



# WORKING WITH CHILDREN AND YOUNG PEOPLE DISPLAYING HARMFUL SEXUAL BEHAVIOUR

## Multi-Agency Practice Guide

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# Working with Children and Young People Displaying Harmful Sexual Behaviour: Practice Guide

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## Introduction

This Practice Guide has been written to help practitioners:

- Understand which child sexual behaviours are natural and healthy and which behaviours indicate a need for specialised assessment and intervention.
- Ensure consistency in the approach and management of children or young people with harmful sexual behaviour and their victims, regardless of whether they enter the system from a criminal/youth justice or child care/protection route.
- Improve the effectiveness of the service offered to children and young people and their families, based on experience and research.

## Identifying Harmful Sexual Behaviour

Children can display different sexual behaviours as they move from infancy through to an adult understanding of their own sexual sense of self and a mature conception of relationships with others. Sometimes children and young people will stretch the boundaries of developmentally expected behaviour in ways that are not harmful. Drawing lines that divide normative childhood behaviour or adolescent experimentation from what is deemed inappropriate and what is deemed abusive, harmful or problematic is a complex task. Practitioners' abilities to determine this will be based on an understanding of healthy normative behaviour and issues of informed consent, power imbalance and exploitation.

**Healthy Sexual Behaviours** refer to those behaviours which are within the range of behaviours appropriate to the child or young person's age and stage of development. The practitioner should also be mindful of differences between the child/young person's stage of development and their chronological age. ***Examples of "healthy" sexual development are contained within Appendix 1.***

**Harmful Sexual Behaviours** can be defined in the following way:

*"young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation" (Calder 1999)*

Harmful Sexual Behaviour is the preferred terminology applied by the National Organisation for the Treatment of Abusers (NOTA) for working with those involved in sexual behaviour. The term encompasses a range of offending behaviours and recognises that not all sexual behaviours displayed by young people are coercive. However, a range of different terms are used in literature such as 'sexually problematic behaviour' and 'sexual offending behaviour'.

Harmful sexual behaviours cover a spectrum that ranges from inappropriate or problematic behaviours that may require further assessment through to behaviours that are sexually abusive and cause considerable concern.

Behaviours may also be illegal and involve a sexual offence. Behaviours of this nature usually involve a victim and / or is developmentally damaging to the young person initiating them. Behaviours such as touching genitals without permission, sexually explicit threats, sexual contact with significantly younger children and sexual assault or rape fit into this category (see appendix 2).

**Child Sexual Exploitation (CSE)**

*CSE is a form of child sexual abuse in which a person(s), of any age, takes advantage of a power imbalance to force or entice a child into engaging in sexual activity **in return for something** received by the child and /or those perpetrating or facilitating the abuse (Scottish Government, 2016).*

CSE can take place in person or online and can involve both contact and non-contact sexual activities. CSE is not a prerequisite of harmful sexual behaviour; however, [consideration](#) should be given to any young person who is deemed to be sexually exploiting another young person as they may, themselves, be a victim of child sexual exploitation. This can further be explained in terms of Peer on peer sexual exploration/abuse (See appendix 5 for CSE checklist).

**Peer on peer sexual exploitation/ abuse**

Peer on peer sexual exploitation/abuse is recognised when a young perpetrator befriends and grooms another young person into a ‘relationship’ and then coerces or forces them into sexual activity. Children who are exposed to peer on peer abuse could therefore fall into both categories of CSE and Harmful sexual behaviour which is why both have been described as distinct but overlapping forms of sexual abuse See Figure 1.

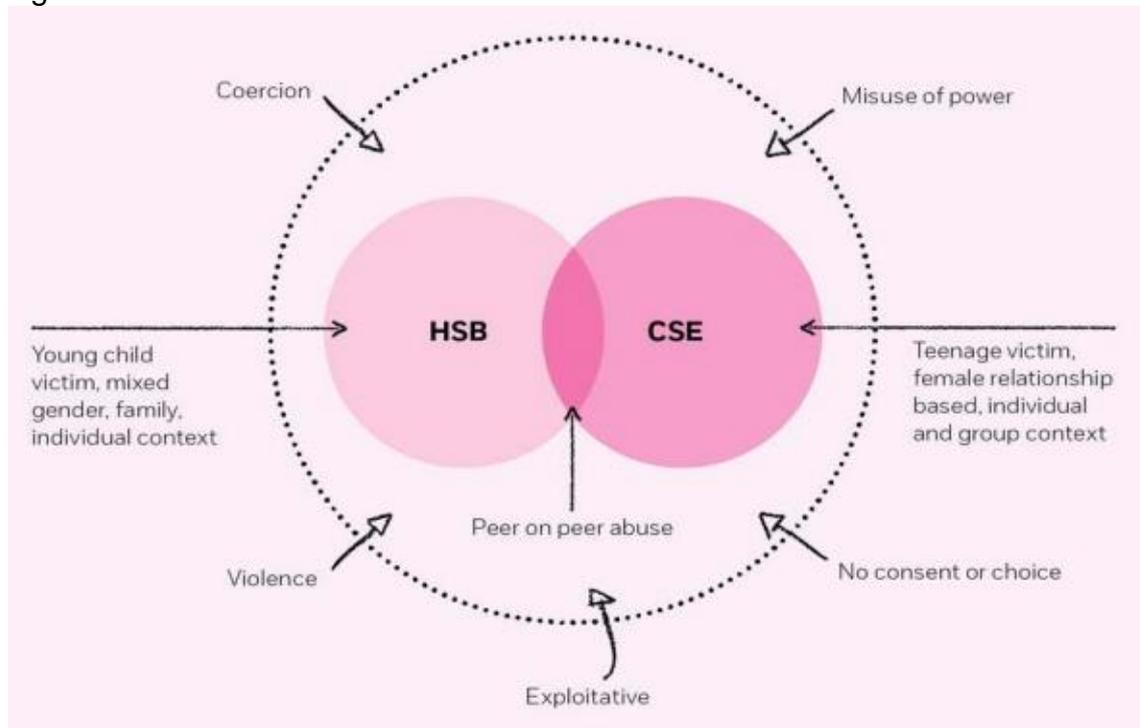


Figure 1.

Hackett, et al (2016)

Young people have almost unlimited access to the internet via personal computers/tablets and mobile phones and children do a range of diverse and potentially beneficial things online. Use is now thoroughly embedded in children's daily lives.

However, we also know that the internet can create opportunities for risk taking and sexual exploration for children. This may impact or increase online harmful sexual behaviours which can be more difficult to detect. (There are limited studies to evidence as to whether exposure to sexual images are harmful and it may be that context is highly significant.)

Some children may be exposed to pornographic content with no adverse effects while others may be harmed; whether upset at the time of the exposure, or worried later, or even influenced in their attitudes or behaviour years subsequently. Whether or not there is a causal link between inappropriate use of interactive technologies and harmful sexual behaviour, 3 broad areas of concern emerge from the literature in relation to adolescent internet use.

- **Sexual bullying or harassment of others online:** children or young people may experience unwanted / aggressive sexual solicitous material whilst online. One study of online sexual solicitations experienced by young people concluded that 'not all of the sexual solicitors on the internet fit the media stereotype of an older, male predator. Many are young and some are women.' (Finkelhor, 2000)
- **Downloading, trading and production of child abuse images:** children and young people are also known to have downloaded child abuse images.
- **Sexting:** This involves activities that places the child in a vulnerable situation and can involve sharing sexual, naked or semi-naked images or videos of themselves or others, or sending sexually explicit messages.

Other problematic behaviours online can involve accessing sexual images that are legal but age inappropriate; use of pornography that is obsessive/repetitive or continues after appropriate sanctions; pornography use that lacks social boundaries or has a specific and narrow focus and downloading materials that link sex and violence together. Further guidance and information can be found at the following websites -

<http://www.saferinternet.org.uk/>

<http://www.lse.ac.uk/media@lse/research/EUKidsOnline/Home.aspx>

(Note - EU Kids Online is a multinational research network. It seeks to enhance knowledge of European children's online opportunities, risks and safety.)

## Responding to Concerns about Harmful Sexual Behaviour

Concerns about actual or potential harm may arise over a period of time or in response to a particular incident. Concerns may come via family, friends, any service, foster or residential carers, or anonymously and they may arise as a result of direct observation or disclosures from a child or young person. Alternatively a Child's Plan may act as the focus for a range of concerns.

*"Where abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the alleged perpetrator. In all cases where a child or young person displays problematic sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures; either in order to protect the victim or to address concerns about what has caused the child or young person to behave in such a way. "* **National Guidance for Child Protection in Scotland 2014**

Where concerns about inappropriate or harmful sexual behaviour come to the attention of any staff they will need to:

- Determine the nature of these concerns and any immediate risks should be considered at the outset. From a child protection perspective, it is the risk of 'significant harm' that is central. Significant harm is harm which is serious and not of a transient or superficial nature.
- Consider risk and wellbeing needs within the context of the National Practice Model. Every child needs to be Safe, Healthy, Achieving, Nurtured Active, Respected, Responsible and Included (SHANARRI). The wellbeing indicators provide the broad framework for identifying a child's individual needs. The My World Triangle and Resilience Matrix tools help inform any assessment by considering what risks and needs might be present: both for the child or young person displaying potentially harmful behaviour, and also the impact of this on any other child.

### [The National Practice Model](#)

As a starting point, the 5 GIRFEC Questions should be considered by practitioners:

- *What is getting in the way of this child or young person's wellbeing?*
- *Do I have all the information I need to help this child or young person?*
- *What can I do now to help this child or young person?*
- *What can my agency do to help this child or young person?*
- *What additional help if any may be needed from others?*

If a concern about the potential safety of a child or young person is raised at any point, practitioners need to also consider the following questions:

- Is this child or young person at immediate risk?
- What is placing this child at immediate risk?
- What needs to happen to remove this risk now?

[The National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) can assist practitioners at all levels, in every agency, to approach the task of risk assessment, analysis and management with more confidence and competence, through use of its tools.

## **Consent, Confidentiality & Information Sharing**

A Practitioner's Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing is available on the [Multi-Agency Guidance](#) section of the [Aberdeenshire GIRFEC Website](#) and incorporates statutory expectations of the Children and Young People (Scotland) Act 2014 in relation to information sharing. It can be found on the Aberdeenshire GIRFEC website and updated in line with national policy and legislative updates on information-sharing:

The Guide emphasises 4 key points:

- The need to actively discuss information-sharing with children, young people and families, gaining their views and keeping them informed about any decisions made to share information.
- There is a need to consider sharing information between professionals, including Named Persons and Lead Professionals, and to ensure this is always proportionate, relevant, accurate, in line with GDPR and other legislation.
- The importance of accurate recording of information in agency records, and to record any justifications/decisions for sharing or not sharing information.
- There are circumstances where consent is not required to share information, and legislation supports you to do so where there are concerns for a child's safety or wellbeing, which if not addressed may lead to harm.

## **Child Protection Enquiry/Investigation**

Where child protection enquiries/investigation is agreed, they should be undertaken in line with National Guidance for Child Protection in Scotland 2014. Police, Social Work, Health and other relevant services will decide via an Initial Referral Discussion (IRD) to agree a plan for a child protection investigation.

In planning the child protection investigation it is important to ensure that:

- The enquiries are sufficiently separate to ensure that the needs of, and risks to, each child in his or her own right are assessed.
- Account has been taken of any additional needs such as learning disability, culture etc.

The investigation should also take into account:

- The power difference between the alleged young person who displayed sexually harmful behaviour and his or her alleged victim, which may relate to age, physical size, intellectual or social status. **Police Scotland can advise on a case by case basis.**
- The sophistication and age appropriateness of the activity, given the age and understanding of the young person.
- Any evidence of overt violence, sexual bullying or exploitation.
- Whether there was secrecy or denial of the activity.
- The possible immediate risk posed by the alleged young person to his other current alleged victims and other potential victims.
- Possible risk posed to the alleged young person who displayed harmful sexual behaviour by the alleged victim's family, peers and wider community.
- Whether the alleged young person is a child in need of protection and/or has in the past suffered or may be suffering continued abuse.
- Whether the children's parents or caregivers were aware of the alleged abuse prior to concerns being shared with the statutory agencies but took no action or colluded with the abuse.
- The emotional responses and attitudes of parents or caregivers towards the alleged young person who displayed harmful sexual behaviour and the parental attitude to supervising the young person when other children are present.

When the enquiries/investigation has been concluded, the next course of action in relation to the individual child/ young person will be *either*:

- To take no further action.
- *or:*  
To offer services and support (child in need) which may include specialist consultation, assessment and services. This should be undertaken within a multi-agency approach.
- *and/or:*
- To hold an Initial Child Protection Conference. A Conference may be held either in relation to the child who has suffered significant harm, and/or the child/unborn child who is likely to suffer significant harm as well as for children who have caused significant harm to others and as a result of this, are themselves at risk of significant harm. Any Child Protection Plan must address the young person's harmful behaviour and identify work to reduce the risk.
- To hold a Care and Risk Management (CARM) meeting if there are perceived significant risks to the community. Please see practice guidance and policy on Care and Risk Management (CARM) Meetings.

## **Assessment of Risk and Need.**

The assessment process is crucial in identifying young people who require services, the type and intensity of service provision required and in guiding appropriate action planning. Where targeted support/services are required to support a child or young person, these will be coordinated and reviewed via a Child's Plan. Ongoing

assessment of risk and need will inform planning either via child protection other local procedures.

### **Core Principles:**

- Children and young people displaying problematic and harmful sexual behaviour are first and foremost just that: children and young people, with fundamental rights and entitlements. The principles enshrined within the Children (Scotland) Act 1995, the UN Convention on the Rights of the Child, the Children's Charter and Framework for Standards, Aberdeenshire Children & Young People's Charter, and the Children and Young People (Scotland) Act 2014 should therefore underpin all practice.
- Children or young people who display harmful sexual behaviour must be consulted and involved in all matters and decisions which affect their lives including formulating plans, according to their level of understanding. Full sharing of information with a young person and their family during an ongoing investigation may not be appropriate.
- Age, disability, race, religion, ethnic origin, language, family circumstances and either gender need to be accounted for in interventions considered for children or young people who display harmful sexual behaviour.
- A coordinated multi-disciplinary approach is required, which addresses child protection, wellbeing and criminal/youth justice issues.
- Children or young people who display harmful sexual behaviour often have complex needs and therefore require an assessment which identifies possible unmet developmental needs, as well as specific needs and risks arising from their behaviour.
- Children who engage in harmful sexual behaviour should be supported to take responsibility for their behaviour; this is important for their overall understanding and positive self-development.
- Parents/carers have a right to information, respect and participation in matters that concern their family /children in their care unless this compromises the safety of the child. They also play a vital role in any interventions with their child.

Assessment, underpinned by the national practice model can facilitate the development of a holistic perspective of the events, environment and situations surrounding individual children and young people as known to the agencies involved with them. Providing different depths of assessment in response to different levels of risk presented by individuals is vitally important. An assessment of risk and need using a structured assessment tool can help significantly in planning interventions with children and young people who display harmful sexual behaviour.

Where **the child or young person's behaviour is assessed as harmful, or has led to the child being charged with a sexual offence**, risk assessments should be informed by a structured risk assessment. There are practitioners, such as Social Workers who are trained in ASSET, which is a risk assessment tool. This will inform initial assessment and or review progress. Other assessment tools that have been endorsed for use in Scotland by the Risk Management Authority can be found in their RATED document (see appendix 3). Where the child or young has been charged with an offence, due consideration needs to be given to the court process. If the judicial process has not been concluded this may impact on the level of intervention that can take place.

## The GIRFEC Approach to Harmful Sexual Behaviours

The GIRFEC approach ensures all children and young people are provided with a range of services, and that proportionate support is put in place to respond to assessed wellbeing needs. The staged approach makes sure services in Aberdeenshire provide children, young people, parents and carers, with the right support, at the right time, by the right people.

Children and young people who display harmful sexual behaviours are a very diverse group and a staged approach is necessary for work with this group. *“There seems to be little evidence to suggest that the majority of young people with harmful sexual behaviour go on to become adult sex offenders”* (Worling, Littlejohn and Bookalam, 2010). Levels of assessment and intervention should therefore be proportionate. Children who display harmful sexual behaviour will require Targeted/Specialist support.

<b>Targeted/Specialist</b>	Action to overcome significant adversity and manage risk, and may include compulsory intervention
	Specific Intervention/Support to address more complex needs that impact on wellbeing
<b>Support Generally Available in Universal Services</b>	healthy development and build resilience through generally available support in Health and Education
<b>Family and Community</b>	Provide everyday support, nurture, and care

### Family, Community and Universal Services

Around 70-80% of children and young people, will make their way from birth to young adulthood, and need nothing more than help provided by their families, communities, and the support generally available from Universal Services.

### Specialist/Targeted Support

Where a child or young person has displayed some harmful sexual behaviour, they will need specific intervention/support beyond that which is generally available through Universal Services.

Wellbeing concerns can be addressed through coordinated single or multi-agency planning. A Child’s Plan will clearly identify affected wellbeing indicators, identify needs/risks through the My World Triangle/Resilience Matrix, and outlines what action will be taken by the child, their family, and professionals.

Aberdeenshire’s [GIRFEC Guidance and Toolkit](#) can be found on the GIRFEC Website

## **Parent Education to Help Child**

Some children and young people may require help to modify their behaviour, but this will usually be undertaken by parents, caregivers or appropriate adults in the child's life. Interventions should be educational and supportive, with the focus on helping the parent process feelings and providing information and advice. Resources to help the parent work with their child around consent, empathy and boundaries can be helpful. One or two follow up visits can help check progress.

Sexual pre-occupation, persistence in sexual language or behaviours despite sanctions, voyeurism, inappropriate use of social media, sexting, exposure, exhibitionism, obscene telephone calls, indiscriminate – but consensual - sexual behaviour are all examples of behaviours with which a child may need support. Sometimes interventions to help the child meet needs in more appropriate ways may be sufficient to help the child move on from the behaviour. If the behaviour is reactive to experiences the child has had or has witnessed, appropriate therapeutic support may be beneficial (**see appendix 2**).

### **External Education Input:**

Behaviour may be inappropriate or problematic, but the family is unable to provide the right level of support to their child. A more intense level of family work may be offered: work around consent, empathy and boundaries may be usefully facilitated by another adult in the child's life.

### **Targeted Support**

Where a young person's behaviour is either harmful, or is inappropriate but has not shifted following earlier interventions. The CARM process should be considered at this level.

A Lead Professional will be identified to coordinate and review the Child's Plan. This ensures any support remains effective and that the plan details specifically how support will help the child overcome any difficulties.

A comprehensive assessment should be offered, and a more coordinated package of targeted support focusing on behaviour specific and developmental goals may be delivered across several agencies alongside family support as necessary. Where there is this level of need/risk, research indicates that intervention with this group of children and young people should be:

- Holistic: focusing on the children's wellbeing needs across all dimensions of their lives and their development.
- Systemic: involving families and parents in order to improve children's social environments and attachment relationships.
- Goal-specific: designed to address specific issues relating to the child's harmful behaviour.
- Developmentally orientated: being sensitive to the child's age and stage of development.

Any intervention should aim to protect victims and avoid a repetition of the harmful sexual behaviour. Intervention programmes will usually cover some (but not necessarily all) of the following areas:

- **Participation in the intervention process:** motivation; denial (acceptance, honesty, openness); responsivity needs (learning style); trauma related issues; learning disability; anxiety; communication skills; emotional intelligence; family issues (learning from family experiences, timeline work, coping styles, self-care etc.). Use of genograms could inform thinking about interventions with children and their families and provide insight to attachment styles, self-awareness and identity.
- **Offence specific themes:** pathway into abuse; distorted thinking; consequential thinking; victim awareness; sexual thoughts and fantasy (nature, frequency, intensity); identification of risk (situational/internal); self-management of risk; non sexual offending behaviours; own experience of abuse and trauma; gaps in sexual knowledge; frameworks of legislation and impact of law; development of preventative strategies.
- **Offence related themes:** Core social skills; problem solving skills; sexual and relationship education (including experience, knowledge, sexual scripts, orientation, masculinity, relationship skills, understanding of consent); anger management; impulse control; empathy; prior victimisation; alcohol/ substance misuse; self-esteem; self-care skills; assessment of value base.

### **Targeted/Specialist to Overcome Significant Adversity and Risk**

Where a young person has been assessed at high risk or has engaged in serious harmful behaviour with multiple emotional and behavioural difficulties there will be considerable public protection concerns.

Young people at this level will be managed by CARM or Multi-Agency Public Protection Arrangements (MAPPA) where appropriate. **See Appendix 2 for examples of harmful or problematic sexual behaviour.**

Special consideration needs to be given to younger children who display harmful sexual behaviours. Children who started to display harmful sexual behaviours before the age of 12 may have experienced more traumas and potentially negative environments than those over 12. Many may have experienced significant sexual abuse in their lives. Therapeutic approaches similar to those for children who have been sexually abused may be useful, with an emphasis on safety planning and behaviour modification where necessary. **Appendix 3 provides a list of helpful practice guidance.**

Within Aberdeenshire, there is a Sexual Behaviour Service – this is a Social Worker based in Aberdeenshire’s Youth Services Team – who works entirely with a caseload of young people who display harmful sexual behaviours. **Appendix 4 provides further information on this service.**

## Care and Risk Management (CARM)

It is expected that where agencies need to work together to identify and meet needs and manage risks, they will plan together using a single Child's/Young Person's Plan. The Child's/Young Person's Plan should be the primary resource for interagency risk management planning. This Plan can be formulated using the Aberdeenshire GIRFEC approach through a Multi-Agency Action Planning Meeting (MAAPM), Looked After Review (LACR), or Child Protection Case Conference (CPCC).

A CARM meeting may be considered in circumstances where a child or young person presents a risk of **serious** harm to others due to their behaviour. The CARM process in Aberdeenshire ensures a transparent, proportionate and rights-based approach which places the child or young person at the centre of decision-making and considers risks and needs holistically. The process does not stand alone from GIRFEC and the single Child's/Young Person's Plan – rather, it ensures that decisions about risk inform the Plan in a meaningful way.

It may be the case that the child or young person whose behaviour is giving cause for concern is already involved in other formal review processes (e.g. Child Protection Case Conferences, Looked After Child (LAC) Reviews, etc.). In such situations combining the forums should always be considered in order to support a child-centred, coordinated single planning approach. For example, a joint CARM/LACR.

Risk management plans need to be proportionate so they manage risk robustly, but do not limit developmental opportunities for the child or young person to such an extent that normal maturation is impaired. To allow for this, it is important to balance the protection of the public and the management of risk with thinking about how particular activities could be undertaken in a safe, pro-social manner. To make this possible, where appropriate, the adults in a child or young person's life: parents, carers, teachers etc., will be the main source of monitoring and supervision and need to be actively engaged with the risk management process.

The overall aim of intervention for children and young people who present a risk of harm is for them to be able to take responsibility for managing their own risk. Many children and young people who present higher levels of risk have experienced multiple trauma in their lives. In the early stages of interventions, and based on what is known about the impact of trauma on children/young people's development, it will often not be possible for the child or young person to take responsibility for managing risk themselves.

For children and young people who have experienced considerable abuse and deprivation in their lives, it is highly unlikely that they will have the capacity or internal resources to be able to take full responsibility for their own behaviour at the beginning of an assessment or period of intervention. Consideration would need to be given to their attachment style, relationships and experiences. Children and young people in this situation will often have to learn skills relating to self-management through a process of work that will involve gaining insights and learning new social skills, all of which would have to be evidenced in a range of settings.

Safety plans at home will often need to be in place but in some circumstances it may involve removal of a child from home while assessment and/or intervention is undertaken. Placement decisions of this nature should take account of the following:

- victims and potential victims living in household
- level of co-operation by parents
- level of sharing concern by parents/ caregivers
- ability to work alongside agencies (openness, honesty)
- level of culpability/ability to protect
- risk awareness
- ability to identify and meet needs
- ability to employ risk management strategies
- level of alienation of young person in family home
- threats of retribution to young person
- known history of abuse in family home (Dumfries and Galloway/McCarlie 2009).

## **Risk Management within Education Settings**

All children or young people who display harmful sexual behaviour are entitled to an education. However, the challenges to the school community are significant and schools must be fully engaged in any risk management process.

It is important that school staff do not over-react or under-react, or respond to children's sexual behaviour in a way that labels and "pathologises" them. It is the response of the adult to the child's behaviour that gives the behaviour meaning for the child. A school's response to sexualised behaviours needs to be tiered to accommodate normative behaviour, problematic or inappropriate behaviour and behaviour that is clearly abusive or harmful.

Decisions around risk in school settings should not be unilateral and should be made at a multi-agency level through the CARM process: exclusion of a child may resolve issues in the school but may increase risk in the community if the child is not supervised during the day and may present a danger to younger children.

Effective management of risk should not be separated from identifying and meeting the individual child's needs, through assessment using the National Practice Model. Poor peer relationships can be a significant factor for young people with problem sexual behaviours and teachers should work to ensure that these children have the opportunity to have positive interactions with peers. Schools can provide accomplishments in meaningful tasks, this being important to a child's sense of themselves and resilience. They can also help children and young people learn social skills and problem solving skills. Extracurricular activities can provide these experiences as well as academic achievements.

Situations where a young person has sexually assaulted another young person at the same school (or is alleged to have done so) can be particularly challenging. These difficulties are similar to those found in other institutions (e.g. a young person in a residential setting who alleges that another individual has assaulted them). Specific arrangements will be necessary to promote safety and parents/carers will need transparency about action taken.

Within MAAPM/LAC Reviews/ CARM/ CPCC it may be recommended that some children require additional specialist supports to be put into place, and therefore those children should be presented at the Joint Education Placement Group (JEPG) for consideration if the recommendation is for residential schooling or other intensive educational packages with financial implications.

## **Management of a Child or Young Person Convicted of a Sexual Offence or other Serious Crime**

There are a small but significant number of children and young people who present a high risk to themselves and others through moderate to serious offending behaviour. This group includes children and young people involved in harmful sexual behaviour, sexual offending behaviour and serious acts of violence. Individuals within this group who present **significant risks** will need to be subject to a risk management plan to promote public protection, and should have their plans developed in a Care and Risk Management meeting.

Where a child or young person under the age of 18 is convicted of a relevant Sexual Offence or other offending with a notable sexual element, the court may require that they comply with the Sex Offender Notification Requirements (SONR) set out in Part 2 of the Sexual Offences Act (2003). Such persons are commonly referred to as Registered Sex Offenders (RSO's) or as being on the Sex Offender Register. In this situation the client will be subject of MAPPA (Multi Agency Public Protection Arrangements).

The fundamental purpose of MAPPA is public safety and the reduction of serious harm. The protection of children, adults at risk of harm and others is paramount. Like other effective multi-agency processes, the MAPPA offers the potential for a coordinated approach to the management of offenders in the community who pose a risk of serious harm.

Not all RSOs are subject to active MAPPA Review discussion, however all are considered and managed on a multi-agency basis, which is proportionate to the assessed level of risk and complexity of the case.

In addition to the above, and only in exceptionally rare circumstances, a child or young person who is assessed as presenting a "High Risk of Serious Harm" can be subject of MAPPA when in the community.

Where the Local Authority is involved in the care or management of a young person who has, or is likely to become subject of MAPPA, the relevant Team Manager will have contact with the MAPPA Coordinator to ensure that:

- a) A decision is reached on the most appropriate single forum through which to consider and review the case.
- b) Ensure that all relevant Services/Agencies are engaged in risk management planning.
- c) That a proportionate risk management plan is developed.

Such matters will be determined on a case by case basis.

The [Multi-Agency Public Protection Arrangements \(MAPPA\) National Guidance 2016](#) provides the responsible authorities with guidance on the discharge of their functions. In addition, please refer to your Aberdeenshire Single Service MAPPA Guidance.

## Legislative Context

The age of criminal responsibility in Scotland is currently 8 years, however, in 2016 plans were agreed for new legislation to raise the age to 12 years to be implemented by 2018. Since April 2011 no child under 12 years will be subject to prosecution on offence grounds further to the introduction of the **Criminal Justice and Licensing (Scotland) Act 2010**. The majority of children aged between 12 and 16 who commit offences will accordingly be dealt with through the Whole Systems Approach (defined below) and Children's Hearing system although they may be subject to the Criminal Justice system in exceptional circumstances because of the seriousness of the offence. Children between 16 and 18 may be dealt with by either the Criminal Justice system or the Children's Hearing system, or both.

The Scottish Government's Whole Systems Approach (WSA) was introduced in 2011 aiming to address the needs of young people who offend. It is underpinned by GIRFEC and based on research which shows that the long term outcomes for young people involved in offending behaviour could be improved by diverting them away from statutory measures, prosecution and custody. The approach focuses on early and effective intervention and diversion from prosecution through multi-agency service delivery, Aberdeenshire has implemented this approach since 2012, please refer to the Aberdeenshire Whole Systems Approach documentation. [MAKE THIS A LINK](#)

Young people are still growing in maturity and, if offered timely, appropriate and proportionate interventions, have a better chance of changing their behaviour. In general terms the focus is on diverting young people from further offending, rather than punishing through the courts and this ideology is in keeping with the principles of the Children's Hearings system.

Less serious behaviour may be better dealt with by diversion and positive supports than with courses of action that label the child an offender. More serious behaviours may involve degrees of risk management, but these processes will often rely heavily on the supervision and monitoring that is provided by parents and/or carers and is embedded in the practices of day to day family life.

Children are not 'mini-adults' when it comes to crime. The reasons why children commit crimes are different to the reasons why adults commit crimes. Due to the differences in the developmental needs of children and young people, assessments and interventions must differ from those used with adults. More detailed advice on good practice with young people who offend can be found in the national youth justice practice guidance FRAME (**See appendix 3**).

## Transition Planning

When young people are being managed within the Children's Hearing System and also in the adult courts, where necessary Children Services Teams and Criminal Justice practitioners should work together with the young person to allow a continuity of support and resources. This will also ensure critical information is shared between workers providing a greater understanding of the complexities of both systems and a smoother transition between services. Joint arrangements, where necessary, can continue with an identified Lead Professional until a young person reaches 18 years of age.

Young people who offend do not acquire instant maturity as they move into the adult system. Practitioners working with offenders in their late teens and early twenties should bear in mind the particular characteristics of these young people. They may have vulnerabilities, and are likely to have impulsive patterns of thinking and behaviour. Maintaining the relationship in children's services, as the young person moves from children's to adult services, is likely to result in better outcomes. This is especially important when managing the needs of young people with learning disabilities who do not have the skills and abilities to adapt to the expectation of the adult world.

## Appendix 1 - Natural and Healthy Sexual Behaviour

Normal childhood sexual play is an information gathering process. Children explore each other's bodies visually and through touch (for example, play doctor), as well as trying out gender roles and behaviours (e.g., play house). Children involved in such explorations are of similar age and size, are generally of mixed gender; are friends rather than siblings, and participate on a voluntary basis. In natural sexual play or exploration, children often are excited, and they feel and act silly and giggly. The sexual behaviours of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well.

Further guidelines on defining appropriate, inappropriate and abusive sexual behaviours can be found at [www.brook.org.uk/traffic-lights](http://www.brook.org.uk/traffic-lights).

### Age 0 – 5 years

- o touches, rubs own genitals when being changed, or when tense, excited or afraid
- o explores differences between males and females, boys and girls
- o attempts to touch or is curious about other children's genitals or the breasts, bottoms or genitals of adults
- o enjoys nakedness
- o intense interest in bathroom activities of self and others
- o interest in body parts and what they do

### Age 6 – 10 years

- o curiosity about other children's genitals
- o curiosity about sex and relationships, e.g. how sex happens, where babies come from, same-sex relationships
- o touching of own genitals and solitary masturbation
- o sense of privacy about bodies
- o telling stories or asking questions using swear and slang words for parts of the body
- o a period of "show me yours and I'll show you mine"
- o experimenting with same age children including kissing, fondling, exhibitionism, and role playing.

### Age 10 – 12 years

- o focus on establishing relationship with peers
- o interest in viewing other people's bodies, usually in the form of photographs, etc.
- o use of sexual language including swear and slang words
- o interest in popular culture, e.g. fashion, music, media, online games, chatting online
- o need for privacy
- o having girl/boyfriends who are of the same or opposite gender
- o may engage in sexual activities with same or opposite gender (e.g., consensual kissing, hugging, holding hands with peers)
- o solitary masturbation

**Age 12 – 16 years**

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability

## **Appendix 2 - Harmful or Problematic Sexual Behaviours**

Toni Cavanagh Johnson is an American Licensed Clinical Psychologist with 35 years of experience of working in the field of child abuse and neglect, her primary clinical focus since running a highly specialised treatment program at Children's Institute International from 1985-1990 has been children with problematic sexual behaviour problems and their families. Johnson has developed a clinically derived continuum of sexual behaviours that categorises the more problematic behaviour into three groups: sexually reactive; extensive mutual and sexually abusive. She considers these useful when working with children under 12.

### **Sexually-Reactive Behaviours**

Sexuality is out-of-balance in relationship to their peer groups; and they often feel shame, guilt, and anxiety about sexuality. Many children in this group have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too much overt sexuality.

Young children, who watch excessive amounts of soap operas or television and videos, and who live in sexually explicit environments, may display a multitude of sexual behaviours. Some parents, who themselves may have been sexually and/or physically victimised, express their sexual needs and discuss their sexual problems openly with their young children. This can over-stimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in the form of more advanced or more frequent sexual behaviours, or heightened interest and/or knowledge beyond that expected for a child of that age.

The sexual behaviours of these children often represent a repetition, compulsion or a recapitulation (often unconscious) of previously over-stimulated sexuality or sexual victimisation.

Behaviours include:

- excessive or public masturbation,
- overt sexual behaviours with adults,
- insertion of objects into their own or other's genital, and
- talking about sexual acts.

Such sexualised behaviour may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviours need to be altered, children generally acknowledge the need to stop the behaviours and welcome help. The sexual behaviours of this group of children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviours.

### **Extensive Mutual Sexual Behaviours**

These children participate in a full spectrum of adult sexual behaviours, generally with other children in the same age range, (oral and anal intercourse, for example), and they conspire together to keep their sexual behaviours secret.

While these children use persuasion, they usually do not force or use physical or emotional coercion to gain other children's participation in sexual acts. They do not have the light-hearted spontaneity of sexually healthy children, the shame and anxiety of sexually-reactive children, or the anger and aggression typical of children who display harmful sexual behaviours. Instead, they display a blasé, matter-of-fact attitude toward sexual behaviours with other children.

Children displaying these behaviours may have been sexually abused, in a group, by one or more adults, and continue the sexual behaviours experienced with the other children after the abuse by the adults has stopped. Others may be siblings who mutually engage in extensive sexual behaviours as a way of coping in their highly dysfunctional families. Environments may be highly chaotic and sexually charged.

Through these experiences their understanding of relationships has become skewed; these boys and girls use sexuality as a way to make another child a friend – even briefly. Their sexual activities appear to be their attempts to make some kind of human connection in a world which is chaotic, dangerous, and unfriendly.

### **Sexually Abusive Behaviour**

As a group, they have behaviour problems at home, and at school, few outside interests, and almost no friends. These children lack problem-solving and coping skills, and demonstrate little impulse control. Often, they are physically and sexually aggressive.

The sexual behaviours of this group of children go far beyond developmentally appropriate childhood explorations or sexual play. Their thoughts and actions are often pervaded with sexuality. Typical behaviours of these children may include (but are not limited to) oral sex, vaginal intercourse, anal intercourse and/or forcibly penetrating vagina or anus of another child with fingers, sticks and/or other objects.

These children's sexual behaviours continue and increase over time, and are part of a consistent pattern of behaviours rather than isolated incidents.

Even if their activities are discovered, they do not, and cannot, stop without intensive and specialised treatment.

A distinctive aspect of this group of children is their attitudes toward sexuality. The child victim does not get to choose what the sexual behaviours will be, nor when they will end. In sibling incest when the male has displayed harmful sexual behaviour, the victim is typically the favourite child of the parents. In other cases, the child is selected due to special vulnerabilities, including age, intellectual impairment, extreme loneliness, repression, social isolation, or emotional neediness. Children who display harmful sexual behaviours often use social and emotional threats to keep their victims quiet: "I won't play with you ever again, if you tell"; this is a powerful reason to keep quiet if the child victim already feels lonely, isolated or even abandoned at home and at school.

Most children who display harmful sexual behaviour who have been studied have been victims of sexual abuse themselves, although the sexual abuse generally has occurred years before the children began displaying the behaviour. All of the children live in

home environments marked by sexual stimulation and lack of boundaries, and almost all of the children have witnessed extreme physical violence between their primary caretakers.

This group of children is at the highest risk for continuing, and escalating, their patterns of sexually abusive behaviours, unless they receive specialised treatment specifically targeting their acting out.

[The Website](#) of Dr Toni Cavanagh Johnson provides a number of useful publications – books and leaflets.

## Appendix 3 - Resources and Guidance

### [National Guidance - Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#)

Framework for Risk Assessment, Management and Evaluation (FRAME) Planning for Local Authorities and Partners for Children and Young People Under 18

<http://www.cycj.org.uk/resource/framework-for-risk-assessment-management-and-evaluation-frame-for-local-authorities-and-partners/>

Criminal Justice Social Work Reports and Court Based Services Practice Guidance 2010:-

<http://www.gov.scot/Topics/archive/law-order/offender-management/offender/community/16910/Standards/GuidanceCJSWR>

Hackett, S., Holmes, D. & Branigan, P. (2016) Operational Framework for Children & Young People Displaying Harmful Sexual Behaviours. London: NSPCC.

Risk Management Authority Scotland

<http://www.rmascotland.gov.uk/>

National Risk Assessment Framework 2012

<http://www.gov.scot/Publications/2012/11/7143/0>

Preventing Offending: Getting it Right for Young People Who Offend

<http://www.gov.scot/Resource/0047/00479251.pdf>

### [Centre for Youth & Criminal Justice](#)

Aberdeenshire's GIRFEC Website

[GIRFEC Aberdeenshire](#)

The Practitioner's Guide to Information Sharing, Confidentiality and Consent.

<http://www.girfec-aberdeenshire.org/wp-content/uploads/2016/08/GIRFEC-Practitioners-Information-sharing-Sept-16.pdf>

Managing Risk of Serious Harm in a 'Guide to Youth Justice: Policy, Practice and Legislation (CYCJ)

<http://www.cycj.org.uk/wp-content/uploads/2016/06/Section-5-Managing-Risk-of-Serious-Harm-1.pdf>

### [National practice model](#)

National Guidance for Child Protection 2014

<http://www.girfec-aberdeenshire.org/wp-content/uploads/2015/03/National-Guidance-for-Child-Protection-in-Scotland-2014.pdf>

Scottish Government 2016. Child Sexual Exploitation Definition and Practitioner Briefing Paper. Scottish Government October 2016. Edinburgh.

**Simon Hackett (2004) What Works with Children and Young People with Harmful Sexual Behaviours, Barnardos**

**Gary O'Reilly, William Marshall, Alan Carr and Richard Beckett (eds) (2004) The Handbook of Clinical Intervention with Young People who Sexually Abuse, Brunner-Routledge**

### **Parent Guides**

When families discover that a child has displayed harmful sexual behaviour, this typically causes considerable emotional distress and crises for individual family members. This distress can be compounded further if the victim of the child is a member of the immediate or extended family.

Common emotional responses experienced by parents/caregivers include some of the following:

- o intense fear of having failed in parenting;
- o shock and denial;
- o guilt, shame and self-blame;
- o isolation and stigma;
- o feelings of loss and grief;
- o uncertainty and confusion about sex and sexuality; and
- o feeling powerless and out of control, especially in the face of professional systems and intervention. (Hackett 2001)

### **Facing the Future: A Guide for Parent of Young People who have Sexually Abused (Simon Hackett)**

Written for parents, but also an excellent resource for practitioners working with families. Full of educational material and useful exercises. Chapter headings include 'Why has this happened?' and 'Making Changes and Protecting Others in the Family'.

## **Appendix 4 - Sexual Behaviour Service**

The sexual behaviour service (SBS) aims to work with children and adolescents who are displaying inappropriate / harmful sexualised behaviour or violent behaviour. The SBS service is provided by a Social Worker based within Aberdeenshire's Youth Services Team, and is available across Aberdeenshire.

The SBS worker will meet with the young person for approximately 8 -12 weeks and explore the young person's understanding of their life, their history, relationships and behaviour.

For young people who are engaging in inappropriate or harmful sexualised behaviour there will be an element of sex education and discussions regarding sexual and emotional relationships. The content of such discussions will be tailored depending on the age, stage and development of the young person.

Sessions are held between the young person, the SBS worker and the young person's Case Worker. The young person's family / carers will be kept updated in terms of progress and any relevant issues that emerge.

Information obtained during the assessment (or programme) may be shared with other relevant agencies when assessing risk and need of the young person. This will be achieved in line with the 4 Principles of the GIRFEC Policy; a child focused approach, a holistic understanding of well-being, a preventative approach and a joined up approach.

The SBS worker will assess the information gathered and write their findings in a report. The report will advise of conclusions and recommendations; no further work necessary, a short focussed piece of work based on the needs identified in the assessment, or the young person requires to undertake a full programme. The report will be shared with the young person, parents / carers and case worker.

The referral form for this Service can be located alongside the CARM documentation in Arcadia. Referrals should be made by the relevant Social Work Team responsible for the young person.

## Appendix 5

### Child Sexual Exploitation (CSE) Checklist

The following list is not exhaustive but highlights indicators of risk and vulnerabilities associated with sexual exploitation. Information known about any of these issues should be shared when a referral is made.

<b>Health</b>	<b>Present</b>
Physical injuries such as bruising suggestive of either physical or sexual assault	Yes / No / Possibly
A sexually transmitted infection, particularly if it is recurring or there are multiple STIs	Yes / No / Possibly
Pregnancy / abortion / miscarriage	Yes / No / Possibly
Sexually risky behaviour	Yes / No / Possibly
Self-harming	Yes / No / Possibly
Thoughts of or attempted suicide	Yes / No / Possibly
Eating disorder	Yes / No / Possibly
Change in appearance including losing weight, putting on weight,	Yes / No / Possibly
Evidence of misuse of drugs/alcohol, including associated health problems	Yes / No / Possibly
Learning disability	Yes / No / Possibly
<b>Behaviour</b>	
Sexually offending behaviour	Yes / No / Possibly
Truancy/disengagement with education, or considerable change in performance at school	Yes / No / Possibly
Volatile behaviour exhibiting extreme array of mood swings or abusive language which is unusual for the child	Yes / No / Possibly
Aggressive or violent, including to pets/animals	Yes / No / Possibly
Becoming angry, hostile if any suspicions or concerns about their activities are expressed	Yes / No / Possibly
Physical aggression towards parents, siblings, pets, teachers or peers	Yes / No / Possibly
Detachment from age-appropriate activities	Yes / No / Possibly
Secretive behaviour	Yes / No / Possibly
Known to be sexually active	Yes / No / Possibly
Low self-image, low self-esteem	Yes / No / Possibly
Young offender or anti-social behaviour	Yes / No / Possibly
Sexualised language	Yes / No / Possibly
Hostility in relationship with parents / carers and other family members	Yes / No / Possibly
Getting involved in petty crime such as shoplifting or stealing	Yes / No / Possibly
<b>Grooming</b>	
Entering or leaving vehicles driven by unknown adults	Yes / No / Possibly

Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note adults may pose as peers to entrap the child.	Yes / No / Possibly
Mobile phone being answered by unknown adult	Yes / No / Possibly
Accounts of social activities with no plausible explanation of the source of necessary funding	Yes / No / Possibly
Having keys to premises other than those they should have	Yes / No / Possibly
Possession of money with no plausible explanation	Yes / No / Possibly
Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation	Yes / No / Possibly
Having new mobile phone, several mobile phones, especially Blackberry or I phone – (because messages cannot be traced).	Yes / No / Possibly
Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls.	Yes / No / Possibly
Excessive use of mobile phones including receiving calls late at night	Yes / No / Possibly
Reports that the child / young person has been seen in places known to be used for sexual exploitation	Yes / No / Possibly
Unexplained relationships with older adults	Yes / No / Possibly
Associating with other young people who are known to be sexually exploited, including in school	Yes / No / Possibly
Sexual relationship with a significantly older person	Yes / No / Possibly
Phone call, texts or letters from unknown adults	Yes / No / Possibly
Recruiting others into sexual exploitation	Yes / No / Possibly
Seen at public toilets known for cottaging or adult venues (pubs and clubs)	Yes / No / Possibly
Adults loitering outside the child/young person's usual place of residence or school	Yes / No / Possibly
Leaving home/care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothing from older young people)	Yes / No / Possibly
Wearing an unusual amount of clothing (due to hiding more sexualised clothing underneath or hiding their body)	Yes / No / Possibly
Persistently missing, staying out overnight or returning late with no plausible explanation	Yes / No / Possibly
Returning after having been missing, looking well cared for in spite of having no known home base	Yes / No / Possibly
Returning after having been missing looking dirty, dishevelled, tired, hungry, thirsty	Yes / No / Possibly
Missing for long periods, with no known home base and/or homeless	Yes / No / Possibly
Possession of excessive numbers of condoms	Yes / No / Possibly
New contacts with people outside of town	Yes / No / Possibly
<b>Looked after children</b>	
Living in residential care	Yes / No / Possibly
Frequently missing from placement	Yes / No / Possibly
Multiple Placement breakdown	Yes / No / Possibly
Going missing with other children	Yes / No / Possibly

<b>Family and Social</b>	
A family member or known associate working in the adult sex trade	Yes / No / Possibly
Unsure about their sexual orientation, or unable to disclose sexual orientation to their family	Yes / No / Possibly
History of physical, sexual and / or emotional abuse; neglect	Yes / No / Possibly
Witness to or involved in domestic violence at home	Yes / No / Possibly
Parental difficulties; drug and alcohol misuse, mental health problems, physical or learning difficulty. Being a young carer.	Yes / No / Possibly
Pattern of street homelessness or sofa surfing	Yes / No / Possibly
Living in hostel or B & B accommodation	Yes / No / Possibly
Conflict at home around boundaries, including staying out late.	Yes / No / Possibly
Recent bereavement or loss	Yes / No / Possibly
Gang association either through relatives, peers or intimate relationships	Yes / No / Possibly
Lacking friends their own age	Yes / No / Possibly
Living in a gang neighbourhood	Yes / No / Possibly
<b>E-safety</b>	
Evidence of sexual bullying and/or vulnerability through internet or social networking sites	Yes / No / Possibly
Concern that inappropriate images of a young person are being circulated via the internet/phones	Yes / No / Possibly
Exchanging inappropriate images for cash, credits or other items	Yes / No / Possibly
Receiving gifts through the post from someone the young person does not know	Yes / No / Possibly
Concern that a young person is being coerced to provide sexually explicit images	Yes / No / Possibly
Concern that a young person is being bribed by someone because of their inappropriate online activity	Yes / No / Possibly
Concern that a young person is selling sexual services via the Internet	Yes / No / Possibly
Accessing dating agencies via mobile phones (for example - 2 flirt line)	Yes / No / Possibly
Unexplained increased mobile phone / gaming credits	Yes / No / Possibly