



CHILDREN

ADULTS

COMMUNITIES

KBSP Protocol:  
Children who  
Display Harmful  
Sexual Behaviour

2017

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## Introduction

Learning from Serious Case Reviews and research surrounding children and young people that abuse others should guide the work that we do to ensure that no other children are placed at risk and those children that harm others are not at risk of harm themselves.

**Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way that meets their needs as well as protecting others. They are likely to be children in need and some will, in addition, be suffering – or be at risk of – significant harm, and may themselves be in need of protection.**

The purpose of this guidance is to ensure that:

- All children and young people under the age of 18 who display harmful sexual behaviour towards children and adults are identified and responded to by professionals within the multiagency framework;
- Incidents of harmful sexual behaviour should be dealt with under Child Protection procedures which recognise the child protection and potentially criminal element to the behaviour;
- Agencies work with children, young people and their families with a co-ordinated approach;
- Early and effective, intervention with children and young people who abuse others may play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour;
- The needs of children and young people who abuse others should be considered separately from their victims. Agencies should be alert to the fact that children who harm others may pose a risk to children other than a current victim and/or be at risk of significant harm themselves;
- An assessment should be carried out; appreciating that these children may have considerable unmet developmental needs, as well as considering the specific needs of their victims. This should be a multiagency response. The reason why children and young people display harmful sexual behaviour can be complex and needs to be explored with this approach. In all cases child protection enquiries under the Children Act 1989 will need to be considered, irrespective of whether abuse is Intra-familial or not;
- Information is collected and shared between agencies in a sensitive and professional manner within information sharing guidelines.

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.

The [Now I know it was wrong report](#) from the cross-party parliamentary inquiry: into support and sanctions for children who display harmful sexual behaviour reported that whilst harmful sexual behaviour includes very serious abuse, which can constitute a sexual offence, it also includes much more mainstream behaviours. ‘Sexting’, or sharing sexual images online, has become prevalent among the social media generation, and while it is not always harmful, it can carry significant risks for young people: once shared images can end up in the hands (or on the smartphones) of a whole school or adults seeking to groom children online. Significantly too, it is illegal, potentially resulting in criminal sanctions and a criminal record, which could severely undermine a child’s life chances. More generally, technology and the internet have transformed the way young people communicate, but also how they learn about the world. Easy access to pornography and pervasive sexualised content has created new challenges for keeping children safe. The inquiry expressed concern about labelling children and with the right support; children can address the causes of their harmful behaviour and go on to thrive.

## Definitions

### Harmful Sexual Behaviour

Harmful sexual behaviour (HSB) is when young people (under 18) engage in sexual discussions or activities that are inappropriate for their age or stage of development, often with other individuals who they have power over by virtue of age, emotional maturity, gender, physical strength, or intellect and where the victim in this relationship has suffered a betrayal of trust. These activities can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.<sup>1</sup>

### 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 (for example, rape or oral sex) 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 images, watching sexual activities, 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

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<sup>1</sup> [https://www.barnardos.org.uk/news/Inquiry-calls-on-Government-to-help-prevent-children-sexually-harming-themselves-and-others/press\\_releases.htm?ref=117084](https://www.barnardos.org.uk/news/Inquiry-calls-on-Government-to-help-prevent-children-sexually-harming-themselves-and-others/press_releases.htm?ref=117084)

perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."<sup>2</sup>

### Sexual abuse: signs and symptoms

Children who are sexually abused might:

- Avoid being alone with people, such as family members or friends;
- Seem frightened of a person or reluctant to socialise with them;
- Become sexually active at a young age or show behaviour that is sexually inappropriate for their age;
- They might display sexualised behaviour significantly more advanced than expected for a child of that age or behaviour which shows a lack of inhibition;
- Use sexualised language or knows information about sex that you would not normally be expected of a child of their age.

They may have physical symptoms such as:

- Anal or vaginal soreness;
- An unusual discharge;
- Sexually transmitted infection (STI);
- Pregnancy;

### Consent

**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

In trying to determine whether abuse has taken place several factors need to be considered in relation to:

- Absence of consent, the presence of power imbalance and exploitation which are common in all experiences of abuse;

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<sup>2</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/592101/Working\\_Together\\_to\\_Safeguard\\_Children\\_20170213.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)

- The nature of the relationship between children/young people (the abuser) having authority over the victim;
- Age inappropriate sexual behaviour;
- Frequency and period of time the sexual activity has occurred;
- The child/young person's perception of the sexual behaviour;
- Secrecy;
- Use of force, coercion, threats;
- Age difference of 2 or more years if one child is pre-pubescent;
- Differences in developmental abilities;

### Child Sexual Exploitation

The Department of Education [Child Sexual Exploitation Guidance 2017](#) defines child sexual exploitation as follows: *Child sexual exploitation is 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.*

Like all forms of child sexual abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or [via technology](#), or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

In 2012 Barnardo's reported an increase in sexual exploitation by peers in 8 of their services. They found young people were sexually exploiting peers either directly by sexually abusing victims themselves or indirectly by introducing children and young people to abusers (Barnardo's, 2012).<sup>3</sup>

The Children's Commissioner Inquiry found that of the 2,409 victims reported to them, 155 were also identified as perpetrators of child sexual exploitation ([Berelowitz et al, 2012](#)).<sup>4</sup>

According to CEOP, perpetrators can use one victim to gain access to others, asking victims to bring their friends along to pre-arranged meetings or 'parties'. In some cases, if victims try to break free, the perpetrator will use their peers to draw them back in ([CEOP, 2011](#)).<sup>5</sup>

### **Age differences and harmful sexual behaviour**

Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't (Davies, 2012).<sup>6</sup> However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled (Rich, 2011).<sup>7</sup>

### **Children who develop harmful sexual behaviour**

A study by Hackett et al (2013)<sup>8</sup> of children and young people with harmful sexual behaviour suggests that two-thirds had experienced some kind of abuse or trauma such as:

- Physical abuse;
- Emotional abuse;
- Sexual abuse;
- Severe neglect;
- Parental rejection;
- Family breakdown;
- Domestic violence;
- Parental drug and alcohol abuse.

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<sup>3</sup> Barnardo's (2012) [Cutting them free: how is the UK progressing in protecting its children from sexual exploitation \(PDF\)](#). London: Barnardo's.

<sup>4</sup> Barnardo's (2012) [Cutting them free: how is the UK progressing in protecting its children from sexual exploitation \(PDF\)](#). London: Barnardo's.

<sup>5</sup> Child Exploitation and Online Protection Centre (CEOP) (2011) [Out of mind, out of sight: breaking down the barriers to child sexual exploitation: executive summary \(PDF\)](#). London: CEOP

<sup>6</sup> Davies, J. (2012) Working with sexually harmful behaviour. *Counselling Children and Young People*, March 2012: 20-23

<sup>7</sup> Rich, P. (2011), *Understanding, assessing and rehabilitating juvenile sexual offenders*, 2nd ed, New Jersey, Wiley.

<sup>8</sup> Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2013) [Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers](#). *Child Abuse Review*, 22(4): 232–245.



Around half of them had experienced sexual abuse. The same studies note that the majority of children that abuse do so with children they know. It is therefore important that a primary concern is the resolution of their own abuse and experiences.

We also know from research that children who have been sexually abused may not know what has happened to them is wrong, that they may abuse a sibling because of jealousy or anger, and a child's powerlessness through their own abuse can result in them feeling a need to dominate others.

Research and literature indicates that children and young people who sexually abuse others may have

- Poor self-regulation and coping skills;
- Experience social anxiety and a sense of social inadequacy;
- Have poorly internalised rules for social behaviour;
- possess a poorly developed or primitive sense of morality;
- lack secure and confident attachments to others;
- exercise limited self-control, and act out their emotional experiences through negative or otherwise inappropriate behaviour;
- have little insight into the feelings and needs of others and, indeed, their own mental states;
- place their own needs and feelings ahead of the needs and feelings of others
- exhibit a poorly defined sense of personal boundaries;
- have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share;
- have deficits in social skills and in social competence overall (Rich, 2011).<sup>9</sup>

### Girls who sexually abuse

"Girls and female adolescents who display sexually harmful behaviour come from particularly chaotic and dysfunctional family backgrounds, with higher levels of sexual victimisation than males, higher levels of other forms of abuse, frequent exposure to family violence and often very problematic relationships with parents. Compared to the males in our sample, the females were likely to be referred at a younger age, they were much less likely to have any criminal convictions at the point of referral, they had higher rates of sexual victimisation in their histories and they tended to have fewer victims drawn from a more narrow age range." (Masson et al, 2015)<sup>10</sup>

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<sup>9</sup> Rich, P. (2011), *Understanding, assessing and rehabilitating juvenile sexual offenders*, 2nd ed, New Jersey, Wiley.

<sup>10</sup> Masson, H. et al. (2015) *Developmental markers of risk or vulnerability?: young females who sexually abuse – characteristics, backgrounds, behaviours and outcomes.*

## Prevention, identification and early intervention

Prevention approaches should be;

- Primary, community wide initiatives;
- Secondary, interventions, prior to abuse with higher risk, and/or need, individuals and communities;
- Tertiary, post-abuse interventions to help victims and perpetrators recover and to reduce their risk of repeating the harmful behaviour;

A tiered approach is necessary so that children and young people's needs alongside risk can be met in a proportionate way. This could be through parental monitoring, and psycho-educative support through to those who would benefit from more community based specialist intervention services through to specialist placements.

Effective prevention, identification and early intervention in Bristol include:

- NSPCC's [PANTS](#); resources used in schools or interventions programmes, resources are available for children, parents and foster carers. The NSPCC [Speak out and Stay Safe Programme](#), one of the services delivered in primary schools. A further resource is "[Helping Children to learn about Safer Sexual behaviour](#)" (Laura Walker and Carol Laugharne, 2016);
- [High quality PSHE](#) or sex and relationships education which includes discussion around sexual consent;
- Provision of quality advice and work with children, young people and their families;
- Provision of AIM2 assessments and programmes by the YOT for children who receive an Out of Court Disposal for harmful sexual behaviour offences;
- Foster carers, residential staff and adopters are provided with [local training](#) and advice about normal sexual behavioural development and how to respond to problematic sexual behaviour so that this has a positive impact on carer/practitioner anxiety and placement stability;
- Clear and consistent thresholds for HSB, considering the context of child and adolescent development, are applied across education, health and other agencies;
- [Local Multi Agency Training](#) for professionals on Harmful Sexual behaviour;
- [Local tertiary prevention](#) (post abuse interventions with victims and those who have harmed sexually) to prevent further harm;
- Non-judgemental, non-stigmatising information and advice to children, young people and their parent and carers. Such as access to services and resources such as [Stop it Now!](#) and Parent Protects run by [the Lucy Faithfull Foundation](#), a charity dedicated reducing the risk of children being sexually abused;
- Bristol [Mapping system and Directory](#) for children, young people, parents and professionals of the support that is available locally and nationally.

All services need to be accessible to a range of cultures and literacy levels.

## Procedure

### Healthy Sexual Development or Harmful Sexual Behaviour

Professionals will need to determine whether a child's sexual behaviour is part of healthy sexual development or if it is harmful. Factors to consider include; consent, power imbalance and exploitation. If a child uses sexual actions or language they should not be familiar with, it is important to address this behaviour immediately. The following tools could be used.

[The Healthy Sexual Behaviour Guide](#) helps define what is normal sexual behaviour at different ages, gives advice on spotting the warning signs, how to react to sexualised behaviour and what to do if worried.

The [Brook Sexual Behaviours Traffic Light Tool](#) is a well-known resource for professionals that help them to categorise the sexual behaviours of young people. It assists professionals in making decisions, responding appropriately and balancing safeguarding children and young people with understanding healthy sexual development.

Children and young people's sexual behaviours exist on a wide continuum, from 'Normal' and 'Developmentally expected' to 'Highly abnormal' and 'Abusive.' [Hackett's \(2010\) continuum of children and young people's sexual behaviours](#) helpfully illustrates the range of behaviours under consideration and their interaction with other sexual behaviours.

## Referrals

When there is an allegation of sexual harm a [referral](#) should be made to First Response. Referrals to First Response that require additional information from a range of agencies to make an initial decision will be referred to the **Bristol's Multi-Agency Safeguarding Hub (MASH)**. This is where decision-makers from the key agencies bring together relevant, shared information and agree the appropriate response for the child and their family.

Where children exhibit a range of sexually problematic behaviours such as; indecent exposure, obscene telephone calls, fetishism, bestiality, sexual abuse against children or adults and downloading indecent images of children from the internet, a referral to Children's Social Care **should** always be made.

Referral outcomes could be;

- No further action, which may include information about other services

- Early help - referrals for intervention and prevention services within an Early Help Assessment and Early Help services range of provision;
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989);
- Child Protection services – following a [Strategy Discussion](#) an assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies. Please note, that all Strategy discussions involving Harmful Sexual Behaviour should refer to the **Harmful Sexual Behaviour Strategy Discussion Aide Memoir (provide link when on web)**. This is a document designed for those involved in Strategy Discussions to help them consider ways to safeguard children who have displayed harmful sexual behaviour (HSB). This should be used in addition to our existing multi agency strategy discussion process.

The primary focus should be protection of the victim, the protection of any other potential victims and the avoidance of repetition of the harmful sexual behaviour.

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 or advocacy services should be accessed if needed to achieve this. Active participation with parents and carers should be promoted. It should be recognised that disclosure of sexually inappropriate behaviour or abusive behaviour by a child can be extremely distressing for their parents/carers. The child, their family/carers should always be advised of their right to seek legal advice and be supported through the process.

Children that have harmed others sexually and who are returning to the community following a custodial sentence or time in secure accommodation or specialist residential facility also require consideration throughout this process. Planning is essential prior to discharge to support a comprehensive reintegration plan.

### **Information Sharing**

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding children and adults.

When working with children and young people, it's important to keep in mind two essential factors:

- Timely information sharing is key to safeguarding and promoting the welfare of children. It enables intervention that crucially tackles problems at an early stage;
- If a child is at risk or suffering significant harm, the law supports you to share information without consent.

This must be balanced with ensuring for the child that personal information will be treated respectfully and confidentially. This provides a safe space for them to be open and honest with the people caring for them. Sharing information appropriately is key to putting in place effective child protection services. When making these decisions, the safety and welfare of the children must be the main consideration. Where there are Child Protection concerns raised, practitioners should remember that regardless of Fraser/Gillick competence the relevant age is 18. For detailed guidance for Children's Services refer to [Information Sharing, request for help and disputes](#).

### Importance of Challenge

If there is continued reluctance from one partner to share information on a safeguarding concern, or in instances where an alerting organisation thinks that the local authority response is not sufficient, then the matter should be escalated and challenged using the [Escalation Procedure](#)

### Record Keeping

Good record-keeping is central to effective safeguarding, regardless of whether there is an active child protection concern at that time. Everyone benefits from records that promote good communication and high-quality care.

Failing to keep accurate records of decisions you have made and actions you have taken can put people at risk. It can leave the organisation you work for open to challenge, or litigation, and risks its reputation.

Records should be made of decisions not to take action, as well as actions that are taken, with a clear rationale recorded in each case. It must also be made very clear what is factual information and what is the opinion of other people.

### Strategy Discussion

Children's Social Care Services and the Police will convene a [Strategy Discussion](#) in relation to the alleged child causing harm, and the child victim where there is reasonable cause to suspect that the child concerned is suffering or likely to suffer Significant Harm (Section 47). Consideration should be given to holding them separately and the need to have a different social worker allocated to the victim and to the child with the alleged abusive behaviour, even if they live in the same household. **This will ensure that both are supported through the process of the enquiry and both children's needs are fully assessed.** All Strategy discussions involving Harmful Sexual Behaviour must also refer to the **Harmful Sexual Behaviour Strategy Discussion Aide Memoir (provide link when on web)**

If the child is below 10 (the age of criminal responsibility) it will be discussed whether the Police need to be involved in future meetings. If the child is over the age of 10 and it is

believed that a criminal offence has been committed please refer to Criminal Proceedings in this protocol for further guidance.

Care must be taken to ensure that the appropriate professionals attend the right meetings to ensure a full and accurate picture is achieved. This could include the youth offending team (YOT) and Be Safe (where appropriate), children's social care, education including educational psychology) and health (including CAMHS) agencies and the police. This will inform good multi-agency decision making. It is important however to consider the confidentiality of the children involved, for example school representatives should only attend the meeting involving the pupil at their school.

The discussion will be conducted with a Signs of Safety approach and will also plan in detail the respective roles of those involved in the enquiries together with ensuring that the following objectives are met:

- Information relevant to the protection and needs of the alleged victim is gathered;
- Any criminal aspects of the alleged abuse are investigated;
- Any information relevant to any abusive experiences and protection needs of the child who has allegedly harmed sexually, is gathered;
- Any information about the risks to self and others, including other children in the household, extended family, school, peer group or wider social network, is gathered;
- Discussion and setting of timeframes. Timing of further Strategy meetings or assessments may be influenced by the Criminal Justice process if there is a possible criminal investigation;
- How agencies are going to work together and decide who will conduct the specialist assessment(s) (joint or single agency) and who will lead. These could be specialist assessment such as AIM2/ERASOR/J'SOAP if needed.

Where there is suspicion that the child who has allegedly harmed sexually is also a victim of abuse, the Strategy Discussion must decide the order in which interviews with the child will take place. If the person is interviewed as a suspect for offences, interviews will be undertaken by the Police under the provisions of the Police and Criminal Evidence Act 1984. If the young person is interviewed as a victim, they will be interviewed according to Achieving Best Evidence, sections 16 and 17 of the Youth Justice and Criminal Evidence Act 1999.

In complex situations where there are a number of victims and possible perpetrators, the Strategy Discussion should appoint a Strategic Group to co-ordinate the overall investigation.

In all cases requiring a social work assessment, 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. Bristol Schools/education settings **can get advice from Be Safe** regarding completion of a Risk Management safety plan in relation to the child who may have demonstrated harmful sexual behaviour. The Safeguarding in Education Team (SET) can support the school with reviewing their overarching policy and practice around harmful sexual behaviour but do not give direction on cases.

### Section 47 Enquiries

If from information gathered during this process, it appears that either the child who has harmed sexually or the victim/person harmed sexually is suffering or likely to suffer Significant Harm, this Section 47 Enquiry process will be followed.

In these circumstances, relevant considerations include:

- The nature and extent of the abusive behaviours and the impact on the victim;
- The context of the abusive behaviours;
- The age of the children involved;
- The child's development, gender, neurodevelopmental disabilities, learning disabilities, family and social circumstances;
- Whether the perpetrator child acknowledges the alleged behaviour;
- Whether there are grounds to suspect that the perpetrator child has been abused or that adults have been involved in the development of the harmful sexual behaviour;
- Both children's needs for services; and
- The risks the perpetrator child poses to him/herself and others, including other children in the household, extended family, school, peer group or wider social network.

This risk is likely to be present unless: the opportunity to further abuse is ended, the child has acknowledged the abusive behaviour and accepted responsibility **and** there is agreement by the child and his/her family to work with relevant agencies to address the problem.

If during the course of the Assessment there are concerns about any risks to other children posed by the child/young person who has harmed, a Multi-Agency meeting should be convened straight away to develop:

- A written risk management plan in relation to any child identified as at potential risk; including educational and accommodation arrangements both for the child/young person who has harmed and the potential victim/s;
- Appropriate arrangement for the continuation of the assessment and the need for any specialist assessment;
- How the services to be provided will be coordinated.

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. This will inform the Care and Intervention plan and safety and risk management planning.

The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, and certainly no longer than 45 working days from the point of referral into First Response.

### **Outcomes of Section 47 Enquiries- Child/Young Person (victim)**

If the information gathered in the course of the Section 47 Enquiry suggests that the child who is suspected or alleged to have harmed others sexually is also a victim, or potential victim, of abuse including neglect, a Child Protection Conference must be convened. A representative from the YOT and Be Safe Team should be invited to the Initial Child Protection Conference.

If the child becomes the subject of a Child Protection Plan, the coordination of services will continue through the Core Group, which should address the child's inappropriate behaviour, the potential risks the child poses to others as well as the concerns which resulted in the need for a Child Protection Plan.

Where the Child Protection Conference concludes that the child who is suspected or alleged to have harmed others sexually does not require a Child Protection Plan, consideration should be given to the need for services to address any harmful sexual behaviour and the inter-agency responsibility to manage any risks. In these circumstances, a Multi-Agency meeting must be coordinated and convened by Children's Social Care Services.

This should take place as early as possible after the Conference and should involve the Children's Social Care Services team manager as chair, the social worker, the referring agency, the school (including sibling's schools), health agencies as appropriate, the social worker co-ordinating work with the victim, the parent/carers and the child (subject to age and level of understanding).



The Multi-Agency meeting will develop the overall plan for the child including:

- A written risk management plan in relation to any child identified as at potential risk; including educational and accommodation arrangements;
- Any future assessment, if required; and
- How the services to be provided will be coordinated and who will be responsible for future multi agency meetings.

**The meeting should identify the Lead Professional and review process with clear timescales.**

The decision to end the involvement of any specialist services should be made on a Multi-Agency basis. Factors to consider in reaching this decision include:

- The level of risk posed by the child to him or herself and others;
- If the intended outcomes of the intervention have been achieved or reviewed if it is unlikely the intended outcomes will be accomplished;
- The capacity of the parents or care givers to respond appropriately to the child's needs;
- The need for provision of ongoing support to the child/family.

### **Outcomes of Section 47 Enquiries- Child (Victim)**

Where a Section 47 Enquiry in relation to a victim child concludes that the child is suffering or likely to suffer Significant Harm, an Initial Child Protection Conference must be convened to assess the risks and consider the need to safeguard the child through a Child Protection Plan.

In all cases, the child/ren may require services to support them through interviews in line with Achieving Best Evidence Guidance and through any court actions that may follow. The assessments undertaken may determine that there is a need for support services, such as counselling services and whether the child is in need of safeguarding or child in need services. The child's social worker should keep up to date with developments by communicating with the social worker for the alleged abusing child to ensure that the child victim remains safeguarded and what services are being accessed.

### **Home Safety Planning**

If for protective reasons a young person has to be removed from a family home or setting, a Safety Plan should be developed and used where the young person has been placed. This plan should also be put in place even if the young person is not removed and remains at their home/setting to provide important safeguards. The plan needs to be written in a way

that is understandable to the child/young people and those supporting them.

Parents/carers must be part of this process. We would recommend a review of the plan every 3 months or when there is a significant change in circumstances. A Safety plan should include:

- The supervision provided is realistic;
  - The home/setting is free from inappropriate sexual language and behaviour including content from films, magazines, music videos and websites, language or behaviour;
  - Security settings on the computer and personal phone are considered but not relied upon;
  - Sleeping arrangements are considered including arrangements with extended family members;
  - There are clear rules regarding privacy;
  - There are clear rules on the state of dress around the house;
  - There are limitations on certain contact such as play fighting or contact sports;
- Further guidance can be obtained from [Stop it Now](#) and the book "[Helping Children to learn about Safer Sexual behaviour](#)" (Laura Walker and Carol Laugharne, 2016). [Be Safe](#) can also provide Safety Plan templates however educational establishments should make the Safeguarding in Education Team their first point of contact.

## Developing and managing a Care Plan

On completion of an assessment a care plan should be completed with the following in mind.

The plan should:

- Recognise the needs and strengths of the child or young person and the risks they may pose;
- Support them, their families and carers and establish if they can take appropriate protective steps;
- Include clearly defined therapeutic goals;
- Include a safety plan that is agreed with the child or young person, their parents or carers and support network.

The Care plan should:

- Encourage and support children and young people to participate in a range of peer, school and community activities to help build a sense of belonging;
- Include supervised social activities that promote self-esteem, develop resilience and encourage socially appropriate behaviour;

- Include Therapeutic Intervention.

This plan will be reviewed by the multidisciplinary team, and with the child or young person and their parent or carers at 3–6 monthly intervals, or if there is a significant change in circumstances.

### **Criminal Proceedings and Pre Court Protocol**

The age that a child can be held criminally responsible is 10 years. The decision for there to be a police investigation must be made as a result of a strategy discussion. The Officer in the case must complete a Form 143 (Report re Youth) for any incident or offence involving a youth (aged 10-17 inclusive) and task to Youth Justice, all via Niche.

Youth Justice, a Police Unit who ensures that local and national policy is followed force wide, is available in an advisory capacity for all youth matters via email [Youth Justice Unit](#).

If the police feel that as a result of their investigation, criminal proceedings are likely and they will want to seek CPS advice for this, a further strategy discussion should be held for this to be a decision made by the agencies involved with the young person. YOT must be invited. The purpose is to gather all information and to gather the views of the agencies involved with the young person as CPS will require this information in order to make a decision. If there is a disagreement, police can still seek CPS advice but must make sure that all agency views are represented to the reviewing lawyer. If there is a clear and reliable admission to the offence, the offence has a Gravity Score of 3 or under and the previous offending history of the youth makes it appropriate, an Out of Court Disposal can be given. This must be made by an Inspector who also takes in to consideration the factors at the bottom of page 18 and the factors detailed on page 19 in addition to the documented mitigating and aggravating factors. If agreed by an Inspector, this will be referred to a Youth Panel to consider out of court disposals. Please note that the **gravity matrix** is a tool used to score and determine the seriousness of the offence and assist consistent decision making.

As soon as it is thought the Crown Prosecution Service (CPS) may be required to [authorise a charging decision](#), early advice must be sought from them.

There are no formal timescales for police investigations but taking in to account the ages of the parties involved, all cases should be investigated as expeditiously as possible. Serious Sexual Offences will be investigated by accredited Specialist Child Abuse Investigators and reviewed by a supervisor monthly. Should there be concern regarding the progress of a police investigation then the escalation policy can be utilised.

In the Code for Crown Prosecutors for child defendants for sexual offences, it states:

The relevant factors that prosecutors should consider are repeated below. The weight to be attached to a particular factor will vary depending on the circumstances of each case.

However, in deciding whether it is in the public interest to prosecute a person, prosecutors may exercise more discretion in relation to child sex offences (where the victim is a child aged 13-15) than for offences against children under 13.

Prosecutors should have regard to the following factors:

- The age and understanding of the offender. This may include whether the offender has been subjected to any exploitation, coercion, threat, deception, grooming or manipulation by another which has led him or her to commit the offence;
- The relevant ages of the parties, i.e. the same or no significant disparity in age;
- Whether the complainant entered into sexual activity willingly, i.e. did the complainant understand the nature of his or her actions and that she/he was able to communicate his or her willingness freely;
- Parity between the parties in regard to sexual, physical, emotional and educational development;
- The relationship between the parties, its nature and duration and whether this represents a genuine transitory phase of adolescent development;
- Whether there is any element of exploitation, coercion, threat, deception, grooming or manipulation in the relationship;
- The nature of the activity e.g. penetrative or non-penetrative activity;
- What is in the best interests and welfare of the complainant; and
- What is in the best interests and welfare of the defendant.

In summary, where a defendant, for example, is exploitative, or coercive, or much older than the victim, the balance may be in favour of prosecution, whereas if the sexual activity is truly of the victim's own free will the balance may not be in the public interest to prosecute.

In addition, it is unlikely to be in the public interest to prosecute children who are of the same or similar age and understanding that engage in sexual activity, where the activity is truly consensual for both parties and there are no aggravating features, such as coercion or corruption. In such cases, protection will normally be best achieved by providing education for the children and young people and providing them and their families with access to advisory and counselling services. This is the intention of Parliament.

The [guidance](#) goes on further to say that the Chief Crown Prosecutor or Deputy Chief Crown Prosecutor's must be notified of any such case where there are both defendants and victims under the age of 13. This includes cases which are diverted from prosecution, whether on evidential or public interest grounds.

When reviewing a case, in which a youth under 18 is alleged to have committed an offence contrary to sections 5 to 8, prosecutors should obtain and consider:

- The views of local authority Children's and Young People's Service;
- Any risk assessment or report conducted by the local authority or youth offending service in respect of harmful sexual behaviour (such as AIM2-Assessment, Intervention and Moving On; ERASOR; J'SOAP);

- Background information and history of the parties;
- The views of the families of all parties.

Careful regard should be paid to the following factors:

- The relative ages of both parties;
- The existence of and nature of any relationship;
- The sexual and emotional maturity of both parties and any emotional or physical effects as a result of the conduct;
- Whether the child under 13 in fact freely consented (even though in law this is not a defence) or a genuine mistake as to her age was in fact made;
- Whether any element of seduction, breach of any duty of responsibility to the girl or other exploitation is disclosed by the evidence;
- The impact of a prosecution on each child involved.

If a very young child has been seduced by a youth, or a baby-sitter in a position of responsibility has taken advantage of a child under 13 in his/her care; prosecution is likely to be in the public interest. Where a child under 13 has not given ostensible consent to the activity, then a prosecution contrary to sections 5 to 8 is likely to be the appropriate course of action.

There is a fine line between sexual experimentation and offending and in general, children under the age of 13 should not be criminalised for sexual behaviour in the absence of coercion, exploitation or abuse of trust.

The CPS provides detailed [guidance](#) concerning Rape and Sexual offences.

When a case is before the Youth or Crown Court, the Youth Offending Team (YOT) will ensure that information is shared between the Court and relevant agencies and provide assessments to assist with bail decisions and pre-sentence reports following conviction. The YOT will consult victims as part of the assessment process. If the child is remanded or sentenced to a secure establishment, the YOT will assess the child's safety and well-being at Court and provide information about the child to the secure establishment.

If the child is convicted, a referral to MAPPAs by the Youth Offending Team (see [Multi-Agency Public Protection Arrangements \(MAPPAs\) Procedure](#)) must be made if the criteria are met.

### **Pre Court Protocol**

Agencies across Bristol have worked together to develop a **Pre Court Protocol** (provide link when on web) as the formal youth justice system is not always the most appropriate mechanism for engaging children and young people while still ensuring that appropriate, rigorous interventions are delivered and the victim's needs are met.

## Interventions

The overwhelming majority of young people who display HSB do not reoffend sexually. Statistically, young people are more likely to get into trouble or be arrested for later non-sexual problematic behaviours than for sexual crimes (Hackett 2014). “It is not inevitable, or even highly likely, that most children with harmful sexual behaviours will go on to perpetrate sexual abuse in adulthood.”<sup>11</sup>

[Research from Glebe House](#), which provides specialist interventions within a specialist residential placement for young men with a history of harmful sexual behaviour shows that 84 per cent of the group of young males who had displayed HSB and completed their treatment programme were not reconvicted, compared with only 56 per cent in the comparison group, and that only one person had reoffended sexually and one violently, compared with five each in the comparison group

Interventions could be coordinated by a number of agencies in Bristol such as;

- The Youth Offending Team
- [Be Safe](#) Bristol which is a multi-agency partnership service working with children and young people with problematic/harmful sexual behaviour and their parents/carers in Bristol. Be Safe offers consultation, training, holistic assessment and therapeutic intervention services informed by strength based, systemic, cognitive behavioural therapy, resolutions, relapse prevention and attachment based approaches.
- [The Rest A r e Pilot](#), led by The Green House Child Sexual Abuse counselling Service in collaboration with the Avon and Wiltshire Mental Health Partnership NHS Trust Be Safe Service and the Bristol City Council Youth Offending Team (YOT) is a multiagency restorative justice pilot project. The aim of the pilot is to enable children and young people who have experienced sexual abuse and have been harmed by another child or young person to access support to participate in a restorative justice approach, where this is assessed as in their interests and considered safe to do so.

Following NICE Guidance, interventions will be flexible enough to meet the changing needs and the development status and age of the child or young person which includes regular reviews. Therefore Interventions will be based on:

- A comprehensive assessment of the child or young person's family and social context. This includes: their placement (for example, home, foster care, residential care, secure children's home or other custodial settings);
- developmental stage, gender, learning ability, culture and religion;
- factors that may have contributed to the harmful sexual behaviour, such as their background, past care or any trauma they may have experienced;
- The harmful sexual behaviour itself.

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<sup>11</sup> Children and Young People with Harmful Sexual Behaviours. RIP.2014

Consideration will be given to include the following elements:

- Safety planning to reduce the risk they pose to others and themselves;
- Engagement and working that takes account of their denial of the behaviour;
- Sex and relationships education including consent, boundaries and social and moral considerations;
- Empathy development;
- How to make good choices to keep themselves and others safe sexually;
- Emotional and self-regulation;
- Life story work;
- Understanding of their harmful sexual behaviour;
- Victimisation;
- Peer and social relationships;
- Community reintegration for those who have spent time in residential or secure units;
- Support to make future plans.

Recognised treatment resources or guided interventions will be used such as:

- Assessment and intervention models for boys and girls;
- NSPCC's [PANTS](#) Programme that has resources available in different languages, sign language and for children with learning disabilities and autism;
- NSPCC Change for Good Programme/Turn the Page for Adolescents;
- Barnardo's Better Futures "Girls Talk" for young women who have engaged in harmful sexual behaviour;
- Keep safe Learning disability programme developed by Kent University, SOTSEC-ID-YP and the Be Safe Service;
- [AIM2](#) assessment and intervention model for boys aged 12 to 18 within or outside the criminal justice system. This also has a component aimed at girls in the same age group and for those with learning disabilities. But note: the 'level of supervision' scale for young females (12 to 18 years) is likely to misrepresent the level of risk. A degree of caution is also advised when using it to predict sexual reoffending in young people with learning disabilities. This initial assessment tool combines static and dynamic factors, considering sexual and non sexual harmful behaviour, developmental factors, family and environment. Strengths and concerns should also be addressed.

Interventions could include:

- cognitive behavioural therapy;
- Working with Parents and Carers and the broader system around them;
- psychotherapeutic approaches;
- strengths-based approaches;
- Systemic therapy (a type of family therapy). This can be individual therapy, group therapy or family therapy.

Most Interventions will be delivered within a community or family setting unless it is decided that it is unsafe to do so. Working alongside foster carers and care staff when delivering interventions in residential, secure or custodial settings is essential. The care plan must include safety planning to reduce the risk the child or young person may pose to others in the same environment.

Consideration should be given to including family members when delivering interventions in residential, secure or custodial settings but only if it is safe to do so (see [NICE recommendation 1.6.4](#)).

### **Maintaining Children and Young People in Education**

Where there are concerns about a child or young person's problematic/harmful sexual behaviour it is important that a risk assessment is undertaken as to what risk the child or young person may present within the school context to other pupils and staff. The school's/college's designated safeguarding lead should be involved in this process and safeguarding procedures followed. Advice can be sought Early Help and Be Safe. A balanced approach is needed that considers risk as well as protective factors alongside the nature of the concerning sexual behaviour. This assessment should inform a Support and Safety Plan that is agreed by the school/college and appropriate parties. Where there are concerns about problematic/harmful sexual behaviour in the school context detailed incident reports should be kept and advice sought on how best to respond. Where ever possible excluding children and young people from education should be avoided unless they are considered to be a significant risk to pupils and/or staff and adequate levels of supervision cannot be provided. For specific guidance see the *"BEING SAFE : Guidance for schools and education settings: responding to problematic and harmful sexual behaviour in children and young people"* available on the Be Safe Service website <http://cchp.nhs.uk/cchp/explore-cchp/be-safe>

### **Children and young people not living with their birth parents**

Ensure links with their family of origin or community are maintained if it is in the best interests of the child or young person. Maintain links with birth parents if safe and appropriate ([NICE](#)).



## **Children and young people who have been abused by a family member**

If it is in the best interests of the child or young person, consider family reconciliation, re-integration and restorative approaches, if it is safe, appropriate and there has been a risk assessment and management process ([NICE](#)).

## **Looked after children and young people**

Ensure the intervention supports carers. This includes giving them advice on how to respond to the risks presented by children and young people in their care ([NICE](#)).

## **Working with parents, carers and foster Carers ([NICE](#)).**

Encourage caring relationships between the child or young person and their family and carer, if it is safe to do so. Recognise that looked after children and young people may have problems arising from insecure attachment, making the relationship with their carer very challenging (see NICE's guideline on [children's attachment](#)).

Help should be given to carers to create a sense of belonging and trust to ensure the child or young person feels safe, valued and protected.

Consider including the following elements in the programme:

- How to work with parents and carers in denial about their child's harmful sexual behaviour;
- Support to come to terms with harmful sexual behaviour and its impact;
- How to understand harmful sexual behaviour risk indicators;
- Maintaining safety plans, including ongoing supervision;
- Addressing the parent-child relationship, if needed;
- Communications and problem solving;
- Behaviour management.

## **Supporting a return to the community for 'accommodated' children and young people ([NICE](#)).**

Ongoing support should be provided when children and young people in residential homes, specialist residential units, secure children homes, or young offenders' institutions move back into the community or return to the family home. This includes continuity of care for those who need this type of support. This needs to be considered throughout the placement and agreed as part of the young person's care plan addressing the safety plan, where the young person will live, ongoing risks, education/training/employment, ongoing support, and whether ongoing therapeutic intervention is appropriate. Young people between the ages of 14-18 need to be in a therapeutic Intervention programme and a clear

assessment process in place with Be Safe and YOT. Referral to services such as [Circles of Support](#) and [Rest A re](#) may be considered.

## References

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Davies, J. (2012) Working with sexually harmful behaviour. *Counselling Children and Young People*, March 2012: 20-23

Rich, P. (2011), *Understanding, assessing and rehabilitating juvenile sexual offenders*, 2nd ed, New Jersey, Wiley.

Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2013) Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. *Child Abuse Review*, 22(4): 232–245. Masson, H. et al. (2015) Developmental markers of risk or vulnerability?: young females who sexually abuse – characteristics, backgrounds, behaviours and outcomes

*Children and Young People with Harmful Sexual Behaviours*. RIP.2014

## Useful Contacts

### **Be Safe Service**

Barton Hill Settlement 43 Ducie Rd Bristol BS5 0AX

T: 0117 340 8700

<http://cchp.nhs.uk/cchp/explore-cchp/be-safe>

### **Circles UK**

Abbey House/Abbey Square

Reading RG1 3BE

0118 950 0068

<http://circles-uk.org.uk/>

### **Rest Δ re**

<http://restorativebristol.co.uk/contact/>

### **NSPCC Child Professional Helpline**

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

Freephone: 0808 800 5000 (24 hour)

Text: 88858

### **Contact Details for Police**

999 for emergencies - otherwise 101 & ask for the Safeguarding Coordination Unit.

### **First Response Team**

0117 903 6444 for any new referrals

### **Outside office hours**

Emergency Duty Team – 01454 615165

### **Early Help Team**

North: 903 8700, South: 903 1414 or 353

2200, East Central: 903 6743 for advice

## Appendix 1

### Procedure for interventions for Children and Young People who display harmfully sexual behaviour

