CHILDREN AND YOUNG PEOPLE PRESENTING WITH HARMFUL SEXUAL BEHAVIOURS
A TOOLKIT FOR PROFESSIONALS
This guidance has been produced by The Children’s Society as part of the National CSAE Prevention Programme for England and Wales, in partnership with Victim Support and the National Police Chiefs’ Council (NPCC).

We would like to say thank you to all the staff at The Children’s Society, Victim Support and the NPCC who contributed to this guidance, with special thanks to Professor Simon Hackett for his generous input.

**PLEASE NOTE:** This toolkit is based on our current understanding and the evidence picture of harmful sexual behaviour as we see it. Therefore this document will remain a living document and is subject to change.

Version 1: March 2018
The term harmful sexual behaviour (HSB) can be described using a wide range of terms. For the purpose of this toolkit, HSB 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 adult.’

HSB has also been defined as the behaviour of children and young people who engage in any form of sexual activity with another individual who they have power over by virtue of age, emotional maturity, gender, physical strength, intellect and if the victim in this relationship has suffered a betrayal of trust. However, this definition is considered to be more appropriate for abusive HSB, and not problematic HSB (see Problematic and Abusive Behaviour on Page 6 for more information).

HSB ranges from very serious abuse to behaviours perceived to be more mainstream such as ‘sexting’ or posting indecent images online. While this often may not be seen as particularly harmful, it can cause significant risks for children and young people affected by it. Such risks can include the image ending up in the possession of an adult seeking to groom children, or to the whole of the child’s school. In addition to this, it is illegal. A child or young person caught sharing or posting an indecent image of another child could potentially face criminal sanctions and/or a criminal record. However, where appropriate, safeguarding and education approaches should be taken, and criminalising young people would not be the preferred approach.

HSB that includes using some form of technology has recently been described as technology-assisted harmful sexual behaviour (TA-HSB) by the NSPCC, who define it as: ‘One or more children engaging in sexual discussions or acts – using the internet and/or any image-creating/sharing or communication device – which is considered inappropriate and/or harmful given their age or stage of development. This behaviour falls on a continuum of severity from the use of pornography to online child sexual abuse.’
In a recent study, nearly half (46%) of children and young people currently accessing NSPCC’s HSB service Turn the Page presented with some form of TA-HSB. Additionally, within the boys and young men sample, the possession, making and/or distribution of indecent images of children and young people (including sexting) were the most common form of TA-HSB.

These findings are currently being used by the NSPCC and the AIM project to develop a training package for professionals working with children who present TA-HSB. You can visit the NSPCC website to keep up to date with the progress of this package.

Examples of HSB, ranging from inappropriate to abusive, include:

- Using sexually explicit words and phrases deemed inappropriate for age group (see Brook’s traffic light tool) eg a pre-school child talking about sex acts.
- Inappropriate contact (touching, masturbation, penetration) eg a 12 year old masturbating in public.
- Using sexual violence or threats.
- Full penetrative sex with other children or adults (NSPCC).
- Non contact behaviours such as grooming, exhibitionism, voyeurism, sexting, or recording images of sexual acts via phone or social media applications (NOTA). This includes the possession, making and/or distribution of indecent images of children and young people.
- Sexual interests in adults or children with very different ages to their own (NSPCC).
- Inappropriate use of pornography (eg children under 13 accessing pornography and exposing other children and young people to pornography (NSPCC).

For further reading on HSB guidelines, depending on the age of a child or young person, see Brook: Traffic Light Tool in the Resources section.

Sexual behaviour can also be considered harmful if there is an age gap between the children, particularly if they are at different development stages, or there is an age gap of two years or more. However, it is important to note that a younger child can abuse an older child, particularly if there is an imbalance of power.
It is important to note that the terms ‘sexually abusive behaviour’ and ‘juvenile sexual offenders’ have previously been used to describe children who have displayed the behaviour for HSB listed above. However, using words such as ‘abusive’ is labelling that child as an abuser, which assumes that they are aware and understand that their actions are wrong. Equally, ‘offender’ is referring to the small number of children that are convicted by the criminal justice system for displaying HSB, and doesn’t include children under the age of 10. HSB is the preferred and widely accepted expression as it prevents the labelling of the children and young people and the potential stigma associated.

**GROUP HSB**

‘A group is defined as two or more people, who act together, and/or in front of one another, and/or with a common and shared purpose, in the commissioning of some form of HSB.’

Studies suggest that children and young people who display HSB within a group setting are more likely to be involved in once-only incidents.

The importance of peer influence, group pressure and group dynamics are found to be the most consistent motivations for group HSB across literature.

It is suggested that group HSB offences tend to be motivated by status, group bonding, entertainment and humiliation of the victim and have less to do with a sexual element.

While group pressure may be a stand out motivation for group HSB, it is important to note that in some cases, children and young people may be forced or threatened to be involved with the group offending.

As children and young people leave adolescence, they tend to move from group HSB towards individual offending, or the offending behaviour reduces. Further research reports that children and young people taking part in group HSB towards peers peaks during adolescence, and then declines once in adulthood.
PROBLEMATIC AND ABUSIVE BEHAVIOUR

When noticing a child or young person’s potential HSB, it is helpful to distinguish between what is problematic behaviour and what is abusive. Problematic and abusive behaviours are both inappropriate and may cause developmental damage. Therefore, it is useful to have an umbrella term such as HSB, which has now been widely adopted. xv

Characteristics of problematic behaviours include:

- Developmentally or socially unexpected behaviours.
- Behaviours involving sexual body parts that are developmentally inappropriate or are potentially harmful to themselves or other children.
- Ranges from problematic self-stimulation and nonintrusive behaviours, to more explicit behaviours and sexual interactions with other children.
- May be described as ‘sexually reactive’ when behaviour is trauma-related, originating from child sexual abuse.
- Sexually reactive and sexually problematic behaviours are more commonly presented in pre-adolescent children.

Characteristics of abusive behaviours include:

- An element of coercion or manipulation.
- A power balance, which means the victim cannot give consent. This may be due to age, intellectual ability, race or physical strength. xvi
- Behaviour that has the potential to cause physical or emotional harm.
- Behaviour that may or may not result in a criminal conviction/prosecution.
- Abuse behaviours are more widely associated with children over the age of criminal responsibility (10 years old).
- For a more in-depth range of sexual behaviour presented by children and young people, ranging from normal to violent, please see Hackett’s continuum model in the Resources section.
THE SCALE OF HSB

Within the UK, it is thought that over a third of child sexual abuse is committed by children and young people under the age of 18.\textsuperscript{xvii} Furthermore, on each school day there is an average of 10 sexual offences on school premises reported to the police in England and Wales – 29\% of these cases are identified as being perpetrated by another student.\textsuperscript{xviii}

The scope of referrals of children and young people displaying HSB to specialist HSB services across the UK is difficult to capture because of the lack of comparable services and accessible recording systems. However, a 2013 review of service provision across the UK indicated that males, and older children and young people, formed the majority of those being offered HSB services.\textsuperscript{xix}
VULNERABILITIES AND INDICATORS

There are a range of factors that can increase the vulnerability of a child or young person displaying HSB. These should always be taken into consideration by professionals, and include:

- A history of multiple abuse and victimisation. Child welfare agencies are often aware of the children before HSB emerges.xx

- Learning difficulties are common among children who present HSB. Therefore, specialist support is needed that addresses both their behaviour and their individual learning conditions. xxi

- Younger children who present HSB have a greater likelihood of having been sexually abused themselves, re-enacting the abuse that they have experienced. xxi

  A study found within a sample of children referred to the National Clinical Assessment and Treatment Service (NCATS) for HSB, 61% of the sample had suffered from child sexual abuse by a family member, and 8% by a stranger.xxiii

  These children require appropriate interventions that respond to them being a victim, as well addressing their HSB.

- The onset of puberty appears to be the peak time for children to engage in HSB. Most children who present with HSB are male, although evidence suggests that there is a small but growing number of females presenting with HSB.xxiv

- Many children who engage in HSB present similar personal and behavioural characteristics with other children who have a wide range of difficulties. It is important to address these complex sets of issues in addition to HSB presented by the child.xxv

- A history of sexual abuse and neglect seen in girls.xxvi

- Low self-esteem, which is often reported in girls displaying HSB, both alone and in a group setting.xxvii
GROUP HSB

Studies have found some key differences and characteristics among children and young people who display HSB in a group setting, which include:

- Children and young people who display HSB in a group setting are less likely to have a history of sexual abuse than those engaging in HSB alone, they may have experienced neglect and physical abuse.

- Low self-esteem is reported in girls engaging in HSB, both alone and in a group setting.

- A range of family experiences, eg parental separation, parents with substance abuse issues and poor relationships with their parents.

- Low levels of education and an IQ below average may be present in children and young people engaging in group HSB.

- Children and young people who present group HSB have a range of individual characteristics and situational contexts which differ between them.
BARRIERS TO ENGAGEMENT

For children and young people who present with HSB, there are a number of factors that act as barriers to successful engagement with interventions and services. These include:

- A lack of awareness among young people, families, carers and professionals.
- HSB is often not recognised, being minimised or identified as something else, eg ‘boys being boys’.
- Lack of understanding about the underlying risks, and not reporting or investigating HSB under the assumption it isn’t serious enough.
- Assuming sexual behaviour between two children is consensual, meaning issues may go unreported and information is not shared between agencies.
- Seeing the child as a predator rather than a vulnerable child.
- Professionals have previously reported difficulties in developing a positive trusting relationship, and balancing the needs and safety of the child, with HSB.
- Working with children with HSB has been shown to have a noticeable emotional impact on many of those professionals carrying the work out, including feelings of anxiety, worry and upset.
- Lack of training: a study demonstrated that only 35% of 500 practitioners and carers across six participating local authority areas had accessed training around HSB in the previous three years. This figure was even lower for those working within health and education. Furthermore, only a small minority of professionals knew about a specialist service in their area. These results demonstrate the need to increase training and development opportunities available for those professionals who work with children and young people across multi-agency settings.
- Lack of specialist and/or therapeutic services available for children presenting with HSB. Referring back to Clements et al. – a 2017 study, where a small minority of professionals knew about a specialist service in their area.
- For those specialist services available for children with HSB, 24% of professionals stated that the threshold for these services were set too high.
- A lack of understanding of the children and young people being worked with.
- General difficulties to get children and young people to engage in services.
- Confusion to which agency is building a response to the HSB (particularly with group offending).
- Currently, there are no existing interventions that respond to group HSB.

Similarly, HSB is not always recognised as a potential indicator of abuse due to the following factors:
- The professional’s lack of understanding, or underestimating the seriousness of HSB, which can prohibit them making appropriate referrals and follow ups.
- A failure to look at patterns and reasons for a child or young person’s behaviour, and instead focusing on the individual incidents of HSB.
- When HSB is investigated as a criminal offence rather than a safeguarding concern, the child or young person is not always given suitable support and protection.
RECOMMENDATIONS

The following list includes a range of practical tips and recommendations for professionals when working with children and young people who present with HSB:

- Safeguarding interventions should always be prioritised. Children and young people presenting with, and subject to, HSB should both be referred to children’s services for multi-agency assessment and response, and appropriate safeguarding measures should be drawn up.

- Accurate and detailed records should be kept on all HSB incidents. This will allow professionals to get an overview of what is happening now and in the future.

- The reasons behind the child’s behaviour should be identified, and appropriate action taken.

- Aim to take a trauma-informed approach, rather than prioritising criminal justice processes.

- Adopt a child-centred approach, focusing on their needs, strengths and the risks that they are exposed to.

- Aim to build trust with the young person, avoiding blame or judgement.

- Education and support are key to preventing further incidence of HSB. Where local services are not available, consider having a trusted adult in the child’s network take a lead role in providing support and education, possibly using resources listed later in this document.

- If safe to do so, parents should be involved in the child’s HSB interventions and should have access to resources to allow them to better support their child.

- In addition to HSB, professionals should consider and be aware of potential TA-HSB.

- Organisations should develop specific procedures for responding to HSB, and allow staff to have access to appropriate training and resources.

- Children’s services should be made aware of any HSB early on, so that support can be provided and any risks to other children can be identified.

- A multi-agency response should be taken to better support children – where information is shared between agencies so organisations/professionals can get a full overview of the child’s situation.
Keep in mind that children and young people are the ones who are most likely to start feeling 'different' and alarmed about their sexual attraction, and it is at this point that they would benefit from sensitive and caring interventions. Such interventions will not only minimise the risk to other children and young people, but also reduce the distress of the child or young person presenting HSB, and will provide a better view for his/her well-being in the future, and their capability to manage their sexual attraction/behaviour throughout their lifetime.xlv

If you are concerned about someone else’s behaviour – whether that is a child, an adult, or yourself – please visit or call Stop it Now! This is a child sexual abuse prevention project that works across the country to ensure parents, carers and professionals are as best placed as they can be to protect children from sexual abuse and exploitation. The Stop it Now! helpline provides confidential advice to anyone worried about their own or other’s thoughts or behaviour towards children. Emails received at this address are anonymised to preserve confidentiality. Please visit the Stop it Now! website for more information or call the helpline on 0808 100 0900.
What could be defined as HSB in children and young people today could have often been previously described as ‘sexual experiences’, ‘boys being boys’ or ‘experimentation’. To reduce the amount of denial which is often found in crimes relating to children displaying HSB, an appropriate label needs to be given. Harmful sexual behaviour, or HSB, are the preferred and widely accepted expressions as they prevent the labelling of the child and the potential stigma associated.
SERVICES

Given the scale and impact of HSB, it is concerning that there is a lack of consistently available services, interventions or resources designed to support children and young people, and prevent escalation of HSB. There are however valuable services in some areas, offering a range of support, interventions and resources. Whilst we do not specifically endorse any particular individual services, interventions or resources, we have aimed to highlight the services available nationally and locally. For any further information and evaluation of services, we would suggest contacting the organisation or service directly.

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<td>Inform Young</td>
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<td>nspcc.org.uk/services-and-resources/services-for-children-and-families/ncats/</td>
<td>020 3772 9905 <a href="mailto:NCATS@nspcc.org.uk">NCATS@nspcc.org.uk</a></td>
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<td>NSPCC’s Turn the Page</td>
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<td>nspcc.org.uk/services-and-resources/services-for-children-and-families/turn-the-page/</td>
<td>02820 441650 (Belfast) 02920 108080 (Cardiff) 01228 521829 (Carlisle) 02476 222456 (Coventry) 02820 441690 (Craigavon) 01492 803500 (Grimsby) 01274 381440 (Leeds)</td>
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<td>Barnardo’s Taith Service</td>
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<td>barnardos.org.uk/taith</td>
<td>01656 749235</td>
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<td>Barnardo’s U-Turn</td>
<td>Portsmouth and Southampton</td>
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<td>barnardos.org.uk/u-turn-how-we-can-help</td>
<td>01489 796684</td>
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<td>Barnardo’s Chilston Service</td>
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<td>Barnardo’s Bridgeway Project</td>
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<td>Dr. Richard Munschy</td>
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<td>Kent HSB Programme</td>
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<td>corechildrens services.co.uk/project/kent-hsb-programme/</td>
<td>0800 622 6114 <a href="mailto:childrens.services@coreassets.com">childrens.services@coreassets.com</a></td>
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<td>Together Trust</td>
<td>North West England but accept referrals from all over UK</td>
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<td>togethertrust.org.uk/what-we-do/residential-care/harmful-sexual-behaviour-hsb-placements</td>
<td>01612 834871 <a href="mailto:enquiries@togethertrust.org.uk">enquiries@togethertrust.org.uk</a></td>
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### RESOURCES

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<td>Your Choice</td>
<td>barnardos.org.uk/your_choice_order_form.pdf</td>
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Young people with harmful sexual behaviours – Simon Hackett, M. Murphy & K. Ross (2017)


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viii  Firmin & Lloyd, 2017
ix  Kjellgren et al., 2006; Hart-Kerkhoffs et al., 2011; Wijkman et al., 2014
x  Kjellgren et al., 2006; Höing et al., 2010; Bamford et al., 2016
xi  Bijleveld et al., 2007
xii  Bijleveld et al., 2007
xiii  Bijleveld et al., 2007
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xvi  (see Palmer’s 1995 definition of HSB)
xvii  Hackett, S, Holmes, D & Branigan, P., 2016
xviii  Russel et al., 2016 sourced from Firmin & Lloyd, 2017
xix  Smith et al., 2013
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