



**WORKING WITH CHILDREN AND YOUNG PEOPLE
DISPLAYING SEXUALLY HARMFUL BEHAVIOUR**

MULTI AGENCY PRACTICE GUIDANCE

DOCUMENT CONTROL

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1. Context

- 1.1 This Practice Guide has been written to help practitioners in Aberdeen City
- understand which child sexual behaviours are developmentally appropriate and healthy and which behaviours indicate a need for specialised assessment and intervention
 - ensure consistency in the approach and management of children or young people with sexually problematic/harmful behaviour and their victims, regardless of whether they enter the system from a criminal/youth justice or child care/protection route
 - improve the effectiveness of the service offered to children and young people and their families, based on experience and research.
- 1.2 The Practice Guide was originally developed in 2007 within Aberdeen City. This version takes account of the National Guidance for Child Protection in Scotland 2014, GIRFEC and the Children and Young People (Scotland) Act 2014. It is based on the established principles that the best interests of the child are paramount, intervention should be as minimal as the circumstances require and that the child's views will be heard with respect. It presumes that agencies will work together in order to assess and best meet the needs of the child.

2. Identifying Problematic and Harmful Sexual Behaviours

- 2.1 Children can display different sexual behaviours as they move from infancy through to an adult understanding of their own sexual sense of self and a mature conception of relationships with others. Sometimes children and young people will stretch the boundaries of developmentally expected behaviour in ways that are not harmful. Drawing lines that divide normative childhood behaviour or adolescent experimentation from what is deemed inappropriate and what is deemed abusive, harmful or problematic is a complex task. Practitioners' abilities to determine this will be based on an understanding of what are healthy normative behaviours and issues of informed consent, power imbalance and exploitation.
- 2.2 **Healthy Sexual Behaviours** refer to those behaviours which are within the range of behaviours appropriate to the child or young person's age and stage of development. The practitioner should also be mindful of differences between the child/young person's emotional stage of development and their chronological age. ***Examples of "healthy" sexual development are contained within Appendix 1***
- 2.3 **Harmful Sexual Behaviours** can be defined in the following way:

"Young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation" (Calder 1999)

The term sexually harmful behaviour does not label a child or young person but does identify the behaviour as harmful and wrong, not only to the victim but also to the child/young person displaying the harmful behaviours.

2.3.1 Harmful sexual behaviours cover a spectrum that ranges from inappropriate or problematic behaviours that may require further assessment through to behaviours that are sexually abusive and cause considerable concern.

2.3.2 Inappropriate or Problematic Behaviours tend to be

- unresponsive to consequences put in place
- unusual for that particular child or young person
- of potential concern due to age or developmental differences
- of potential concern due to activity type, frequency, duration or the context in which they occur.

2.3.3 Sexually Abusive Behaviours tend to be

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

2.3.4 They may also be illegal and involve a sexual offence. Behaviours of this nature usually involve a victim and/or is developmentally damaging to the young person initiating them. Behaviours such as touching genitals without permission, sexually explicit threats, and persistent non-contact behaviour, sexual contact with significantly younger children and sexual assault or rape fit into this category. **See Appendix 2**

2.4 Young People and Technology

2.4.1 Young people can have almost unlimited access to the internet via personal computers/tablets and mobile phones and children do a range of diverse and potentially beneficial things online. Use of technology is now thoroughly embedded in children's daily lives. We also know that the internet can create opportunities for risk taking and sexual exploration for adolescents. This may impact or increase online sexually harmful behaviours which can be more difficult to detect. This is an area which requires further research as we currently have limited studies to evidence as to whether exposure to sexual images are inevitably harmful in some degree and it may be that context is highly significant. Some children may be exposed to pornographic content with no adverse effects while others may be harmed; whether upset at the time of the exposure, or worried later, or even influenced in their attitudes or behaviour years subsequently. Whether or not there is a causal link between inappropriate use of interactive technologies and sexually harmful behaviour, 3 broad areas of concern emerge from the literature in relation to adolescent internet use:

- **sexual bullying or harassment of others online:** children or young people may experience unwanted/aggressive sexual solicitous material whilst online. One study of online sexual solicitations experienced by

young people concluded that 'not all of the sexual solicitors on the internet fit the media stereotype of an older, male predator. Many are young and some are women.'
(Finkelhor 2000)

- **downloading, trading and production of child abuse images:** children and young people are also known to have downloaded child abuse images
- **self-victimising behaviour:** this involves activities that places the child in a vulnerable situation and can involve posting sexually explicit pictures of friends or others online.

Other problematic behaviours online can involve accessing sexual images that are legal but age inappropriate; use of pornography that is obsessive/repetitive or continues after appropriate sanctions; pornography, use that lacks social boundaries or has a specific and narrow focus and downloading materials that link sex and violence together.

<http://www.saferinternet.org.uk/>

<http://www.lse.ac.uk/media@lse/research/EUKidsOnline/Home.aspx>

EU Kids Online is a multinational research network. It seeks to enhance knowledge of European children's online opportunities, risks and safety.

3. Responding to Concerns about Sexually Harmful Behaviour

3.1 Concerns about actual or potential harm may arise over a period of time or in response to a particular incident. Concerns may come via family, via any service, including foster or residential carers, or anonymously and they may arise as a result of direct observation or disclosures from a child or young person. Alternatively a Child's Plan may act as the focus for a range of concerns.

3.1.2 *"Where abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the alleged perpetrator. In all cases where a child or young person displays problematic or harmful sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures; either in order to protect the victim or to address concerns about what has caused the child or young person to behave in such a way."* **National Guidance for Child Protection in Scotland 2014**

3.1.3 Where concerns about inappropriate or harmful sexual behaviour come to the attention of any staff they will need to:-

- determine the nature of these concerns and any immediate risks should be considered at the outset. From a child protection perspective, it is the risk of 'significant harm' that is central. Significant

harm is harm which is serious and not of a transient or of a superficial nature.”

- consider risk and need within a framework of the child’s whole world and wellbeing. Every child needs to be Safe, Healthy, Achieving, Nurtured Active, Respected, Responsible and Included. (SHANARRI) These wellbeing indicators provide the broad framework for identifying a child’s needs and the My World Triangle is a useful starting point for considering what risks, needs and strengths might be present for both the child or young person displaying potentially harmful behaviour and the impact of this on any other child.

3.1.4 Key questions practitioners should consider are

- what is getting in the way of this child or young person’s wellbeing?
- do I have all the information I need to help this child or young person?
- what can I do now to help this child or young person?
- what can my agency do to help this child or young person?
- what additional help if any may be needed from others?

3.1.5 Once a concern about the potential safety of a child or young person is raised practitioners need to consider the following questions:-

- is this child or young person at immediate risk?
- what is placing this child at immediate risk?
- what needs to happen to remove this risk now?

The [Resilience Matrix and National Risk Assessment Framework 2012](#) can help further assess risk and need.

The National Risk Assessment Framework 2012 has been adopted by Aberdeen City CPC and is a useful tool –
<http://www.gov.scot/Publications/2012/11/7143/0>

3.2 Consent, Confidentiality & Information Sharing

The Practitioner's Guide to Information Sharing, Confidentiality and Consent was adopted across the Aberdeen City area by the Integrated Children's Services Board in September 2014. This is a Grampian-wide document which incorporates the statutory expectations of the Children and Young People (Scotland) Act 2014 in relation to information sharing.

The Guide emphasises 3 key points:

- the need for proportionate, relevant and accurate sharing of information with Named Persons and Lead Professionals
- the need for accurate recording of the information itself and reasons for sharing or not sharing that information
- consent is not required for the sharing of information where there are concerns for a child's safety or wellbeing which may, if not addressed, lead to harm.

3.3 Child Protection Enquiry/Investigation

Where child protection enquiries/investigation is agreed, they should be undertaken in line with National Guidance for Child Protection in Scotland 2014. Police, Social Work Health and other relevant services will decide via an Inter agency Referral Discussion (IRD) what further action is necessary.

- 3.3.1 In planning the child protection investigation it is important to ensure that
- the enquiries are sufficiently separate to ensure that the needs of, and risks to each child in his or her own right are assessed
 - account has been taken of any additional needs such as learning disability culture etc.

The investigation should also take into account the following factors:

Police Scotland can advise on case by case basis

- the power difference between the alleged abuser and his or her victim, which may relate to age, physical size intellectual or social status.
- the sophistication and age appropriateness of the activity, given the age and understanding of the young person
- any evidence of overt violence, sexual bullying or exploitation
- whether there was secrecy or denial of the activity
- the possible immediate risk posed by the alleged abuser to his other current alleged victims and other potential victims
- possible risk posed to the alleged abuser by the alleged victims parents or caregivers
- whether the alleged abuser is a child in need of protection and/or has in the past suffered or may be suffering continued abuse
- whether the children's parents or caregivers were aware of the alleged abuse prior to concerns being shared with the statutory agencies but took no action or colluded with the abuse
- the emotional responses and attitudes of parents or caregivers towards the alleged abuser and the parental attitude to supervising the alleged abuser when other children are present.

- 3.3.2 When the enquiries/investigation has been concluded, the next course of action in relation to the individual child/ young person will be either:

- to take no further action
or:
to offer services and support (child in need) which may include specialist consultation, assessment and services. This should be undertaken within a multi-agency approach
and/or:
- to hold an Initial Child Protection Conference. A Conference may be held either in relation to the child who has suffered significant harm, and/or the child/unborn child who is likely to suffer significant harm as well as for children, who have caused significant harm to others and as a result of this, are themselves at risk of significant harm. Any Child

Protection Plan must address the young person's harmful behaviour and identify work to reduce the risk

- to hold a community risk management meeting if there are perceived significant risks to the community. Please also see practice guidance on Care and Risk Management Meetings.

3.4 Assessment of Risk and Need.

3.4.1 Core Principles:

- children and young people displaying problematic and harmful sexual behaviour are first and foremost just that: children and young people. The principles enshrined within the Children (Scotland) Act 1995, the UN Convention on the Rights of the Child, the standards within the Children's Charter and Framework for Standards and the Children and Young People (Scotland) Act 2014 should therefore underpin all practice.
- children or young people with sexually harmful behaviour must be consulted and involved in all matters and decisions which affect their lives including formulating plans, according to their level of understanding
- children or young people with sexually harmful behaviour include those of various age, race religion, ethnic origin, language, family circumstances and either gender which needs to be accounted for in interventions
- a coordinated multi disciplinary approach is required, which addresses both child protection, wellbeing and criminal/youth justice issues
- children or young people with sexually harmful behaviour often have complex needs and therefore require an assessment which identifies possible unmet developmental needs, as well as specific needs arising from their behaviour and identifies issues of risk
- the sexual abuse perpetrated by children can be just as harmful as that perpetrated by an adult and children who abuse others should be held responsible for their abusive behaviour
- parents/carers have a right to information, respect and participation in matters that concern their family/children in their care unless this compromises the safety of the child. They also play a vital role in any direct work with their child, which should be systemic in its approach.

3.4.2 The assessment process is crucial in identifying young people who require services, the type and intensity of service provision required and in guiding appropriate action planning. Where services are required to support the child or young person these will be provided via the Child's Plan. Ongoing assessment of risk and need will inform planning either via child protection processes or local procedures.

3.4.3 An integrated assessment framework aims to facilitate the development of a holistic perspective of the events, environment and situations surrounding individual children and young people as known to the agencies involved with them. Providing different depths of assessment in response to different levels of risk presented by individuals is vitally important. An assessment of need

alongside the use of a structured assessment tool where appropriate can help significantly in understanding risks and in planning interventions with children and young people who display harmful sexual behaviour.

3.5 Where **the child or young person's behaviour is assessed as harmful, or has led to the child being charged with a sexual offence**, risk assessments should be informed by a structured risk assessment tool, such as ASSET, AIM2 and Signs of Safety to inform initial assessment and or review progress. Other assessment tools that have been endorsed for use in Scotland by the Risk Management Authority can be found in their RATED document. ***See Appendix 3 for link to document***

4. Intervention: A Tiered Approach to Sexually Problematic and Harmful Behaviours

4.1 There is substantial evidence about factors constituting resilience in children and young people who have experienced adversity (Daniel and Wassell 2002). We know what helps children and young people cope with abuse and difficult circumstances in their lives. The challenge is for practitioners to apply this to children and young people displaying sexually harmful behaviours.

4.2 Children and young people who display problematic or harmful sexual behaviours are a very diverse group and a tiered approach is necessary for work with this group. There seems to be little evidence to suggest that the majority of young people with harmful sexual behaviour go on to become adult sex offenders (Worling, Littlejohn and Bookalam, 2010). Levels of assessment and intervention should therefore be proportionate.

4.3

ASSESSMENT



Educational Help

1. Parent education to help child

2. External educational input

Therapeutic Help

3. Local

4. Specialist

- 4.3.1** At **level 1**, some children and young people may require help to modify the behaviour, but this will usually be undertaken by parents, caregivers or appropriate adults in the child's life. Interventions should be educational and supportive, with the focus on helping parents' process feelings and providing information and advice. Resources to help the parent work with their child around consent, empathy and boundaries can be helpful. One or two follow up visits can help check progress.
- 4.3.2** Sexual pre-occupation, persistent in sexual language or behaviours despite sanctions, voyeurism, inappropriate use of social media, sexting, exposure, exhibitionism, obscene telephone calls, indiscriminate – but consensual - sexual behaviour are all examples of behaviours with which a child may need support. Sometimes interventions to help the child meet needs in more appropriate ways may be sufficient to help the child move on from the behaviour. If the behaviour is reactive to experiences the child had had or has witnessed, appropriate therapeutic support may be beneficial. **See Appendix 2 for examples of reactive behaviour.**
- 4.3.3** At **level 2**, behaviour may be inappropriate or problematic, but the family is unable to provide the right level of support to their child. A more intense level of family work may be offered and work around consent, empathy and boundaries may be usefully facilitated by another adult in the child's life.
- 4.3.4** At **level 3**, behaviour is either harmful or is inappropriate but has not shifted through earlier interventions. An integrated comprehensive assessment should be offered and a more co-coordinated package of services focusing on behaviour specific and developmental goals may be delivered across several agencies along with family support as necessary. Safety planning or external risk management should be considered as part of the assessment at this level. At this level research indicates that intervention with this group of children and young people should be
- holistic: focusing on the children's needs across all dimensions of their lives and their development
 - systemic: involving families and parents in order to improve children's social environments and attachment relationships
 - goal specific: designed to address specific issues relating to the child's harmful behaviour
 - developmentally orientated: being sensitive to the child's age and stage of development.
- 4.3.5** Any intervention aims to protect victims and avoid a repetition of the sexually harmful behaviour. Intervention programmes will usually cover some (but not necessarily all) of the following areas:-
- **participation in intervention process:** motivation; denial (acceptance, honesty; openness); responsivity needs (learning style) trauma related issues; learning disability; anxiety; communication skills; emotional intelligence; family issues (learning from family experiences, timeline work; coping styles and self-care) Use of genograms could inform thinking about interventions with children and their families and provide insight to attachment styles; self- awareness and identity

- **offence specific themes:** pathway into abuse; distorted thinking; consequential thinking; victim awareness; sexual thoughts and fantasy (nature, frequency, intensity); identification of risk (situational/internal); self management of risk; non sexual offending behaviours, own experience of abuse and trauma; gaps in sexual knowledge; frameworks of legislation and impact of law; development of preventative strategies
- **offence related themes:** Core social skills; problem solving skills; sexual and relationship education (including experience, knowledge, sexual scripts, orientation; masculinity; relationship skills; understanding of consent); anger management: impulse control; empathy; prior victimisation: alcohol/substance misuse; self-esteem; self-care skills, assessment of value base

4.3.6 At **level 4**, a young person will have been assessed at high risk or have engaged in serious harmful behaviour and have multiple emotional and behavioural difficulties. There will be considerable public protection concerns and young people at this level will be managed by MAPPA or subject to a care and risk management plan. . **See Appendix 2 for examples of sexually abusive behaviour.**

4.3.7 Special consideration needs to be given to younger children who display problematic or harmful sexual behaviours. Children who started to display harmful sexual behaviours before the age of 12 may have experienced more traumas and potentially negative environments than those over 12: many may have experienced significant sexual abuse in their lives. Therapeutic approaches similar to those for children who have been sexually abused may be useful, with an emphasis on safety planning and behaviour modification where necessary. **Appendix 3 provides a list of helpful practice guidance.**

5. Care and Risk Management

5.1 It is expected that where agencies need to work together to identify and meet needs and manage risks, they will plan together using the Child's or Young Person's Plan. The Child's or Young Person's Plan should be the primary resource for interagency risk management planning. The Child or Young Person's Plan places behavioural concerns in a holistic context and encourages finding ways of reducing risk that are sympathetic to the individual's stage of development and which build on the strengths and supports that are already in the child's life. The template within FRAME should be used to summarise key recommendations in relation to risk. **See Appendix 3**

5.1.2 In some situations a Care and Risk Management meeting may be held to complement (not substitute for) a formal child's planning meeting via CPCC, core group, multi-agency meetings or Looked After Child Reviews. A Care and Risk Management Meeting will assess immediate risk relative to that young person's current behaviour and/or living environment and produce a plan to manage that risk.

- 5.1.3** Risk management plans need to be proportionate so they manage risk robustly, but do not limit developmental opportunities for the child or young person to such an extent that normal maturation is impaired. To allow for this, it is important to balance the protection of the public and the management of risk with thinking about how particular activities could be undertaken in a safe, pro-social manner. To make this possible, where appropriate, the adults in a child or young person's life; parents, carers and teachers will be the main source of monitoring and supervision and need to be actively engaged with the risk management process.
- 5.1.4** The overall aim of intervention for children and young people who present a risk of harm is for them to be able to take responsibility for managing their own risk. Many children and young people who present higher levels of risk have experienced multiple traumas in their lives. In the early stages of interventions, and based on what is known about the impact of trauma on children/young people's development, it will often not be possible for the child or young person to take responsibility for managing risk themselves.
- 5.1.5** For children and young people who have experienced considerable abuse and traumas in their lives, it is highly unlikely that they will have the capacity or internal resources to be able to take full responsibility for their own behaviour at the beginning of an assessment or period of intervention. Consideration would need to be given to their attachment relationships and experiences. Children and young people in this situation will often have to learn skills relating to self-management through a process of work that will involve gaining insights and learning new social skills, all of which would have to be evidenced in a range of settings.
- 5.1.6** Safety plans at home will often need to be implemented. This should allow children and young people who are displaying sexually harmful behaviour to be supported by those who know and love them, whilst robust measures are put in place to protect others deemed vulnerable around them. In some circumstances, intervention may require some children/young people to be at least temporarily removed from their usual home environment while assessment and/or intervention is undertaken. Placement decisions of this nature should take account of the following:
- victims and potential victims living in household
 - level of co-operation by parents
 - level of sharing concern by parents/ caregivers
 - ability to work alongside agencies (openness, honesty)
 - level of culpability/ability to protect
 - risk awareness
 - ability to identify and meet needs
 - ability to employ risk management strategies
 - level of alienation of young person in family home
 - threats of retribution to young person
 - known history of abuse in family home
- (Dumfries and Galloway/ McCarlie 2009)

5.2 Risk Management within Education Settings

- 5.2.1** All children or young people with sexually harmful behaviour are entitled to an education. However, the challenges to the school community are significant and schools must be fully engaged in any risk management process.
- 5.2.2** It is important that school staff do not over-react or under-react, or respond to children's sexual behaviour in a way that labels and "pathologizes" them. It is the response of the adult to the child's behaviour that gives the behaviour meaning for the child. A school's response to sexualised behaviours needs to be tiered to accommodate normative behaviour, problematic or inappropriate behaviour and behaviour that is clearly abusive or harmful.
- 5.2.3** Decisions around risk in school settings should not be unilateral and should be made at a multi-agency level: exclusion of a child may resolve issues in the school but may increase risk in the community if the child is not supervised during the day and may present a danger to other children.
- 5.2.4** Effective management of risk should not be separated from identifying needs, through assessment using the SHANARRI wellbeing indicators, My World Triangle and the Resilience Matrix. www.aberdeengettingitright.org.uk. Poor peer relationships can be a significant factor for young people with problem sexual behaviours and teachers can work to ensure that children have the opportunity to have positive interactions with peers. Schools can provide accomplishments in meaningful tasks, this being important to a child's sense of themselves and resiliency. They can also help children and young people learn social skills and problem solving skills. Extracurricular activities can provide these experiences as well as academic achievements.
- 5.2.5** Situations where a young person has sexually assaulted another young person at the same school (or is alleged to have done so) can be particularly challenging. These difficulties are similar to those found in other institutions (e.g. a young person in a residential setting who alleges that another individual has assaulted them). Specific arrangements will be necessary to promote safety and parents/carers will need transparency about action taken. Within Multi-agency meetings, LAC Reviews, CRMM, CPCC's it may be recommended that some children require additional specialist supports to be put into place, and therefore those children should be presented at the Specialist Resources Group (SRG) for consideration at the earliest convenience. Education packages for residential schooling or other intensive educational packages with financial implications, joint presentation at the Children's Specialist Forum.

5.3 Management of a Child or Young Person Convicted of a Sexual Offence

- 5.3.1** There are a small but significant number of children and young people who present a high risk to themselves and others through moderate to serious offending behaviour. This includes group includes children/young people involved in sexually harmful behaviour, sexual offending behaviour and

serious acts of violence. Individuals within this group who present **significant risks** may need to be subject to a risk management plan to promote public protection, and indeed if the child or young person is subject to the notification requirements, they will be subject to a risk management plan. Reference to the government's *Framework for Risk Assessment, Management and Evaluation (FRAME) Planning for Local Authorities and Partners for Children and Young People under 18* should be made in working with this group. **See Appendix 3 for link**

- 5.3.2 Legislative Context.** The age of criminal responsibility in Scotland is currently 8 years. Since April 2011 no child under 12 years will be subject to prosecution on offence grounds further to the introduction of the **Criminal Justice and Licensing (Scotland) Act 2010**. The majority of children aged between 12 and 16 who commit offences will accordingly be dealt with by the Children's Hearing system although they may be subject to the Criminal Justice system in exceptional circumstances because of the seriousness of the offence. Children between 16 and 18 may be dealt with by either the Criminal Justice system or the Children's Hearing system, or both.
- 5.3.3** Good practice involves diverting children and young people from the adult system whenever possible, even when cases are initially heard in the adult system. This principle is supported by **Criminal Justice Social Work Reports and Court Based Services Practice Guidance**.
- 5.3.4** Young people are still growing in maturity and, if offered timely, appropriate and proportionate interventions, have a better chance of changing their behaviour. In general terms the focus is on diverting young people from further offending, rather than punishing through the courts and this ideology is in keeping with the principles of the Children's Hearings system.
- 5.3.5** Young people OVER 16 who have committed serious offences may be prosecuted through the criminal justice system and therefore, will be subject to the notification requirements and orders under the Sexual Offences (Scotland) Act 2009, and will be included in MAPPA. **Multi Agency Public Protection Arrangements (MAPPA)** is the framework which joins up the agencies who manage offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm. However, depending on the circumstances some will be dealt with through the Children's Hearings. This is a civil process where grounds of referral are accepted or established. This system is not about establishing the guilt or innocence of the child or young person. Practitioners should be mindful of the protection which may be afforded by the Children's Hearing system for young people up to age 18 years.
- 5.3.6** Less serious behaviour may be better dealt with by diversion and positive supports than with courses of action that label the child an offender. More serious behaviours may involve degrees of risk management, but these processes will often rely heavily on the supervision and monitoring that is provided by parents and/or carers and is embedded in the practices of day to day family life.

5.3.7 Children are not ‘mini-adults’ when it comes to crime. The reasons why children commit crimes are different to the reasons why adults commit crimes. The Children’s Hearing system in Scotland recognises this and grounds for referral reflect the range of circumstances in which a child may require compulsory measures of supervision. Due to the differences in the developmental needs of children and young people, assessments and interventions must differ from those used with adults. More detailed advice on good practice with young people who offend can be found in the national youth justice practice guidance FRAME. **See Appendix 3**

6. Transition Planning

6.1 When young people are being managed within the Children’s Hearing system and also in the adult courts, where necessary youth justice and criminal justice staff should work together with the young person to allow a continuity of support and resources. This will also ensure critical information is shared between workers providing a greater understanding of the complexities of both systems and a smoother transition between services. Joint arrangements, where necessary, can continue until a young person reaches 18 years of age. Reference requires to be made to the Children (Scotland) Act 1995, Children’s Hearings (Scotland) Act 2011 and the Children and Young People (Scotland) Act 2014 in determining whether the young person’s circumstances mean they fall within the definition of “child” or not.

6.2 Young people who offend do not acquire instant maturity as they move into the adult system. Staff working with offenders in their late teens and early twenties should bear in mind the particular characteristics of these young people. They may have vulnerabilities, and are likely to have impulsive patterns of thinking and behaviour. Maintaining the relationship in children’s services, as the young person moves from children’s to adult services, is likely to result in better outcomes. This is especially important when managing the needs of young people with learning disabilities who may not have the skills and abilities to adapt to the expectations of the adult world.

Natural and Healthy Sexual Behaviour

Normal childhood sexual play is an information gathering process. Children explore each other's bodies visually and through touch (for example, play doctor), as well as trying out gender roles and behaviours (e.g. play house). Children involved in such explorations are of similar age and size, are generally of mixed gender; are friends rather than siblings, and participate on a voluntary basis. In natural sexual play or exploration, children often are excited, and they feel and act silly and giggly. The sexual behaviours of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well.

Further guidelines on defining appropriate, inappropriate and abusive sexual behaviours can be found at www.brook.org.uk/traffic-lights.

Age 0 – 5 years

- touches, rubs own genitals when being changed, or when tense, excited or afraid
- explores differences between males and females, boys and girls
- attempts to touch or is curious about other children's genitals or the breasts, bottoms or genitals of adults
- enjoys nakedness
- intense interest in bathroom activities of self and others
- interest in body parts and what they do

Age 6 – 10 years

- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. how sex happens, where babies come from, same-sex relationships
- touching of own genitals and solitary masturbation
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body
- a period of "show me yours and I'll show you mine"
- experimenting with same age children including kissing, fondling, exhibitionism, and role playing.

Age 10 – 12 years

- focus on establishing relationship with peers
- interest in viewing other people's bodies, usually in the form of photographs
- use of sexual language including swear and slang words
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- having girl/boyfriends who are of the same or opposite gender
- may engage in sexual activities with same or opposite gender (e.g., consensual kissing, hugging, holding hands with peers)
- solitary masturbation

Age 12 – 16 years

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability

Harmful or Problematic Sexual Behaviours

Tony Cavanagh Johnson has developed a clinically derived continuum of sexual behaviours that categorises the more problematic behaviour into three groups: sexually reactive; extensive mutual and sexually abusive. She considers these useful when working with children under 12.

Sexually-Reactive Behaviours

Sexuality is out-of-balance in relationship to their peer groups; and they often feel shame, guilt, and anxiety about sexuality. Many children in this group have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too much overt sexuality.

Young children who are exposed to inappropriate sexual content online or via television and who live in sexually explicit environments, may display a multitude of sexual behaviours. Some parents, who themselves may have been sexually and/or physically victimised, express their sexual needs and discuss their sexual problems openly with their young children. This can over-stimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in the form of more advanced or more frequent sexual behaviours, or heightened interest and/or knowledge beyond that expected for a child of that age.

The sexual behaviours of these children often represent a repetition compulsion or a recapitulation (often unconscious) of previously over-stimulated sexuality or sexual victimisation.

Behaviours include:

- excessive or public masturbation,
- overt sexual behaviours with adults,
- insertion of objects into their own or other's genitals, and
- talking about sexual acts.

Such sexualized behaviour may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviours need to be altered, children generally acknowledge the need to stop the behaviours and welcome help.

The sexual behaviours of this group of children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviours.

Extensive Mutual Sexual Behaviours

These children participate in a full spectrum of adult sexual behaviours, generally with other children in the same age range, (oral and anal intercourse, for example), and they conspire together to keep their sexual behaviours secret.

While these children can use persuasion, they usually do not force or use physical or emotional coercion to gain other children's participation in sexual acts. They do not have the light-hearted spontaneity of sexually healthy children, the shame and anxiety of sexually-reactive children, or the anger and aggression typical of child perpetrators. Instead, they display a blasé, matter-of-fact attitude toward sexual behaviours with other children.

Children displaying these behaviours may have been sexually abused. Others may be siblings who mutually engage in extensive sexual behaviours as a way of coping in their highly dysfunctional families.

Through these experiences their understanding of relationships has become skewed; these boys and girls use sexuality as a way to make another child a friend – even briefly. Their sexual activities appear to be their attempts to make some kind of human connection in a world which is chaotic, dangerous, and unfriendly.

Sexually Abusive Behaviour

As a group, they may have behaviour problems at home, and at school, few outside interests, and almost no friends. These children are likely to lack problem-solving and coping skills, and demonstrate little impulse control. Often, they are physically and sexually aggressive.

The sexual behaviours of this group of children go far beyond developmentally appropriate childhood explorations or sexual play. Their thoughts and actions are often pervaded with sexuality. Typical behaviours of these children may include (but are not limited to) oral sex, vaginal intercourse, anal intercourse and/or forcibly penetrating vagina or anus of another child with fingers, sticks and/or other objects.

These children's sexual behaviours continue and increase over time, and are part of a consistent pattern of behaviours rather than isolated incidents. Even if their activities are discovered, they do not, and cannot, stop without intensive and specialised treatment.

Child who sexually abuse other children can use social and emotional threats to keep their victims quiet and this can be a powerful reason for a child not to disclose this abuse.

Some children who sexually abuse other children may have been the victim of sexual abuse/exploitation themselves. Many of these children may also have been exposed to home and family relationships which have been characterised by abuse, trauma and neglect.

This group of children can be at high risk of continuing and escalating their patterns of sexually abusive behaviours, unless they receive specialised support.

Dr Toni Cavanagh Johnson, The Child Care Worker, Vol. 13 No.6

Resources and Guidance for Professionals

National guidance for Child Protection in Scotland, Scottish Government 2014
<http://www.scotland.gov.uk/Publications/2014/05/3052>

The National Risk Assessment Framework 2012
<http://www.gov.scot/Publications/2012/11/7143/0>

Framework for Risk Assessment, Management and Evaluation (FRAME) Planning for Local Authorities and Partners for Children and Young People Under 18
<http://www.gov.scot/Publications/2014/12/6560>

Strategic government guidance on young people who display harmful sexual behaviours. Published November 2014. Available at -
<http://www.cycj.org.uk/resource/framework-for-risk-assessment-management-and-evaluation-frame-for-local-authorities-and-partners/>

National Guidance on Under Age Sexual Activity, Scottish Government 2010
<http://www.gov.scot/Resource/Doc/333495/0108880.pdf>

Risk Management Authority Scotland
<http://www.rmascotland.gov.uk/>

Centre for Scottish Youth and Criminal Justice website
<http://www.cycj.org.uk/>

Youth Justice Page on Scottish Government Website
<http://www.gov.scot/Topics/archive/law-order/crimes/youth-justice>

Link to Aberdeen City Council Child Protection: Guidance and Materials
http://www.aberdeencity.gov.uk/social_care_health/social_work/childrens_services/chi_CPC_Guidance_and_Materials.asp

Link to Aberdeen Getting it Right website
<http://www.aberdeengettingitright.org.uk/>

[Practitioners Guide to Information Sharing Confidentiality and Consent](#) Grampian GIRFEC Group 2014

Research

Simon Hackett (2004) *What Works with Children and Young People with Harmful Sexual Behaviours*, Barnardos

Gary O'Reilly, William Marshall, Alan Carr and Richard Beckett (eds) (2004) *The Handbook of Clinical Intervention with Young People who Sexually Abuse*. Brunner-Routledge

Parent Guides

When families discover that a child has acted in a sexually harmful behaviour, this typically causes considerable emotional distress and crises for individual family members. This distress can be compounded further if the victim of the child is a member of the immediate or extended family.

Common emotional responses experienced by parents/caregivers include some of the following:

- intense fear of having failed in parenting;
- shock and denial;
- guilt, shame and self-blame;
- isolation and stigma;
- feelings of loss and grief;
- uncertainty and confusion about sex and sexuality,
- feeling powerless and out of control, especially in the face of professional systems and intervention. (Hackett 2001)

Facing the Future: A Guide for Parent of Young People who have Sexually Abused (Simon Hackett)

Written for parents, but also a resource for practitioners working with families. It contains educational material and useful exercises. Chapter headings include 'Why has this happened' and 'Making Changes and Protecting Others in the Family'