referred to Children social care as set out in the HSB Panel Referral Pathway (See Appendix One)

Where the referral meets the safeguarding threshold, children's social care will undertake an assessment and there will be an interagency strategy meeting where

Section 47 is indicated. This will always be a consideration if the concerns are that any child has suffered, or a child or children are likely to suffer, significant harm.

Where a suspected perpetrator is a child, consideration should also be given to whether or not they may be victims of abuse and whether they have safeguarding needs in their own right and or should be subject to child protection investigations.

The Strategy Discussion/Meeting is a forum for analysing risk, sharing background information on the young people and planning further action. In addition to police and children's social care, schools, Youth Offending services or any other agency with significant contact to any of the young people should also be invited to the meeting where appropriate before a decision is made regarding S47 investigation and enquiries being undertaken.

The strategy meeting should consider:

- Issues of child and public protection, including a clear understanding and description of any alleged incident;
- An assessment of the child/young person's needs, and the need for further specialist assessment;
- The vulnerability of the child who is the alleged perpetrator of abuse;
- The roles and responsibilities of child welfare and criminal justice agencies; The potential need to refer through to the Harmful Sexual Behaviour Panel for consideration to assess for a specialist or AIM assessment and/or intervention;
- Any on-going safety issues for all of the young people involved.

The context of the behaviour and background of the young people and their family is an important factor in determining next steps. Where there is no requirement to hold a formal strategy meeting, it is still good and useful practice to hold a multi-agency planning meeting with the child and family to consider the needs of the child involved. For this to happen there should be consent sought from the child and his or her family prior to arranging further meetings.

Specialist opinion may be required to inform the assessment from those providing specialist treatment services for young people who sexually harm others and consideration given to referring to the Harmful Sexual Behaviour Panel.

THE LOCAL AUTHORITY HARMFUL SEXUAL BEHAVIOUR PANEL

This will be held monthly and will consider the need to further assess the case, including where appropriate an AIM assessment and/or consider the need for intervention through HSB protocol and procedure.

Where there are concerns that the alleged abuser is also a victim of abuse consideration should be given to convening a Child Protection Conference if the young person is deemed to have suffered, or is likely to suffer, significant harm.

Where a child protection conference is convened the multi-agency meeting could be incorporated into it in order to avoid repeat meetings. The child protection conference

will therefore need to address the needs of the child/young person both as an abuser and as a victim, and this should be made clear at the outset.

In cases where the threshold is met, a meeting should be convened under the Multi-Agency Public Protection Arrangements (MAPPA) to consider public protection matters, risk management and safety.

Following the investigation, if the decision is made to engage the young person in further work, it is important that these discussions take place as soon after the investigation as possible. Successful engagement and positive outcomes with families and young people significantly diminishes if there is a time delay in conducting assessments, recognising the needs and arranging specialist intervention.

6. ISSUES

Young people may be in denial about having a problem with their sexual behaviour and this may be supported by parents or other family members who do not want to confront the possibility of their child behaving in this way or being at risk of becoming a 'sex offender'. There may also be hidden concerns that revelations about the child may indicate concerns about parenting or about other sexual activity within the family or wider networks.

There is often no legal requirement for the child or family to accept help and it may be easier to ignore the problem than confront it. This is a common response to this issue, so practitioners will need to be familiar with the proposed intervention if they are to encourage anyone to accept it.

Offers of further work may be helpfully framed as an opportunity to understand how the young person came to be in a position where their behaviour could be considered to be abusive. Parents and carers may also be resistant to intervention that may implicate them or other adults in being the source of the behaviours, or being involved in sexual abuse and potential criminal acts or actual offending.

The ERSCP Harmful Sexualised Behaviour Procedure and Guidance allows consideration for further work with the child/young person and considers the best route to be taken for that work to be completed in partnership with the child / young person and their family.

Other than in abusive home environments, support of parents and carers is extremely helpful in promoting engagements and successful outcomes. Parents need to be informed about the program to the extent that they are aware that sexually explicit conversations will take place, also they may be asked to speak to their child about sexual issues. They may also be asked to model appropriate and respectful sexual attitudes, behaviours and language.

Evidence suggests that young people 'take on' and 'internalise' labels, and therefore to describe a young person only as a 'sex offender' or 'young abuser' may impact on their motivation and responsiveness in both assessment and treatment, leaving them feeling they cannot change.

The reasons for harmful sexual behaviour are complex. One popular model which seeks to organise thinking around this topic is known as Finkelhor's Four Pre-conditions to Sexual Abuse, which suggests that four pre-conditions should be in place before an abusive act takes place. Interruption at any stage may prevent abuse taking place.

The stages are:

1. Motivation to sexually abuse – this can arise from a number of sources which vary with the individual;
2. Overcoming internal inhibitions – most young people who sexually abuse are aware of the taboos against this behaviour, yet because of their experiences or a specific set of circumstances, they can overcome these;
3. Overcoming external inhibitions – this can include grooming the victim and involve creating the physical opportunity to commit the offence;
4. Overcoming the resistance of the child – the offender will employ a variety of methods to commit the offence
5. and equally important keep the victim quiet. These may include bribery, threats or other forms of coercion.

Exploring behaviour using this model may help open up discussion and avoid the pitfalls of falling into asking too many "why" questions. Instead, open questions should be used such as "tell me", "explain to me", "describe to me".

Delays in completing criminal investigations need not necessarily delay referral for specialist help. There is often a significant delay between completing enquiries and a decision being made about whether the police intend to prosecute. A programme of work can usually be agreed with police and Crown Prosecution Service with the proviso that the victim and specific incidents are not discussed and that any further evidence or information emerging pertinent to safeguarding or criminal matters is shared in a timely manner.

6. Referral Pathway

The East Riding Harmful Sexual Behaviour (HSB) Panel process ensures there is a coordinated approach on the part of youth justice, children's social care, education, health (including CAMHS) and the Police in undertaking assessment and intervention work with children and young people who display Harmful Sexual Behaviours (HSB) and their families in line with Working Together (2015).

- There will be an effective service in place that is "in house" and prevents children and young people demonstrating further harmful sexual behaviours.
- Ensure Children will be safeguarded and protected.
- There will be improved outcomes for children and young people.
- Services will develop their knowledge of HSB.
- Reduction in crime.
- Co-ordinate a more joined up approach with other agencies when responding to HSB with clear response and referral route identified.
- Cost effective alternative to commissioning services.

Route for Referral

The two routes for referrals are:

- 1) The Criminal Justice Route
- 2) The Concern Route

Criminal Justice Route

The AIM assessment process will apply to any young person between the age of 10 and 18 who has committed and admitted guilt to an alleged sexual offence against children, adolescents or adults. When a child or young person is interviewed by the Police for an alleged sexual offence and an admission of guilt has been received a referral will be made by the Police Officer in the case to the Protecting Vulnerable People Unit (PVP) The PVP will then contact EHASH within 24 hours of receiving the referral. If the Police take No Further Action but the Police Officer still has concerns about a young person, they should still make a contact to EHASH.

Where there is no admission of guilt or a not guilty plea is entered, professionals will need to allow legal processes to take their course. An AIM assessment would most likely need to take place post-conviction in these circumstances and would come directly from Court to the Youth Offending Service. If the young person is found not guilty at Court, then a contact may still be made to EHASH if there are safeguarding concerns. On receipt of the contact, EHASH will send it to the appropriate Team Manager. The Team Manager may then hold a strategy discussion with the Police etc and if appropriate allocate a Social Worker. If there are HSB concerns the Social Worker will complete a Referral Form and send this to the HSB Inbox which is managed by the case consultants – Shelly Mackenzie, Sue Brown and Sarah Lowson. They will then allocate the case to a YOS worker and a Social Worker to joint work.

Any referrals which go straight to the Youth Offending Service such as ones directly from Court, will be allocated a YOS worker and they will send a Referral form directly to the HSB inbox and the Case Consultants will allocate the case to a Social Worker to joint work with the YOS worker. The Social Worker and YOS worker allocated to the case may arrange a Multi-agency Meeting within 5 working days. This meeting will be for all agencies to share relevant information and decide whether a full AIM assessment is appropriate. From the MAM, the Social Worker and YOS worker have 20 working days to complete the AIM assessment and this will be reviewed at a panel meeting which is led by the four case consultants.

Concern Route

If any worker from any agency considers that the behaviour of any young person (of any age) is a cause for concern (in terms of sexually harmful behaviour) they should make a contact to EHASH. On receipt of the contact, EHASH will send it to the appropriate Team Manager. The Team Manager may then hold a strategy discussion with the Police etc and if appropriate allocate a Social Worker. If there are HSB concerns the Social Worker will complete a Referral Form and send this to the HSB Inbox which is managed by the case consultants. They will then allocate the case to a YOS worker and a Social Worker to joint work.

If a Social Worker has an open case and there are HSB concerns, they will send a Referral Form to the HSB inbox which is managed by the 3 Case Consultants and the case will be allocated to a YOS practitioner and a Social Worker. The Social Worker and YOS worker allocated to the case may arrange a Multi-agency Meeting within 5 working days. This meeting will be for all agencies to share relevant information and decide whether a full AIM assessment is appropriate. From the MAM, the Social Worker and YOS worker have 20 working days to complete the AIM assessment and this will be reviewed at a panel meeting which is led by the four case consultants.

Lead Agency

Unless a young person is subject to a Court Order or Youth Conditional Caution, Social Care will be the lead agency and all notes will be recorded on CCM by the Social Worker. Multi-Agency Overview Panel

7. Oversight of the HSB Panel

A group of Senior Managers will meet quarterly to oversee the project. The meetings will be chaired by Darren O'Neill (Strategic Manager YOS) and will be attended by Social Care, Education, CAMHS, and the Police.

8. Further Information

Sexually Harmful Behaviour - NSPCC research briefing

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/research-resources/>

Child's Play? Preventing Abuse Among Children and Young People (Stop It Now publication)

https://www.stopitnow.org.uk/files/stop_booklets_childs_play_preventing_abuse_among_children_and_young_people01_14.pdf

Harmful sexual behaviour among children and young people (NICE 2016)

<https://www.nice.org.uk/guidance/ng55>

Provision of Therapy for Child Witnesses Prior to a Criminal Trial (CPS)

<https://www.cps.gov.uk/legal-guidance/provision-therapy-child-witnesses-prior-criminal-trial>

Working Together 2015

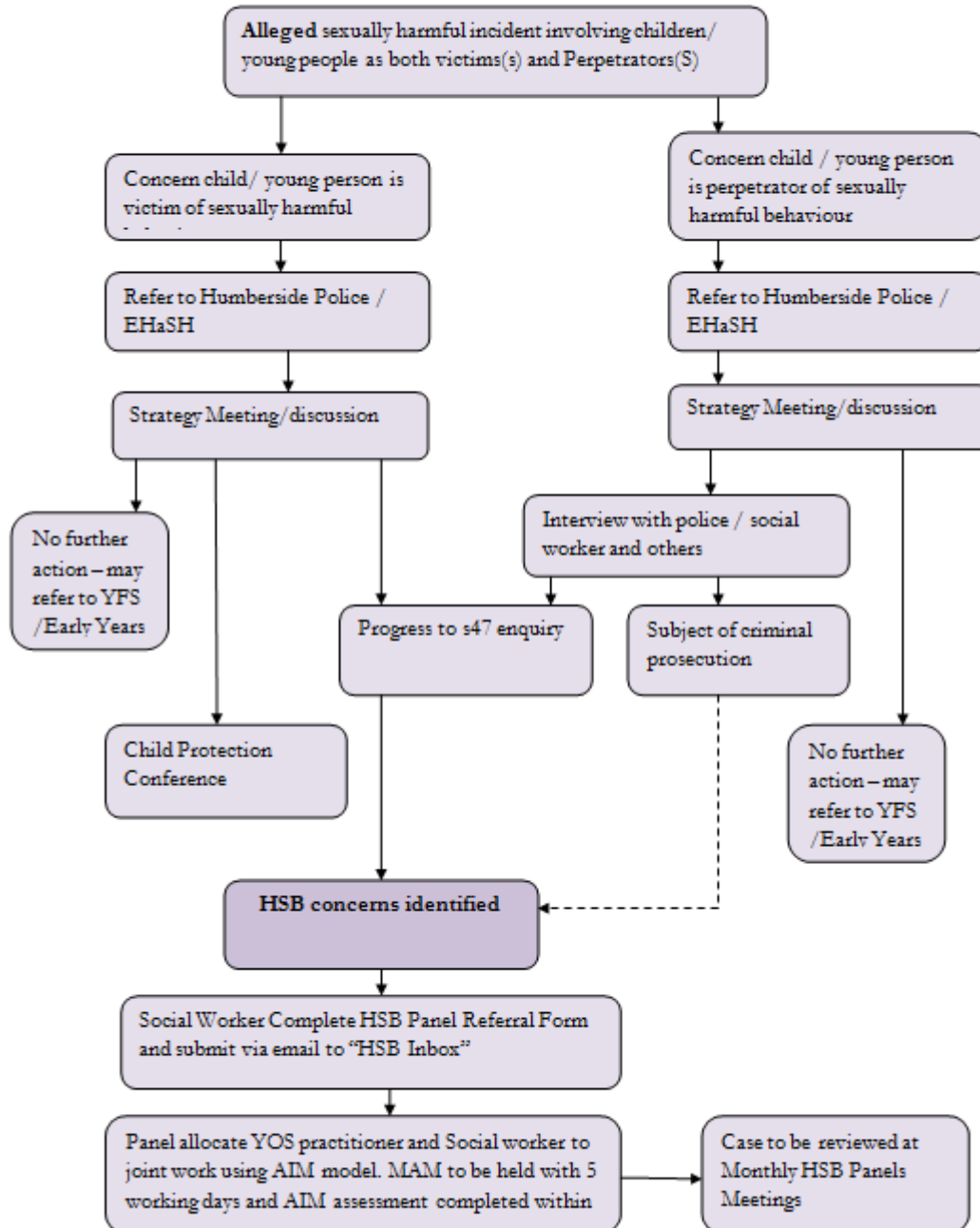
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

9. Appendices

Appendix One

Children and Young People Displaying Sexually Harmful Behaviour

Referral Pathway to Harmful Sexual Behaviour (HSB) Panel



Brook Traffic Light System

GREEN BEHAVIOURS	0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Green behaviours reflect safe and healthy sexual development. They are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> displayed between children or young people of similar age or developmental ability <input type="checkbox"/> reflective of natural curiosity, experimentation, consensual activities and positive choices 	<ul style="list-style-type: none"> <input type="checkbox"/> holding or playing with own genitals <input type="checkbox"/> attempting to touch or curiosity about other children's genitals <input type="checkbox"/> attempting to touch or curiosity about breasts, bottoms or genitals of adults <input type="checkbox"/> games e.g. mummies and daddies, doctors and nurses <input type="checkbox"/> enjoying nakedness <input type="checkbox"/> interest in body parts and what they do <input type="checkbox"/> curiosity about the differences between boys and girls 	<ul style="list-style-type: none"> <input type="checkbox"/> solitary masturbation <input type="checkbox"/> curiosity about other children's genitals <input type="checkbox"/> curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships <input type="checkbox"/> sense of privacy about bodies <input type="checkbox"/> telling stories or asking questions using swear and slang words for parts of the body 	<ul style="list-style-type: none"> <input type="checkbox"/> solitary masturbation <input type="checkbox"/> use of sexual language including swearing and slang words <input type="checkbox"/> having girl/ boyfriends who are of the same or opposite gender <input type="checkbox"/> interest in popular culture, egg fashion, music, media, online games, charting online <input type="checkbox"/> need for privacy <input type="checkbox"/> consensual kissing, hugging, holding hands with peers 	<ul style="list-style-type: none"> <input type="checkbox"/> solitary masturbation <input type="checkbox"/> sexually explicit conversations with peers <input type="checkbox"/> obscenities and jokes within the current cultural norm <input type="checkbox"/> interest in pornography <input type="checkbox"/> use of internet/e-media to chat online <input type="checkbox"/> sexual activity including hugging, kissing, holding hands

AMBER BEHAVIOURS

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

0 to 5 years

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

5 to 9 years

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

9 to 13 years

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- fear of pregnancy/STIs

13 to 17 years

- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability

RED BEHAVIOURS

Red behaviours are outside of safe and healthy behaviour.

They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

0 to 5 years

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

5 to 9 years

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

9 to 13 years

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

13 to 17 years

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex