



## **Section 4I (Staffordshire) Section F14 (Stoke-on-Trent)**

### **CHILDREN & YOUNG PEOPLE WHO DISPLAY HARMFUL SEXUAL BEHAVIOUR OPERATIONAL POLICY**

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## Introduction

1. It is recognised that sexual exploration and experimentation are a normal part of childhood development and as such these procedures recognise that some children do engage in age-appropriate behaviours as part of natural childhood sexual development; such sexual activity is essentially characterised by mutuality and consent and it is not intended that such behaviours fall within the remit of these procedures. For further guidance on healthy, concerning/problematic or harmful sexual behaviours please refer to **Appendix 1**, Brook Traffic Light Tool (as at 17/06/14) which must always be read in conjunction with their up to date guidance (link <http://www.brook.org.uk/traffic-lights>)
2. Work with children and young people who abuse others, including those who sexually abuse/offend, should recognise that such children should be seen as a **children in need**, until social care and targeted service assessments, e.g. AIM, have been completed. These assessments can then be reviewed under the CiN plan and the step up or step down process can be applied to identify the multi-agency plan and lead agency to manage the plan. Evidence suggests that children who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such children and young people are likely to be **children in need**, and some will, in addition, be suffering, or be at risk of suffering, significant harm, and may themselves be in need of protection. – Accountability and responsibility for the harmful sexual behaviour requires careful assessment and professional judgement underpinned by legislation, which takes into account the age/development of the child as this policy relates to children through all ages and development stages.
3. The purpose of these procedures is to provide a clear operational framework in respect of children and young people who display harmful sexual behaviour and their alleged victims. It is important to note that professionals need to remain aware of the negative effect of labelling children and young people as young sex offenders' or 'young abusers.' The use of 'children or young people who display harmful sexual behaviour' is considered to be more appropriate as this terminology acknowledges that their development as a child or young person is the first and foremost consideration and that they are displaying or enacting behaviour(s) that need to be appropriately addressed to work towards change.
4. The primary objective of all work with children and young people who display harmful sexual behaviour must be the protection of the victim and the prevention of a reoccurrence of the harmful sexual behaviour. It is therefore essential for there to be a coordinated, multi-disciplinary response in accordance with statutory guidance and these procedures.

## Principles

5. The following is a guide to key principles that should underpin work with children/young people who display harmful sexual behaviour:

- To ensure that all children/young people under the age of 18 years who display harmful sexual behaviour towards other children or adults are identified and reported by professionals within the multi-agency network.
- The needs of children/young people who display harmful sexual behaviour should be considered **separately** from the needs of their victims. The consequences for the victim should be considered just as seriously as when the abuse is perpetrated by an adult
- A holistic child-centered assessment should be completed for each child / young person and a multi-agency response coordinated to address individual need and any risk factors. The reason why young people display harmful sexual behaviour is multi-faceted and needs to be explored further. **In all cases child protection enquiries under section 47 (Children Act 1989) will need to be considered irrespective of whether abuse is inter-familial.**
- Effective inter-agency information-sharing is central to these arrangements.

### **Definition**

6. The definition of harmful sexual behaviour by children / young people is the same as for adults who sexually abuse and is often characterised by a lack of true consent, the presence of power imbalance and exploitation.

“Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration or non penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children”. (Working Together to Safeguard Children 2015 page 93)

7. The boundary between what is harmful and what is normal childhood sexual exploration/experimentation can be blurred. Appendices 1 & 2 offer guidance for professionals making an initial judgement.
8. Abusive sexual activity is characterised by behaviour that involves coercion, verbal or physical threats together with secrecy and where an individual child or young person relies on an unequal power base due to such variables as; age difference, understanding or physical size. The issues of equality, true consent and coercion are key factors within the assessment of whether a child or young person’s behaviour is problematic or harmful and should be placed within the context of the incident(s) that have occurred (see Appendix 2).

## **Consent Issues**

**Please note that if a young person is under the age of 13 years old, they cannot legally consent to any form of sexual activity (Sexual Offences Act 2003). Therefore a child protection referral is required in all such cases.**

### **Action in relation to 13, 14 and 15 year olds**

The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such.

An assessment should take place of the young person's competency to give consent and of the nature of the relationship. Consider any differences of age, maturity, level of development, functioning and experience and also the awareness of the potential consequences of their actions. For further information and guidance you should consult the Staffordshire or Stoke-on-Trent Safeguarding Children Boards' procedures (see Appendix 5 for links and contact details) and consider the guidance in the policy 'Working with Sexually Active Young People under 16'.

A child protection referral or referral to the police is not mandatory in all cases of sexual activity involving a child under the age of 16 years of age, but an assessment (including whether the children are Gillick competent using Fraser guidelines) in line with these procedures must be undertaken by the professionals making these decisions.

## **Recognition**

9. It should be recognised that disclosure of sexually inappropriate or harmful behaviour by a child can be extremely distressing not only for the children/young people involved, but also for parents, carers and other family members. They may react with disbelief and minimise the situation which could escalate concerns and it is therefore important that professionals help them through this process at an early stage so that they can support and where appropriate, protect their child.
10. It is also important to remember that not all children/young people displaying sexualised or harmful sexual behaviour have been sexually abused themselves. They may however have been living in an environment with few or inappropriate boundaries or been exposed to information or sexual activity which is beyond their natural level of development and understanding. Hence in general the younger the child displaying sexualised/sexually harmful behaviour the higher the likelihood of that child having been sexually abused or living in a sexualised environment. (*Wilkinson and Carson, 2002*).
11. Harmful sexual behaviour may also include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, downloading child abuse images from the internet, exhibiting

harmful sexual behaviour against other children, masturbating in public and non contact behaviour via information technology and social media.

Communication between persons commonly known as “Sexting” is the act of producing, requesting or distributing Self-Generated Indecent Images and is an offence under Protection of Children Act 1978 and the Criminal Justice Act 1988.

Points of note are that both the person making the image of themselves is committing an offence as well as the person requesting the image and that the age of the person that is being requested to take the image of themselves has to be under 16.

In the majority of these cases involving peer to peer instances where both parties are children a criminal prosecution is unlikely as it is recognised that the criminalisation of a child is not necessarily the most proportionate response. In this case incidents are often resolved with education and awareness sessions for the young person and family concerned.

12. Sexual exploitation is not covered by these procedures. (*For more information on working with ‘Sexual Exploitation of young people’ see SSCB procedures 4H, Stoke-on-Trent SCB procedure p14*)

## **Procedure**

13. Where there is suspicion or an allegation of a child or young person having been harmed in a sexual way by another child or young person, it should be referred immediately to the children’s social care referral team in the local authority where the child lives. Both the victim and the child who has allegedly displayed the harmful sexual behaviour will need to be referred for assessment - see Appendix 5 for the contact details of Staffordshire’s First Response service and Stoke-on-Trent’s Safeguarding Referral Team
14. The police are generally the first point of contact when an allegation of sexual harm has been made and it is critical for them to always consult with the First Response Team (Staffordshire) or Stoke-on-Trent’s Safeguarding Referral Team regarding cases that come to their attention in order to ensure that there is an appropriate assessment of the victims needs and of the alleged perpetrator’s needs, including any risk factors within and outside the family home.
15. On receipt of a referral an initial strategy discussion must occur between children’s social care (CSC) services, the police and health professionals to share information and determine whether the threshold for section 47 enquiry (*Children Act 1989*) has been reached. The police should be involved in the decision making process even if the child is under ten years of age and therefore below the age of criminal prosecution as they may, for example, have information about the child’s family which is relevant to the enquiries.
16. Where the decision is reached within the strategy discussion that the alleged behaviour does not meet the threshold criteria for significant harm, the details of the referral and reasons for this decision must be clearly recorded. The outcome should also be appropriately shared with any professionals involved; if the referrer is not a professional, only limited information can be shared in

accordance with inter-agency information sharing arrangements. The need for further assessment and support services to either child / young person should still be considered within a multi-agency framework.

17. A Social Work Assessment will normally be undertaken by CSC. The exception to this is if it is apparent from the outset that behaviours are within the scope of healthy, age-appropriate development; at this stage the First Response Team or Stoke on Trent Safeguarding Referral Team may offer advice, refer the caller to other universal service provision, advise that an assessment under Staffordshire or Stoke-on-Trent's Early Help Assessment be initiated, or conclude that no further action is required.
18. Where a section 47 enquiry is required, a different social worker **must** be allocated for the victim **and** for the child / young person who is suspected or alleged to have harmed in a sexual way, even if they live in the same household, to ensure that both are supported through the assessment process and that their individual welfare and safety needs are being addressed.
19. Where abuse is inter-familial or where the child / young person who is alleged to have harmed sexually is in the same household, as other younger or more vulnerable children, the protection of any other potential victims **must** be addressed. Consideration should be given for the need to remove the young person who may have caused the sexual harm from the household, at least in the short term.
20. In all cases requiring a social work assessment, lateral checks must be undertaken, and **information about the concerns shared appropriately** with organisations, such as schools, so they can manage the risks that a child may pose to others. Lateral checks should include information in regard to **all** the children involved. Other organisations working closely with children and families may need to be consulted at this stage and risk management must be borne in mind when decisions around information sharing in these cases are made. Staffordshire schools/education settings may seek the support of the Education Safeguarding Advice Service in regards to completion of a Risk Management safety plan in relation to the child who may have demonstrated the harmful sexual behaviour (see contact details appendix 5).
21. If the threshold for undertaking a section 47 enquiry has not been met, the assessments completed by the social workers must indicate whether support needs to be offered to the children, young people and their families via a coordinated, multi-agency, child in need service plan or Early Help Assessment (under the Staffordshire threshold framework), or Early Help meeting (under the Stoke process). **It is important that all involved professionals must be invited to the meetings in order to share information and offer a coordinated, multi-agency approach that takes account of risk to other children and young people.**
22. Where possible children and young people have a right to be consulted and involved in all matters and decisions that affect their lives and the use of interpreter services should be accessed if needed to achieve this. This right and respect extends to parents and carers and their active participation should be promoted.

23. The NSPCC HSB Service supports children, young people and their families/carers in addressing harmful sexual behaviours. Their referral criteria and contact details are specified in **Appendix 4**.

### **Strategy Discussion/Meeting**

24. When a child / young person is suspected or alleged to have harmed another in a sexual way, the police and children's services must convene a strategy discussion or, in most cases, a strategy **meeting** within the required timescales. It is not always apparent at the outset whether a particular behaviour is abusive and a strategy meeting is an appropriate forum in which to share concerns before reaching a collective way forward. The potential complexities of these concerns usually require that the appropriate planning takes place in the form of a meeting.
25. When the children / young people concerned reside in differing local authorities, it is recommended that the strategy meeting is convened and chaired by the authority in which the potentially harmful behaviour occurred. In most cases a combined strategy meeting will be convened to share information in respect of the alleged victim and the child/young person who is suspected of displaying harmful sexual behaviour. The primary aim of any intervention should remain focussed on the protection of the victim, the protection of any other potential victims and the avoidance of repetition of the harmful sexual behaviour.
26. Strategy meetings will be convened and chaired by children's services (social care) and a record of the meeting made. It is important that appropriate representation is invited from relevant organisations working closely with the child and family, e.g. Designated Safeguarding Leads from the schools that **all** the children attend.
27. The strategy discussion or meeting must plan in detail the respective roles of participants at the meeting. It also must address 'risk management' measures that may be required within individual organisations, including voluntary and faith. **The discussion/meeting must take into account the immediate protection of all of the children involved and any others in contact with the child/young person who is suspected or alleged to have harmed others sexually.**
28. If at this stage no further action is required, all agencies who have been involved should be informed of the outcome in writing. The parents or carers of the children will also be informed of the outcome of the meeting. Parents or carers should not be invited to, or receive minutes of, the strategy meeting(s).

### **Outcomes of Section 47 Enquiries**

29. The decision about initiating a child protection conference should be made following the outcome of the section 47 enquiry. A young person who is alleged or suspected to have displayed harmful sexual behaviour should only be the subject of an initial child protection conference if they are considered to be at risk of significant harm.
30. If a child protection conference is not convened and there is an identified need for services to address the needs of the children concerned, a service plan should be drawn up in consultation with the young person, their parents / carers

and professionals. The multi-agency service plan should be subject to review and include the child's need for any work to address their harmful sexual behaviour. Appropriate consideration should be given to maintaining care and education arrangements.

31. Regardless of whether the process followed is through an initial child protection conference or a multi-agency service planning meeting, it is important that children receive a level of intervention appropriate to their needs and risk factors.

## **Bibliography**

- DOH Children Act 1989 & 2004 HMSO
- Working Together to Safeguard Children 2015
- Staffordshire Safeguarding Children Board Procedures; [www.staffsscb.org.uk](http://www.staffsscb.org.uk)
- Stoke-on-Trent Safeguarding Board - [Stoke-on-Trent Safeguarding Children Board Procedures](#)
- Carson, C & AIM Project (2007):  
*An Initial Assessment & Intervention: For children under 12 years who display sexually harmful behaviour*
- Johnson, T.C (1999); *Understanding Your Child's Sexual Behaviour* - New Harbinger Publications.
- Brook Organisation - [www.brook.org.uk/about-brook](http://www.brook.org.uk/about-brook)
- Wilkinson, L. & Carson, C. (2002):  
*Guidelines for the Initial Assessment of Children under 10 years old with Problematic Sexual Behaviour* – AIM Project Initial Assessment Manual.

**Appendix 1 – The following 4 pages (Traffic Light Tool)  
must be read in conjunction with the guidance on  
[www.brook.org.uk/traffic-lights/guidance](http://www.brook.org.uk/traffic-lights/guidance)**

**These indicators are a guide and do not replace, but  
should assist the exercise of professional judgement**

## Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

### What is an amber behaviour?

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

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

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

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

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

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Behaviours: age 5 to 9

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

### What is an amber behaviour?

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

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

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

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

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

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Behaviours: age 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### 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, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

### What is an amber behaviour?

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

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

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

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

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

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

### What is an amber behaviour?

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

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult-only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

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

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

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

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## **APPENDIX 2**

### **When looking at harmful sexual behaviour the following should be considered:**

- The immediate protection of all of the children involved and any others in contact with the child/ young person who is suspected or alleged to have sexually harmed.
- The attitude and response of parents or carers and their ability to protect their own child/ren. Can they ensure appropriate supervision is in place around other children?

### **The Behaviour:**

- Did both parties agree to the sexual activity?
- Is the sexual activity age appropriate?
- How frequently has the behaviour occurred?
- Has the type of behaviour changed over time?
- Is there evidence of aggression, force, coercion or bribery?
- Have the individuals tried to ensure that the behaviour remains secret?
- What records/recording is available to evidence the behaviour, it's frequency, escalation and/or intensity?

### **The child or young person who has displayed harmful sexual behaviour:**

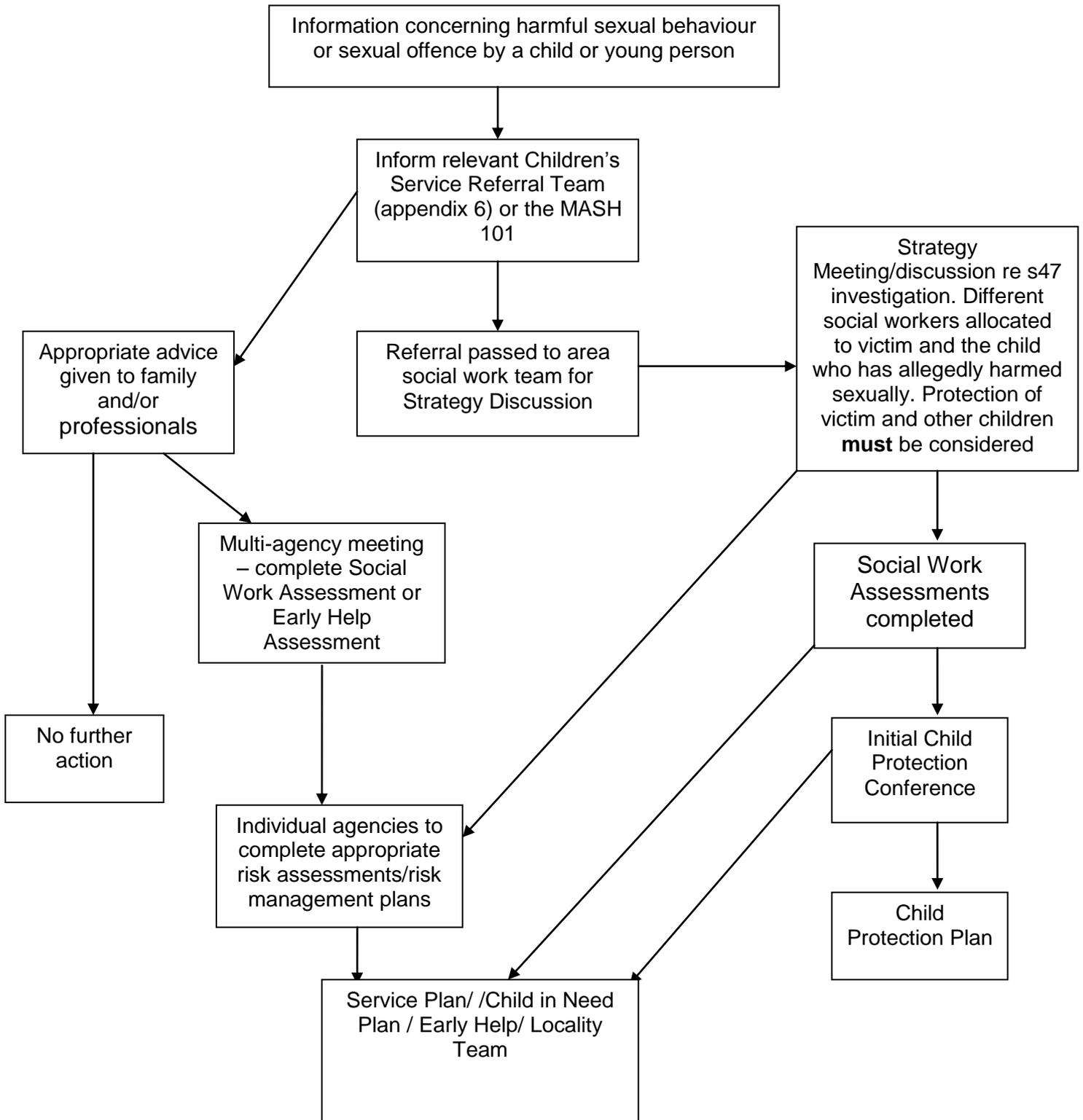
- Have there been any previous concerns around harmful sexual behaviour or lack of sexual boundaries?
- Whether the child / young person who is alleged to have sexually harmed acknowledges their behaviour or actions, minimises or denies the allegations made.
- The likelihood or progress of any criminal prosecution.
- Whether there is any evidence or grounds to believe that the child or young person who is suspected or alleged to have sexually harmed, has also been the victim of abuse themselves.
- Their age and vulnerability e.g learning and/or emotional difficulty/disability
- Their needs to be considered separately from the child/young person whom they have allegedly sexually harmed.

### **The Victim:**

- The age and vulnerability of the victim?
- The impact on the victim
- The victim's needs (considered separately from the child who has demonstrated the harmful behaviour)
- Their post sexual abuse needs to be considered and assessed, regarding if an intervention service is required or not.

**APPENDIX 3**

**PROCEDURE FOR INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE WHO DISPLAY HARMFUL SEXUAL BEHAVIOUR**



## **APPENDIX 4**



### **NSPCC Harmful Sexualised Behaviour**

The Harmful Sexual Behaviour (HSB) Service, based at NSPCC Service Centre, Carole House, Stoke-on-Trent offers individual assessment and treatment of children and young people who display HSB. The HSB team works closely with key agencies, in order to ensure that a multi-agency approach is in place whilst working with this group of young people and their families/carers.

#### **Criteria for Inclusion:**

- Boys aged 5-17
- Girls aged 5-17
- Girls and boys with a mild or moderate learning disability.
- Referrals are taken from all Children's Services, Local Support Teams, Youth Offending and Educational Provisions within the Staffordshire and Stoke-on-Trent areas. Children and young people do not require an allocated social worker, however, require a lead worker who co-ordinates the overall plan, risk management plan and resources for the child and their family.

#### **Criteria for Exclusion:**

Children and Young People with a diagnosed learning disability, where their disability is too such an extent that it would prevent them from engaging in the HSB service. Reading assessments are available for young people where there is a query about their capacity to engage in this service.

#### **What do we offer?**

##### **Assessment**

The service comprises of an AIM 2 and AIM (U12's) Assessment, which determines potential for committing further HSB, levels of supervision which may be required and whether the young person requires referral onto a treatment programme. The process of assessment is focused on the four domains of; development, family, environment and sexual and non-sexual harmful behaviours.

Following this assessment, practitioners will provide the young person, their parents/carers and relevant professionals with a report. A decision would then be reached as to whether the child or young person may require intervention work.

## **Intervention**

The intervention may differ depending upon the individuals age, gender, learning needs and level of supervision recommended, for example:

- Males aged 5-11 and all females will be offered an individually tailored intervention programme.
- Males (aged 12 –18)
  - Who do not have a diagnosed learning disability,
  - Who may have a diagnosed learning difficulty, but whose levels of comprehension enables them to manage written work which would be considered to be within the remit of ‘main stream’ education.

For these young people we would offer the ‘Change For Good’ treatment programme that consists of 26-30 weekly sessions (divided into four blocks: Engagement, Relationships, Self-Regulation and a Positive Road Map for the Future) delivered individually.

## **Referrals**

After using the Traffic Light Tool to determine that the behaviour being displayed is HSB, please make referrals by contacting the NSPCC Service Centre.

**NSPCC Service Centre,  
Carole House,  
213 Basford Park Road,  
Newcastle – Under – Lyme,  
Staffordshire,  
ST5 0PG**

**01782 958100**

## **APPENDIX 5 - CONTACT DETAILS**

### **Child living in Stoke-on-Trent Local Authority:**

- Stoke-on-Trent Safeguarding Referral Team **01782 235100**
- Emergency Duty Team for out of hours child protection referrals **01782 234234**
- Safeguarding Education Development Officer **01782 235897**
- **Stoke on Trent Youth Offending Service (Prevention Team) – 01782 235858 (for young people at risk of offending).**

**Stoke-on-Trent Safeguarding Children Board Procedures:**  
[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

### **Child living in Staffordshire Local Authority**

- First Response Team - Tel. 0800 1313 126
- Emergency Duty Team (outside office hours) – 0845 6042886
- Fax 01785 854223
- E-mail - [frist@staffordshire.gov.uk](mailto:frist@staffordshire.gov.uk)

**Staffordshire Safeguarding Children Board:**  
[www.staffsscb.org.uk](http://www.staffsscb.org.uk)

### **Staffordshire Police – Staffordshire and Stoke**

- Tel. 101 and ask for M.A.S.H. (Multi-agency safeguarding hub)
- Education Safeguarding Advice Service (ESAS) (not for Child Protection or Welfare referrals) - **01785 895836**
- [Education Safeguarding Advice Service \(ESAS\) website](#)

### **NSPCC**

- Harmful Sexual Behaviour project: **01782 958100**
- Base 58 – support for children who have been subjected to or are at risk of sexual exploitation (Stoke on Trent only) 01782 286862; [www.brighter-futures.org.uk](http://www.brighter-futures.org.uk)