Harmful sexual behaviour framework

An evidence-informed operational framework for children and young people displaying harmful sexual behaviours

2nd Edition. 2019

NSPCC

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Welcome

This framework provides an evidence-informed tool for developing coordinated, multi-agency local responses to children and young people's harmful sexual behaviour.
We would like to thank everyone involved in the development and piloting of the framework.

Anyone using this material in other publications or contexts should acknowledge its source[1] as: Hackett, S, Branigan, P and Holmes, D (2019). Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours, second edition, London, NSPCC.

The project has been led and coordinated by the NSPCC and Research in Practice (RIP), though its production has involved a large number of national organisations and subject experts.

The framework was developed by a practice development subgroup, chaired by Professor Simon Hackett, Durham University, and draws significantly on the publication Hackett, S (2014) Children and young people with harmful sexual behaviours, published by Research in Practice.



1 We would also like to thank RIP for the opportunity to reproduce and repurpose appropriate sections of their publication; Hackett S (2014) Children and young people with harmful sexual behaviours: Research Review. Dartington: Research in Practice

With thanks to

We wish to thank and acknowledge the input and learning to this second edition of the framework from the ten early adopter local areas - Tower Hamlets, Norfolk, St Helens, Calderdale and the Regional Safeguarding Board of North Wales (covering Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire and Wrexham).

We are grateful to the original national development group and working practice group who contributed to the ideas and composition of the first edition of the harmful sexual behaviour framework.



Contents

Introduction 6

1 Responses 11
1.1 Summary of evidence and issues 13
1.2 Audit tool – domain 1 20
1.3 Key principles and practice example 22

2 Prevention 25
2.1 Summary of evidence and issues 27
2.2 Audit tool – domain 2 32
2.3 Key principles and practice examples 34

3 Assessments 37
3.1 Summary of evidence and issues 39
3.2 Audit tool – domain 3 48
3.3 Key principles and practice examples 51

4 Interventions 53
4.1 Summary of evidence and issues 55
4.2 Audit tool – domain 4 60
4.3 Key principles and practice examples 70

5 Development 75
5.1 Summary of evidence and issues 77
5.2 Audit tool – domain 5 81
5.3 Key principles and practice examples 84

References 89



Introduction

It is over 25 years since a national strategy to address the challenge of children and young people with harmful sexual behaviour (HSB) was first proposed for the UK (NCH, 1992). Despite repeated calls – and some indications that a cross-government framework was about to be published (Home Office, 2010) – a strategy has not been forthcoming.

In recent years, professionals have learned a lot about the nature and extent of the problem, what constitutes good assessment practice, and effective interventions for children, young people and families affected by this issue.

Despite increasing evidence on the scale, nature and complexity of the problem, service provision across the UK remains patchy and relatively uncoordinated, with some beacons of good practice. Levels of professional confidence and competence to address the challenge are, at best, varied (CJJI, 2013). There is an obvious need for a more coordinated and consistent approach to the issue, that recognises both the risks and needs of children displaying harmful sexual behaviours.

Recent developments, such as the publication of NICE guidance on the issue of harmful sexual behaviour by children and young people (NICE, 2016), as well as the ongoing work of the Independent Inquiry into Child Sexual Abuse (IICSA) present an opportunity to forge a better approach to the issue of HSB displayed by children and young people. The time is right to progress this work, giving it impetus, shape and focus within the UK child welfare, criminal justice and health and education systems.

The guidelines aim to provide a frameworkto help local areas develop and improve responses to this important child protection challenge

Who are these guidelines for?

These guidelines have been developed by a group of service delivery organisations and experts in the field of HSB. They aim to provide a framework to help local areas develop and improve responses to this important child protection challenge.

The original framework was developed and published in 2016 and has already been used in many local areas across the UK. Agencies have told us that the framework has helped them to positively transform their responses to the issue of HSB, building on agency strengths and also identifying areas for development in their localities.

The learning from agencies to date is that the framework is most effective when it brings together local staff with a strategic role in coordinating child protection and local HSB responses, those responsible for commissioning such services, and those with a wider safeguarding remit and audit responsibilities.

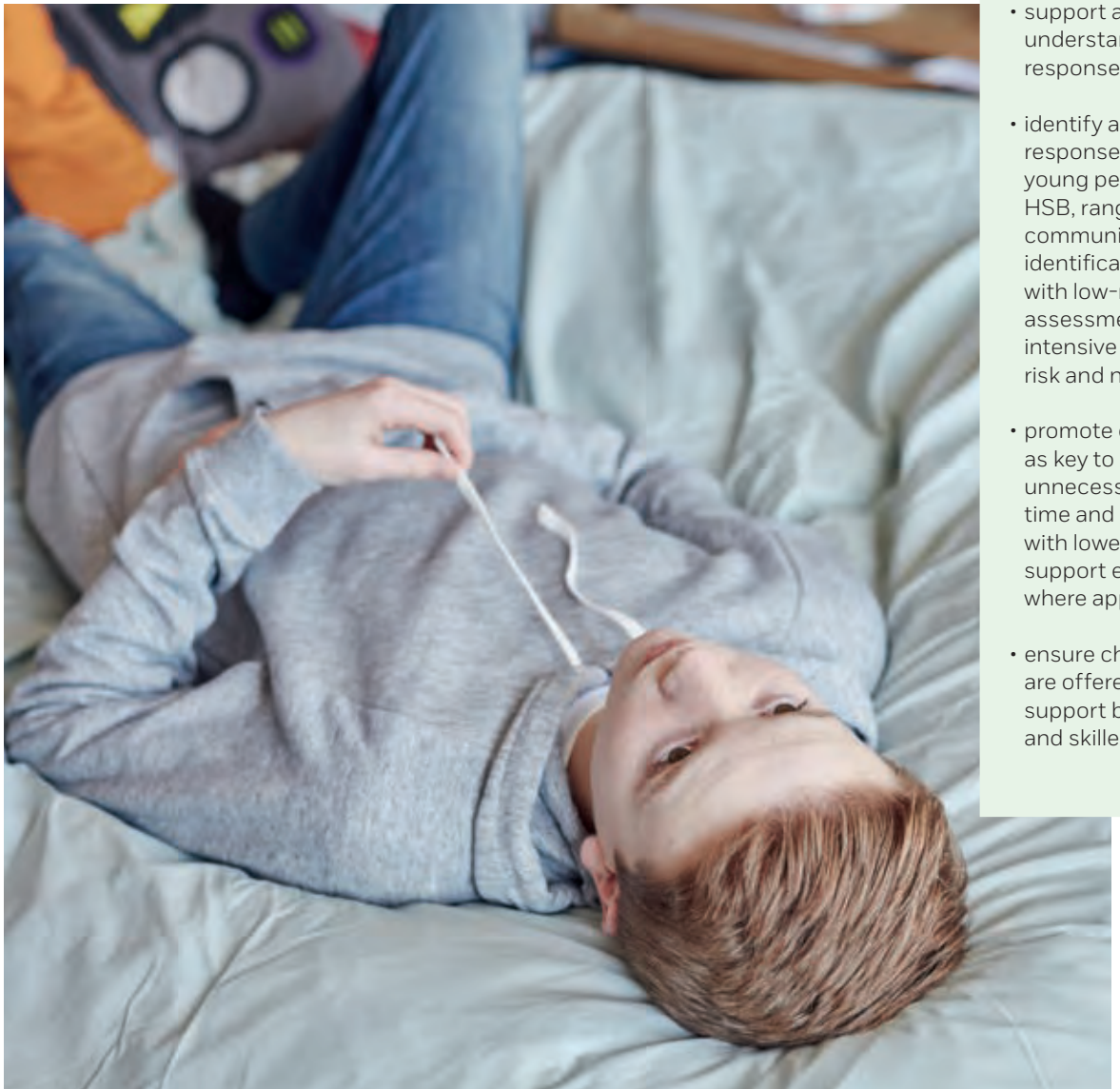
Aim of the framework

This integrated framework aims to support local work with children and young people who have displayed HSB, and their families, by delivering and developing clear policies and procedures, and by refreshing local practice guidelines and assessment tools.

It seeks to provide a more coherent and evidence-informed approach for work with these children and young people, and to better understand how to improve outcomes for them.

Though the original framework was intended to contribute to the development of a national HSB strategy and was developed in the first instance for England, it is now being widely used across Scotland, Wales and Northern Ireland and is being referenced internationally as a model of best practice.

Colleagues from all four nations have contributed to the development of the framework, and we hope it will inform the further development of work to address HSB across the UK.



The framework seeks to:

- support an integrated understanding of, and response to, HSB
- identify a continuum of responses to children and young people displaying HSB, ranging from early community-based identification and support with low-risk cases, to assessment, intervention and intensive work with the highest risk and needs
- promote effective assessment as key to preventing unnecessary use of specialist time and intensive resources with lower risk cases, and to support earlier interventions, where appropriate
- ensure children and families are offered the right level of support by suitably trained and skilled workers
- promote the advantage of involving frontline agencies and workers (especially education services) in earlier recognition, assessment and intervention, thus increasing the chances of engaging earlier
- encourage inter-agency work designed to reduce the isolation and anxieties that are commonly felt in decision-making for this group, and that may result in under and over-estimation of risk
- promote the use of a shared language, skills and training exchange, and development of appropriate local peer support systems
- promote the importance of evaluation and monitoring of outcomes for children and young people who demonstrate HSB.

Framework structure and how to use it

The framework promotes five domains (areas of focus) that cover the essential elements of developing and delivering an integrated and effective HSB service for children, young people and their families. These five key domains are closely interrelated:



Each domain is structured in the same way and includes:

- a summary of the latest evidence to back up practice and local decision making and the key issues being faced
- an audit tool to help you assess the current state of your HSB offer and service responses
- the key principles to consider when focusing on delivery, with practical examples.

A list of available tools and resources can also be found for each domain online at **nspcc.org.uk**

How to use the audit tool

Each domain includes an audit exercise to enable local areas to assess their practice, processes and leadership against the five key areas. These exercises provide 10 statements, in no particular order, against which a score between 0 and 4 should be given, as follows:

0 Not at all/never/ no evidence for this

1 Very little/very infrequently/ very little evidence for this

2 To some extent sometimes/ some evidence for this

3 To a fair extent/frequently/ good evidence of this

4 Always/to a great extent/a wealth of extremely strong evidence for this

Although the audit can be completed by a single agency to good effect to review its responses to HSB, the audit is best undertaken as a multi-agency exercise with partners working together to reflect and respond to the statements. Experience to date has been that it is helpful for a senior officer with delegated responsibility on behalf of local safeguarding partners to coordinate completion of the audit tool.

The statements are directly linked to research messages, and are deliberately challenging – requiring evidence to underpin each score, for example – and designed to stimulate debate. The audit exercise should be a catalyst for learning and improvement.

If differences across agencies (the quality of data recorded; the approaches to assessment, etc.) make it difficult to reach an agreed score, we strongly suggest using the lower score. Similarly, statements that employ subjective terms such as 'high quality' or 'confident' may highlight differences of opinion between professional groups. Again, we recommend applying the lower score and considering what action would be necessary for all groups to feel confident, or be assured of quality.

We suggest you carry out the audit exercise to establish a baseline, from which scores can be combined to provide an overview of local practice. An HSB framework scoring tool is available at **nspcc.org.uk/hsbframework** to help collate the findings and generate a radar graph (see the example overleaf in figure 1).

This should enable local areas to focus their efforts on the areas in which improvement is needed most. You can then use the examples and resources provided to draft an action plan that reflects local needs and priorities.

NSPCC can provide additional support for areas or regions undertaking the audit if requested. Support includes a range of resources developed to make the audit process as effective and efficient as possible, including an upgraded analysis tool. The support package is based on experience and insight gained from auditing multiple areas and runs from framework launch events to the development of a multi-agency action plan and adoption of a strategic approach to addressing local uses around HSB. More information is available at **hsbframework@nspcc.org.uk.**

Figure 1: Example of 'pre-and post' self-evaluation scores (T1 and T2)

The audit exercise should be repeated after six months, and again at 12 months, to demonstrate progress and to inform any changes or developments required.

National Institute for Health and Care Excellence (NICE) HSB guidance

The framework should be used alongside the NICE guideline [NG55] (NICE, 2016) on harmful sexual behaviour among children and young people. The guidance makes recommendations about the roles of universal services, early help assessment and risk assessment, supporting families and the key principles and approaches for intervention. The guideline aims to ensure that children and young people who display HSB, are offered early support so that their sexual behaviour problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure that children are not referred to specialist services unnecessarily.



A continuum of responses to children and young people displaying HSB



1.1 Summary of evidence and issues

The scale of the problem

Sexual abuse perpetrated by children and young people is not a rare phenomenon. Official statistics suggest that at least a quarter of all sex offenders in the USA are juveniles (Finkelhor, Ormrod and Chaffin, 2009) and between 20% and 33% of all reported child sexual abuse in the UK involves other children and adolescents as the alleged perpetrators (Hackett, 2014). Official figures may, however, under-estimate the true scale of the problem. For example, in their study of child maltreatment in the UK using a randomly generated postcode sample of over 6,000 individuals, Radford et al (2011) found that two thirds of the contact childhood sexual abuse reported by respondents had been perpetrated by under 18-year-olds. Hackett (2014) states that, "although they are far from comprehensive or uncontested, existing indicators suggest that sexual abuse perpetrated by children is a considerable social problem and is one that may have serious negative impacts not only upon victims but also upon the children who display the behaviours, as well as their families and their broader networks and communities".

The scope of referrals of children and young people displaying HSB

The lack of comparable services and recording systems makes it difficult to capture an accurate picture of referrals to HSB services across the UK. However, a review of service provision across 20 per cent of local authorities in the UK (Smith et al, 2013) indicated that males and older children formed the majority of those being offered a service as a consequence of HSB.

English and Scottish local authorities had the most cases of young males from ethnic minority groups, and all areas identified young people with learning disabilities as service users. Many local authorities in England, Scotland and Northern Ireland reported the same number of cases at the time of survey compared to the previous five years. However, some areas displayed an increase in cases of HSB: in England, just over a quarter of areas surveyed demonstrated an increase in cases, of which over half were males, younger people with a learning disability and younger children; in Wales an increase in cases of females and young people with a learning disability was recorded.

In the UK over around a third of sex offences against children and young people are committed by under 18s[2]

Schools currently provide their local authority with termly information about some circumstances in which HSB may occur, such as sexting, bullying and gang-related activity. While this information is basic, it could contribute to the overall picture if additional information were requested about the number of cases in which HSB was suspected or alleged.

Defining harmful sexual behaviour by children and young people

A wide range of terms have been used to describe children and young people who present with problems with their sexual behaviour. Terms include 'juvenile sex offender', 'young abuser' and 'adolescent perpetrator'. Misuse of imprecise and vague terminology can lead to misclassifying children and young people or labelling them inappropriately. A shared and meaningful range of terms is important to enable clear communication between professionals, and to allow accurate assessment of children, young people and their behaviours.

For the purpose of this framework, 'Harmful sexual behaviours' are therefore defined as:

"Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult." (derived from Hackett, 2014).

2 Research and crime statistics suggest that anywhere from one-fifth to two-thirds of sexual abuse is committed by other children and young people. Hackett (2014) gives an overview of some of the key studies. The NSPCC uses the figure of "around a third" as a mid-way point between the lower end and the higher end of the estimates.

It is helpful to distinguish between problematic and abusive sexual behaviour:

Problematic

- Problematic behaviours don't include overt victimisation of others may be disruptive to the child's development and can cause distress, rejection or increase victimisation of the child displaying the behaviour. They include behaviours involving sexual body parts that are developmentally inappropriate or potentially harmful to the child or others. They range from problematic self-stimulation and nonintrusive behaviours, to sexual interactions with other children that include behaviours more explicit than sex play, and aggressive sexual behaviours. Sometimes, the term 'problematic sexual behaviour' is used to describe behaviours that may be developmentally appropriate but that are expressed inappropriately in a given context.
- When this type of behaviour appears to be trauma-related – for example when symptoms originate from sexual abuse the child has experienced – the behaviour may be termed sexually reactive. Sexually reactive and sexually problematic behaviours are more commonly associated with children in the pre-adolescent age range.

Abusive

- Abusive behaviours involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm. Power imbalance may be due to age, intellectual ability, disability or physical strength. Abusive sexual behaviour may or may not have resulted in a criminal conviction or prosecution.

Such behaviours are more commonly associated with young people over the age of criminal responsibility or those in puberty.

As both problematic and abusive sexual behaviours are developmentally inappropriate and may cause developmental damage, a useful umbrella term is 'harmful sexual behaviour' or HSB. This term has been adopted widely in the field, and is used throughout this framework.

A continuum of behaviours

It is vital for professionals to distinguish normal from abnormal sexual behaviours. Chaffin, Letourneau and Silovsky (2002, p208) suggest a child's sexual behaviour should be considered abnormal if it:

- occurs at a frequency greater than would be developmentally expected
- interferes with the child's development
- occurs with coercion, intimidation, or force
- is associated with emotional distress
- occurs between children of divergent ages or developmental abilities
- repeatedly recurs in secrecy after intervention by caregivers.

Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant:

Normal	Inappropriate	Problematic	Abusive	Violent
• Developmentally expected	• Single instances of inappropriate sexual behaviour	• Problematic and concerning behaviours	• Victimising intent or outcome	• Physically violent sexual abuse
• Socially acceptable	• Socially acceptable behaviour within peer group	• Developmentally unusual and socially unexpected	• Includes misuse of power	• Highly intrusive
• Consensual, mutual, reciprocal	• Context for behaviour may be inappropriate	• No overt elements of victimisation	• Coercion and force to ensure victim compliance	• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
• Shared decision making	• Generally consensual and reciprocal	• Consent issues may be unclear	• Intrusive	• Sadism
		• May lack reciprocity or equal power	• Informed consent lacking, or not able to be freely given by victim	
		• May include levels of compulsivity	• May include elements of expressive violence	

A continuum of responses

As identified in Hackett's model, above, children and young people with harmful sexual behaviours are a varied and complex group with diverse needs that cannot be addressed by a 'one size fits all' model of service provision.

The diverse needs of these children and young people include the fact that many of them have hitherto unrecognised learning difficulties, specific educational needs, a range of psychosocial risk factors and co-occurring mental health problems (Bladon et al, 2005).

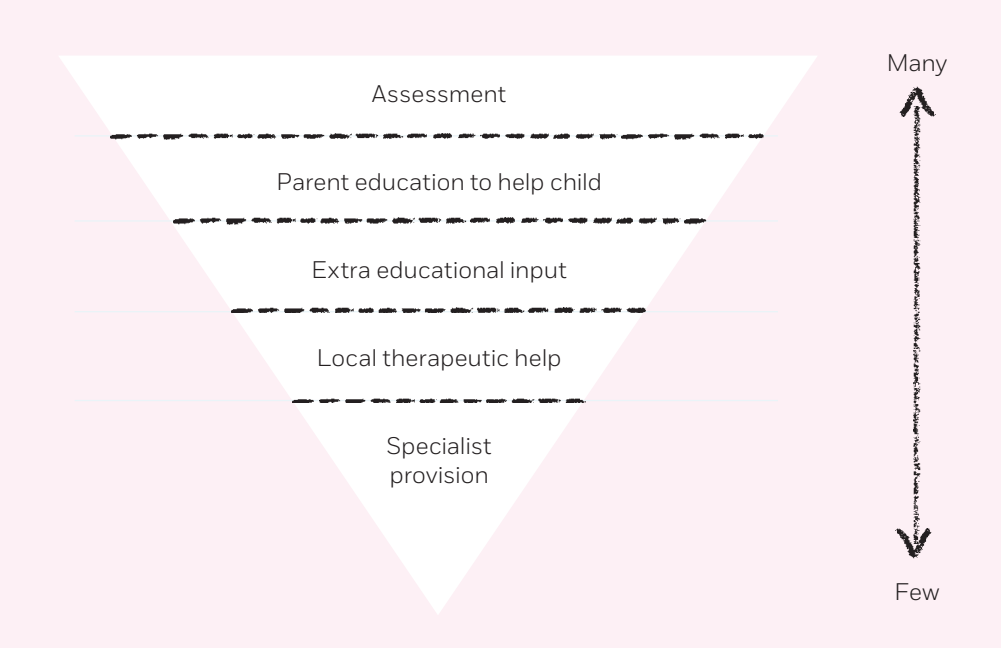
The wide range of harmful sexual behaviours shown by children and young people means their needs should be met in a variety of different placement contexts. These range from their own homes (most children and young people), general looked-after or care settings (the more disadvantaged and hard to manage young people with moderate risk profiles), and more specialist or secure provision (young people who pose a high risk of serious, significant harm to others).

Assessing children and young people and meeting their needs in the context of the notion of a continuum of responses is the subject of the third domain of this framework: effective assessment and referral pathways.

In addition to the initial response and support offered to low level cases in frontline settings, several levels of service response and intensity are required in order to address various levels of need and concern, as highlighted in the following model developed by Morrison and colleagues (2001).

Hence a small network of regional, highly specialised assessment and treatment services may be required to meet some of the more specialised needs shown by a smaller number of more complex cases.

Figure 2: Continuum of service intensity, Morrison and colleagues (2001) adapted from Ryan (1999)



The following model is suggested as a framework for understanding the range of service provision required for children and young people displaying HSB:

A. Support, case management and coordination in frontline settings supported by specialised services as needed.

B. Community-based teams, including CAHMS and the voluntary sector (such as the NSPCC or Barnardo's) at local level, who can assess and offer interventions to children and young people (and their parents, carers and families) presenting with problematic and abusive sexual behaviours, supported where necessary with input from a regional specialist service with consultation and training. Community-based teams would be well-placed to provide consultation and advice to schools on children presenting with sexual behaviour problems in educational settings.

C. Network of specialist regional services that provide case consultation, teaching and training programmes to facilitate local services and to provide direct interventions in complex cases where young people present with complex needs and risk profiles, including serious mental health concerns and learning difficulties/disabilities.

D. Small number of therapeutic residential facilities for children and young people displaying HSB based around the UK to allow for intensive, supervised treatment of children whose needs cannot be met safely in the community.

E. Provision in secure settings, for comprehensive assessments and interventions that address the young person's risks and needs, linked to sentence planning and transitions within the secure estate and to the community.

In addition, evidence-based interventions such as MST (Multi Systemic Therapy) (Borduin et al, 2004) may be warranted for young people living at home in the community and forensic foster care (Chamberlain and Reid, 1998; Yokely and Boettner, 2002) for those young people who can't be contained at home safely, but who don't need the close supervision or secure provision necessary for young people who pose a more significant risk to others.

In the case of young people who are expected to make the transition to adult prison, sentence planning and risk management processes should take into account the young person's age and stage of development when the offending occurred.

The relationship between 'harmful sexual behaviours', 'child sexual exploitation' and other terms

Given the above definitional discussion, it is important to locate the term 'harmful sexual behaviours' in the broader context of other terms used to describe and classify types of sexual abuse and sexual violence.

In the UK currently, a range of terminology has been proposed to describe harmful sexual behaviours both perpetrated and experienced by both adults and children. It is important to recognize that each of the terms proposed describes a range of behaviours and experiences. They are not simple or fixed categories as such and many children and young people's experiences are relevant to a number of terms. However, in order to avoid confusion, it is important to point out some of the ways in which the terms coalesce and differ. In particular, the relationship between the terms 'HSB' and 'CSE' warrants some clarification.

CSE is defined as "a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology." (DfE, 2017).

As Hackett and Smith (2018) have pointed out this definition specifies age limits for the victims but not the perpetrators of CSE, so it is open to young people being responsible for the sexual exploitation of children. They state that conceptually, HSB could be deemed to be CSE if there is an imbalance of power between the young people involved, and if there is an element of exchange involved in the harmful sexual activities between them. However, they point out that there are complexities when young people are identified for transgressive sexual behaviour: "Should this be seen through an HSB or a CSE lens? This is not just about definitional niceties: it has very significant consequences for the services on offer, and potentially life-changing consequences for young people in terms of the labels they acquire as a result of their behaviours."

It is clear that some young people who display HSB are committing acts which would fit with the above definition of CSE. In particular, those young people who sexually abuse other young people within the context of relationships, often described as 'peer on peer' abuse, fit both the definition of HSB as sexual behaviour which victimises others and CSE as exploitative, exchange-based abuse. As depicted in figure 3, it is perhaps most appropriate therefore to view both HSB and CSE as distinct but overlapping forms of sexual abuse. Both share the elements of coercion, misuse of power, violence and lack of consent and choice.

The figure is conceptual and the size of the cross over between HSB and CSE in any area will shift in relation to changing local definitions and prevalence of CSA.

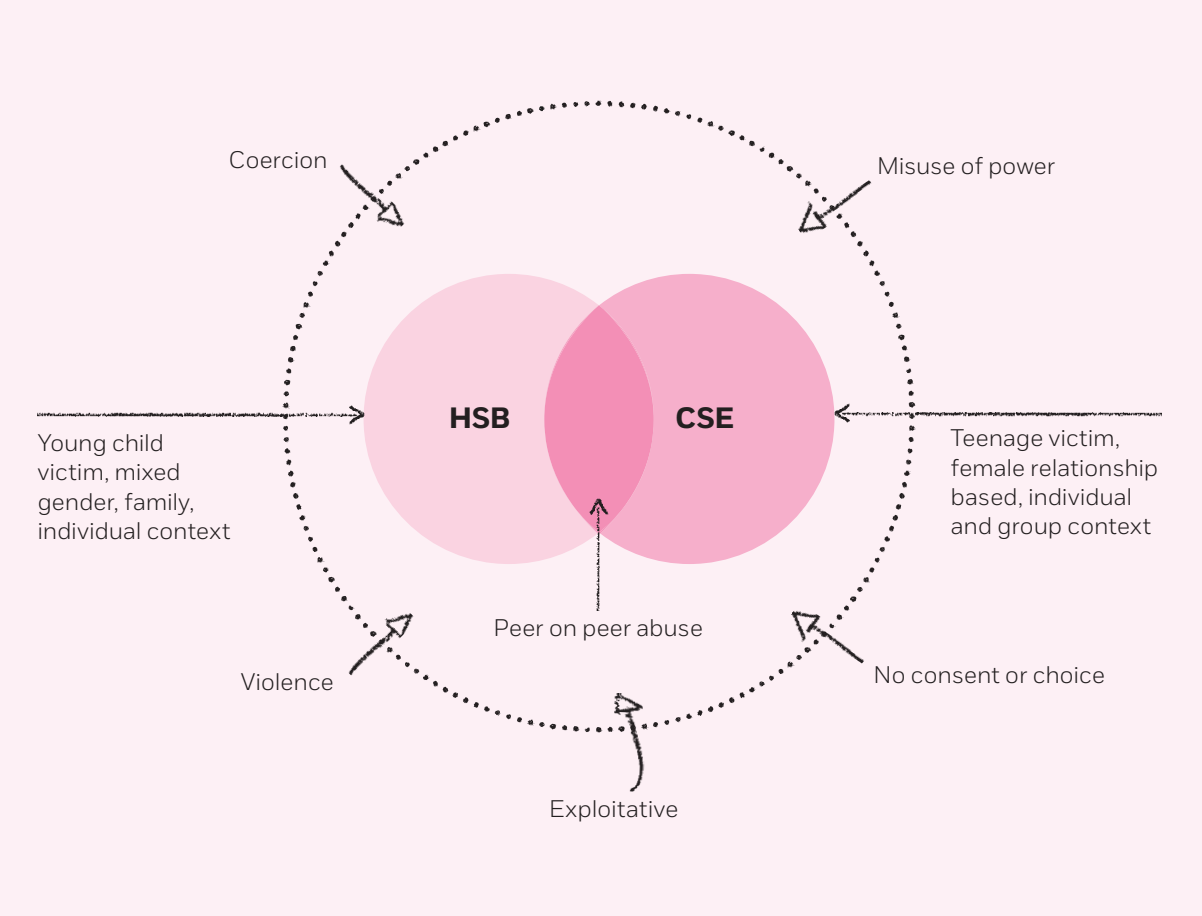
In order to explore the crossover between HSB and CSE, Hackett and Smith (2018) explored 14 cases known to a CSE team over a 24-month period where an alleged perpetrator was under the age of 18 at the point of their harmful or exploitative sexual behaviours. All 14 young people had targeted female victims and only one was known to have sexually offended against a male (in addition to multiple female victims). HSB towards teenage peers was preceded in only three cases by sexual abuse of pre-pubescent children.

Typically, the young people were involved in multiple and in some cases escalating harmful sexual behaviours: nine engaged in exploitative or harmful sexual behaviours online or using social media, accompanied in most cases by contact sexual exploitation or sexual abuse. There was not strong evidence of a clear progression from online to offline HSB: it was just as likely for offline HSB to precede online behaviours. Twelve of the young people had long-standing non-sexual offending histories including theft, burglary, criminal damage and general antisocial behaviours. All the young people appear to fit a 'generalist' category where

their HSB appeared to be more directed towards peers as part of a broader catalogue of deviance and non-sexual offending. They suggest that "It may be that CSE-type behaviours in adolescence, much more so than more general HSB, are more strongly related to general deviance than a history of sexual victimisation; if so, this has significant implications for both intervention approaches and prevention activities".

However, Hackett and Smith (2018), conclude that "it has been difficult to separate the young people's behaviours meaningfully and neatly into categories of CSE and HSB. While all fit the widely used definition of HSB, the extent to which they are accompanied by overt elements of exchange (as would fit the definition of CSE) is much less clear in many cases. The sexual behaviours of all the young people in the sample required disruption, management and intervention – but it is unclear whether that should be undertaken by a CSE team or an HSB team. This perhaps reflects the present inadequacy of using distinct sets of language and concepts (CSE and HSB) and service frameworks to respond to the problem of transgressive sexual behaviour in adolescence."

Figure 3: The fit of HSB and CSE in the context of wider child sexual abuse



1.2 Audit tool – Domain 1

A continuum of responses to children and young people displaying HSB

Scoring key:

- 0 Not at all/never/no evidence for this
- 1 Very little/very infrequently/ very little evidence for this
- 2 To some extent/sometimes/ some evidence for this
- 3 To a fair extent/frequently/ good evidence of this always/ to a great extent/a wealth
- 4 Always/to a great extent/ a wealth of extremely strong evidence for this

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
1.1	We capture accurate data about the number of children and young people requiring support due to their HSB, and the number who are identified through referral processes but may not be receiving support.			
1.2	Our data gives us an accurate picture of children and young people displaying HSB in our area in terms of age, gender, ethnicity, and proportion with learning difficulties or disability. We use this to help us plan service responses and workforce development.			
1.3	Local community-based teams, including CAMHS and the voluntary sector (for example, the NSPCC or Barnardo's) provide consultation and advice to schools on HSB.			
1.4	Parents or carers of children and young people displaying HSB receive support that is sensitive, non-stigmatising and accessible.			
1.5	There is a shared understanding, across all partner agencies, of what constitutes problematic sexual behaviour and what constitutes abusive sexual behaviour.			

This is a draft copy – when using the tool please download the online PDF

Comments:

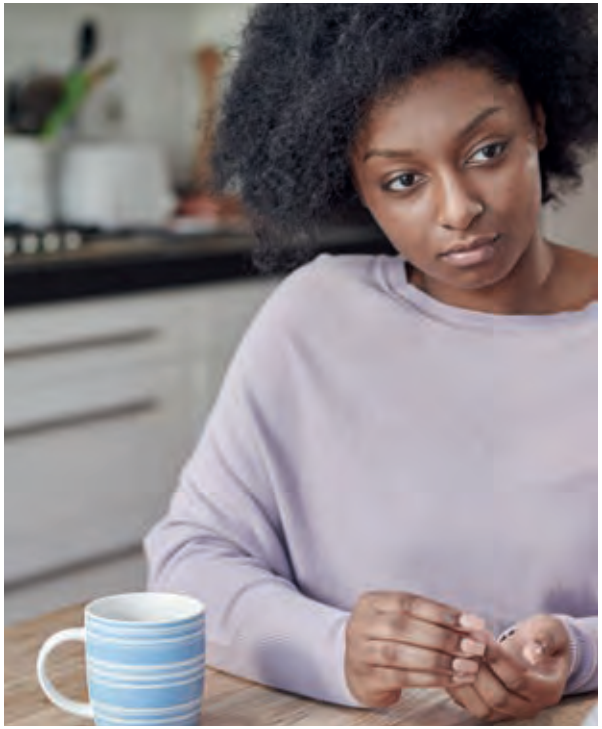
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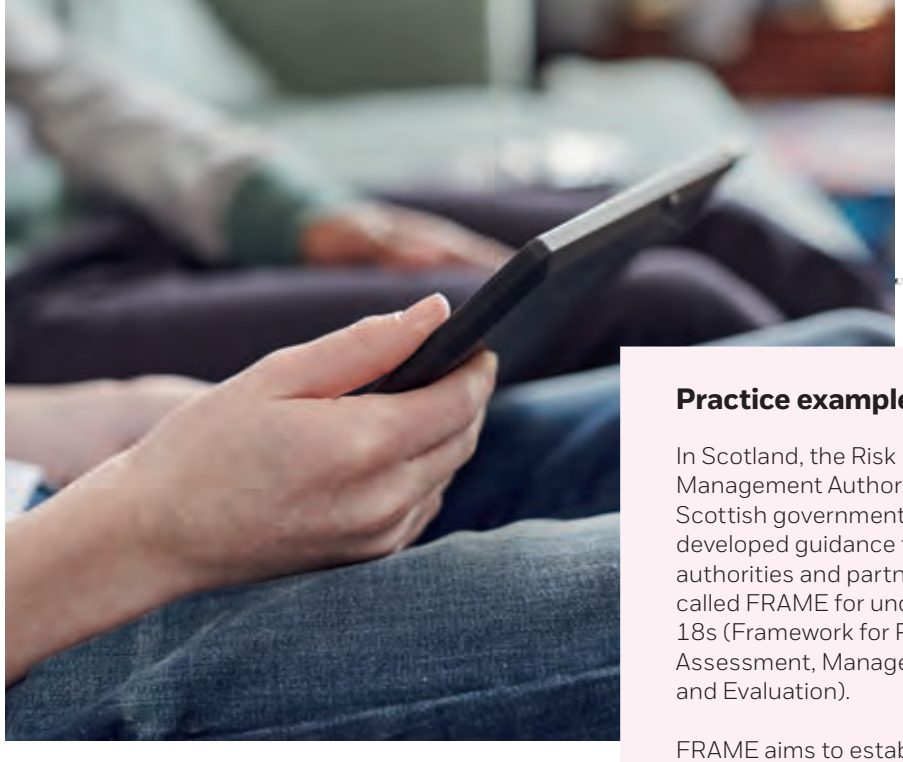
	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
1.6	**We are confident that children and young people displaying HSB are well-supported in terms of their HSB and its underlying causes:**			
1.6a	Living at home (including support to families)			
1.6b	Children and young people in care settings (including links to transitions and permanency planning)			
1.6c	Children and young people in secure/supervised settings (including links to transitions and permanency planning)			
1.7	We have effective arrangements in place with neighbouring areas, allowing shared commissioning of highly specialised assessment and treatment services to meet the specialised needs of the most complex cases.			
1.8	The practice and service response to children and young people displaying HSB is proportionate to the level of risk and need they present, and interventions can be stepped up swiftly to respond to increased risk.			

Comments:

1.3 Key principles

- Children and young people are developmentally different to adults and should be responded to as such.
- Children and young people's sexual behaviours exist on a wide continuum, from normal and developmentally expected to highly abnormal and abusive.
- Any child's sexual behaviour must be viewed within a developmental context to recognise the key differences between the motivations and meanings of such behaviours at varying stages.
- Descriptions of harmful sexual behaviour should include chronological age and developmental status, and what constitutes healthy sexual behaviour among children and young people. This is particularly true when discussing children and young people with a learning difficulty or developmental disorder.
- Local service provision should be arranged to address these needs in different contexts and at different levels of supervision and security.
- Responses to children and young people's HSB should reflect the level of risk and need they present, and should be at the least intrusive level required to effectively address the behaviours presented.
- Children and young people displaying HSB are a complex group with diverse needs which cannot be addressed by a 'one size fits all' model of service provision.
- Children from disadvantaged families who suffer a number of different disadvantages or risk factors are disproportionately likely to experience poor outcomes in the long term. The patterns of these problems or disadvantages vary a great deal, so services should be flexible enough to support families whatever their circumstances, without passing them from agency to agency.
- A tiered approach is necessary: one that distinguishes children and young people whose needs can be met through parental monitoring, through those who need limited psycho-educative support, to those who would benefit from more specialist intervention services and placements.





Practice example

In Scotland, the Risk Management Authority and Scottish government have developed guidance for local authorities and partners called FRAME for under 18s (Framework for Risk Assessment, Management and Evaluation).

FRAME aims to establish a consistent, shared framework that promotes defensible and ethical risk assessment and management practice with young people who offend. A framework that is proportionate to risk, legitimate to role, appropriate for the task in hand, and is communicated meaningfully.

The most recent version of the guidance also includes an extensive appendix titled CARM (Care and Risk Management Planning for Children and Yong People who Present a Risk of Serious Harm) which outlines a framework for multi-agency decision making when young people display harmful sexual behaviour or behaviour involving serious violence.

The CARM appendix suggests that where there are concerns around risk of harm to others, a meeting bringing together police, health social work and education as core members should be convened. Other stakeholders should be involved as necessary; the principle of CARM is to promote young people's participation in risk assessment and management alongside partnership working with parents and carers.

The CARM group will have responsibility for ongoing risk management which should cover arrangements in relation to monitoring, supervision, information sharing, victim safety planning and risk reduction. CARM outlines a rights based model of direct work with children and young people who display harmful sexual behaviours, a model that promotes public protection, is systemic and child centred in orientation.

https://www.gov.scot/publications/framework-risk-assessment-management-evaluation-frame-local-authorities-partners-incorporating/



Children and young people are very different from adults. And those who display HSB are a complex group with different needs.

Prevention, identification and early intervention



2.1 Summary of the evidence and issues

Prevention and public education

In order to reduce cases of child sexual abuse there needs to be a coordinated, consistent and multi-agency approach to deterrence, support for and interventions for those who have offended and importantly, prevention.

In relation to children and young people with harmful sexual behaviour (HSB) – the role of prevention is particularly important.

The need to prevent sexual abuse and exploitation spans:

- primary prevention: community or population-wide initiatives
- secondary prevention: interventions, prior to abuse with higher risk, and/or need, individuals and communities
- tertiary prevention: post-abuse interventions to help victims and perpetrators recover and to reduce their risk of repeating the harmful behaviour.

Most children and young people who demonstrate HSB don't go on to become adult offenders, particularly with the right interventions and support. Research suggests that non-sexual re-offence is more common than sexual recidivism, emphasising the need for interventions to focus on broad-based behaviour and developmental goals, and not just on preventing further sexual abuse (Hackett and Masson,2011; Boswell et al, 2014).

If sexual abuse and violence, including HSB, is understood and approached as a public health problem – in that it affects all communities, its impacts can be multiple, long lasting and costly, and it can be prevented from occurring in the first place – this can provide a helpful framework on which prevention activity can be planned and delivered.

Primary and secondary prevention should include providing non-stigmatising, non-judgemental information and advice for children, young people, and their parents and carers. This must be easily accessible. Children and young people need the ability to find reliable information, to anonymously ask difficult questions, and to be able to easily access help and support when they need it.

Education and health are the universal services accessed by almost all children and young people. Schools have a key role to play in the primary prevention of HSB via a range of initiatives; provision of quality advice and work with children, young people and their families; and sensitive risk and casework management. Personal, social, health and economic education (PSHE) and sex and relationships education (SRE)[3] should aim to provide information and facilitate discussion about sex and consent, and how children, young people, and their parents can get further support and advice. Peer mentoring and advice, both in and out of school, can be a useful contribution to the primary prevention of HSB.

Children and young people may come into contact with a range of health professionals, from GPs through to more specific health professionals such as CAMHs specialists. As such, health professionals are often also very well placed for early identification of sexual behaviour problems in childhood.

*3 In some areas now referred to as **RSE** – putting 'relationships' first to emphasise the importance of teaching about healthy and respectful relationships*

Identification of behaviours, recognition, referral and response

It is hard to consistently identify and recognise harmful sexual behaviour in children and young people due to issues including differing professional training and knowledge, experience, cultural backgrounds and values. Open discussion of sexual issues is still something of a taboo subject in our society and professionals and families alike may be reluctant to discuss sexual behaviour in children. This can lead to the behaviours being 'hidden' or unspoken in some cases.

The rise in internet-related harmful or inappropriate sexual behaviour by children and young people also presents a challenge to parents, carers and agencies working with children and young people.

As highlighted in in Domain one of the framework, it should be standard professional practice to view the sexual behaviours of children and young people along a continuum, ranging from normal to abusive (Hackett, 2010). It is vital that professionals consider the continuum in line with children and young people's development. Some behaviours that are considered normative in earlier childhood, may be highly abnormal and inappropriate in adolescence. Similarly, some behaviours that are part of normal adolescent sexual development are highly problematic if expressed by younger children.

Alongside the notion of the continuum of harmful sexual behaviour, the Brook traffic light tool (Brook, 2012) can help professionals to identify levels of concern and provide a prompt for responding proportionately. In broad terms the categories in Hackett's continuum of sexual behaviour and the Brook traffic light relate to each other in the following way:

- Green behaviours (Brook) are those that constitute normal behaviours on the continuum model
- Amber behaviours (Brook) are those that are likely to inappropriate or problematic behaviours on the continuum model
- Red behaviours (Brook) are likely to be those classified as abusive or violent behaviours on Hackett's continuum.

Once identified harmful sexual behaviour (i.e. those behaviours that are not part of a child's normal sexual development) should be viewed within a child protection context, and Children's Services should be contacted to provide assessment and recommendations if more specialist help is needed. In some cases, children's HSB may be a marker of their own histories of abuse that need to be addressed.

Brook traffic light tool (example below for children aged 9-13)

9 to 13

Green behaviours

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, eg fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is a green behaviour?

What can you do?

Amber behaviours

- uncharacteristic and risk-related behaviour, eg 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 aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, eg flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is an amber behaviour?

What can you do?

Red behaviours

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

What is a red behaviour?

What can you do?

Guidance to frontline identification for education, residential and foster care related agencies

Agreeing HSB thresholds across frontline agencies, and among those caring for and educating children and young people on a daily basis, is one of the key challenges of an effective inter-agency response.

Thresholds vary geographically and in response to changing service delivery capacities.Existing thresholds are often dynamic, depending upon local service development and, ultimately, on a strategic understanding of HSB issues.

The situation has been compounded in the past by limited inter-agency guidance on this issue, unclear information sharing procedures, and siloed working practices. At a national level the removal of several sections of Working Together (2012) that covered HSB did not help local commissioning bodies to prioritise this work when funds and capacity are tight. The latest version of Working Together (2018) also does not explicitly mention the issue of HSB, thought guidance for the management of sexual violence and harassment between children in school settings has been published (DfE, 2017). when funds are tight.

Education services

Schools, colleges and early years establishments play a vital role in the development and education of children and young people; and they may witness early instances of sexually problematic behaviour or be the initial point of contact when it is reported.

The Inspectorate of Probation (2013) concluded that there is *'ongoing evidence of reluctant relationships between managing agencies and schools working with children and young people displaying HSB'*, but this finding is equally applicable to other sectors of education.

A survey (Kitchener, 2014) of service management professionals suggested these poor relationships are based on:

- reluctance to share information with education, citing issues of confidentiality
- perceptions about education professionals' lack of understanding of this area
- concerns about overreaction.

Educational establishments are often fundamental in the management of risk and continued facilitation of a meaningful daily routine for children and young people who have displayed HSB, or who are under investigation. They are an integral part of partnership working and need to be included in information sharing and coordination of safety plans and supervision to maintain appropriate educational placements.

Pastoral work undertaken by educational establishments can have a significant positive impact, for example, by encouraging and supporting those who have experienced HSB; by promoting standards of behaviour; or by signposting sources of support.

The document 'Sexual violence and sexual harassment between children in schools and colleges' (DfE, 2018) provides educational establishments with some useful pointers about developing a whole school approach to preventing sexual abuse between children and also outlines how schools should respond to reports of sexual violence and harassment amongst pupils.

Health Services

Health and education are the universal services accessed by almost all children and young people. Community health services for children and families are designed to support them from birth through their school years. Often these Healthy Child Programme services are provided in the home or community settings, such as schools. Schools and homes are the two most common settings for harmful sexual behaviour to manifest. School nurses and health visitors are well placed to recognise and respond to HSB.

The day-to-day healthcare provided through primary care services provides a crucial opportunity for disclosure of incidents or the raising of concerns that may be important in the understanding or uncovering incidents of HSB. If GPs and nurse practitioners know how to recognise normal and abnormal sexual development, the risks and needs of those children and young people involved can be better addressed.

There is also a role for having informed conversations with parents and carers who are concerned about their children's sexualised behaviour or their activities online that might be out of character or causing distress and concern at home.

Specialist health services such as sexual health and CAMHS play a key role in recognising and responding to incidents of HSB. Rates of prior sexual abuse are high in samples of children with problematic sexual behaviours, but it is important to note that not all children who present with such behaviours have themselves been sexually victimised. Services across the whole health pathway need to work in partnership to assess proactively in order to manage and balance concerns and needs in this vulnerable group of children.

Specialist health services also need to recognise and better develop professional alliances that make best use of their expertise.

The NSPCC learning website has resources and tools to help members of the health workforce recognise and respond appropriately to HSB incidents **nspcc.org.uk/hsbhealth**

Residential and foster care

As far as is possible taking into account the protection of victims and other children, and the safety of the young person displaying HSB, it is important to maintain children and young people who have demonstrated HSB in their own families and communities. It should not be assumed that all children who have displayed HSB require out-of-home care. In particular, children and young people whose behaviour falls into the inappropriate and problematic categories on the continuum model, can usually be looked after in their own families, with appropriate levels of family support and parental guidance.

However, residential and foster placements are sometimes necessary, particularly for children and young people whose behaviours fall into the abusive or violent categories on the continuum model or who are rejected by their families following disclosure of HSB or for whom it is not safe to continue to live at home. In such circumstances, the AIM Project provides guidelines for residential placements and the implementation of these should be supported by partnership working. Residential placements provide an opportunity to shape the young person's environment, and to introduce them to appropriate ways of behaving, alongside an intensive therapeutic programme to reduce HSB by improving pro-social skills.

Secure placements[4] for children and young people can provide time to undertake a comprehensive assessment of young people whose behaviour cannot be effectively managed in the community, but ultimately it is necessary to transition these young people back into the community. In these instances, a stepped down approach to transition – perhaps via a therapeutic residential or foster placement (more specialist and flexible than usual leaving care programmes) – may be most effective before any return to a family setting.

Foster carers may at times be anxious about providing placements for children and young people displaying HSB, due to concerns about managing the potential blame associated with any further harmful sexual behaviour. It can be hard for local authorities to find appropriate placements, particularly when there hasn't yet been a comprehensive assessment of a young person's HSB.

In one study, sexualised behaviour was identified as one of the problems foster carers found most difficult to deal with, especially when it affected other children in their care (Head and Elgar, 1999). Ultimately, problematic or harmful sexual behaviour was also identified as a significant factor in placement breakdown (Head and Elgar, 1999).

There is scope for the development of more specialist therapeutic foster placements, where foster carers receive more specialist training on caring for this group of children and young people

In addition to clear and extensive case information being shared with foster carers (Farmer and

4 Either through 'welfare placements' or the criminal justice process

Pollock, 1999), training on normal sexual behavioural development, and how to address problematic sexual behaviour, can be vital for foster carers. There is scope for the development of more specialist therapeutic foster placements, where foster carers receive specialist training about caring for children and young people with these behaviours.

Consideration clearly needs to be given to, matching carefully the child or young person to the placement, and to risk management - specifically how to safeguard other children in the placement. However, Farmer and Pollock (1999) found that attempts to match the placement to the needs of the child had been made in just 30 per cent of HSB cases.

Guidelines for early recognition and link to NICE HSB guidance 2016

A joint inspection of the effectiveness of multi-agency work with children and young people in England and Wales who had committed sexual offences and were supervised in the community (Criminal Justice Joint Inspection, 2013) found that opportunities for early intervention at the time of the onset of the harmful sexual behaviours are often missed.

NICE national guidance on the subject of harmful sexual behaviour also highlights the importance of early help responses to the issue. Identifying behaviours at the lower end of the continuum and offering proportionate supportive responses may have a preventative impact.

In particular, younger children (under 12) exhibiting harmful or problematic sexual behaviours should be identified early to prevent the possible establishment of persistent patterns later (Vizard et al, 2007). Guidance indicates that professionals should avoid analysing single behaviours, and instead consider the sexual behaviour within a wider context (Gil and Shaw, 2013). Assessment should consider wider welfare needs and concerns, including family issues, and social, economic, and developmental factors (Hackett, 2014) and should be dealt with differently to adolescents, who are likely to have different motivations for their behaviour (Chaffin, Letourneau and Silovsky, 2002).

Professionals should notice any changes in the sexual behaviour of younger children that appear to be out of step with their developmental stage and level of understanding as such behaviours may be reflective of sexual victimisation, physical abuse, family violence, neglect, poor parenting or exposure to sexually inappropriate material (ATSA, 2006).

Sibling sexual abuse often goes unidentified but is the most common form of intra-familial sexual abuse (Monahan, 2010). It is estimated that half of all adolescent-perpetrated offences involve a sibling (Shaw, 1999), yet just 19.5 per cent of sibling sexual abuse victims disclose at the time (Carlson et al, 2006). Schools often play an important role in early identification. In summary, early recognition provides the opportunity for early intervention and response. However, it is important that people with the opportunity to respond early have the skills to identify normal, problematic and harmful behaviours, and know how to respond appropriately.

Problematic sexual behaviour in under 12s can be defined as behaviours that:

- are rare for the developmental stage and culture of the child
- are frequent
- include elements of preoccupation
- fail to respond to normal correction from adults or continue to occur after corrective efforts
- involve significant age and developmental differences between the children involved
- involve any use of force, intimidation or coercion or the presence of any emotional distress in the child or children involved
- cause physical injury.

2.2 Audit tool – Domain 2

Prevention, identification and early intervention

Scoring key:

- 0 Not at all/never/no evidence for this
- 1 Very little/very infrequently/ very little evidence for this
- 2 To some extent/sometimes/ some evidence for this
- 3 To a fair extent/frequently/ good evidence of this always/ to a great extent/a wealth
- 4 Always/to a great extent/ a wealth of extremely strong evidence for this

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
2.1	We have prevention initiatives in place and we are confident that these are effective and appropriately targeted:			
2.1a	Primary prevention (community or population wide)			
2.1b	Secondary prevention (prior to abuse with higher risk or higher need individuals and communities, and offers of risk assessment post HSB incident)			
2.1c	Tertiary prevention (post abuse interventions with victims and those displaying the HSB)			
2.2	We offer non-judgemental, non-stigmatising information and advice to children, young people and their parents and carers, which is accessible by a range of cultures and literacy levels.			
2.3	Children and young people in our local area can find reliable information, ask difficult questions anonymously, and access help and support when they need it.			

This is a draft copy – when using the tool please download the online PDF

Comments:

Date completed:

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
2.4	Schools across our area provide high quality PSHE or sex and relationships education which includes discussion around sexual consent.			
2.5	Clear and consistent thresholds for HSB, considering the context of child and adolescent development, are applied across education, health and other agencies.			
2.6	Foster carers, residential staff and adopters are provided with high quality training and advice about normal sexual behavioural development and how to respond to problematic sexual behaviour, and this has a positive impact on carer/ practitioner anxiety and placement stability.			
2.7	Early recognition assessments of children displaying HSB consider wider welfare needs and concerns, including family issues, social, economic, and developmental factors.			
2.8	All prevention initiatives and early intervention in our local area are clearly connected to child protection systems and draw on the specialist support of children's social care in order to ensure effective responses to risk and vulnerability.			

Comments:

2.3 Key principles

- Primary, secondary and tertiary prevention approaches are needed. A tiered approach to intervention is most appropriate, which distinguishes children and young people whose needs can be met through parental monitoring, through those who need limited psycho-educative support, from those who would benefit from more specialist intervention services and placements.

- A consequence of misunderstanding the developmental and behavioural pathways of young people displaying HSB is the increased likelihood of either under or overreaction by agencies.

- The evidence on risk factors that contribute to the development and continuance of HSB suggests that support should not target merely the problematic sexual behaviour but also the broader concerns within the child's family and potentially unresolved trauma and abuse histories.

- It is vital that young people are not labelled or stigmatised unnecessarily as a result of the identification of HSB.

- It is important that staff and professionals who have the opportunity to respond early are educated in the identification of normal, problematic and harmful behaviours, and know how to respond appropriately.

- We need to recognise and better develop professional alliances that make best use of differing professional expertise (for example, education professionals' skills in dealing with communication and language difficulties and or health professionals' skills in addressing the impact of mental health issues and learning disabilities).



Practice example

There are some areas of good practice where primary prevention approaches to target this gap have been implemented. For example, educational staff within the borough of Waltham Forest have been provided with the opportunity to attend AIM Education training. This enables them to undertake an initial screening of any harmful sexual behaviour that my take place within the school environment (early help assessment).

In Norfolk, St Helens and Leeds, as part of adopting and using the HSB framework and prioritising audit findings, training and awareness programmes were rolled out across the local areas multi-agency safeguarding partnerships. The expectation was that it should become standard professional practice in these local areas to view the sexual development and behaviour of children and young people along a continuum from normal to abusive.

Prevention example

NSPCC PANTS (The Underwear Rule)

By talking PANTS, parents and carers have a simple way to talk to children about staying safe from sexual abuse. It sets out some simple rules to remember. For example, they should tell a trusted adult about their worries.
nspcc.org.uk/pants

Stop It Now!

Stop it Now! UK and Ireland is a child sexual abuse prevention campaign helping adults play their part in prevention by providing sound information, educating members of the public, training those who work with children and families, and running a free, confidential helpline.
stopitnow.org.uk

Parents protect

An information and resources website that aims to raise awareness about child sexual abuse, answer questions, and give adults the information, advice, support and facts they need to help protect children.
parentsprotect.co.uk

Planet Porn - resource pack

As well as talking about porn this download resource pack enables conversations around self-esteem, body image, boundaries, pleasure, consent, communication, safer sex, sexual safety, the law, emotions, relationships, gender and sexual diversity and oppression.
bishtraining.com/planet-porn

Identification example

Brook sexual behaviours traffic light tool

brook.org.uk/traffic-lights
Brook, the young people's sexual health charity, has produced an online sexual behaviours traffic light tool to help professionals working with young people distinguish between three levels of sexual behaviour:

- Green behaviours reflect safe and healthy sexual development.
- Amber behaviours have the potential to be outside of safe and healthy behaviour.
- Red behaviours are outside of safe and healthy behaviour.

Brook have distinguished a range of sexual behaviours to help professionals and families identify concerns when dealing with children and young people.

Prevention in schools

The Beyond Referrals in schools is a new tool which supports individual schools to self-assess their response to harmful sexual behaviour. The toolkit includes a traffic-light table, self assessment scorecard and five webinars on how to carry out the assessment.
contextualsafeguarding.org.uk/publications/beyond-referrals-levers-for-addressing-harmful-sexual-behaviour-in-schools

Thinkuknow

CEOP's "ThinkuKnow" website provides information for young people, parents and professionals including training and educational materials on keeping safe online. They also have a tool for reporting online abuse.
www.thinkuknow.co.uk

Sexting in Schools and colleges resource

A guide to how to respond to youth produced sexual imagery and checklists for effective assessment and referrals.
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf



To reduce cases of child sexual abuse and exploitation there needs to be a coordinated approach.

Effective assessment and referral pathways



3.1 Summary of the evidence and issues

Interagency working

The development of an interagency framework documenting the process of referral, assessment, intervention and case management has been identified as integral to the effective management of HSB cases in children and young people (Hackett, Masson and Phillips, 2003).

Interagency policies demonstrate agencies' commitment to a partnership approach and a common philosophy that outlines what is expected of workers and other professionals. They guide actions, clarify individual roles and responsibilities, and provide a benchmark for good practice. This shared ownership is crucial for this group of children, young people and their families: they often have complex needs that can't be addressed by a single agency and, as such, require a consistent, combined response.

Appointing an HSB service coordinator

Engaging an HSB lead service or coordinator to address gaps, and to maintain, motivate and support the workforce has enabled some areas to become more successful in their approach to HSB work. The HSB service coordinator role in Leeds and the role of the ACT service in Surrey are good examples. The success of the Greater Manchester AIM project assessment model (Print, Morrison and Henniker, 2001) in ensuring local agencies work together in a coordinated manner can encourage the development of a common referral and assessment protocol for children with sexually abusive behaviour.

Current approaches to HSB assessment

A wide range of approaches to HSB assessment exist across different agencies around the UK. These approaches have been reviewed (Calder, 2001 and 2002;; Lovell, 2002; Vizard, 2002) and several individual assessment models have been outlined (O'Callaghan and Print, 1994; Morrison and Print, 1995; Vizard et al, 1995; Calder, 1998; Print, Morrison and Henniker, 2001).

This variety stems, in part, from the need to provide assessment services for diverse subgroups of children, including those with learning disabilities (O'Callaghan and Print, 1994) and those at high risk (Vizard et al, 1995) who attend a range of services in the community or live in residential settings.

Core considerations in the assessment of all children and young people displaying HSB include:

- working within a multi-agency, multi-disciplinary context
- close attention to child protection concerns
- use of evidence-based assessment models
- risks and needs based, not just focused on the HSB
- effective inter-professional communication
- analysis of the behaviour in quality written reports.

The root of HSB is multi-determined – it involves individual, family, peer, school, and community variables, and may also be influenced by biological and socioeconomic factors (Rich, 2009). Children and young people who display harmful sexual behaviours are a heterogeneous group that require a flexible and developmentally appropriate approach to assessment.

In its guidance NICE (2016) distinguishes between early help assessments and more specific HSB risk and needs assessments.

The NICE guidance states that an 'early help' assessment is warranted when a child's sexual behaviours are indicated at the level of 'inappropriate' on the continuum. NICE suggests that a designated lead practitioner acts as a single point of contact for the child and family, coordinates early help and develops a care plan to deliver agreed actions. A NICE early help assessment would take into account the child or young person's development status, gender and any neurodevelopmental or learning disabilities. The purpose of the assessment is to ascertain whether the child's needs can be met by universal services or whether a referral for a more specialist HSB risk and needs assessment is necessary.

For children and young people whose sexual behaviours are more indicative of abusive and violent categories on the continuum model, a more specific assessment of risk and need is likely to be

required. NICE recommends that professionals responsible for risk assessments should consider using tools judiciously, taking into account the child or young person's age, neurodevelopmental disabilities, learning disabilities and gender (NICE, 2016).

NICE makes the following specific recommendations:

- For pre-adolescent children or those under the age of 12, consider psychometric measures and questionnaires such as the Child Behaviour Checklist and the Child Sexual Behaviour Inventory;
- For children under the age of 12 who have not been charged with a sexual offence, consider the relevant aspects of the AIM assessment framework, plus clinical judgement;
- For children aged 10-12 who have been charged with an offence, consider the relevant elements of the AIM assessment framework, plus clinical judgement;
- For adolescent boys, consider use of the J-SOAP-II, ERASOR or AIM2, plus clinical judgement (NICE, 2016 - section 1.4.4).

An overall schematic that identifies assessment approaches and suggested tools mapped across the continuum is provided in the figure on the facing page (Hackett, 2019).

The NSPCC review of service provision for young people displaying HSB found that the AIM2 was the most commonly used assessment tool by UK services (Smith et al, 2013) though this work preceded the production of the third version of the AIM assessment (AIM 3) due in 2019.

As indicated in the NICE guidance, it is useful to be aware of other tools such as the; Juvenile Sex Offender Assessment Protocol (J-SOAP-II; Prentky and Righthand, 2003); Estimate of Risk of Adolescent Sexual Offender Recidivism (ERASOR; Worling and Curwen, 2001) and its more recent successor PROFESOR (Worling, 2017). It is important to use the tools that best fits the young person and the needs of the system working with them (see section 3.3) but in some cases, as suggested by NICE, a combination of tools is warranted.

Whichever tool is selected effective assessment practice should include holistic, child-focussed, multi-agency assessments that examine the needs met by the behaviour, any underlying reasons or triggers, and protective factors and strengths that can be used to manage or reduce HSB. Risk management and child protection are key considerations.[5]

5 Criminal Justice Joint Inspection 'Examining Multi-Agency Responses to Children and Young People who sexually offend'. February 2013

A continuum of HSB assessment (from Hackett, 2019)

	Normal	Inappropriate	Problematic	Abusive	Violent
Key behavioural elements	• Developmentally accepted • Consensual	• Consensual and reciprocal • Accepted in peer group • Context may be inappropriate	• Developmentally unusual and socially unexpected • No overt elements of victimisation. • Consent may be unclear	• Victimising intent or outcome. Misuse of power • Lack of consent	• Highly intrusive • Physically violent sexual abuse
Assessment levels indicated	• Screening	• Screening • Brief assessment. • NICE Early help assessment	• NICE Early help assessment • Brief/ comprehensive assessment	• Comprehensive assessment • HSB focused risk assessment	• HSB focused risk assessment. Specialist assessment
Possible frameworks and tools	• Sexual behaviours are normative, therefore HSB assessment is not appropriate	• NICE guidance. • Brook traffic light tool • Child Sexual Behavior Checklist (Friedrich)	• NICE guidance. • Brook traffic light tool • DH Assessment Framework	• DH Assessment Framework • AIM2 • J-SOAP • ERASOR	• AIM2 • J-SOAP • ERASOR • SAVRY
Likely intervention focus	• Parent education and support (for example on appropriateness of child's behaviours)	• Boundary setting. • Support • Low key behaviour management	• Behaviour management. • Socio-educative work with the child/ family • System/ context change	• Protection of actual and likely victims • Risk management and relapse prevention • Supporting prosocial behaviour	• Protection of victims and public • Violence prevention • Risk management and relapse prevention • High level of management and supervision

Thresholds, assessments, timescales and drift

There are few specific assessment tools for children (under 12 years) who display HSB, hence the need to develop a continuum of responses (Brook Traffic Light Tool, AIM, Hackett, 2014) ranging from early community-based assessment and intervention with low level cases to intensive work with more serious and complex cases. Effective early assessment ensures cases enter the system in the right place, preventing unnecessary use of specialist time and intensive resources with lower risk cases,and ensuring earlier interventionin higher concern cases.

Preventative work and early interventions can lead to a reduction in escalated cases and criminalisation of children, and ultimately a reduction in costly agency resources and external placements for young people. Avoiding drift should increase the likelihood of prompt engagement, reduce denial and increase the possibility of good outcomes.

It can be hard to talk about HSB when language and terms mean different things to different professionals, but this could be addressed by the use of common assessment and intervention models using language that accurately describes behaviours without stigmatising or labelling.

Young women presenting with HSB, young people with learning disabilities, those under the age of criminal responsibility, and those from different ethnic backgrounds should be subject to the same referral and assessment strategies as adolescent males (who form the bulk of HSB cases) but the tools and models used should reflect the individual being assessed.

When using AssetPlus to assess harmful sexual behaviour, youth justice practitioners are asked to consider:

- whether the young person is on the sex offender register
- whether a 'sexual element' was a characteristic of their offence/s
- whether the behaviour is more serious than the charge implies
- what is encouraging/concerning about offence trends over time
- whether they have information or evidence about any other behaviour by the young person that gives cause for concern
- whether the young person displays sexually inappropriate behaviour
- whether the young person is a perpetrator of domestic abuse
- whether they have any concerns about the young person's significant relationships
- MAPPA details

Criminal justice system assessment

All children and young people entering the youth justice system should receive a structured needs assessment using the relevant Youth Justice Board-approved assessment tool (AssetPlus), designed to identify the young person's strengths, the risks and protective factors associated with the offending behaviour and harm to others, and to select an effective intervention programme.

While AssetPlus doesn't provide for specialist assessment, it contains elements that enable practitioners to identify cross-linked issues.

AssetPlus also requires the practitioner to make a professional judgement on the impact, likelihood and imminence of all future harmful behaviours (including harmful sexual behaviour), including likely victims and circumstances. The intervention plan links targets to identified outcomes (such as 'not hurting others') and prompts to summarise key conclusions from other relevant assessments.

In 2013[6], a report was published following the joint inspection by HM Inspectorate of Probation into the effectiveness of multi-agency work with children and young people in England and Wales who had committed sexual offences and were supervised in the community. The report makes several observations and recommendations in relation to work with this group of young people. As reflected in Domain Two of the framework on Prevention, the inspection found that many opportunities for early intervention were missed, and the report recommends that early intervention is included in the early help strategies of local partnerships. Recommendations were also made in relation to improving information sharing, communication and management oversight and supervision of staff working with young people with harmful or inappropriate sexual behaviour. The report noted that responses to the behaviour were better where those responding had specialist knowledge or training in this area of work.

Agency responses to the disclosure of harmful sexual behaviour by young people vary considerably, and professionals are unsure how to effectively respond to young people's risks and needs. There is clearly a need for a more coordinated strategic approach at local level, including assessment protocols and evidence-based interventions to identify and address the behaviour.

6 Criminal Justice Joint Inspection Examining multi-agency responses to children and young people who sexually offend, February 2013 justice.gov.uk/downloads/publications/inspectorate-reports/hmiprobation/joint-thematic/children-yp-who-sexually-offend-report.pdf

Multi-agency public protection arrangements (MAPPA) and risk management

Some key recommendations from the joint inspection by HM Inspectorate of Probation (2013) were concerned with the lack of multi-agency ownership of the issue and the lack of training and expertise that influenced professional responses, and MAPPA partners – coordinated by their strategic management board (SMB) – are now working together to learn from good practice both nationally and locally.

The aim is to develop robust and timely responses that use effective risk management plans and risk level identification to protect victims of HSB, and an industry-standard risk assessment tool is currently in development.

This will complement the provision of a Good Lives-based model of intervention and support for young people who have offended sexually, and who often have the most complex needs. It will also work closely with the Four Pillars model – a holistic risk management approach of supervision, monitoring and control, interventions, treatment and victim safety.

MAPPA SMBs have incorporated recommendations from the 2013 Criminal Justice Joint Inspection in the development of an action plan that begins to address shortfalls in training, resource development, service delivery, etc. MAPPA SMB meetings have been used to promote good practice and raise partner awareness in relation to harmful sexual behaviour by young people.

MAPPA has been focusing on harmful sexual behaviour and complex youth offending. This is crucial in promoting service provision and developments to generate an equitable response, especially in the problematic transition from young person to registered adult sex offender. This process could be helped by the development of an evidence-based risk assessment tool to support the decision making process.

These complex cases not only impose a huge pressure on resources such as staff time and multi-agency management – they can also, where local provision is lacking, be costly and prohibitive in the context of agency placements and the commissioning of expert assessments.



Assessment in residential settings

The HSB assessment of children and young people who are accommodated in a residential setting is little described in UK literature.

In practice, most children and young people who have displayed HSB who require out-of-home care are accommodated in local authority provision – such as children's homes and foster care placements. Such placements allow children to remain in their local community and maintain ties with their families, friends and community (schools and health services). Locally based placements also open up the possibility of offering community-based assessment services and therapeutic support to address HSB whilst the young person is in the local placement.

There are also a growing number of private sector providers offering placements specifically for young people with HSB. For example, Glebe House is a long-standing UK residential service with an excellent track record in the assessment and therapeutic work with adolescents, with a multi-disciplinary team operating within a full child protection context (Boswell et al, 2014).

However, there are, as yet, no agreed assessment or treatment protocols for children and young people who display HSB within a residential setting, whether privately run, local authority-owned, within a secure estate or the charity sector. Sometimes, young people with HSB are placed at some considerable distance from their families and local communities because of a lack of locally-based assessment or intervention services. The use of specialist out-of-home care placements away from young people's communities and families should be determined by a specific assessment of risk and need, rather than by simply the lack of available local provision.

The role of education establishments

Referrals from education establishments form a significant proportion of referrals into multi-agency processes. Schools and colleges may be involved at many stages to manage cases of HSB – from prevention to early response – through referral into the multi-agency process and on to support for young people and their families. Without clear guidance and multi-agency support, schools may struggle to establish thresholds to identify cases of HSB, and to refer to key agencies, as well as how to manage and support the individuals involved in a school context. Most children and young people with HSB can be managed safely in schools with appropriate levels of support and clear risk management plans.

Successful achievement of educational outcomes has been shown as a key factor in desisting from further sexually abusive behaviours and in promoting positive life outcomes for children and young people who have displayed HSB (Hackett and Masson, 2011).

All establishments should have a designated safeguarding lead (DSL) who coordinates and develops safeguarding arrangements and ensures staff are fully trained. All staff need to be aware of the circumstances of abuse, including HSB, and to be confident to take appropriate action when needed.

While training is useful to raise awareness among DSLs, all staff should have access to current information to increase their confidence to respond appropriately and consistently to concerns.

Coordination of education response

When dealing with displaying HSB, education establishments may have to consider a number of factors that rarely arise in other circumstances:

- The young person and victim may attend the same school, so risk assessments may be required and arrangements to accommodate both pupils agreed.
- There may be several young people involved.
- The concerning behaviours may have occurred in the specific environment of the school, and may raise questions about wider peer group sexual interactions
- School placement(s) may be at risk, so a managed move or exclusion may be considered.
- The risk that some or all of the young people involved may be bullied on their return to school.
- Inter-establishment or cross-boundary issues may result in unequal treatment of young people involved.
- The community may be aware of aspects of the case.
- In some, but significantly not all, authorities, the lead officer for safeguarding in education meets with the school within 24 hours of a case coming to their attention, to offer support and advice and take responsibility for coordinating or resolving these matters.

However, the Joint Inspectors report, (CJJI, 2013) found that ...'some workers were reluctant to share information with education establishments, fearing that this might be detrimental to the child or young person'. This cautionary approach not only prevents information that is held by the education establishment about the child or young person being shared with other agencies, it may also put other children and young people at risk if schools haven't undertaken a risk assessment, or made arrangements to manage the movements or behaviour of a child or young person.

The arrangements described above to coordinate action in response to initial concerns could help to encourage and facilitate improved communication between education and other agencies, and overcome the concerns outlined in the report.



The report recommended LSCBs take action to monitor 'the effectiveness of the multi-agency response to such children and young people in their area, particularly including the identification of such cases, joint assessments and the interventions to them and their families and, where appropriate, their victims'.

Although other groups have not been included, the principles described above will apply in a similar way to non-statutory groups such as sports groups, church organisations, and youth clubs. The roles and responsibilities, and the need for clear guidance, are most likely to be transferable in these situations, with attention to any confidentiality issues raised.

Transition issues: older young people

Children and young people displaying HSB will often have to make a number of transitions, including educational and placement changes, as well as age-related service changes. If a young person has been in out-of-home care, especially if this has been away from their local community, or if a young person has been in a secure setting, planning for their return into the community is vital. This may also include a need to repair relationships within their family. However, such transition issues are often overlooked, and young people are at times projected back into situations of risk and unmet need without meaningful professional support. It is important that effective multi-agency partnerships continue across all transitions; that relevant sensitive information is shared; that clear responsibility for any ongoing supervision is assigned; and that a clear care plan is in place that allows sufficient time for implementation (Grimshaw, 2008).

Particular attention should be paid to the needs of young people making age- related transitions between services in both the community and in custody. Care should be taken to ensure that transitions involving young people with learning difficulties take their developmental and learning needs into account.

In the case of young people aged 18 to 21, assessments and interventions should consider the age and developmental stage at which the harmful sexual behaviour occurred, any recurrence of the behaviour, the actions taken to address the HSB, the success of those actions, current concerns, protective factors and strengths. These factors have particular relevance for young people who have entered relationships or become parents in early adulthood, and those who remain under consideration through the MAPPA/young-MAPPA process into early adulthood.

Across the UK it is acknowledged that there is a gap in HSB services for 18 to 21 year olds. In cases where the young person meets criteria for adult services (learning disabilities) or leaving care teams, efforts should be made to involve the new teams in care planning early on.



Common referral protocols

The Greater Manchester AIM Project assessment model demonstrates how 10 local authorities and key agencies across a conurbation of some 4 million people can follow a common framework of response and work together in a coordinated manner (Print, Morrison and Henniker, 2001). This work encourages the development of a common referral and assessment protocol for children and young people with harmful sexual behaviour.

It is notable that education services often feel excluded from inter-professional communication and discussion of the management of these difficult cases. This is particularly unfortunate since the worrying behaviour of the child or young person is often first noted in the school context. Any common referral and assessment protocol must, therefore, ensure that education colleagues are included in the assessment and process in relation to a child or young person who displays HSB, and get support and clear information to understand the referral system and how it needs to be aligned with the usual Child Protection referral routes.

Audit tool – Domain 3

Effective assessment and referral pathways

Scoring key:

- 0 Not at all/never/no evidence for this
- 1 Very little/very infrequently/ very little evidence for this
- 2 To some extent/sometimes/ some evidence for this
- 3 To a fair extent/frequently/ good evidence of this always/ to a great extent/a wealth
- 4 Always/to a great extent/ a wealth of extremely strong evidence for this

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
3.1	The assessment tools used by practitioners are evidence-based and suitable for an appropriate population of children and young people (age, cognitive ability, etc).			
3.2	Assessments include a holistic view of the child or young person, including consideration of harmful behaviours, development, family, and environment.			
3.3	Our assessment frameworks and protocols around HSB dovetail closely with related existing frameworks, and practitioners can navigate these effectively (for example, the designated safeguarding lead in school is clear on their role regarding HSB; LSCBs work on abuse and exploitation reflects HSB).			
3.4	Assessment of children and young people displaying HSB in our area is multi-disciplinary and supported by effective multi-agency cooperation, but also retains close attention to child protection issues.			
3.5	Our initial assessment processes identify need, effectively ensuring cases enter the right part of the system, they receive the correct level of resources, and are supported swiftly to engage at the appropriate level. This includes cases relating to the police and CPS.			

This is a draft copy – when using the tool please download the online PDF

Comments:

Date completed:

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
3.6	Educational settings in our area are supported to effectively play a range of roles, including: - helping young people to make positive lifestyle choices and show respect for others - identification - referral - contribution to assessment - ongoing support via multi-agency processes.			
3.7	Our referral processes and multi-agency pathways for children and young people displaying HSB are understood by all relevant agencies, employ a shared language and terminology, are used appropriately, and align with other relevant processes across our area.			
3.8	Our assessment and referral processes are reviewed to ensure they are operating to best effect, are responsive to local needs and are accessible; this review includes the views of children, young people and families.			

Comments:



Children and young people who display harmful sexual behaviours require a flexible and appropriate approach to assessment.

3.3 Key principles

- In all cases it is important to undertake a holistic assessment which gives as clear a view as possible about the child or young person's sexual behaviours and the degree to which, for a child of that age, they should be considered healthy, inappropriate, problematic or abusive.

- There are few specific assessment tools designed for pre-adolescents displaying HSB, but approaches that address the child's developmental and abuse histories – and their social background – are important.

- Assessment approaches and models designed for adolescent sexual offenders should not be used with pre-adolescents.

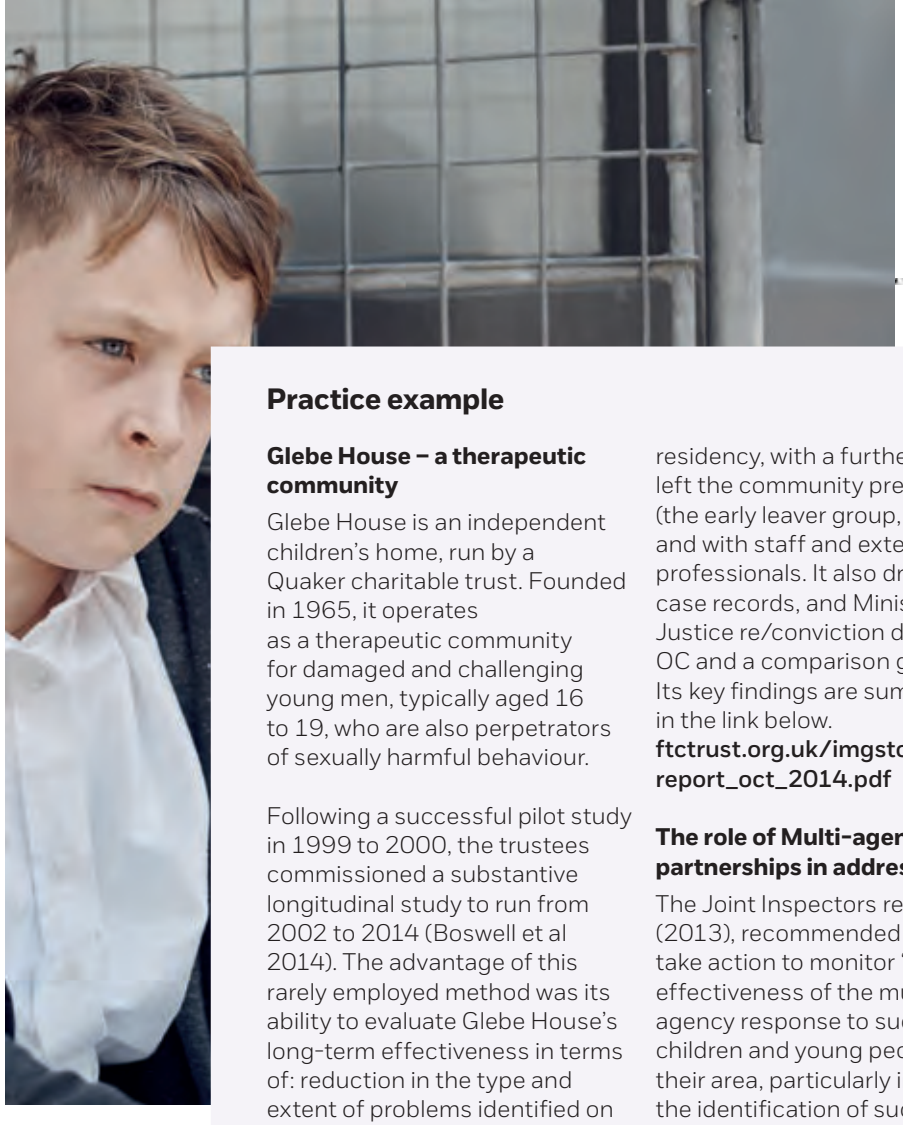
- Children and young people whose sexual behaviours fall into the lower end of the continuum, i.e. who are displaying inappropriate sexual behaviours, should receive an early help assessment as described by NICE (2016)

- Consistent with NICE guidance, specialist assessment tools such as J-SOAP-II, AIM2/ AIM3, and ERASOR/ PROFESSOR should be considered for young people whose harmful sexual behaviours are abusive alongside more generic models of assessment to inform a view about risk and need.

- Local areas should consider creating a multi-agency steering group and identifying a shared vision, shared ownership and clear strategic objectives, including information sharing.
- Good multi-agency information sharing – including disclosure of information to other agencies or placements regarding young people's HSB – is essential to building an effective and timely local response. The outcome of any HSB assessments should be shared with agencies responsible for formulating care/intervention planning, or establishing safeguarding procedures (in line with local information sharing policies and procedures).

- An agreed approach to care, assessment and therapeutic intervention for children with sexually abusive behaviour within the residential sector is urgently needed. Staff training and supervision of those working with children and young people with HSB in residential settings is also a priority.





Practice example

Glebe House – a therapeutic community

Glebe House is an independent children's home, run by a Quaker charitable trust. Founded in 1965, it operates as a therapeutic community for damaged and challenging young men, typically aged 16 to 19, who are also perpetrators of sexually harmful behaviour.

Following a successful pilot study in 1999 to 2000, the trustees commissioned a substantive longitudinal study to run from 2002 to 2014 (Boswell et al 2014). The advantage of this rarely employed method was its ability to evaluate Glebe House's long-term effectiveness in terms of: reduction in the type and extent of problems identified on the young men's arrival; any key lifestyle changes after leaving; and any reduction or cessation of their sexually harmful behaviour thereafter.

The research drew on semi-structured interviews with 43 young men (known as the ongoing cohort, or OC) at intervals during and after their residency, with a further 15 who left the community prematurely (the early leaver group, or ELG) and with staff and external professionals. It also drew on case records, and Ministry of Justice re/conviction data for the OC and a comparison group (CG). Its key findings are summarised in the link below.
ftctrust.org.uk/imgstore/gh_report_oct_2014.pdf

The role of Multi-agency (MA) partnerships in addressing HSB

The Joint Inspectors report (2013), recommended LSCBs take action to monitor 'the effectiveness of the multi-agency response to such children and young people in their area, particularly including the identification of such cases, joint assessments and the interventions to them and their families and, where appropriate, their victims'.

Good multi-agency policies demonstrate commitment to a partnership approach and a common philosophy that outlines what is expected of workers and other professionals. They guide actions, clarify individual roles and responsibilities, and provide a benchmark for good practice. This shared ownership is crucial for this group of children, young people and their families: they often have complex needs that can't be addressed by a single agency and, as such, require a consistent, combined response.

Coordination of education response

Referrals from education establishments form a significant proportion of referrals into multi-agency processes. Schools and colleges may be involved at many stages of the management of cases involving HSB – from prevention to early response – through referral into the multi-agency process and on to support for young people and their families. Without clear guidance and multi-agency support, schools struggle to establish thresholds to identify cases of HSB, and to refer these to key agencies, as well as how to manage and support the individuals involved.

Monitoring the MA response

The Beyond Referrals resource has been designed for multi-agency partnerships to assess their own response to HSB in schools. It has been developed to complement and link with this NSPCC HSB framework audit tool.

When undertaking the NSPCC HSB framework audit, MA partnerships can use the Beyond Referrals MA checklist resource to assess and record the educational sector's response to HSB and feed this into the local area wider workforce HSB audit.

The toolkit includes a traffic-light table and report on how to use the tool.
contextualsafeguarding.org.uk/publications/beyond-referrals-multi-agency

Multi-modal approach to intervention



4.1 Summary of the evidence and issues

Intervention approaches

Interventions should be child-focused and based on rigorous assessment. Recommendations should be made based on the needs of the child and family and the availability of appropriate local services. Effective support should target presenting sexual behaviour problems as well as broader issues in the child or young person's early experience (unresolved trauma, experiences of abuse, family issues). Engagement with the family or carers is vital in supporting change and welfare for children and young people.

NICE guidelines for HSB recommend that professionals consider the use of:

- Cognitive behaviour therapy
- Multi-systemic therapy for problematic sexual behaviour (MST-PSB)
- Psychotherapeutic approaches
- Strengths-based approaches
- Systemic therapy (a type of family therapy)

NICE advises the use of recognised resources or guided interventions, such as:

- The AIM intervention for boys and girls
- Barnardo's Better Futures Project's assessment and treatment workbook for girls
- The Clearinghouse for Child Welfare programme for children with problematic sexual behaviour
- The Good Lives Model, a strengths-based programme
- The NSPCC's Change for Good interventions aimed for boys aged 12-19 in residential care
- The NSPCC's Turn the Page HSB offer with guided interventions suitable for boys and girls aged 5-18 and those with learning disabilities

As highlighted by the range of models of intervention recommended by NICE, increasingly, strengths-based approaches that seek to build the competencies of young people and their families are supported. A multi-modal approach is now favoured, addressing issues within the young person's broader social existence, including family relationships and context, as well as working individually with the young person (Ryan, 1999; Hackett, 2001; Masson and Hackett, 2003). The table below shows a framework for resilience-based interventions for young people displaying HSB. Resilience-based and traditional deficit-orientated models share the same primary goal of preventing further victimisation, but their approaches and methods differ.

Figure 3: Resilience-based versus deficit models (adapted from Hackett, 2006)

	Traditional	Resilience-based
Focus	To prevent further abuse	To prevent further abuse
Orientation	Offence focused. Emphasis on diagnosis and classification	Competence focused. Emphasis on the identification of factors to enchance strengths and functioning
Approach	Expert led. Individual young person seen as the problem or in pathological terms	Collaborative. Focus on social and environmental influences underpinning and supporting abusive behaviours
Methods	Standardised protocols, risk assessment tools, psychometric testing	Conversation, emphasis on young person's understanding of behaviours and their meaning, including social and environmental influences
Result	Identifies key risks and deficits. Interventions emphasise containment and management of risk	Mobilises/identifies key strengths and competences. Young person and family are central to the process of intervention and actively drive change.

Interventions with children and young people with harmful sexual behaviours should respond holistically and be sensitive to the child's developmental status. As the intervention needs to be child-focused it is useful to review evidence on what we know about working displaying HSB when presented by different types of children and young people and the links to their families and peers.

Pre-pubescent children with problematic sexual behaviour

Reports from service providers suggest that the average age of children being referred for therapeutic interventions as a result of their sexual behaviour is dropping, and that a significant proportion of referrals concern children in their pre-adolescent years (Hackett, 2014). Younger children with problematic sexual behaviour differ in important ways from adolescents displaying HSB, including the nature and meaning of their behaviour, their developmental history and their legal status.

Normal sexual behaviours in infancy and early childhood are largely exploratory and are part of children's normal curiosity about their own and other people's bodies. However, pre-pubescent children may display a wide range of problematic sexual behaviours that are beyond what is considered developmentally normal. Johnson and Doonan (2005) suggest that all of the following criteria should be met for any child aged 11 or under to be defined as 'sexually abusive':

1. The child has intentionally touched the sexual organs or other intimate parts of another person, or orchestrates other children into sexual behaviours.
2. The child's problematic sexual behaviours have occurred across time and in different situations.
3. The child has demonstrated a continuing unwillingness to accept 'no' when pressing another person to engage in sexual activity.
4. The child's motivation for engaging in the sexual behaviour is to act out negative emotions toward the person with whom he or she engages in the sexual behaviour, to upset a third person (such as a parent or sibling), or to act out generalised negative emotions using sex.
5. The child uses force, fear, physical or emotional intimidation, manipulation, bribery, and/or trickery to coerce another person into sexual behaviour.
6. The child's problematic sexual behaviour is unresponsive to consistent adult intervention and supervision.

The report of the ATSA Taskforce on Children with Sexual Behavior Problems (Chaffin et al., 2008) defines such children as aged 12 and younger "who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others" (p.200). The Taskforce makes it clear that, although the term sexual is used, the intentions and motivations for these children's behaviours may or may not be related to sexual gratification or sexual stimulation. Alternatively, the behaviours may be linked to curiosity, anxiety, imitation, attention seeking, self-calming, or other reasons.

Children with sexual behaviour problems are diverse in their sexual behaviours, their families, socioeconomic status, history of abuse, and mental health status. Whereas adolescents presenting with abusive sexual behaviours are overwhelmingly male, there are a substantial number of young girls as well as young boys among younger children with problematic sexual behaviours (Chafin et al., 2008).

Although there have been some attempts in the literature to describe categories and typologies of younger child with sexual behaviour problems, no distinct profile exists, nor is there a clear pattern of demographic, psychological, or social factors that distinguish children with sexual behaviour problems from other groups of children (Chaffin, Letourneau, & Silovsky, 2002).

High levels of sexual abuse victimisation have been found in some studies of children with sexual behaviour problems (Friedrich & Luecke, 1988; Johnson, 1988) emphasising the potential link between inappropriate sexualisation through abuse and children's subsequent behavioural responses. However, some children with broadly defined sexual behaviour problems have no known history of sexual abuse (Bonner, Walker, & Berliner, 1999; Silovsky & Niec, 2002). In many cases, the origins of childhood sexual behaviour problems are therefore likely to be a combination of abuse experiences, family, social, economic, and developmental factors (Chaffin et al, 2008). Contributing factors may include maltreatment, poor parenting practices, exposure to sexually explicit material or highly sexualized environments, and family violence (Friedrich et al, 2003).



Adolescents with harmful sexual behaviours

As with children with sexual behaviour problems, young people presenting with harmful sexual behaviours in adolescence are a very diverse group, in terms of background, motivation, types of behaviour exhibited, age of onset, and victims targeted (Righthand and Welch, 2001).

Although it is sometimes assumed that young people's problematic sexual behaviours are experimental or of a minor nature, this is not borne out in literature. In Taylor's (2003) UK study of 227 young people referred for sexually abusive behaviours in one city over a six-year period, 93 per cent were referred for behaviours involving physical contact with the victim's genitals, with only seven per cent referred for non-contact behaviours. 31 per cent of the sample had actually penetrated their victims, and a further 15 per cent had attempted penetration.

The vast majority of adolescents engaging in HSB are male, even taking into account under-reporting of young women and the lack of available specialist treatment programmes for young women. For example, in Ryan et al's (1996) study of 1,600 adolescent sexual abusers, 97.4 per cent of the total sample were males.

Most victims of HSB appear to be children known to the young person. In Taylor's (2003) study, just three per cent of a total of 402 alleged incidents involved strangers. The average age of victims was just over eight years old, with two peak ages: five and 12. While research typically suggests that twice as many females are abused as males, most young people displaying HSB appear to select either male or female victims. For example, Dolan and colleagues (1996) found that only seven per cent of young people had abused victims of both sexes, and Manocha and Mezey (1998) found only six per cent.



Almond et al's (2006) UK study investigated differences in the background characteristics of 300 young people displaying HSB. It found the majority (71 per cent) could be categorised in one of three dominant background themes: 'abused', 'delinquent' or 'impaired'. 'Impaired youth' was the most common (88 cases: 29 per cent), closely followed by 'abused youth' (85 cases: 28 per cent) and finally 'delinquent youth' (42 cases: 14 per cent). The authors suggest their findings support the proposition of three distinct 'syndromes' underlying harmful sexual behaviours in young people. They suggest:

- 'Abused' young people have experienced frequent physical and sexual abuse. They should be classified as young people in need and they are harming others as part of a response to their own abusive experiences.

- 'Delinquent' young people do not 'specialise' in sexual offending, but their harmful sexual behaviours occur in conjunction with a range of other deviant behaviours, such as property offences, previous offences against a person, antisocial behaviour and fire-setting. These young people are harming others as part of an overall pattern of delinquency. The authors suggest these young people have a higher likelihood of violating the rights of others, engage in other antisocial behaviour, and are at higher risk of reoffending (Butler and Seto, 2002).

- Young people in the 'impaired' group represent a wide continuum that includes emotional, psychological and physical impairment (including speech or hearing impediments), behavioural problems, educational difficulties, ADHD and learning disabilities. However, practitioners need to be aware of the enormous variation in socio-emotional, cognitive and physical development between youths of the same age. Specialist assessment frameworks may be required for these young people, such that can identify problems with general literacy, speech and communication deficits, conceptual understanding and suggestibility.

Young people with learning disabilities with harmful sexual behaviours

There is increasing awareness of the prevalence of harmful sexual behaviours in young people with a learning disability. In Hackett and colleagues' (2013) study of a sample of 700 young people displaying HSB, 38 per cent had a learning disability. Hickey et al (2008) state that one third to a half of all young people displaying HSB have a statement of special educational needs.

Although young people with a learning disability who display HSB share many characteristics of young people without a learning disability, there are some differences. These include being more likely to harm opportunistically and impulsively; being less specific in their choice of victim; being more likely to commit offences against more vulnerable victims; and demonstrating more impulsive and more opportunistic behaviours (Fyson, 2007).

Young people displaying HSB with learning disabilities are also likely to use fewer grooming techniques and have less awareness of social norms and pro-social behaviour (Timms & Goreczny, 2002). Harmful sexual behaviour in children and young people with a learning disability appears to be significantly influenced by a lack of appropriate peer relationship and sex education; consequently these young people may not understand the harmful nature of their behaviours.



Young women with harmful sexual behaviours

Information regarding the incidence of harmful behaviour for young women is limited and is likely to be underreported at times. Perceptions that a young woman is simply 'acting out' her own experiences of abuse rather than abusing other children can make it more difficult to identify the risks that some young women present as a consequence of their HSB. Macartan et al (2011) suggest that young women presenting with HSB with are likely to be referred to a range of services including mental health services rather than those offering specialist provision. These findings support earlier LFF/AIM (2003) unpublished research which identified how lack of training and appropriate supervision left professionals including those working in residential care settings – confused over what constitutes sexually harmful behaviour in girls and young women. Professionals also identified a reluctance to label behaviour as inappropriate or harmful in case it led to perceived negative outcomes.

Although professionals are becoming aware of the possibility that women are capable of HSB, research remains limited. Reported prevalence varies from 2.6 per cent to 8–12 per cent of all sexual abuse by young people (Ryan et al, 1996; Kubik, Hecker and Righthand, 2002; Taylor, 2003; Johansson-Love and Fremouw, 2006; Hickey et al, 2008; McCartan et al, 2011). British studies indicate that young women are less likely to have convictions when referred for HSB, and tend to be younger than their male counterparts (Masson et al., 2012; Kubik, Hecker and Righthand, 2002).

A number of sub-types of young females who sexually abuse others have been proposed, though these are at present quite speculative and tend to be based on very small samples. Summarising this work, however: some HSB in girls and young women may be exploratory in nature, driven by curiosity, resulting in what tends to be an isolated incident; for other young women HSB may emerge from their own sexual victimisation; and it has been suggested that a third group comprises girls and young women who have been exposed to very high levels of abuse, neglect and intrafamilial sexual abuse. In these cases, young women may have high levels of mental health problems as well as displaying HSB (Matthews et al, 1997; Hunter et al, 2006; Kubik, Hecker and Righthand, 2002).

In working with young women it is important to consider the differences between male and female adolescent development and the impact that socialisation and the development of socio-cultural scripts have upon the young woman's sexual behaviour pathway.

Studies of the personal histories of young women who have engaged in harmful sexual behaviour reveals many commonalities with young men. Chaotic and abusive home environments, including exposure to domestic violence, are common problems for both adolescent males and females who engage in harmful sexual behaviour. However, studies suggest that females with sexual behaviour problems have a higher rate of victimisation in their histories, experiencing abuse at a lower age, abuse by more than one perpetrator, abuse which is more longstanding and severe, and with an increased likelihood of developing mental health disturbance as a result of the trauma (Ford, 2006).

In reviewing the research, Robinson (2009) identifies the following potential pathways for young women who engage in harmful sexual behaviour:

- early maturation – sexualised behaviours for which they are not developmentally prepared, through abusive contact with older males
- depression and victimisation
- family criminality
- poor relationships with parents, particularly mother
- lack of continuity of care
- poor peer networks
- impact of pornography related to their own abuse experiences.

Harmful sexual behaviour and gang association

Recently, research into serious youth violence has increasingly identified harmful sexual behaviour within street gangs in the UK (Beckett et al, 2013; Firmin, 2015, 2017; Khan, 2013). In this context, sexually violent and abusive behaviours manifest in a range of ways including:

- intra-gang exploitation where sex is exchanged for status, belonging, drugs and protection
- intra-gang violence where rape and sexual assault are used to control and humiliate, ensuring gang members adhere to the codes of the group, and that disloyalty is punished. Examples have also been found where predominantly boys and young men are required to sexually assault a young woman as part of an initiation process – as a means of demonstrating group loyalty
- inter-gang violence where rape and sexual assault are used to punish rivals, sometimes through attacks on the female siblings and girlfriends of gang members (for a full list of models see Beckett et al, 2013).

Such behaviours are consistent with those found in broader research into multiple perpetrator rape (Franklin, 2013; Lambine, 2013). Studies have found that, during group-based sexual assaults, those who are being harmed can take the place of a 'dramatic prop' (Franklin, 2013) to facilitate the bonding of the group and enable group members to demonstrate loyalty to one another.

Research evidence suggests that young people who harm their peers sexually, as opposed to younger children, are more likely to be involved in other forms of antisocial behaviour, to display HSB outdoors (as opposed to in private dwellings), and less likely to be socially isolated individuals (Beckett and Gerhold, 2003; Finkelhor et al, 2009; Hackett, 2014). As a result, general MST interventions for young people who exhibit other forms of antisocial or violent behaviour have also been found to be of benefit to young people who have displayed HSB towards their peers (Letourneau et al, 2008).

While this area of research remains in need of development, it implies that the pathway to abuse for some young people who sexually abuse and offend against their peers – particularly those involved in other group-based antisocial and offending behaviour – may be different to those who harm younger children.

Presently, response to gang-associated young people, and those involved in offending behaviour is largely rooted in local community safety, policing, and youth justice provision. As a result it is important to consider the relationship between these services and local responses to harmful sexual behaviour.

Responses to gang-associated young people rely on "multi-agency gangs meetings" and gang-specific risk assessments (Beckett et al, 2014; Firmin, 2013). Ensuring young people identified through these channels are referred into processes or services for young people displaying HSB is critical. Without this collaborative approach, local services risk developing criminal justice responses to young people who harm in gangs, as opposed to therapeutic responses for those who need them.



As is the case with young people who display HSB in peer group contexts – as opposed to those who harm alone – the influence of friends or associates on their behaviour should be considered (see below).

Addressing peer group association

Studies have increasingly identified an association between the nature of young people's peer groups and their involvement in harmful sexual behaviour (Henggeler et al, 2009; Letourneau and Borduin, 2008).

Such findings are consistent with wider research into multiple perpetrator rape (Franklin, 2013; Lambine, 2013), serious youth and gang-related violence (Beckett et al, 2013), and teenage relationship abuse (Chung, 2005; Connolly et al, 2000), all of which have found that young people who sexually offend against their peers and partners are more likely to have experienced violence within their peer groups than in familial settings (Barter et al, 2009; Catch 22, 2013; Firmin, 2013). As a result Firmin (2013) suggested that responses to abuse between young people should consider the social environments in which young people form their own identities and relationships, in a similar way to MST interventions proposed by Letourneau et al (2009).

Some of this is unsurprising, given what we know about young people and group behaviour in general. Therefore, the harmful sexual behaviour of young people who spend their time with antisocial, violent or abusive peers, may be consistent with the social rules or codes of their peer group. As a result, the following is all critical:

- The nature of young people's peer groups (and online peer groups), and their weight of influence, forms part of the assessment process. This includes ascertaining whether a young person plays a leadership role within an abusive peer group, or whether they are a follower. Have they displayed HSB alone as well as alongside their peers?

- Interventions to address individual young people's harmful sexual behaviour may require tandem interventions with their wider peer groups. In such instances working the youth service, schools or other universal services may play a key partnership role.

Contextual safeguarding

Contextual Safeguarding has been developed by Carlene Firmin at the University of Bedfordshire to inform policy and practice approaches to safeguarding adolescents. Contextual Safeguarding is an approach to understanding, and addressing, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these wider contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

In response, practitioners need to engage with individuals and sectors who do have influence over or within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding aims to expand the objectives of child protection systems in recognition that young people are vulnerable to abuse in a wider range of contexts than home and school environments alone.
contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

Working with families of children and young people displaying HSB

Families of children and young people with harmful sexual behaviours are often described as multiply troubled and dysfunctional.

Thornton and colleagues (2008) examined the families of intra-familial adolescent sex offenders attending a community-based programme. Families were uncommunicative, adversarial and conflict ridden. Hackett and colleagues (2014) investigated the nature and impact of parental responses to their child's harmful sexual behaviours in 117 cases. Parental responses ranged from being entirely supportive of the child, through ambivalence and uncertainty to outright rejection. Parents were more likely to be supportive when their child's victims were extra-familial, and condemnatory when the victims were intra-familial.

The distress caused to families when a child acts in a sexually abusive manner is compounded further if the victim of the child is also a member of the immediate family. When sexual abuse involves siblings, parents can feel that they

are in an impossible situation, caught between trying to meet the needs of both perpetrator and victim.

Between a third to a half of sexual abuse perpetrated by children and young people involves close family members as victims (Beckett, 2006; Worling, 1995). Although non-abusive sexual interactions between siblings and other children within families can occur, research has suggested that sibling sexual abuse often occurs over more extended periods of time, and that sexual behaviour is more likely to be penetrative when compared to extra-familial harmful sexual behaviour (O'Brien, 1991).

Despite the seriousness of the behaviour, sibling sexual abuse is sometimes minimised by professionals as 'experimental' in nature. Careful assessment of family strengths, needs and dynamics is required to establish what has to be in place if siblings are to live together safely after disclosure. In some situations siblings will need to be separated for further assessment and possibly intervention. In situations where the need for family work is identified, reunification may be a goal, though the welfare and safety of the victim must remain paramount.

The need to engage with the parents of children and young people displaying HSB is clear. Hackett (2004) suggests attention should be given to identifying and building upon family strengths and competencies – not just risks and deficits. Discovering that a child is perpetrating sexual abuse can be an isolating and profoundly difficult experience for parents, and may lead to secondary post-traumatic responses.

Duane et al's (2002) research into parents' responses to the discovery of their son's sexually abusive behaviour uncovered a process that included shock, confusion, self-blame, guilt, anger and sadness. They suggest that shock, disbelief and confusion are all common reactions. Indeed, parents are likely to experience a range of emotional responses that further undermine their usual parenting competence and resources.

Between a third to a half of sexual abuse perpetrated by children and young people involves close family members as victims

The internet and new media

Increasingly children are influenced through their use of the internet, and there is widespread concern about what children and young people may come across while online (Independent Parliamentary Inquiry into Online Child Protection, Findings and Recommendations, 2012).

Practitioners are increasingly concerned about a steadily growing population of children and young people coming to their attention whose harmful sexual behaviours have been influenced or facilitated by access to the internet and social media. Such cases can incorporate both online and offline aspects and may involve use of technology simultaneously with contact HSB. The term 'technology-assisted harmful sexual behaviour' (TA-HSB) is proposed in order to capture the wide range of activities and forms this type of sexual abuse can take rather than the term 'online harmful sexual behaviour', which implies no direct contact with a victim. The NSPCC define TA-HSB as: "One or more children/young people engaging in sexual discussions or acts – using the internet and/or any image-creating/sharing or communication device – which are considered inappropriate and/or harmful, to self and/or other, given their age or stage of development", (Belton & Hollis, 2017). This includes viewing inappropriate adult pornography or illegal indecent images, and includes sending or requesting images, known colloquially as 'sexting'.

These TA-HSB behaviours may pose difficult questions for practitioners . For example, to what extent is this normal exploratory sexual behaviour, especially if peer related? What role does online behaviour play in contact HSB? What factors increase the likelihood of internet offending?

Research suggests that between approximately 20% to 50% of all children and young people have been exposed to pornography online by the age of 16 – more so among older adolescents and males (Mascheroni and Olafsson, 2014). Research commissioned by The Children's Commissioner and NSPCC revealed concerns regarding the scale at which young people are being exposed to online pornography. This research highlights the negative effects this can have on emotions and outlines that initial feelings of shock and confusion can dissipate and over time some young people appear to become desensitized to the content of online pornography (Martellozzo

et al., 2016). It is important that the use of pornography is taken seriously and given thorough attention during assessment. When considering those accessing pornography under 13, the younger this begins the more worrying this should be, considering what would be expected in terms of appropriate sexual knowledge, exposure and development. Exposure to pornography from a young age should be considered a safeguarding concern, and there should be consideration to given to who/what may have influenced this, and levels of supervision of the child/young person.

It is a crime to take, make, permit to take, distribute, show, possess, possess with intent to distribute, or advertise indecent photographs or pseudo-photographs of any person below the age of 18. The Association of Chief Police Officers (2011) is aware of consequences for young people arrested. They state: 'ACPO does not support the prosecution or criminalisation of children for taking indecent images of themselves and sharing them. Being prosecuted through the criminal justice system is likely to be distressing and upsetting for children, especially if they are convicted and punished. The label of 'sex offender' that would be applied to a child or young person convicted of such offences is regrettable, unjust and clearly detrimental to their future health and wellbeing.'

The internet and use of social media has become a major part of children's lives. Ofcom (2017) reported that 94% of 8–11 year olds go online for 13.5 hours per week and 23% have a social media profile. 99% of 12–15 year olds go online for nearly 21 hours a week and 74% have a social media profile.

Data regarding the prevalence of adolescent internet offending in the UK – including those cautioned or convicted for accessing child abuse images – is hard to determine as official statistics don't differentiate between adult and adolescent offenders (Gillespie, 2008). Their relative invisibility is compounded by a lack of empirical research studies and an absence of validated and developmentally sensitive internet offending assessment models.

There is still little research on technology-assisted HSB in children and young people (Belton & Hollis, 2017). The Ministry of Justice (2013; cited in Hackett, 2014) report that, in 2010 to 2011, 51 males and one female aged 10 to 17 received reprimands or warnings due to possessing indecent photos or pseudo photos or prohibited images of children. Eleven were found guilty of technology- facilitated HSB, and two received custodial sentences. Small scale research has demonstrated that, in comparison to young people who commit contact HSB, this group tend not to have abuse and trauma backgrounds, coming instead from stable and advantaged families and achieving in education (Moultrie, 2006; Hollis & Belton, 2018). There appears to be a pattern in some cases of progression from accessing chat rooms and adult pornography, conversations with people online became increasingly sexual, and turning to younger adolescents and children (Moultrie, 2006).

In essence, the nature, extent and characteristics of adolescents displaying sexually problematic or abusive behaviours using new technologies is still largely uncertain and unclear. While this remains the case, professionals' capacity to recognise, respond to, assess and manage any perceived risk is likely to be inconsistent.

Tools and support for HSB in relation to the internet and new media (Technology-Assisted HSB)

In working with young people who have engaged in technology-assisted harmful sexual behaviour (TA-HSB) it is important to consider the needs met by, and motivations for, the behaviour, and to also ensure that they are able to use the internet and social media safely in the future. A substantial proportion of young people may engage in both TA-HSB and offline HSB and there is a need for a more up to date, integrated and holistic assessment of HSB, specifically for young people who display TA-HSB in which more is learnt about their motivations, behaviours and characteristics.

Informed by the latest international research, NSPCC and AIM project have developed Technology Assisted – Harmful Sexual Behaviour practice guidance (2019) to help practitioners with assessing the risks, case formulation and safety planning following an incident of technology assisted HSB involving an adolescent male (12-18). Referral behaviour may include downloading, distributing and producing child abuse images using new technologies.

The guidance has been designed to help practitioners working with young people whose internet and social media use forms part of an overall concern regarding their harmful sexual behaviours, as well as those young people where this is the sole or main cause for concern. As such it can be used in conjunction with the AIM2/ AIM3 initial risk assessment models. The resource supports trained social workers, youth offending service practitioners and specialist providers to formulate judgements about risk in the context of concerns arising from an adolescent's technology-assisted harmful sexual behaviours (TA-HSB) and is intended to provide a broad frame of reference to supplement clinical judgement.

In addition, the Lucy Faithfull Foundation has developed a short, education- based programme for young people with problematic online behaviour – InformYP – and also provides internet safety seminars for parents and schools. The NSPCC and AIM are working together to develop practice guidance for professionals to support them in dealing with children and young people who display internet-based sexual offending. This guidance will help in the development of case formulation to manage the risk of repeat behaviours or reoffence, in the identification of likely causal factors, and to inform future therapeutic or treatment needs of the young person and their parents or carers. Outcomes should inform other child welfare, safeguarding and public protection decisions and sit alongside any holistic assessment of HSB risk.



Restorative approaches to address HSB

Restorative justice can offer a significant additional dimension to work with offenders, victims and communities harmed by sexual violence. There is a growing body of evidence in support of the victim benefits of 'complex and sensitive restorative justice' and the recognition that restorative approaches complement the movement to address HSB that focuses upon strengthening desistance and enabling a wider engagement with the social ecology of the offender.

Internationally, a number of jurisdictions have made progress on the inclusion of restorative approaches towards sexual harm. New Zealand's pioneering Project Restore offers a limited but safe and appropriate restorative approach towards adult survivors of HSB.
The Centre for Innovative Justice, based at RMIT University in Melbourne, Australia has published Innovative justice responses to sexual offending: pathways to better outcomes for victims, offenders and the community (RMIT, 2014), which outlines a systemic restorative approach to both adult and youth HSB.

In England the AIM Project has over 10 years of experience and knowledge in the use of restorative work with youth HSB. It has developed a restorative justice and HSB assessment framework that works on top of its AIM2 offender assessment, as well as best practice guidance for Youth Offending Teams working in restorative justice and HSB.

In England and Wales, the recently revised Victim Code of Practice allows for the consideration of safe and appropriate restorative work open to all victims of crime. Moreover, the considerable restorative expertise and experience accumulated in England and Wales is now enabling an increased focus upon cases deemed to be 'sensitive and complex' (Restorative Justice Best Practice Guidance, Ministry of Justice, 2011).

All these developments offer the opportunity to connect victim, offender and family perspectives in establishing the harm caused and planning for a safer future.

There is some evidence to caution the use of restorative justice with some groups of children and young people displaying HSB, including those with certain learning disabilities (especially speech and language, and particularly receptive and expressive issues).



4.2 Audit tool – Domain 4

Multi-modal approach to intervention

Scoring key:

- 0 Not at all/never/no evidence for this
- 1 Very little/very infrequently/ very little evidence for this
- 2 To some extent/sometimes/ some evidence for this
- 3 To a fair extent/frequently/ good evidence of this always/ to a great extent/a wealth
- 4 Always/to a great extent/ a wealth of extremely strong evidence for this

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
4.1	**Intervention and support provided to children and young people displaying HSB in our area:**			
4.1a	effectively target presenting problems and broad issues in the child or young person's early experience (unresolved trauma, experiences of abuse, family issues) and is multi-modal in its approach			
4.1b	are evidence-based and implemented according to what is known to be effective; and include evaluation			
4.1c	are resilience-based (support is strengths-based, child and family centred, focuses on the child's understanding of their behaviours, etc) rather than adopting a deficit model.			
4.2	The support provided to younger children (pre-adolescence) with problematic sexual behaviour is tailored to meet their developmental needs, and takes into account their specific vulnerabilities (for example, experiencing abuse themselves); we can evidence the effectiveness of this support.			
4.3	The support provided to adolescents displaying HSB in our area recognises the diverse needs that are frequently identified in these young people, including emotional, psychological and physical impairments; speech and hearing impediments; behavioural problems; educational difficulties and ADHD.			

This is a draft copy – when using the tool please download the online PDF

Comments:

Date completed:

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
4.4	We have specific support in place for learning disabled and SEN children and young people displaying HSB, which reflects their need for support around peer relations as well as developmentally appropriate sex education.			
4.5	We can demonstrate recognition of the higher rate of victimisation and trauma in the histories of young women displaying HSB. We offer them effective services which include responses to the likely impact of this abuse (for example, the increased likelihood of developing mental health difficulties).			
4.6	Where young people displaying HSB are facing criminal charges (such as gang-associated young people who display HSB) their needs and risks are addressed in a joined-up way through links across community safety and youth justice agencies (rather than adopting a criminal justice response for these young people, while others receive a therapeutic response).			
4.7	The families of children and young people displaying HSB are provided with services and strengths-based support in our area. Our practitioners have a good understanding of the distress and shame experienced by parents, and the underlying family dysfunction that often accompanies HSB.			
4.8	Our local area can demonstrate that children and young people receive effective support and education in relation to HSB using new media and technology; local schools settings are confident and skilled in online safety, with other agencies (including criminal justice agencies and specialist online safety organisations) effectively linked into this work.			

Comments:

4.3 Key principles

- Interventions are required to deal with a highly diverse group of children and young people and their families:
  - Most adolescents with sexually abusive behaviours are male.
  - Girls with abusive sexual behaviours come from particularly dysfunctional family backgrounds, with higher levels of sexual victimisation and other abuse.
  - Young people with learning disabilities are a particularly vulnerable and over-represented group.
- Adolescents who display HSB share many characteristics with other young people who have a wide range of difficulties, and it is important to address their broader problems as well as dealing with HSB concerns; and to remember they are young people first and 'sex offenders' second.
- Responses must take into account children and young people's stages of development, and should be proportionate to their risks and needs. It is important not to lose sight of the status of the whole child amid concerns about the sexualised nature of some aspects of their functioning.
- Interventions should be tailored to the specific needs of the child and family, rather than applied routinely to all.
- In summary, interventions need to be:
  - evidence-based
  - holistic
  - multi-modal
  - strengths-based and supportive
  - proportionate
  - tiered
  - resilience-focused
  - multi-agency.
- Primary, secondary and tertiary prevention approaches are needed. A tiered approach to intervention is most appropriate, which distinguishes children and young people whose needs can be met through parental monitoring and pro-social intervention from those who need limited psycho-educative support, and from those who would benefit from more specialist intervention services and placements.
- Rehabilitative approaches,such as the Good Lives Model, should be used to enhance protective factors, promote stable and supportive relationships and help young people develop personal competence and healthy lifestyles.
- In reducing risk and building resilience, it is crucial that children and young people are not labelled and stigmatised unnecessarily.
- Increasingly, the divide between the physical and the digital worlds no longer exists. Education is therefore key. Technology-Assisted HSB can incorporate both online and offline aspects and may involve use of technology simultaneously with contact HSB. Parents, carers and teachers should not be afraid to talk to young people about their sexual activities online.
- It is vital to assess parental capacity to protect their children, the ability to manage a safety plan, and their capability to meet the needs of their children while considering the wider demands on the family.





Practice example

Working with adolescents 12-18 – Change for Good

NICE Guidelines 2016 encourages the use of recognised treatment resources or guided interventions with evidence bases such as the NSPCC Change for Good intervention.

In 2011, the Change for Good manual was commissioned and developed by Professor Eamon McCrory with input from NSPCC practitioners to provide a set of therapeutic resources for clinicians working with adolescents in individual treatment who have shown harmful sexual behaviour. It is a strengths-based intervention that addresses the young person's HSB in the context of the social and emotional challenges they are facing. The programme is delivered over 30 sessions: 26 structured one-to-one sessions and four additional non-manualised flexible sessions used to address individual need.

The intervention has two main aims:

- to increase the likelihood of young people showing sexual and non-sexual behaviours that are socially acceptable, and refraining from HSB;
- to enhance psychosocial functioning, optimism about the future and a sense of wellbeing.

The manual has been used and tested within NSPCC HSB services to consider its effectiveness with this particular group of young people, and was subject to an evaluation completed and published in 2016 (Belton, 2016). This research showed positive results in many areas of the treatment programme including, psychological functioning, relationships with practitioners, anger levels, victim distortion and cognitive distortion levels as well as empowering the young people with strategies and techniques to manage and cope outside of sessions. The evaluation also pointed to the need to update the intervention modules in line with emerging evidence about the impact of trauma, poor attachment, sexual knowledge levels and technology assisted HSB.

The revised NSPCC Change for Good practice guidance (2018) is now an addendum to the Change for Good Manual written to address these areas as part of the Change for Good programme.

Barnardo's Better Futures Service – girls who display harmful sexual behaviour

There are relatively few studies in relation to girls with sexually harmful behaviour. Current literature reflects a consensus that there is a tendency to minimise or under respond to sexually harmful behaviour by girls. Assessment frameworks and intervention approaches for young people are based largely on professional understanding of boys.

The Barnardo's Better Futures Service provides assessment, intervention and training services for children and young people with harmful sexual behaviour, their families and professionals. Its girls project is an ongoing three-year project funded by The Big Lottery. The project aims to develop standardised assessment tools and intervention resources for girls who engage in sexually harmful behaviour, to identify need, reduce risk and enable them to move toward healthy adult relationships.

Since the project started the referral rate for girls increased significantly, from eight per cent in 2010/11 to 29 per cent in 2013/14. In the experience of the professionals working in the service, girls displaying harmful sexual behaviour tend to be managed within welfare services, with 98 per cent of referrals being made by Children's Services rather than Youth Offending Services. This coincides with the average age of referral being younger for girls than boys.

There is a tendency to view girls who display harmful sexual behaviour as 'victims' and boys as 'perpetrators'. At the point of referral to the service, own victimisation experiences of girls and young women tend to be more widely known and prioritised by the referring agencies when compared to boys.

Research and practice in relation to girls who display harmful sexual behaviour within the Better Futures Service has highlighted the need for difference in the assessment and intervention approaches depending on gender. It has also highlighted the variations from professionals in the systems and support offered depending on gender.
barnardos.org.uk/taith/taith_what_we_do.htm



Safe Home Project

The National Clinical Assessment and Treatment Service (NCATS) works with children and young people who display harmful sexual behaviour alongside their parents and carers.

NCATS offer a service called Safe Home which is a psycho-educative and therapeutic programme for parents/foster carers who have/care for children who have displayed harmful sexual behaviour.

Safe Home is a 12-15 session programme with the expectation that each session will last 1.5 hours. There is also homework tasks for the parents to complete each week. It is designed to be delivered at the start of parallel work alongside a child/young person's individual treatment. This can be followed by other areas of parallel or family work identified as needs during the assessment, or other topics parents or carers request as relevant to the overall treatment package. It can also be delivered as a standalone intervention where relevant.

Safe Home includes:

- Exploring and reflecting on the area of harmful sexual behaviour
- Working with the parent to develop their knowledge and understanding of harmful sexual behaviour
- Discussing the warning signs and consequences of harmful sexual behaviour, making sense of why young people might display harmful sexual behaviour
- Developing a personalised safety plan that includes practical steps to prevent or minimise the impact of future abuse within the home.



Technology-Assisted HSB Practice support

AIM Project and NSPCC have been working together with a group of national experts in HSB to develop practice guidance in light of new research and practice knowledge, to help professionals assess and manage young people who display technology-assisted harmful sexual behaviour (TA-HSB).

This practice guidance is informed by the latest evidence from research and practice nationally and internationally including two recent NSPCC research projects, one involving their Turn the Page harmful sexual behaviour service. Whilst this research and practice knowledge base is in the early stages of beginning to understand these sexual behaviours and there is more work to be done, there is a strong current need for practitioners to be able to understand these young people and to assess and work with them. This practice guidance is an attempt to meet that need, to provide a framework for understanding relevant information and how to analyse it to assess both level of risk and appropriate interventions to manage the risks and address the individual's needs.

This practice guidance should not be seen as a stand-alone document; it should be used to inform other child welfare, safeguarding and public protection decision-making processes, rather than substitute for them.
http://aimproject.org.uk/



Workplace development



5.1 Summary of the evidence and issues

The consequences of a lack of overarching strategy

Over the past decade our knowledge in relation to young people who display HSB has significantly increased, though there remains no overarching strategy or guidance to progress the field in a coordinated way. This can result in 'territorial' practice, where some authorities have developed policies and procedures while others have a more ad hoc approach. The latter approach prevents skills, knowledge and ideas being shared in a fair and consistent manner, and thereby reduces the chances of appropriate responses for the young person and their family.

Without a statutory framework the work relies on individual professionals' goodwill and agency commitment, both of which are variable. Improving outcomes requires a clear government lead, a written commitment that other government departments will work together, and a mechanism for reviewing progress. This then needs to be replicated at regional and local level, with a model multi-agency agreements policy and procedure.

Children and young people presenting with HSB, as has been highlighted throughout this framework, often have multiple and complex needs. Changing their behaviour requires the services of more than one agency, while effective risk management and support requires involvement from all the professionals involved with the young person and their family.

These systems need clarity around risk, responsibility and their respective roles and tasks. It's vital that representatives from the different systems regularly meet to review the ongoing manageability of the work. The historical lack of clarity about roles and responsibilities for HSB means agencies have had a tendency to respond with varying levels of resource and commitment. There is a clear need to integrate policies within existing bodies of values, knowledge and good practice. Providing such a framework will help to demystify the work, and to reduce barriers of fear and anxiety. Practitioners will understand the issues more clearly, have a solid understanding of process, and be more open to address the 'problem'.

Where agencies work in isolation to respond to HSB they are likely to duplicate work, miss out vital communication (sharing of information) and not recognise the value of other agencies' contributions. This can result in a blame culture. Working to address HSB is not the exclusive province of any one agency.

Multi-disciplinary training is core to promoting multi-agency working; thus creating a common language of understanding and mutual appreciation of each other's roles. Training should involve all key disciplines, including social workers, health workers (eg. CAMHS staff, GPs, health visitors and school nurses), youth offending team workers, child and adolescent mental health, education, residential staff, and foster carers, and must be tailored local context and relevant to individuals' work roles and environments.

A research project across two Welsh authorities (Warr, 2012) identified that more specialist training was one of the most important factors to practitioners (between 80 and 82 per cent of practitioner feedback).

Training and equipping managers across agencies is crucial. Frontline managers are the cornerstone of good service delivery, and policy and service innovation can't happen without their involvement and buy-in.

Additionally, the establishment of a national HSB coordinators group – sponsored by central governmental – would enable many positive developments in the field.

It is crucial to create a common language of understanding and mutual appreciation of each other's roles

Interagency training

There is little literature about practitioner training for work with HSB (Dadds et al, 2003) though there is general concern about the lack of training opportunities for practitioners working with this client group (Hackett, Masson and Phillips, 2003). Knowledge of HSB assessment and intervention approaches is necessary within all agencies. All practitioner training should correspond to the four-tiered approach to service provision, to ensure the range of people working with children and young people displaying HSB have appropriate knowledge. For example, at tier one, teachers, volunteers and mentors need access to appropriate education about normal, problematic and harmful sexual behaviour. At tiers three and four, practitioners need specialist training in therapies with a developing evidence base for use with young people displaying HSB.

National guidance provides minimal indication of the training needs of people working with children and young people who display HSB. It tends to make generic statements such as: *'interventions are to be delivered by specialists'* (Youth Justice Board, 2008) and managers *'should be fully trained and have adequate experience of working with young people who sexually abuse'* (Youth Justice Board, 2008). The Youth Justice Board (2008) guidance on training suggests a focus on: basic awareness raising, followed by more in depth training; intervention and assessment; and increasing understanding of working with those with mental health problems and minority ethnic young people. These recommendations echo those made by Hackett, Masson and Phillips (2003).

In the review of service provision for young people displaying HSB across the UK (Smith et al, 2013) all local authorities questioned reported that appropriate staff training was available, but that specific training for different subgroups of young people displaying HSB was not. The need to ensure a well-trained workforce was a key recommendation of the survey.



In a research study of the effectiveness of LSCB interagency training on HSB, Hackett et al (2013) examined the impact of short courses on 197 professionals in the UK. These courses – common across LSCBs – were generally one day in duration and typically aimed to raise awareness of HSB among practitioners, informing them of key areas of research into HSB and the types of practice responses required.

Hackett and colleagues found that such courses were effective in improving professionals' confidence in working with young people presenting with harmful sexual behaviours, particularly in relation to their own efficacy. Courses also helped to raise awareness among participants about the relatively low base rate of sexual recidivism in young people with harmful sexual behaviours. Similarly, there was a reported significant increase in participants' confidence in distinguishing between appropriate and inappropriate forms of sexual behaviour in young people, and their knowledge of local area policy and procedures.

Some areas of knowledge were not improved as a consequence of these courses. Recognition of the different nature and responses required to young women displaying HSB, the needs of young people with learning disabilities who sexually abuse, and the need to offer tiered levels of intervention according to assessed levels of risk and need remained limited. The authors conclude that these areas of knowledge may be more suitable for more advanced training that builds on introductory or awareness-raising courses, as requested by respondents in the survey undertaken by Hackett et al (2005). In undertaking their study, the authors developed their own scale to measure the impact of such training on professional attitudes, awareness and self-efficacy and which can be used by other training providers as a resource (Carpenter et al, 2011).

Integrated working practices

With the move away from LSCBs towards the establishment of new interagency partnership arrangements for safeguarding as reflected in the latest Working Together (2018), strong integrated working practices continue to be key in ensuring children and young people are kept safe when dealing with HSB issues.

It is crucial to review of how local areas:

- use any Common Assessment Frameworks
- develop the role of the lead professional
- promote the latest information sharing guidance (from central government departments as well as local policies)
- operate 'team around the child' practice approaches
- deploy and resource early identification procedures

This will give an understanding of how joined up the local cross-children's workforce response is to issues of HSB.

Impact upon practitioners working in this area and the importance of supervision

Supervision is a major factor in staff retention (Webb and Carpenter, 2011; Carpenter et al, 2012). The perception of supervisor support – as well as support from peers at work – predicts intention to remain employed, while low supervisor and co-worker support are significantly related to the intention to leave (Dickinson and Perry, 2002).

There is a real need for robust staff support, particularly through external consultancy or clinical supervision rather than just case management supervision. Staff must be given the chance to reflect on the impact of this work on themselves and their relationships.



5.2 Audit tool – Domain 5
Workforce development

Scoring key:

- 0 Not at all/never/no evidence for this
- 1 Very little/very infrequently/ very little evidence for this
- 2 To some extent/sometimes/ some evidence for this
- 3 To a fair extent/frequently/ good evidence of this always/ to a great extent/a wealth
- 4 Always/to a great extent/ a wealth of extremely strong evidence for this

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
5.1	We can demonstrate effective multi-agency arrangements and approaches to HSB in our area; practitioners and managers across agencies report clarity about thresholds, risk, responsibility and their respective roles and tasks, meaning work is not duplicated, information is shared effectively, and the value of each agency's contribution is recognised.			
5.2	We ensure that strong integrated working practices are at the heart of working with HSB, and routinely review our HSB work in relation to: – the use of the Common Assessment Frameworks (or equivalent EHA) – the role of the lead professional – the latest information sharing guidance (both national and local policies) – the 'team around the child' or equivalent local models.			
5.3	We have in place systems to enable those working in universal and non-specialist services to 'draw down' expertise and consultation advice (including supervision where appropriate) from colleagues with specialist knowledge. This is building capacity in the wider early help workforce and reducing demand on higher tier services.			

This is a draft copy – when using the tool please download the online PDF

Comments:

Date completed:

	Statements	Score	Evidence supporting this score	Assurance systems in place locally for QA/evidencing this statement
5.4	Multi-disciplinary training is provided to those working with HSB, and is inclusive of all key disciplines and groups (teachers, volunteers, mentors, residential care practitioners, youth justice colleagues, youth workers, social workers, clinical practitioners, youth offending team workers, child and adolescent mental health workers, police); this training embeds a common language of understanding and mutual appreciation of each other's roles; we routinely and robustly evaluate the impact of this training on professional attitudes, awareness and self-efficacy.			
5.5	We offer bespoke training and support for foster carers and adopters that recognises the specific needs of this group; we can evidence the impact of this training and support.			
5.6	Frontline and team managers across our local area are well supported, and their critical influence on service delivery, culture and morale is recognised; we can evidence the impact of this support.			
5.7	We routinely and robustly review our workforce development activity including supervision, with a focus on practitioners' experience of working with HSB, which contributes to a learning culture.			
5.8	We are confident that those working with HSB (not just those in roles where clinical supervision is established practice) are provided with high-quality, reflective supervision that supports them to manage the impact of this work; supervision is audited and we can evidence its positive impact on the workforce.			

Comments:



Practitioners will understand the issues more clearly, have a solid understanding of process, and be more open to address the ‘problem’.

5.3 Key principles

- Among professionals in the field there is now a general consensus that children who engage in 'abnormal' sexual behaviours should not be labelled as 'sex offenders' or 'sex abusers'.

- There has been significant debate about how to describe children and young people who display harmful sexual behaviour without labelling them. Difficulties in defining such behaviour are compounded by a general lack of knowledge of childhood sexuality, and what constitutes normal sexual development.

- The children's workforce needs a shared understanding of how the local HSB response operates in practice; HSB frameworks and protocols must work alongside existing processes, to avoid practitioners becoming confused or frustrated, and to avoid duplicating work and missing issues for concern.

- Effective multi-agency working and coordination are needed in both universal and targeted services. Each member of the workforce should understand their role and take responsibility to identify issues and either refer or provide help.

- Workforce development is not only about formal training – it includes supervision and providing opportunities for peer support and knowledge exchange.

- All training should be evidence-based and evaluated in terms of its impact on practice and on professional attitudes, awareness and self-efficacy, rather than just participant experience of any given course.

- A tiered approach to workforce development must be aligned to the creation of a tiered intervention response, so that it spans the full spectrum of agencies and individuals involved in identifying and addressing HSB.

- Bespoke training should be provided for individuals caring for children and young people displaying HSB in home or residential settings (including foster carers and adopters).

- All those working with HSB need support to manage the impact of this work. Reflective supervision should be made available to everyone working with HSB, not just staff in clinical roles.

- Supervision should be audited, and its impact on practitioner wellbeing – as well as on practice – should be reviewed.



Impact of using the HSB framework and audit tool

Prior to the launch of the first edition of the HSB framework, eight local areas agreed to test and help further develop the framework in 2015. To do this they used the audit tool with their local workforce and multi-agency groups and collated, analysed and feedback the findings to their Local Safeguarding Children's Board and Child Sexual Exploitation (CSE) sub groups. Key feedback was:

- Each authority appreciated the operational usefulness of the framework, and welcomed the innovative approach that guided decision making, and refocused the attention on HSB and its links to CSE;
- The framework acted as a platform for discussion and reflection on current policies and practice, through which areas of strengths and weaknesses were identified, improvements not previously considered were highlighted, and clear recommendations and action plans developed;
- Local authorities welcomed the integrated, multi-level, multi-agency approach towards service provision, reiterated the importance of early identification, assessment, and intervention in relation to children and young people displaying HSB, and recognised the need for shared responsibility across multiple services and divisions;
- The framework acted as a persuasive device to help them to argue for the retention of services, secure funding and actively engage partners at multiple levels alongside other current priorities, such as tackling CSE.



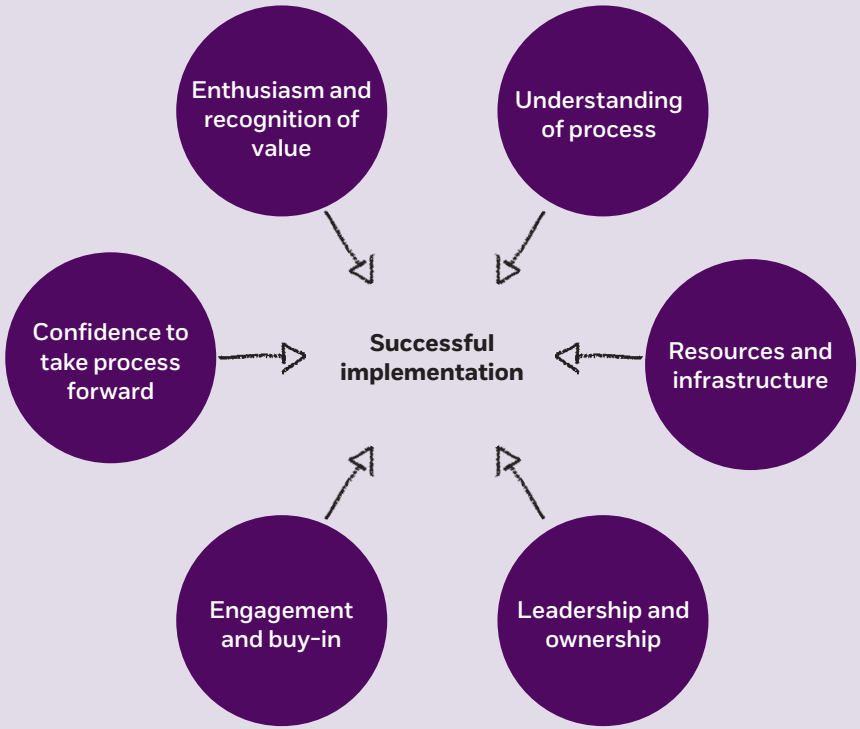
Early adopter support programme

Since its launch in 2016 many other local areas have downloaded and used the HSB framework and audit. In 2017/18, the NSPCC worked closely with 10 local areas (Calderdale, Norfolk, St Helens, Tower Hamlets and the Regional Safeguarding Board of North Wales – covering Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire and Wrexham) as part of an early adopter support programme. Key findings were;

1) Readiness assessment

There are key factors that need to be present in order for a local area to really engage with the HSB framework and get the most from the audit and accompanying resources.

Key factors in implementing the HSB framework and audit



2) Using the audit as part of a response to Serious Case Reviews (St Helens)

A key action in St Helens was to develop a pathway for Harmful Sexual Behaviour (HSB) following a previous Serious Case Review (SCR) in which HSB was a factor. The Board was overseeing developments towards this key action, which included the undertaking of school audits to determine policies and systems that were in existence for children and young people exhibiting HSB in schools. It was determined from the HSB Framework audit that a whole-authority approach to HSB was needed and the process was agreed by the Safeguarding Children's Board and led by the Chief Accountable Officer of the CCG.

Their aim was that every professional in contact with children would have ready access to and knowledge of what is normal behaviour for a child's developmental age. They were also aware that being good at identifying concerning behaviour was only the first step. When behaviour was unusual, professionals needed to be aware of what this may mean for the child and what tools are available to respond in a way that supports all children displaying or at risk of HSB.

St Helens' approach aimed for a comprehensive, area-wide framework with a skilled and confident workforce and focused on the following areas:

- The continuum of children and young person's sexual behaviours so all professionals working with children would know or know how to find what is considered normal for a child of different ages and abilities;
- Strategic and operational identification and understanding of what was needed in St Helens and ensuring that professionals across the authority understood why we needed it;
- Understanding that this was a shared enterprise, not something done at strategic level - shared involvement and shared responsibility;
- Consistency in operational framework development across the authority;
- Key identification and assessment tools and documentation; and Young people's voices in St Helens.

3) Public health is one of many strategic bodies well placed to lead on an HSB response (Dudley)

A range of local bodies including LSCB's, YOTs, Police authorities, Public health and CCG's have commissioned use of the HSB framework. Dudley commissioned the use of the HSB framework through the Director of Public Health. One of the strengths of a Public Health led approach is the message that dealing with HSB is everyone's responsibility, which challenges the often widely held attitudes that HSB is an area best left to the 'specialists'. In Dudley, this allowed for a focus firmly on a multi-agency approach to addressing HSB, whilst also being perfectly placed to focus on HSB prevention strategies for the future.

4) Importance of prevention work to improve confidence of universal services in dealing with HSB

A general lack of confidence in addressing HSB is a common theme in many areas. The absence of up to date and consistent HSB training in most areas only compounds this fear and lack of confidence and commonly audit responses across the wider workforce reflect these concerns. It is optimistic to assume that training alone will allay these fears and resolve these issues, although it is a good starting point. Areas that have had the most success in increasing the confidence of their workforces to address HSB are those who have added in other strands to support staff in universal services once they have received some training around awareness of HSB and its common underlying causes. When training is correctly focussed and appropriately balances the need to address both the concerns/risks of the children displaying HSB and their needs, it can really help to allay some of the common fears about these young people, and to give staff more insight and understanding of their behaviours.

5) A tiered approach to training (Norfolk)

Norfolk developed a tiered training approach following the HSB framework audit findings. It meant that everyone got access to the basic awareness, but that also in every agency there were staff who had more in-depth training and who could start to build deeper knowledge and confidence within their organisations. Access to a local consultancy service offer also worked well, often this can be provided by local specialist health or HSB services. In areas that have taken this approach, initial high volumes of calls about a wide range of concerning sexual behaviours evolve into fewer contacts tending to be either from staff new to dealing with HSB, or calls about more serious harmful sexual behaviours that may be on the referral threshold.

6) Taking a regional approach to using the Framework - North Wales Safeguarding Board

Auditing as a region or group of areas can be beneficial in areas with shared commissioning agreements, or where sectors span several areas. For example in North Wales, one SCB covers 6 local authority areas with central commissioning arrangements in some cases, and one police force, so auditing as an area made sense. Although auditing on this scale presents challenges, the resulting insight into understanding, resources and current practice can be the catalyst for change on a more systemic level. Simply by measuring everyone against the same standards, using universal definitions & shared language and practice guidance professionals have more clarity & purpose in supporting young people with HSB.

Having a regional action plan which provides shared guidance for training, thresholds and protocols leads to improved practice, it also makes commissioning more cost effective. Resources are being spent effectively to meet clearly evidenced needs and specialist services can be jointly commissioned across several areas to share costs and ensure there is sufficient need for specialist provision.



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