

## **Guidance for Schools Working with Children and Young People who Display Harmful Sexual Behaviour**

### **Identifying Harmful Sexual Behaviour**

The NSPCC Information Briefing on “Children and Young People who display harmful sexual behaviour” acknowledges that in the first instance it can be very difficult to define what harmful sexual behaviour is primarily because sexual behaviour in young people and children can be seen on a continuum from mutually agreed experimentation, through to serious incidents such as sexual assault.

Children and adolescents commit between a quarter and a third of all sexual abuse coming to the attention of the child welfare and criminal justice systems in the UK (Hackett ) 2013.

Research by Morrison (1999) has shown that harmful sexual behaviour needs to be understood in the context of early life and family experiences. The majority of children and young people exhibiting harmful sexual behaviour have been or are continuing to suffer from some form of abuse. They may use harmful sexual behaviour to experience having power or control over others, or they may use this type of behaviour as a means of finding comfort and/or pleasure. Again, research suggests that the younger the child/young person using harmful sexual behaviour the more likely that the child/young person is a victim of abuse and it is his or her way of responding to their own experience.

It is recognised that children and young people who use harmful sexual behaviour do not necessarily go onto become adult sexual offenders. However, Abel et. al (1985) suggests that 50% of adult sexual offenders admit to having started their sexual offending as adolescents. The most common age at referral was 15 years, though a third of all referrals related to children aged 13 or under. 38% of the sample were identified as learning disabled. Victims were usually known to the abuser but in 75% of cases were not related.

## Expected, Need to Monitor and Concerning Sexual Behaviours

AGES	Green Behaviours (EXPECTED)	Amber Behaviours(MONITOR)	Red Behaviours (CONCERNING)
<b>0-5 years</b>	Intense curiosity about others' bodies and bathroom activities. Masturbation from infancy/pre-school continues as a self-soothing behaviour, generally are indiscreet. Behaviour is exploratory. May show genitalia to others in a curiosity seeing way. Games e.g. mummies and daddies, doctors and nurses. Children at this stage respond quickly to re-direction.	Preoccupation with -adult sexual behaviour -touching the genitals of other people Pulling down of other children's pants or trousers/skirts up against their will Talking about sex using adult slang Following others into toilets or changing area to look a them or touch them Talking about sexual activities seen on TV/Online	Persistently Touching genitals of other children Attempting to touch the genitals of adults Simulation of sexual activity in play Sexual behaviour between young children involving penetration with object Forcing other children to engage in sexual play
<b>5-9 years</b>	Feeling and touching own genitals Curiosity about other children's genitals Curiosity about sex and relations Sense of privacy about bodies Telling stories or asking questions using swearing and slang words for parts of the body	Questions about sexual activity which persist or are repeated frequently 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	Frequent masturbation in front of others Sexual behaviour engaging significantly younger or vulnerable children Forcing other children to take part in sexual activities Simulation or oral or penetrative sex Sourcing pornographic material online
<b>9-13</b>	Continue to touch and fondle their own genitals, evolving to masturbation. More secretive about self-touching/curiosity. Use of sexual language including swearing and slang words Having boy/girlfriends of same, opposite or any gender Consensual kissing, hugging, holding hands with peers	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, going missing. Verbal, physical or cyber/virtual sexual bullying involving sexual aggressions Homophobic targeted bullying Exhibitionism e.g. flashing Giving out contact details on line Viewing pornographic material Worrying about being pregnant or having STIs	Simulated intercourse. Putting objects inside self/others. Exposing genitals or masturbating in public. Distributing naked or sexually provocative images of self or others Sexually explicit talk with younger or vulnerable children Sexual harassment Arranging to meet with an online acquaintance in secret Forcing other children of same age, younger or vulnerable to participate in sexual activities Presence of STIs/pregnancy

<p><b>13-17</b></p>	<p>Masturbation continues. Some same gender sexual experiences and viewing of other's bodies, especially of the gender they are attracted to. Interest in pornographic materials. Sexual activity with peers, which includes, but is not limited to kissing, fondling. Use of internet – social media to chat online Consenting oral and /or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability</p>	<p>Accessing exploitative or violent pornography 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, going missing. Taking and sending naked or sexually provocative images of self or others Single occurrence of peeping or exposing 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</p>	<p>Sexual play with younger children, behaviour involves coercion, bribes, and threats. Pre-occupation/obsessive quality which interferes with daily function Exposing genitals or masturbating in public in attempting/forcing others to Sexual degradation/humiliation of self or others Sexual harassment Non- consensual sexual activity Use of /acceptance of power and control in sexual relations Genital injury to self or others Sexual contact with -others where there is a significant age/ability difference - someone in authority and in a position of trust - family members -animals Involvement in sexual exploitation and/or trafficking  Receipt of gifts or money in exchange for sex</p>
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(Adapted from: Brooke's Sexual Behaviours Traffic Light Toolkit)

## Evaluating sexual behaviour - children and young people with special needs

This checklist can help staff in educational settings make decisions about the sexual behaviour of children with special needs. It is adapted from the AIM Project guidance document produced by Carol Carson.

### 1. Type of sexual behaviour

Healthy	Complex to define due to nature of learning difficulty and gap between chronological and developmental age/stage
Problematic	Behaviours that are self-directed e.g. self-stimulation, compulsive masturbation, indiscriminate arousal. Behaviour includes non-penetrative contact, with young people targeted
Abusive	High level of compulsivity, fetish behaviour, frequent use of internet to obtain sexual images. Use of force/violence to secure compliance. Previous patterns of sexually aggressive behaviours

### 2. Context of behaviour

Healthy	Mutual, both parties free to engage and disengage
Problematic	Behaviour infrequent or isolated incident. Behaviour self-directed. Behaviour restricted to a specific setting
Abusive	Behaviour is planned or secretive; there are elements of threat, force or coercion. Previous concerns or convictions for sexual behaviour

### 3. Young Person's response

Healthy	Happy, comfortable, perhaps curious; may be embarrassed if found by adults
Problematic	Embarrassment or shame related to the behaviour. Is able to understand and retain the reasons why others feel the behaviour is problematic or abusive. Experiences consequences as significant or has some degree of awareness of consequences. Appears highly anxious or confused as to sexual development and/or sexual boundaries
Abusive	Unclear as to the consequences of sexual behaviour, or the consequences appear to have little meaning for them. Reject concerns expressed

### 4. Response of others

Healthy	Happy, comfortable, perhaps curious; may be embarrassed if found by adults
Problematic	Uncomfortable or irritated, but not fearful or anxious. Feel able to tell someone
Abusive	Uncomfortable, fearful, anxious, avoidant of the young person

### 5. Relationship between the young people

Healthy	There should be no significant differences in age or development which would suggest there is a power imbalance
Problematic	One or two particular young people targeted. Young person predominantly associates with children three or more years younger
Abusive	Evidence of targeting on the basis of perceived vulnerability. Clear power differences in the relationship. Young person has poor social skills or deficit in intimacy skills

### 6. Persistence of the behaviour

Healthy	Healthy interest in sexual behaviour, but it is not the sole focus of interest in the young person's life
Problematic	Responds to complaints by stopping or changing behaviour. Intervention has some impact but behaviours may continue
Abusive	Evidence of a high level of sexual compulsivity. Behaviours have persisted despite significant negative consequences

## 7. Other behavioural problems

Healthy	No other behavioural problems, healthy peer relationships
Problematic	No significant history of behavioural problems, generally positive relationships with peers. Access to others is well supervised. OR, young person is isolated in the community or has a very restricted lifestyle. Access to others is poorly supervised
Abusive	Concurrent diagnosis of significant mental health problems. Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence. Viewed negatively in community due to sexual behaviours. History of fire setting. Long standing history of severely problematic or challenging behaviours

## 8. Background information known

Healthy	No significant family history. Parents have a positive view of young person's developing sexuality. Positive attachments with parents and carers. Young person has at least one positive friendship. Young person has access to social and leisure pursuits. Young person has access to appropriate sex education
Problematic	Family anxious about young person's developing sexuality and have inappropriate concerns. Family experiencing high levels of stress. Siblings have experienced sexual abuse
Abusive	Young person has experienced sexual, physical or emotional abuse or neglect. Violence in the household. Members of the family, including siblings, have a history of sexual offending. Poor or distorted sexual boundaries in the family. Patterns of discontinuity of care/poor attachments

## What happens when a child or young person is suspected or identified as having used harmful sexual behaviour?

Police and Social Workers have a set way of dealing with allegations of harmful sexual behaviour by children. They believe the allegations should be taken seriously. Everyone will need to work closely together to find out what happened. It is important that a police investigation is completed and the victim supported. However, it is equally important to support and help the child who has been accused and their family to prevent further harm in the future.

### This is what is likely to happen after concerns are raised:

A Social worker will explain to the parents and the person involved what is happening at each stage of the investigation.



It is known that the more the parents support their child and do the work asked of them the better the chances are of the young person doing well and not behaving in this way again.



A report is made to the police or social workers.



Police and Social Workers discuss the concerns and decide how to investigate them further.



The Police and Social Worker then usually interview the child or children. A decision will then be made as to whether the police should take action against the child accused.

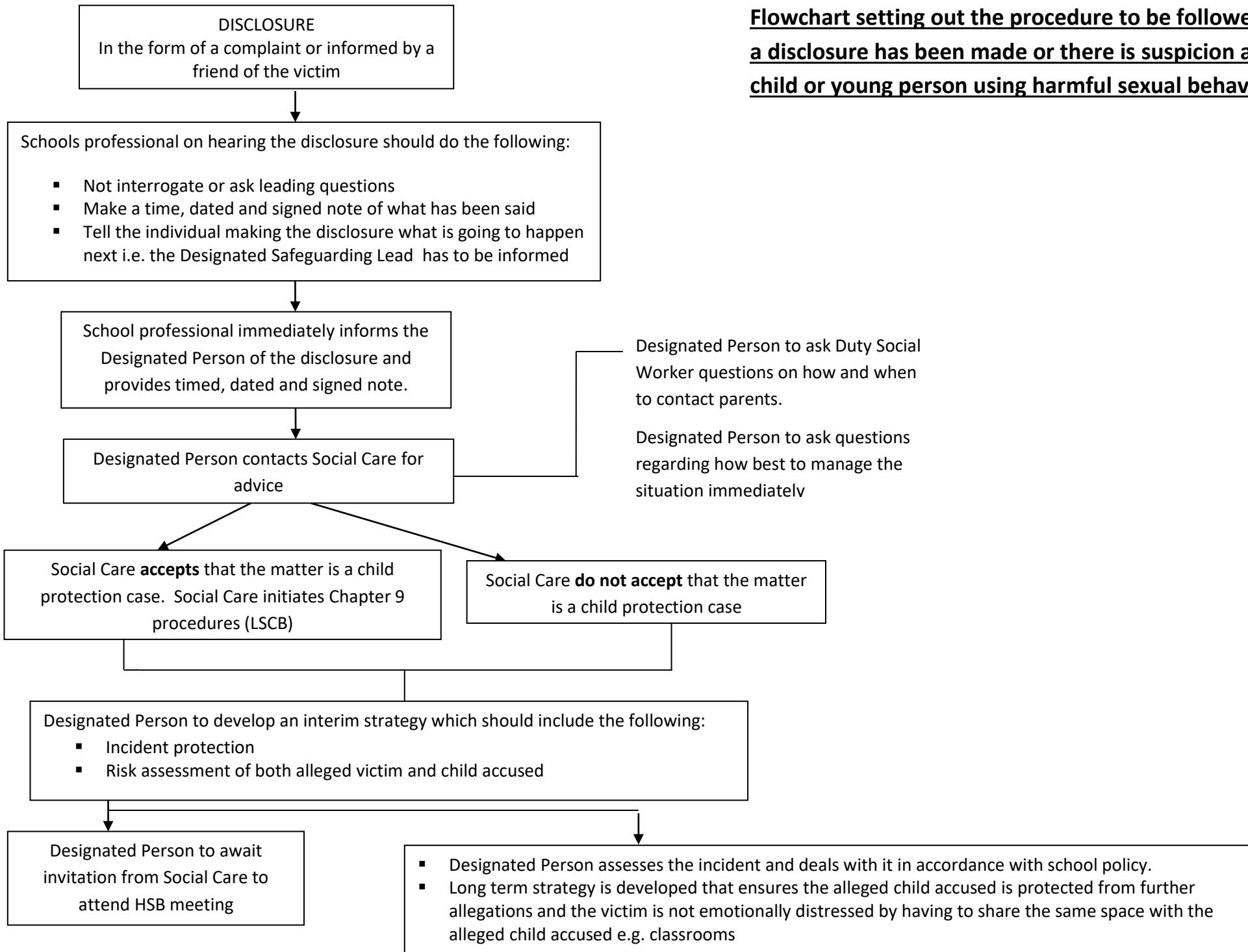


Social workers will then offer the child a chance to talk about anything that has happened in the past or anything else worrying them.



A meeting is likely to be arranged to look at the needs of the victim and needs of the child accused. These may be separate meetings. The meetings are called either Child Protection Conferences or Multi Agency Assessment and Planning Meetings. Parents and children who are old enough to understand what is happening will be invited to these meetings. The meeting will plan the work needed to protect children and to prevent further abuse.

**Flowchart setting out the procedure to be followed where a disclosure has been made or there is suspicion about a child or young person using harmful sexual behaviour**



## **The response of schools to a child or young person using harmful sexual behaviour**

Where a suspicion or concern has been raised by a member of staff within the school about a child or young person using harmful sexual behaviour, or details regarding such behaviour have come to the attention of the school as a result of an agency making contact, the challenges for schools remain the same, that of supporting any investigation being undertaken by Social Care/Police, as well as balancing the needs of the child accused and the needs of the 'victim'. Added to this, the school should also be seeking to minimise any risk from the child accused to other children or young people within in the school setting.

### **Managing the situation**

The situation within the school needs to be managed in such a way that both the alleged victim and child accused can continue their education and the risk to other pupils within the school is sufficiently managed.

### **What support can a school provide to a victim of harmful sexual behaviour?**

- Support of his or her emotional well-being;
- The need to feel safe;
- Provide an identified member of staff (not the same person who has been identified to support the child accused) who is able to offer pastoral care if or when he or she is feeling upset, worried or if he or she is feeling actively intimidated by the child accused's friends;
- Provide an identified member of staff who will take appropriate action in line with existing school policies in the event of bullying or intimidation is used as a means to silence the victim;
- Communication between school and his or her parents, and information about further sources or support.

### **What support can a school provide to a child accused of harmful sexual behaviour?**

- Provide an identified member of staff that he or she can speak to ( not the same person who is supporting the victim)
- Make school a "safe" place e.g. identify risky areas;
- Support his or her emotional well-being e.g. identify those situations in the child's or young person's life which can put the child or young person under pressure and act as a trigger for harmful sexual behaviour;
- Support the child or young person in taking responsibility for their behaviour e.g. not to collude or minimise the behaviour when offering support;
- Try to avoid shaming him or her;
- A managed move to another school may have to be considered if despite putting measures into place the risk to other pupils or to the child accused remain at an unacceptable level.

Where the victim is emotionally distressed and coming into contact with the child accused impacts on his/her emotional well-being then consideration should be given to excluding the child accused. Exclusion of the child accused should also be considered where there is sufficient evidence to suggest that the risk that he or she presents to other pupils cannot be effectively managed in the school environment.

## **Support Plans**

### **A good Support Plan should include the following:**

- Identification of any potentially “risky” situations ;
- Methods for monitoring the child or young person during periods that are usually unsupervised;
- Additional educational support e.g. session on positive relationships and boundaries;
- Identification of the support that parent(s)/carer(s) will provide to the child or young person;
- Duration of the Support Plan;
- Identified member or school staff that child or young person can approach if experiencing any difficulties in school

### **Children or young people known to have used harmful sexual behaviour**

There will be occasions when schools will have been made aware of a child or young person who is known to have used harmful sexual behaviour. Where information regarding a child or young person has come from an agency such as the Police, Social Care etc, it is likely that a level of inter-agency work has already been established. In such circumstances the Designated Safeguarding Lead should make contact with the key professional responsible to discuss issues of risk management and how the school can best support the intervention programme.

### **Confidentiality**

In all child protection work, the degree of confidentiality is governed by the need to protect the child. Confidentiality may not be maintained if withholding information may prejudice the welfare of a child. It is important to ensure that any information that is passed on is on a strictly need-to-know basis and therefore, concerns about a child or young person should not be a matter of common knowledge unless the Designated Safeguarding Lead and the adult that raised the concern originally, are involved.

In circumstances where a child or young person has used harmful sexual behaviour it is important that key people such as the Headteacher/Principal, Year Head and the teacher with the best relationship with the child or young person are made aware of the situation. The same key people hold true for the alleged victim of abuse.

Information regarding the alleged victim and/or child accused should not be a matter of common knowledge amongst teaching and support staff, nor pupils or parents. The issue of who needs to know should form a natural part of the Incident Protection Plan, the risk assessment and the Support Plan.

Clear guidance is in the LSCB Procedures:-

[www.lrsb.org.uk](http://www.lrsb.org.uk)

## Harmful Sexual Behaviour Risk Assessment/Safety Plan

<b>Name of School</b>	
<b>Pupil's Name:</b>	<b>Date</b>
<b>Assessor's Name</b>	<b>Review Date</b>

<b>BEHAVIOUR</b>	<b>WHEN</b>	<b>WHERE</b>	<b>WHO</b>	<b>MEASURES TO BE PUT INTO PLACE</b>	<b>BY WHOM</b>	<b>REVIEW NOTES</b>
What is the nature of the inappropriate behaviour?	Time of day; potential triggers etc.	Areas of the school where behaviours are most likely to occur.	Pupils most at risk of being harmed.	What are school going to do to minimize the chances of the behaviour occurring?	Who is going to be responsible for ensuring the measures are put into place?	Success of measures  Next steps
	<i>e.g. Break time</i>  <i>Lunch time</i>  <i>Morning lessons</i>  <i>Afternoon lessons</i>  <i>Between lessons</i>	<i>e.g. Toilets</i>  <i>Changing rooms</i>  <i>Certain areas of the playground</i>				

**Harmful Sexual Behaviour Risk Assessment/Safety Plan contd.**

<b>BEHAVIOUR</b>	<b>WHEN</b>	<b>WHERE</b>	<b>WHO</b>	<b>MEASURES TO BE PUT INTO PLACE</b>	<b>BY WHOM</b>	<b>REVIEW NOTES</b>
<i>What is the nature of the inappropriate behaviour?</i>	<i>Time of day; potential triggers etc.</i>	<i>Areas of the school where behaviours are most likely to occur</i>	<i>Pupils most at risk of being harmed</i>	<i>What are school going to do to minimize the chances of the behaviour occurring?</i>	<i>Who is going to be responsible for ensuring the measures are put into place</i>	<i>Success of measures  Next steps</i>