

Children and Young People who Display Sexually Inappropriate or Harmful Behaviours

RELEVANT GUIDANCE

[Harmful sexual behaviour among children and young people | Guidance | NICE](#)

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Introduction

Harmful Sexual Behaviour is 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 adult¹.

See also further guidance: [NSPCC What is harmful sexual behaviour](#).

It is important to recognise that some young people sexually harm in groups. Research has identified the presence of peer influence, group pressure and group dynamics in young people who sexually harm in a group context. Group based sexual harm has more to do with status, group bonding, dominance and humiliation and debasement of the victim than sexual motivation².

¹ Hackett, S. (2014). Children and Young People with Harmful Sexual Behaviours. London: Research in Practice.

² Latchford, L., Firmin, C., Fritz, D., and Hackett, S. (2016). Young People Who Sexually Harm in Groups – A Rapid Evidence Assessment of International Literature. Accessed: [young-people-who-sexually-harm-peers-in-groups-a-rapid-evidence-aseessment-of-international-literature.pdf \(contextualsafeguarding.org.uk\)](#)

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Lincolnshire Service Resources

In Lincolnshire, there is a small, dedicated team of Child & Adolescent Mental Health Harmful Behaviour Specialists whose role objective is to support and respond to the needs of the Children and Young People cohort who present with sexually concerning behaviours. This team sit within the wider Complex Needs Service working between CAMHS and the Local Authority. The Harmful Behaviour Service (HBS) is predominantly a consultative provision offering case discussion, advice & guidance or supervision to professionals working harmful behaviour cases. This team do accept referrals for complex or high-risk cases for any age child under 18 years. Consultations can be requested by any professionals including schools via the generic inbox lpft.cyphbs@nhs.net. All discussions are documented then shared to be saved on the relevant clinical recording system to evidence multi-agency decision making.

Identifying Harmful Sexual Behaviour

Harmful sexual behaviour is different from normal sexual development. It is necessary to distinguish between what is normal sexual development and what is sexually harmful behaviour. For guidance on identifying sexual harm we recommend you refer to [Brook Sexual Behaviours Traffic Light Tool Course](#).

If you are unsure as whether the presenting behaviour is harmful then it may be useful to consider the following questions:

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?
- Is the behaviour excessive, coercive, degrading or threatening?
- Is the behaviour occurring in a public or private space? How does this affect the colour categorisation?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?

It is also worth considering:

- Were there any power differentials? For example, in age, size, developmental level or authority
- Whether the behaviour was legal?
- Is there any evidence of escalation?
- How persistent is the sexual behaviour? For example, have there been other concerns? Does the behaviour continue despite requests for it to stop?

Key Principles of Working

It should be recognised when working with children and young people who abuse others - including those who sexually abuse/offend – that these children are also likely to have considerable needs themselves, whilst they may pose a significant risk of harm to other children they may need to be considered as vulnerable in their own right. Evidence suggests that children who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may

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have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences.

These children and young people are also likely to be suffering or to be at risk of significant harm, and may themselves be in need of protection.

Children and young people who (sexually) abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. Early intervention with children and young people who abuse others plays an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

Three key principles should guide work with children and young people who abuse others:

- There should be a co-ordinated approach between agencies such as; youth justice, child welfare, education (including educational psychology) and health (including child and adolescent mental health) in accordance with the NICE guidelines for harmful sexual behaviour linked at the top of this document. **The relationships staff develop with children/young people are one of the most powerful influences in whether interventions are effective;**
- The needs of children and young people who harm others should be considered separately from the needs of the child harmed. Children/and young people are more amenable to change and are less likely to have a set pattern of sexual thoughts and behaviours. Early identification of sexually abusive behaviour will have the greater potential for change. ATSA, 2006; Elkovitch et al, 2009 and Chaffin et al, 2008 write about children receiving targeted professional intervention with support and guidance from their parents as being able to change/manage their actions and being less likely than adolescents/adults to repeat sexual behaviours;
- An assessment should be carried out in each case, appreciating that these children who harm may have considerable unmet developmental needs, as well as specific needs arising from their behaviour (e.g. Early Help, Assessment Intervention Moving on (AIM)). Reports of apparently abusive/inappropriate sexual behaviour by a child or young person must be taken seriously and responded to appropriately.

Educational Provisions

Young people report that schools are locations where they can encounter sexual harm. Sexual harm can manifest in a range of ways, from name calling and sexual bullying and harassment, to sexual assault and violence. Harmful Sexual Behaviours can be exacerbated by harmful and oppressive attitudes towards young women, relationships, and consent. School corridor and playground cultures where sexually harassing behaviours are normalised are also problematic.

However, schools are also places that can provide safety and promote positive ideas about sex, gender and relationships. The [Contextual Safeguarding Network](#) has produced resources to help schools take a whole school approach to preventing harmful sexual behaviour; interventions that go beyond referrals to designated safeguarding leads or social care. These resources can be found [here](#).

Responses to Harmful Sexual Behaviour

For **all** cases where there is evidence of **harmful** sexual behaviour, Children's Social Care and the Police **must** be informed. They should hold a multi-agency Strategy Discussion within 24 hours of disclosure in relation to the alleged child who has harmed and the child who has been harmed where there is reasonable cause to suspect that the children concerned have experienced or is at risk of Significant Harm. Where the circumstances amount to a criminal offence this **will** be recorded by Lincolnshire Police. Health services should also be invited to the Strategy Discussion.

There may be isolated occasions where the behaviour is not thought to be serious enough to warrant further intervention from Children's Services but clinical support may be indicated. However, these decisions should not be taken lightly and should be fully supported by assessment and multi-agency decision discussion. The behaviours should be considered symptomatic of un-met need in a child or young person. However, it is important that behaviour of this nature should **always** be reported into Children Social Care so that a record is made and future assessments can take this information into account. Professionals addressing such concerns can seek consultation and advice from the Harmful Behaviour Team, Complex Needs Service via email lpft.cyphbs@nhs.net.

AIM Project and AIM Assessments

AIM (**A**ssessment, **I**ntervention and **M**oving On) is unique in providing a comprehensive, interlinking suite of models, frameworks and practice guidance, for children and adolescents. These practice resources are trauma informed and take a holistic approach to assessment and intervention with children and adolescents.

The AIM assessment process is used by professionals to assess young people who have committed a sexual assault or harmful sexual behaviour. Through this assessment, professionals will recommend a programme of work together to meet any identified/unmet need that may partly explain the behaviour, and/or help reduce the likelihood of it happening again. Dependant on the type of sexually harmful behaviour and the age of the person committing that behaviour there are several different aspects of the project that can be utilised:

- Assessment of Adolescents (AIM3)
- Assessments of Children (AIM Under 12s)
- Interventions with Adolescents
- Technology assisted HSB for online cases

In the instance of practitioners being unsure if an AIM assessment is necessary, they can seek a case discussion with the Harmful Behaviour Team via email lpft.cyphbs@nhs.net. They can use a clinical tool called the 'AIM checklist' to evidence decision making and outline an alternative plan of care if an AIM assessment is not indicated.

For more information visit - [The Aim Project – The Aim Project](#)

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HSB (Harmful Sexual Behaviour) Panel

The Harmful Sexual Behaviour (HSB) Panel is a joint Lincolnshire Children's Services and Lincolnshire Police decision making and advisory panel for admitted youth sexual offences within Lincolnshire.

Any Lincolnshire offence that includes sexually harmful behaviour committed by a child/young person can be referred into the HSB Panel by Police provided the below criteria are met:

- Full admission of guilt from the young person ;
- The young person hasn't since turned 18 (youth disposals would no longer be applicable);
- The evidential threshold has been met;
- Consent from the suspected young person and their respective carer/guardian/parent to share information with the panel.

This process applies to young people over the age of criminal responsibility (10 years) and under the age of 18. Where the referral criteria are met the Officer in Charge of the investigation from police will refer the matter through to the HSB Panel through the established process.

The Panel serves two functions dependent on the final ACPO matrix youth gravity score of the offence referred:

- The panel will serve as a decision-making panel for any sexual offences which gravity score between 1 and 3 and determine the disposal/outcome for the offence.
- For offences with a gravity score of 4 the panel will serve as a means of providing a recommendation which will be relayed back to the police and then sent on to Crown Prosecution Service with the rest of the file.

When the referral is received a minimum of two HSB panel members will review the information and use the AIM Continuum to determine if a HSB specific assessment (AIM) needs to be undertaken prior to the HSB panel decision or recommendation regarding the offence outcome can be made.

The panel is multi agency and will consider the details of offence, the voice of the young person who has harmed and of the child who has been harmed and relevant information regarding the young person from Police, Education, Children Services – including Youth Offending and Health. The HSB panel will agree the grading of the safety and wellbeing of the young person, the risk of serious harm they present to others and their likelihood of reoffending, this is then used to inform the decision making regarding the outcome/ or recommendation to CPS for the young person. If the behaviour that is presented is deemed to be problematic or abusive/violent panel and/or there are significant unanswered questions in terms of the pathway to offending, the panel have the option to request a detailed HSB assessment (known as an AIM assessment) be completed to ensure that a comprehensive formulation is compiled and subsequently allows the panel to reach an informed disposal decision or recommendation for CPS.

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Harmful Sexual Behaviour that falls outside of the scope of the HSB Panel

There may be isolated occasions whereby the above process is not applicable. Such examples are:

- Where the criteria for HSB Panel criteria are not met
- The behaviour does not make out a criminal offence
- The young person is under the age of criminal responsibility or the circumstances are such that that matter is not progressed to a prosecution / formal disposal

In these cases, the behaviour can be dealt with by means of Social Care involvement or an Early Help Assessment and Team around the Child response with support from the Harmful Behaviour Team in the Complex Needs Health Service; all of which may include the YOT Prevention Programme. The above may also involve the completion of an appropriate AIM assessment and/or targeted intervention around the sexually harmful behaviour conducted on a voluntary basis with the child and family.