



## Harmful Sexual Behaviour Protocol 2024- 2025

For use if there is suspicion, allegation or observation of a child or young person having carried out harmful sexual behaviour (HSB).



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## 1. Introduction

Not all sexual behaviour in children and young people is problematic or harmful; some sexual behaviour is part of healthy development. Sometimes it can be difficult to differentiate between what is developmentally appropriate and what is concerning.

### 1.1 Definition

For this protocol, harmful sexual behaviours (HSB) are 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. (derived from Hackett, 2014). This could include;*

- **Contact behaviours** e.g. touching, masturbation, penetration
- **Non-contact behaviours** e.g. grooming, exhibitionism, voyeurism
- **Technology assisted/online behaviours** e.g. sexting, distributing images, accessing indecent images of children, abusing children online

The above definition is deliberately broad; the following protocol encourages an appropriate response at all levels, including preventative, early intervention and specialist responses.

Children who harm others (including sexually) are likely to have considerable needs themselves. Evidence suggests these children may have suffered harm themselves; significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Children and young people who display harmful sexual behaviour should be held responsible for their behaviour, while being identified and responded to in a way that meets their needs as well as protecting others.

### 1.2 Tech Assisted HSB

Technology assisted HSB is defined 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 and may include:*

- *developmentally inappropriate use of pornography*
- *sexual harassment*
- *grooming*
- *sending sexual texts, including sexting [with or] without images*
- *exposing other children and young people to pornography”*

(NSPCC 2017)

Use the Hackett continuum and below thresholds while considering the following questions:

- Is the person displaying the behaviour a victim of online grooming?
- How many people were involved in the behaviour?
- What police categories do images fall under, how many images?
- What is the nature of the non-contact/tech assisted HSB, e.g., do they involve children/animals?
- How did the C/YP acquire/access the image (what platform e.g. Instagram, Tik Tok etc.)?
- Did they create and/or distribute the images?
- What is the motivation behind the behaviour e.g. sexual gratification, curiosity, sextortion?
- What is the possible impact of the behaviour e.g. emotional/physical harm?

## 2. All agencies: Initial contact

When concerns come to your attention about a child or young person (C/YP)'s sexual behaviour, several factors need to be considered to determine whether harmful sexual behaviour has taken place:

- Absence of consent, the presence of power imbalance and exploitation
- The nature of the relationship between the C/YP displaying the behaviour having authority over the victim
- Age inappropriate sexual behaviour
- Frequency and period of time the sexual activity has occurred
- The C/YPs perception of the sexual behaviour
- Secrecy
- Use of force, coercion, threats
- Age difference, particularly if one child is pre-pubescent
- Differences in developmental abilities

### 2.2 Hackett's Continuum

Refer to Hackett's continuum and consider the level of concern.

Sexual behaviours range from those that are developmentally expected (see appendix 1 or follow this link <https://learning.nspcc.org.uk/child-health-development/healthy-sexual-development-children-young-people#heading-top>), consensual and exploratory to those that are violent and highly abusive, with many types of behaviours in between. Be as specific as possible when describing the nature of the behaviour under discussion, rather than resorting to overly generalised terms e.g. "sexualised language", "inappropriate touching". The following continuum shows the range and definitions within the umbrella term *harmful sexual behaviour*:

Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none"> <li>• Developmentally expected</li> <li>• Socially acceptable</li> <li>• Consensual, mutual, reciprocal</li> <li>• Shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Single instances of inappropriate sexual behaviour</li> <li>• Socially acceptable behaviour within peer group</li> <li>• Context for behaviour may be inappropriate</li> <li>• Generally consensual and reciprocal</li> </ul>	<ul style="list-style-type: none"> <li>• Problematic and concerning behaviours</li> <li>• Developmentally unusual and socially unexpected</li> <li>• No overt elements of victimisation</li> <li>• Consent issues may be unclear</li> <li>• May lack reciprocity or equal power</li> <li>• May include levels of compulsivity</li> </ul>	<ul style="list-style-type: none"> <li>• Victimising intent or outcome</li> <li>• Includes misuse of power</li> <li>• Coercion and force to ensure victim compliance</li> <li>• Intrusive</li> <li>• Informed consent lacking, or not able to be freely given by victim</li> <li>• May include elements of expressive violence</li> </ul>	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator</li> <li>• Sadism</li> </ul>

(Simon Hackett, 2010 Taken from NSPCC Harmful Sexual Behaviours Framework [www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmful-sexualbehaviour-framework](http://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmful-sexualbehaviour-framework))

Once the level of concern has been identified please see below flow chart for appropriate action.

## 2.3 Process

Sexual behaviour concerns identified – refer to Hackett continuum

If concerns fall within the normal or inappropriate category, agency to address involving parents as appropriate

If the behaviour continues despite intervention or escalates, consider need for MASH **or** notify existing social/YOT worker

If concerns fall within the problematic category;

- gather further information, including contacting any current/previous agencies involved.
- Establish any risk to/ from child displaying HSB.
- Complete clarifying degree of concerns questions (see appendix 2).
- Discuss with own agency safeguarding lead.
- Consider need for MASH referral **or** notify existing social/YOT worker.

If concerns fall within the abusive or harmful categories, refer to MASH **or** notify existing social/YOT worker.

**If there is an immediate risk call MASH on 0300 456 0108.**

MASH will access HSB consultation as required.

Contact Karen Golden [karen.golden@wiltshire.gov.uk](mailto:karen.golden@wiltshire.gov.uk) to book an HSB consultation for professionals involved

Multi-agency case discussion during HSB consultation – to include; agreement of where behaviour sits within the Hackett continuum, safety planning, decision regarding whether specialist assessment is required (AIM3), suggested interventions, advice and guidance regarding next steps and sharing resources

HSB review consultations are available for ongoing support

## 2.4 HSB consultations

The Harmful Sexual Behaviour Pathway is an enhanced part of the community Child and Adolescent Mental Health Service (CAMHS) to support networks to develop understanding around children and young people who display harmful sexual behaviours. This can promote understanding of risk, needs, functions of behaviours, and goals, as well as informing safety planning. This support is provided through consultation and training, and there is limited scope for more direct assessment/intervention where indicated (i.e. complex mental health presentation alongside increased risk – to be considered on a case-by-case basis). Consultation support is facilitated jointly by the HSB lead from CAMHS and the HSB lead from the Young People’s Service (embedded within YOT), and focuses on empowering those professionals already involved with a C/YP/family to gather information and offer appropriate intervention, with a focus on utilising existing therapeutic relationships.

Ongoing consultation support is available to those professionals/agencies who would like the opportunity to review assessment/intervention/safety planning.

## 3. Education

Contextual Safeguarding Network: “Young people report that schools are locations where students can encounter sexual harm. This can involve a range of harmful sexual behaviours (HSB) from name-calling and sexual bullying to sexual assault. Schools are also places that can provide safety to young people and promote positive ideas about gender and relationships.

Research indicates that in order to create safer school environments, schools, multi-agency partnerships and inspectorates need to work together to offer solutions to HSB that move *beyond referrals* to social care of the individuals involved. Instead professionals need to provide a holistic response to HSB in schools which crosses both prevention and intervention.

The Contextual Safeguarding team, supported by a Research Advisory Group, have created a range of resources for schools, multi-agency partnerships and inspectorates for tackling harmful sexual behaviour in schools. This page provides all the resources for schools to assess their own response to harmful sexual behaviour. This includes an example completed self-assessment; a range of resources to help schools complete their self-assessment; and finally, an online scorecard where you can enter your scores and print tailored reports.”

[Beyond Referrals - Schools \(csnetwork.org.uk\)](https://csnetwork.org.uk)

### 3.1 Designated and Deputy Safeguarding Leads and Head Teachers

Decisions around your response to HSB should not be the sole responsibility of the school. Consider consultation with MASH to help determine the response required, which will help to ensure this is proportionate. You may be asked to make a MASH referral and/or access an HSB consultation (see flow chart above).

Ensure you have access to adequate information from other professionals to inform your decision making when you are aware that harmful sexual behaviour has taken place.

When assessing risk of further harm caused by a C/YP’s sexual behaviour, consider the needs of both the C/YP displaying the behaviour and those experiencing the behaviour, if they are a pupil or staff member at the school. Take account of each parties’ parents’/ carers’ views when safety planning and making related decisions.

Consider the potential for repercussions toward the C/YP displaying the behaviour resulting from others learning of the HSB. Steps to reduce the risk of this could include;

- identify key trusted adult(s) within school the C/YP can talk to – consider potential difficulties if this is the same person for the C/YP displaying the behaviour and the C/YP experiencing the behaviour

- containment of information
  - only key staff in school to be aware on a need to know basis
  - advise all parties involved to only communicate with their trusted adult(s) and professional network where applicable
  - advise all parties not to share information on social media platforms

Where appropriate, consider the impact on the C/YP experiencing the behaviour of being taught in the same lesson as the C/YP displaying the behaviour; move the C/YP displaying the behaviour to an alternative class or provision when any ongoing emotional distress to them/others is considered likely. This may not always be possible in schools that are single form entry or smaller year groups. Consideration will then need to be made around supervision of the child in the classroom environment, supervision in periods of transition and unstructured times to plan for safety. This should be done in consultation with parents of both the C/YP and the C/YP who has experienced the behaviour.

Education is a key protective factor for C/YP who have displayed HSB and it is important that continuity of education provision is promoted, with individualised support as needed. A multi-agency approach is required to ensure risk is managed and support is put in place within school to reduce the likelihood of further concerns and to enable the C/YP to remain in the school in a safe manner.

A managed move or exclusion should only be considered as a last resort and a decision should be made in discussion with the multi-agency team to ensure any issues regarding ongoing safety and reintegration can be considered. Close liaison, communication and support for the new school would be needed if a managed move was put in place.

#### **4. MASH**

Identification of Harmful Sexual Behaviour at an early stage is crucial as intervention is effective in preventing further sexual behaviour from occurring and can consequently prevent future criminalisation of young people.

Factors to consider when assessing risk from HSB:

- Likelihood of future contact between the C/YP affected by the behaviour and C/YP displaying the behaviour.
- HSB can occur between siblings and it is crucial to understand the inner conflict parents will be struggling to resolve between needing to support both C/YP displaying the behaviour and the C/YP affected by the behaviour living in the same household.
- If HSB occurred between peers or separated siblings, then consider where contact might occur (do they live in the same neighbourhood? Attend the same schools?) and how this can be made safe (ensuring no contact in break times, separate classes).
- The level of harm posed during the harmful sexual behaviour. The Hackett Continuum should be used to assist in understanding HSB on a spectrum. For a behaviour to be considered “exploratory”, all C/YP involved must be of similar age and intellectual ability, there be no coercion involved, no real or perceived inequality (e.g. by virtue of peer status or authority) and all of the C/YP involved consented.
- A history of harmful sexual behaviour is a strong indicator of future behaviours.
- HSB rarely occurs in isolation, a wide array of factors impacts on a young person’s likelihood to display further harmful sexual behaviour. Exposure to Domestic Abuse (DA), social isolation, residing in families which are highly dysfunctional with parents/carers who do not address their own traumas or support interventions, are amongst a wide array of factors which increase the likelihood of future harmful sexual behaviours.

- Consider strengths within the family unit. A young person within a family whom accepts but do not justify the young person's harmful sexual behaviour, are willing to engage in interventions and adhere to safety planning is more likely to disengage from future harmful sexual behaviours. Similarly, a C/YP affected by the behaviour needs a family/network who believes them and are willing to support them.

- Consideration should be given to contextual safeguarding concerns and extra-familial harm, including considering impact of peer relationships on the young person's harmful sexual behaviour.

#### **4.1 What level of intervention is appropriate?**

MASH will RAG rate initial referrals to decide what action is needed. Triage discussions with Police/Health colleagues are crucial in determining the appropriate level of intervention within MASH. Where a triage discussion is held, not all of these become a "referral" and as such, crimes/incidents discussed do not necessarily need to be recorded by CSC or partner agencies. If a referral progresses from Triage into the MASH for further consideration, then crimes/incidents should be recorded by police. Storing information must be appropriate and within GDPR guidelines. When an offence has been disclosed or reported, Police are obligated to keep a record of this in line with their policies.

The PPD1 will be emailed to YOT Team Leaders in-box by the information officer on triage which can be freely shared under the Wiltshire Information Sharing Charter (WISC).

**No further action:** Unless the sexual behaviour is "normal" using the Hackett continuum, further action will be required.

There may be circumstances where MASH is made aware that a C/YP has made disclosures regarding sexual behaviour, however, the C/YP does not wish to make a police complaint. In these instances, MASH Police will be consulted, record the incident and action in line with police processes.

**GREEN Early Support Hub (ESH):** In cases where the C/YP affected by the behaviour and the C/YP displaying the behaviour are unlikely to have future contact, a green contact for the C/YP affected may be appropriate to signpost to available support and to ensure that there is a robust support network of friends, family and professionals in place. Where harmful sexual behaviours identified are seen as "inappropriate" on the Hackett Continuum, or where there are "Normal" behaviours accompanied by the other risk factors above, then a Green contact should explore support for the YP displaying the behaviours to ensure a robust support plan is in place.

**AMBER:** Where behaviours on the Hackett Continuum are flagging as Problematic, an Amber contact should be undertaken. If behaviours are Abusive on the Hackett Continuum but there are a number of protective factors identified, the concerns are ambiguous (such as from a 3rd party) or the behaviours do not pose a high imminent risk of harm to themselves or others, then an Amber contact should be considered to explore the information. If at any time during a contact it becomes clear the YP poses a risk of imminent harm to themselves or others, and this risk cannot be managed by the current professional network then discussion with a MASH Assistant Team Manager (ATM) should be had to consider a strategy discussion.

**RED/Strategy discussion:** If a young person's harmful sexual behaviour indicates a high risk of harm to others (either within their household or to wider members of the public) or to themselves and there is no clear indication that this risk could be managed by parents/carers, a strategy discussion should be convened. YOT and the CAMHS HSB lead should be invited. These could include "Abusive" behaviours where there are no protective factors or multiple risks present or cases in the "violent" category on the Hackett Continuum. An HSB strategy should consider all children in the household and any other young people who have experienced the behaviour. A decision may be made to take no further action at the time of the strategy meeting to enable time for further information gathering and a more informed decision may be made later.

During an Amber or Red contact evidence of safety planning is crucial to ensure the likelihood of immediate harm is minimised.



In cases where there are multiple risk factors or complicating factors (such as multiple children involved, different local authorities or a police investigation in process) a strategy discussion can be held even if the above threshold isn't met. A strategy discussion under these circumstances should serve to facilitate multi-agency working, enable better planning for interventions and remove any confusion that speaking to agencies individually could cause.

#### **4.2 MASH response to Young People who experienced sexual abuse**

Young people who have experienced sexual abuse have suffered harm and may meet threshold for a S47 investigation. It is paramount that young people who experience sexual harm are believed and listened to.

When deciding further action in respect of the young person who has experienced sexual harm the following should be considered:

- The impact or likely impact of the sexual harm experienced by the young person
- The circumstances and context of the sexual harm
- The likelihood of that harm being repeated (for example if the harm was from a school friend in the same class or a household member) and is the young person safe now
- When the harm occurred
- How protective the young person's support network is.
- Views/risk assessments of partner agencies
- The young person's wishes
- The young person's relevant history (e.g. have family members committed/been suspected of sexual offences?)

Triage discussion should be had with Police Decision Maker as to whether the police should pursue the allegations in the first instance, or whether this should be done jointly with children's social care. It is not reasonable or proportionate for children's social care to be involved with every young person who makes an allegation of sexual harm. However, there will be times when a joint investigation is proportionate.

Factors to consider when deciding initial responsibility to investigate:

- Whether the young person has expressed a view on whether to pursue a criminal complaint or not
- Even if the YP does not wish to pursue police action there may be a role for CSC to, as the young person's view may change after being supported.
- Has the allegation come from the young person to a reliable source?
- Are the young person's family supportive of police intervention?
- Are there other young people at risk?
- Is the young person particularly vulnerable or likely to need additional support in pursuing their allegation?
- How protective the young person's support network is.
- Will medicals be needed/are we still within the forensic window

Thought should be given to how a C/YP can be supported and prepared to have these discussions within timescales that meet their needs (although forensic timescales and immediacy of risk do need to be considered). This includes communicating with a C/YP in a way they understand (language/terminology, environment, learning needs) and who they would like to support them.

If more information is needed from the young person to establish if significant harm has occurred, it may be appropriate for a joint visit to be completed with police and CSC under s.17 to gather further information.

As indicated in the section above, if a strategy discussion is indicated both the young person who has experienced harmful sexual behaviour and the young person who is alleged to have shown harmful sexual behaviour (if known) should be considered in the strategy discussion. When considering threshold for young

people who have experienced sexual abuse, it is important to consider additional vulnerabilities of the young person and the young person's history with Police and Children's Social Care. If a young person is particularly vulnerable or there are other complicating factors, a strategy discussion may be appropriate to ensure multi-agency planning.

### **4.3 Disclosures of historical sexual abuse**

It is not uncommon for C/YP who have been affected by HSB to only come forward many years after the offence was committed. It is important that these allegations are taken seriously, the C/YP affected are believed, and supported appropriately.

MASH has a duty to ensure that the C/YP affected, assuming they are still a child, has appropriate support in place as police investigations could have an impact on the emotional/mental health of the C/YP affected and may lead to them re-living their experience.

In initial triage enquiries it is important to ascertain if the C/YP affected is still in contact with the C/YP displaying the behaviour. If there is no on-going contact, then a Green contact should be considered to ensure that the C/YP affected and their family have a robust support network in place and are able to access support.

Triage will also ascertain any other children whom the C/YP displaying the behaviour has contact with and discuss with MASH Police and Health as to when the most appropriate time to intervene will be (if there is a live police investigation, there may be no role for CSC until it is concluded)

If the C/YP affected is in regular contact with the C/YP displaying the behaviour, then an Amber contact should be considered to ensure their parent/carer is supervising contact. If the C/YP affected lives with the alleged C/YP displaying the behaviour, or the alleged C/YP displaying the behaviour otherwise poses an imminent risk of harm, then a strategy discussion should be convened.

## **5. Further Action**

### **Single assessment or support assessment – S47**

During assessment, consider the C/YP as primarily in need of support and/or safeguarding, with the harmful sexual behaviour as part of the overall picture. Remember that lack of parenting concerns does not negate a need for social care intervention.

**Step 1:** complete safety planning with the family

**Step 2:** discussion with any professionals working with/supporting the C/YP affected and displaying the behaviour. Purpose of this is to share information and coordinate the plan to safeguard all children involved. Once the C/YP has been seen and risks and protective factors have been identified, an HSB consultation should be held. This discussion should consider whether an AIM assessment is appropriate and inform the review.

**Step 3:** On Day 7 (Single Assessment/S47) or Day 15 (Support Assessment) review current situation with line manager. Threshold discussion to take place, consideration for Strategy discussion. If meets the threshold for a strategy discussion then this should be chaired by the team manager, with YOT team leader and/or HSB Lead to be invited. If the outcome of the Strategy Discussion is a S47 investigation, Team manager should consider joint investigation.

At this stage, rationale as to whether an AIM assessment has been completed or not should be included in the Single/Support Assessment.

**Step 4:** Complete assessment to include:

- the nature and extent of HSB. Refer to where it features on the Hackett Continuum and specify any age/developmental differences between alleged C/YP displaying the behaviour and C/YP affected, emotional distress caused to C/YP affected and any coercion or violence used. State the alleged C/YP displaying the behaviour response to the allegations and examine the needs met by the behaviour
- consideration for HSB direct work to be completed as agreed at the HSB consultation
- the context of the abusive behaviours – where, when, how it was discovered and reaction of carers
- the C/YP's learning needs and any neurodevelopmental needs, such as autism spectrum conditions.
- any family or wider social factors that have contributed to the harmful sexual behaviour. What impact does the family history have on the current situation? Consider any previous allegations within the family?
- parent/carers' capacity to adequately supervise the C/YP to prevent further harm
- the impact of the HSB on other family members
- ongoing education and accommodation arrangements in relation to the risk of further harm
- the assessment should consider risk of possible future harm, and review of the initial safety plan
- the assessment should consider extra-familial harm and protective factors
- the assessment should be signed off by a manager

## 6. Specific (AIM U12 or AIM3) assessments

Where *abusive* and *violent* sexual behaviour is established to have taken place, use a recognised HSB assessment tool such as the AIM3 and the AIM under 12 frameworks to inform your assessment and plan. Where sexual behaviour has taken place, consider the need for such an assessment tool, considering the impact, severity and frequency of the behaviours. This discussion will take place during the HSB consultation. Record the reason for your decision.

## 7. Criminal Justice Route

If a C/YP is arrested for a sexual offence and released under investigation and/or given bail conditions, YOT voluntary intervention may be offered. If the C/YP and parent consent, YOT will offer direct support.

Police may decide to take no further action. In these circumstances, YOT voluntary support may be offered (as above) and professionals can access HSB consultation if appropriate (see flow chart above).

Some sexual offences that have been admitted may be heard at the Youth Restorative Panel for consideration of an out of court disposal. An assessment is completed prior to the panel to support decision making regarding the most appropriate and proportionate outcome.

Serious sexual offences would not be suitable for an out of court disposal and may go to Court. If the C/YP pleads not guilty, the case will progress to trial. If found not guilty support may be offered from professionals on a case-by-case basis if unmet needs remain. If they plead guilty or are found guilty at trial, they will be sentenced to a Court order. A YOT case manager will be allocated to work with the C/YP.

If multiple allegations are made against the same C/YP, whether or not further action is taken by the criminal justice system, a referral to MASH should be completed for MASH to assess why this is happening.

## 8. Appendices

### Appendix 1 – Stages of healthy sexual behaviour



All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early.

Below are some examples of age appropriate healthy sexual behaviour.

#### From 0 to 4 years old

At this stage, you might notice natural exploratory behaviour emerging for the first time like:

- enjoying being naked
- kissing and hugging people they know well, for example friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of other people
- being curious about the differences between boys and girls
- talking about private body parts and their functions, using words like 'willy', 'bum', 'poo' and 'wee'
- role playing about different relationships, for example marriage.

#### 5 to 9 year olds

As children get a little older, they become more conscious of sex and their own sexuality. This can be displayed by:

- becoming more aware of the need for privacy
- asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships
- kissing, hugging and holding hands with a boyfriend or girlfriend
- using swear words or slang to talk about sex after hearing other people use them.

#### 9 to 13 year olds

During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (this might lead to accidentally finding sexual pictures or videos)
- masturbating in private.

#### 13 to 17 year olds

During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm
- experimenting sexually with the same age group
- looking for sexual pictures or videos online.

The [age of consent](#) to engage in sexual activity in the UK is 16 years old. However, the law is there to protect children and young people from abuse or exploitation, rather than to prosecute under 16's who participate in mutually consenting sexual activity.

Schools, colleges and other education settings play an important role in teaching children and young people about healthy relationships.

[> Take a look at our advice on promoting healthy relationships in an age appropriate way](#)

## **Appendix 2 – Clarifying degree of concern**

When considering how concerned to be about children or young people's sexual behaviour use the following questions to clarify your concerns.

More positive responses entail greater concern, since the harm for both the child carrying out the behaviour and any potential victims is likely to be more significant.

**If there are immediate / ongoing significant risks for the child experiencing the behaviour, the child displaying the behaviour and / or any other child in the network refer to MASH immediately.**

1. Is the behaviour occurring more often than would normally be expected for the developmental stage?
2. Is the behaviour getting in the way of the child's development? In what ways, and to what degree (be specific)?
3. Did or does the child use coercion, intimidation or force in the process of carrying out the sexual behaviour?
4. Were or are any of the children involved emotionally distressed by what has happened?
5. Did or does the behaviour occur between children of divergent ages or developmental abilities?
6. Has the behaviour persisted even after intervention from staff or caregivers?

(Questions adapted from Chaffin et al., 2002)

### Appendix 3 – Further information and resources

To explore further, and when advising parents and professionals, the following links can be helpful to use or pass on. Either ctrl + click on the link or enter the title and organisation into a search engine to find the resource and the web address.

#### Resources to support discussions with children/young people about sex and relationships

- ‘The Mix’ - ‘Essential support for under 25s - to help you take on any challenge you’re facing - from mental health to money, from homelessness to finding a job, from break-ups to drugs. Talk to us via online, social or our free, confidential helpline’. Information on consent, sexting, porn, sexuality. <https://www.themix.org.uk/>
- ‘Bish’ - Information for young people on relationships, sex, sexuality, bodies, porn etc. Including ‘Planet Porn – making it easier to talk about porn’ (payable) <https://www.bishuk.com/>  
*Links for parents, schools, professionals, young people:*
- [Sex and relationships education \(RSE\) with DO... \(dosreforschools.com\)](#)
- [For Parents - Relationships and Sex Education - FPA](#)
- [RSE Hub | Home](#)
- [Parenting advice and family support - Family Lives](#)
- [Parents - amaze / USA](#)

#### Sexual behaviour and development

- [Child’s play? Preventing abuse among children and young people](#) (Stop it Now!)
- [Healthy sexual behaviour](#) (NSPCC)
- [Helping you understand the sexual development of children under the age of 5](#) (Parents Protect)
- [Helping you understand the sexual development of children aged 5-11](#) (Parents Protect)
- [Healthy and unhealthy relationships](#) (Childline)
- [PANTS sexual harm prevention resources](#) for conversations and work with children (NSPCC)

#### Sexual development of SEND children and young people

- [Healthy bodies guide to puberty and sexual development](#) for parents of CYP with learning disabilities (Vanderbilt)
- [Growing up, sex and relationships – a guide for young disabled people](#) and [a guide to support parents of young disabled people](#) (Contact)
- [‘Healthy relationships, sexuality and disability’ resource guide, including talking tips for parents - https://www.mass.gov/files/documents/2016/07/xs/hrhs-sexuality-and-disability-resource-guide.pdf](#)

#### Online safety and pornography

For resources, Think U Know is a good starting point and has good introductory videos for parents and young people.

- [What’s the problem? A guide for parents of children and young people who have got in trouble online](#) (Parents Protect)
- [Think U Know – Parents, Children and young people, professionals](#)
- [Keeping children in care safe online](#) (Think U Know)
- [Keeping children safe - Online porn](#) (NSPCC)
- [Keeping children safe - Online safety](#) advice for parents (NSPCC)
- [Your guide to social networks your kids use](#) (NSPCC)
- [‘Bandrunner’ - A game aimed at 8-10-year olds where you are an animated character and have to answer questions about online safety along the way. https://www.thinkuknow.co.uk/8\\_10/about/](#)

- [‘Internet Matters’](#) - Step-by-step guides will help you to set up the right controls and privacy settings on the networks, gadgets, apps, and sites they use to give them a safer online experience. Useful resources around teaching internet safety. <https://www.internetmatters.org/parental-controls/>
- Zipit App - An app developed by Childline that contains loads of gifs and pictures that a young person can send if they are being asked for naked pictures of themselves. It uses funny pictures as a way of young people feeling more comfortable to say ‘no’ if they are being asked for them. Free to download and send. <https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting/zipit-app/>
- Net Aware - Useful website to check the safety of a particular app (developed by O2 and NSPCC) <https://www.net-aware.org.uk/networks/> Helpline number: [0808 8005002](tel:08088005002)
- Get Safe Online - This website had lots of useful information on a wide range of topics from grooming, parental blocks, radicalisation and generally staying safe online. Tailored information for different age groups. <https://www.getsafeonline.org/smartphones-tablets/mobile-apps/>

## Consent

- [Sexual Consent: Do you get it? - Pause, Play, Stop](#) – resource from SARSAS (quiz, the law, facts, resources)
- ‘Tea and Consent’ YouTube video – analogy explaining consent (reminder – be mindful about using this resource with young people who may struggle to understand analogies, this may include yp with Autistic Spectrum Conditions, learning difficulties).

## Sexting

- [Sexting in schools and colleges: Responding to incidents and safeguarding young people](#) (UK Council for Child Internet Safety)
- [Keeping children safe - Sexting](#) (NSPCC)
- [Nude selfies – a parents’ guide](#) (Think U Know)

## NICE Guidance for professionals

[NICE Guidance on harmful sexual behaviour](#) includes recommendations on:

- [multi-agency approach](#) and [universal services](#)
- [early help assessment](#)
- [risk assessment for children and young people referred to harmful sexual behaviour services](#)
- [engaging with families and carers before an intervention begins](#)
- [developing and managing a care plan for children and young people displaying harmful sexual behaviour](#)
- [developing interventions for children and young people displaying harmful sexual behaviour](#)
- [supporting a return to the community for 'accommodated' children and young people](#)

[South West Child Protection Procedures \(SWCPP\)](#) are a joint set of procedures agreed by safeguarding partnerships in the south west. They include information and guidance on all aspects of safeguarding and child protection based on current legislation, national policy and research, including a section on Harmful Sexual Behaviour.

**‘PROFESOR’** (Protective + Risk Observations For Eliminating Sexual Offense Recidivism) - A structured checklist to assist professionals to identify and summarise protective and risk factors for adolescents and emerging adults (i.e. aged 12 to 25) who have offended sexually.

[https://www.profesor.ca/uploads/8/7/7/6/8776493/the\\_profesor\\_november\\_2017.pdf](https://www.profesor.ca/uploads/8/7/7/6/8776493/the_profesor_november_2017.pdf)

## Be Safe

Be Safe is a multi-agency partnership service working with children and young people with problematic/harmful sexual behaviour in Bristol (commissioning available for outside Bristol area).

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

**The Lucy Faithfull Foundation – working to protect children**

A service providing risk assessments & intervention, expert training, specialist consultancy and the Stop in Now! Helpline. Their mission is to prevent the sexual abuse of children and young people by working with protective adults, those affected by abuse and those perpetrating it, including young people with harmful sexual behaviour.

<https://www.lucyfaithfull.org.uk/>



## Appendix 4 – Example safety plans

This plan is for: \_\_\_\_\_

Chosen trusted adults that will support and know about this safety plan are:

\_\_\_\_\_

This is the plan I will follow to keep myself and other safe:

HOME



SCHOOL



ON THE INTERNET



ACTIVITIES IN THE COMMUNITY



## PERSONALISED SAFETY PLAN TEMPLATE WITH EXAMPLES

This plan is for: \_\_\_\_\_

Chosen trusted adults that will support and know about this safety plan are:

\_\_\_\_\_

This is the plan I will follow to keep myself and other safe

### HOME

*Don't play upstairs alone with brother/sister.*

*If the bathroom door is shut, knock on the door. If someone is there, don't go in.*



### SCHOOL

*Respect people's private space when using changing rooms/toilets.*

*Mobile phone rules must be followed.*

*Staff supervision*



### ON THE INTERNET

*Don't use the internet without an adult in the room.*

*Don't try and remove parental controls.*

*Use age appropriate sites/games.*

*Social media use*



### ACTIVITIES IN THE COMMUNITY

*Tell an adult where you are.*

*Follow rules about where I can go.*





Figure 5.2 Callum's Safe Care Plan

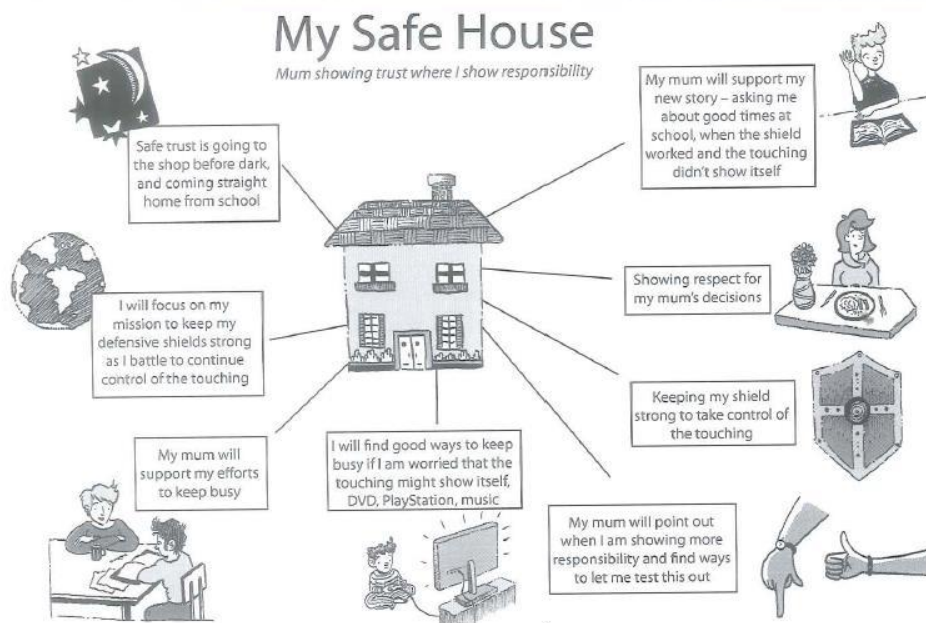


Figure 5.1 Safe Home Plan