

**Bedford Borough Safeguarding Children
Board
Central Bedfordshire Safeguarding Children
Board & Luton Safeguarding Children
Board**

**Practice Guidance & Procedures to
distinguish between healthy and abusive
sexual behaviours in children and young
people**

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| BBSCB | Bedford Borough Safeguarding Children Board |
| CBSCB | Central Bedfordshire Safeguarding Children Board |
| PSHME | Personal, Social, Health and Moral Education |
| MAPPA | Multi Agency Public Protection Panel |
| CSC | Children Social Care |
| CIN | Child In Need |
| YOS | Youth Offending Service |
| CAF | Common Assessment Framework |
| ICPC | Initial Child Protection Conference |
| CPS | Crown Prosecution Service |
| USI | Underage Sexual Intercourse |

Acknowledgements

This document has been part adapted from Solihull LSCB document and materials provided by the AIM Project and the Stop it now Child's Play – Preventing abuse among children & young people leaflet.

Where it applies this document should be read in conjunction with the Bedford Borough & Central Bedfordshire Protocol & Guidance; Working with Sexually Active Young People which can be accessed at www.bedfordshirescb.org.uk

Policy Statement

Bedford Borough Safeguarding Children Board (BBSCB) & Central Bedfordshire Safeguarding Children Board (CBSCB) and its constituent agencies recognise that children and young people with sexually problematic and harmful behaviours are children in need, who may also pose a risk to others. The aim is to improve their life chances through providing and commissioning services which:

- support the upbringing of children in their own families. Where this is not possible we aim to provide stable safe and effective alternative care for the right period of time;
- are responsive to individual needs, circumstances and choice and are evidenced based
- recognise and are sensitive to the ethnic and cultural needs of the child/young person
- are child centred.

In relation to children and young people who exhibit sexually harmful behaviour this policy is to ensure a multi-agency assessment of concerns and risk to ensure that the child's/young persons needs are clearly identified, a multi agency plan is agreed and risk to others is minimised, by utilising the skills and expertise of those agencies who have skills in assessment and treatment,

Definitions

A broad definition of behaviours that are sexually harmful and/or abusive is as follows:

Young people (below the age of 18) 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 sexual exploitation and betrayal of trust.

Key principle

Young people who exhibit sexually harmful behaviours require a multi-disciplinary approach to address:

- Issues of child and public protection
- An assessment of the young person's needs including their psychiatric and psychological needs;
- The role and responsibilities of child welfare and criminal justice agencies
- Within this context the following key principles apply:
- There should be a co-ordinated response on the part of youth justice; social care education and health to the needs of children and young people with sexually harmful behaviours
- The key objective of intervention is the protection of victims and potential victims and the avoidance of repetition of the abusive behaviour.
- The needs of the child/young person with sexually harmful behaviour should be considered separately from those of their victim;

Practice Guidance in relation to healthy and abusive sexual behaviours in children and young people.

1. Introduction

1.1 This guidance is intended to aid staff in distinguishing between healthy sexual behaviours and problematic or abusive behaviours; thus contribute to the health, safety and attainment outcomes of *Every Child Matters*.¹ The tables contained in this document are intended to help staff to differentiate between healthy and problematic behaviours and to formulate an initial response, **it does not provide a formal risk assessment tool.**

1.2 A formal risk assessment may only be undertaken by a suitably qualified member of a specialist service such as social workers (Education and Children Social Care CSC), Child Development Team (Child Psychologist) or the Youth Offending Service (YOS).

1.3 As with all guidance related to child protection and promoting their welfare, this document should be seen as complementary to and not in conflict with BBSCB & CBSCB Interagency Child Protection procedures.

1.4 The terminology used in this protocol refers to sexually problematic and harmful behaviours which pose potential risk to other children and young people.

1.5 When sexually problematic and/or harmful behaviour is identified, agencies have to balance the duty to support the individual whose behaviour is problematic with the duty to protect the other children/young people.

1.6 Some of the sexual behaviour of children and young people which is a cause for concern is not necessarily abusive to others. Such behaviour may be the first indicator that a child has been sexually or physically abused.

1.7 However, not all children displaying problematic or harmful sexual behaviour have necessarily been sexually abused themselves and not all children experiencing sexual abuse will go on to develop problematic or harmful behaviours.

2. What is healthy sexual development?

2.1 Children pass through different stages of development as they grow, and their awareness and curiosity about sexual matters change as they pass from infancy into childhood and then through puberty to adolescence.

2.1 Each child is an individual and will develop in his or her own way. However, there is a generally accepted range of behaviours linked to children's age and developmental stage. Sometimes these will involve some exploration with other children of similar age. It can be difficult to tell the difference between age appropriate sexual exploration and warning signs of harmful behaviour. Occasionally children may need to be advised that a particular behaviour is not acceptable. This is an opportunity to talk to them about keeping themselves and others safe.

2.3 Disabled children may develop at different rates, depending on the nature of their disability, and they can be more vulnerable to abuse. Children with learning disabilities, for example, may behave sexually in ways that are out of step with their age. Particular care may be needed in their education

¹ DfES. 2004. *Every Child Matters: Change for Children in Social Care.*

so that they understand their sexual development and to ensure that they can communicate effectively about any worries they have.

2.4 It is important to recognise that, while people from different backgrounds have different expectations about what is acceptable behaviour in children, sexual abuse happens across all races and cultures.

2.5 The chart below shows some examples of normal and healthy sexual behaviour that we might expect to see in our children as they pass through different stages of development from pre-school to adolescence. Remember that each child develops at his or her own pace and not every child will show all these behaviours. The chart also describes other behaviour that may give cause for concern. If you have any worries or questions about a child you know, talk to someone about it. Your health visitor, GP or child's teacher may be able to help, or you could ring the Stop it Now! Helpline.

What is age-appropriate sexual behaviour?

Pre-school children (0-5 years) commonly:

- Use childish 'sexual' language to talk about body parts, using words such as 'poo', 'bum' and 'willy' freely
- Ask how babies are made and where they come from
- Kisses and/or hugs others
- Is curious about and looks at others' private body parts
- Talks about private body parts
- Plays 'house' or 'doctor' games
- Shows, touches, or rubs own genitals
- Sometimes engages in self-soothing behaviour (masturbates)

They rarely:

- Discuss sexual acts or use sexually explicit language
- Have physical sexual contact with other children
- Show adult-like sexual behaviour or knowledge

Self exploration, but behaviour is random and sporadic. They can be disinhibited and go through an exhibitionist stage. They imitate life around them and copying behaviours may include "mummies and daddies" and "doctors and nurses".

School-age children (5 - 7 years) commonly:

- Ask questions about menstruation, pregnancy and sexual behaviour
- Experiment with other children, often during games, kissing, touching, showing and role- playing e.g. mums and dads or doctors and nurses
- Masturbate in private
- Older children in this age range are also more likely than pre-school children to use sexual words and discuss sexual acts, particularly with their friends

They rarely:

- Masturbate in public
- Show adult-like sexual behaviour or knowledge

More inter-active sexual exploration with peers of the same or opposite gender. This is the questioning stage and there can be a fascination with bodies and sexual behaviour. Some self-

exploration will also take place and stimulation is less random. Feelings of privacy and inhibition begin.

School age children (8 – 12 years) commonly:

- Ask questions about menstruation, pregnancy and sexual behaviour
- Experiment with other children, often during games, kissing, touching, showing and role- playing e.g. mums and dads or doctors and nurses
- Masturbate in private
- Older children in this age range are also more likely than pre-school children to use sexual words and discuss sexual acts, particularly with their friends.

They rarely:

- Masturbate in public
- Show adult-like sexual behaviour or knowledge

The beginning of puberty, bodies are changing and hormones begin to create physical and emotional sensations. More experimentation, more sharing of information particularly re bodies with peers. Relationships with the same or opposite sex peers may begin for some.

Adolescents (13-16 years) commonly:

- Ask questions about relationships and sexual behaviour
- Use sexual language and talk about sexual acts between themselves
- Masturbate in private
- Experiment sexually with adolescents of similar age

NB. about one-third of adolescents have sexual intercourse before the age of 16.

They rarely:

- *Masturbate in public*
- *Have sexual contact with much younger children or adults*

Older children in this age range are also more likely than pre-school children to use sexual words and discuss sexual acts, particularly with their friends.

3. What is sexually harmful behaviour?

3.1 Sexually harmful behaviour by children and young people ranges from experimentation that unintentionally goes too far, through to serious sexual assault. It sometimes involves children as young as four or five, although most of those who sexually harm others are adolescents. Usually, but not always, the child or young person causing the harm is older than the victim. Often victims are uncomfortable or confused about what is happening and may feel that they are willingly involved, but not understand that the behaviour is harmful.

3.2 It is important to recognise that our children will engage in some forms of sexual exploration with similar age children. However, any child or young person who engages in sex play with a much younger or more vulnerable child, or who uses force, tricks or bribery to involve someone in sexual activity, is a cause for concern and we should seek help or advice.

“The best way to keep your family safe is to educate yourself about child sexual abuse. The earlier we can see what is happening, the earlier we can do something to stop the abuse.”
The mother of a sexually abusing adolescent

4. What about child pornography?

4.1 As well as the activities described above, professionals also have to be aware of the serious and growing problem of children and young people downloading sexual images of children on the internet. We do not know what effect looking at such material may have on their sexual and emotional development, but repeated viewing of child or adult pornography is certainly a cause for concern. In addition, downloading child pornography is a criminal offence. Young people who look at this material should be made aware that it is a crime and may need help with their behaviour. It is important that parents/carers/professionals keep a careful eye on what websites children are visiting and restrict access as necessary. Further information and links are available on the Stop it Now! website: www.stopitnow.org.uk

5. Why do some children sexually harm others?

5.1 The reasons why children sexually harm others are complicated and not always obvious. Some of them have been emotionally, sexually or physically abused themselves, while others may have witnessed physical or emotional violence at home. For some children it may be a passing phase, but the harm they cause to other children can be serious and some will go on to abuse children into adulthood if they do not receive help. For this reason it is vital to seek advice and help as soon as possible.

“I didn’t have the words to tell my parents what was going on. I said I didn’t want to be left alone with kids. I wish they had listened to me....”

A sexually abusing adolescent

6. How can you recognise the warning signs of sexually harmful behaviour?

6.1 One of the hardest things for parents to discover is that their child may have sexually harmed or abused another child. In this situation, denial, shock and anger are normal reactions. If it is not responded to quickly and sensitively, the effect on the whole family can be devastating. For this reason it is vital to contact someone for advice about what to do as soon as you suspect that something is wrong. The positive message is that early help for the child or young person and their family can make a *real* difference. Evidence suggests that the earlier children get help, the more chance there is of preventing them moving on to more serious behaviour. It is important to be alert to the early warning signs that something is going wrong. If you are in this situation, remember that you are not on your own. Many other parents have been through similar experiences and, as a result, the child and family found the help they needed and were able to rebuild their lives. The first step is to decide that it would be helpful to talk it over with someone else.

Warning signs of sexually harmful or abusive behaviour

Do you know a child or adolescent who:

- Seeks out the company of younger children and spends an unusual amount of time in their company?
- Takes younger children to ‘secret’ places or hideaways or plays ‘special’ games with them (e.g. doctor and patient, removing clothing etc.) especially games unusual for their age?
- Insists on hugging or kissing a child when the child does not want to?
- Tells you they do not want to be alone with a child or becomes anxious when a particular child or young person is coming to visit?
- Frequently uses aggressive sexual language about adults or children?
- Shows sexual material to younger children?
- Makes sexually abusive telephone calls?
- Shares alcohol or other drugs with younger children or teens?

- Views child pornography on the internet or elsewhere?
- Exposes his or her genitals to younger children?
- Forces sex on another adolescent or child?

If you answered yes any of these questions, you should talk to the child or young person and seek advice. The Stop it Now! helpline is available to talk over your concerns in confidence and advise on where to go for help if this is needed.

7. Recognising the signs that a child may be the victim of Abuse

7.1 For many reasons, children find it very difficult to tell anyone that they are being abused, whether by an adult or by another child. Nearly three-quarters of them tell no one before they become adults themselves. These are the most common reasons why children do not tell:

- People who abuse children may offer a combination of gifts or treats and threats about what will happen if the child says 'no' or tells someone. They may make physical threats, but more usually the threat is about what may happen if children tell.
- In order to keep the abuse secret, abusers will often play on children's fear, embarrassment or guilt about what is happening, perhaps convincing them that no one will believe them. Sometimes abusers make children believe that they enjoyed it and wanted it to happen.
- If the abuser is another child or young person, the victim may be confused about his or her feelings and be persuaded that what is happening is OK or that 'everyone is doing it'.
- There are other reasons why children stay silent and do not tell, perhaps they feel they have no one to talk to, or there may be a lack of open communication in the family. Very young or disabled children may not have the words or means of communication to let people know what is going on.

For these reasons, talking with and listening carefully to children is the best prevention. Because they often find it so hard to tell us in words, it is important to be alert to the warning signs that they may be being abused.

***"We couldn't understand at first why he hadn't told us. Now we know how confused he was. He felt that it was his fault, even though he hadn't wanted it to happen."
Parents of a teenage boy who was sexually abused by two friends.***

Signs that a child or young person may be being abused include:

- Behaving in an inappropriate sexual way with toys or objects
- Nightmares, sleeping problems
- Becoming withdrawn or very clingy
- Becoming unusually secretive
- Sudden unexplained personality changes, mood swings and insecurity
- Regressing to younger behaviours, e.g. bedwetting
- Unexplained fear of particular places or people
- Outburst of anger
- Appetite loss and sudden changes in eating habits
- New, adult words for body parts with no obvious source
- Talk of a new, older friend and unexplained money or gifts
- Self-mutilation (cutting or burning) in adolescents
- Physical signs e.g. unexplained soreness, pain or bruises around genitals or mouth;

sexually-transmitted diseases, pregnancy

- Running away
- Not wanting to be alone with a particular child or young person

NB Some of these signs may be caused by other factors and changes in a child's life. If you are worried, talk to someone you trust or ring the Stop it Now! Helpline.

8. Here are some things that you can do to help prevent sexually harmful behaviour between children:

8.1 Be aware of the warning signs that your child, or another child or young person, may be acting in a sexually harmful or abusive way and seek help if you are worried.

Make sure you understand the signs contained in this booklet so that you are aware of what to look out for at an early stage. If you think a child you know has a sexual interest in, or may be abusing a child, seek professional help. Don't keep it a secret.

8.2 Talk with children, and listen to what they have to say.

Adults and adolescents who sexually abuse children usually rely on secrecy. They try to silence children and to build trust with adults, counting on them to be silent if they have doubts. The first step to tackling this secrecy is to develop an open and trusting relationship with your children. This means listening carefully to their fears and concerns and letting them know they should not worry about telling you anything. It is important to talk with them about sex, and to be comfortable using the words they may need.

8.3 Demonstrate to children that it is all right to say 'no'

Teach children when it is OK to say 'no', for example when they do not want to play, or be tickled, hugged or kissed. Help them to understand what is unacceptable behaviour and that they must always tell us if someone is behaving in a way which worries them, even if they were unable to say no at the time.

8.4 Set and respect family boundaries

Make sure that all members of the family have rights to privacy in dressing, bathing, sleeping and other personal activities. Even young children should be listened to and their preferences respected.

8.5 Set clear guidelines and keep a careful eye on children's internet use and the TV programmes and videos they watch

Explain to children the risks associated with using the internet, restrict access to unsuitable sites and ask them to tell you if they receive messages or emails containing sexually explicit material. Check that TV programmes, films and videos are appropriate to their age.

8.6 Take sensible precautions about whom you choose to take care of your Children

Be careful about who children are left with. Find out as much as you can about babysitters and don't leave your child with anyone you have doubts about. If your child is unhappy about spending time with a particular person, talk to the child about the reasons for this.

8.7 Encourage children to respect themselves and others

Many young people fail to understand the importance of respecting themselves and one another. This is particularly evident in the attitude of some young men towards girls and young women and creates a climate where sexually harmful or abusive behaviour can take place. Encourage children to treat everyone with respect and be prepared to challenge their attitudes to others.

“I can see now that there was a lot of secrecy in our son’s life that we thought was normal, but now we know what he was hiding. If someone had told us that it was OK to talk to our son about these things, or showed us how to do it, maybe this wouldn’t have happened.”
Mother of a sexually abusing adolescent

9. What you can do if you suspect that a child is sexually harming another child, or thinking about doing so.

9.1 It is very disturbing to suspect that a child may be sexually harming someone. It is so much easier to dismiss such thoughts and put them down to imagination. You may also be worried about the possible consequences of taking action. But help is available and it is better to talk over the situation with someone than to discover later that you were right to be concerned. And remember, you are not alone. Thousands of people every year discover that someone in their family or circle of friends has abused a child.

9.2 Children who are abused and their families need help to recover from their experience and the abuser needs help to stop. Sometimes, in the most serious cases and depending upon the age of the child or young person involved, this may include legal action and a court hearing. This is a difficult process for everyone involved, but support is available and it may be in the best way to prevent further harm.

9.3 If you are worried that your son or daughter may be sexually harming another child, or if you suspect that your child is being abused, act now! Action can lead to abuse being prevented, and children who are being abused receiving protection and help to recover. It can also lead to the abuser getting effective help or treatment to stop abusing and growing up as a safer member of our community. We need to get support for ourselves too.

“Talking to my son was the best thing I could have done. I set a clear limit, I let him know it was wrong and I told him that I would not help him keep his secrets. I also let him know that I loved him, that he was not alone, and that together we would find him help.”
The mother of a young man who was sexually abusing

10. Young People with Learning Difficulties

10.1 Healthy sexual behaviours are more complex to define in children with learning difficulties or special educational needs, because a young person’s chronological age and developmental stage may be different. Therefore, they may be acting at a developmentally appropriate level but the behaviour is seen as problematic because of their age. For example, young people who attempt even low key sexual behaviours with children who are chronologically much younger than them.

10.2 Also societal attitudes to the sexuality of young people with learning difficulties can be influential in the interpretation of acceptable and unacceptable sexual behaviour. The presumption that they are either asexual or should be denied a sexual life can mean any sexual behaviour is seen as inappropriate, which may lead to an over reaction.

11. Guidance Indicators

11.1 The three tables at Appendix 1 provide a guide to the indicators of healthy, problematic and abusive behaviours for nursery and primary school aged children, secondary school aged children and for children who have special needs and or developmental delay. **They are not exhaustive**, but do provide a guide by which staff may make an initial assessment of the level of concern and potential risk if any.

11.2 When using the tables it is imperative that all questions are considered as the behaviour can only be fully considered in as full a context as possible.

11.3 Whenever a child/young person's behaviour gives rise to concern, it is important that the professional who observes or receives a report of the concern considers both the detail of the incident and the context in which the behaviour occurred when developing an interpretation of the behaviour. A partial picture may lead to a distorted assessment of an incident.

11.4 Detailed notes should be made if a child reports behaviour of a sexual nature; this is imperative as an accurate account of a given incident will contribute to the consideration of the incident. Whilst it is acceptable to clarify information by asking what happened where, when and who was involved, children should not be interviewed or asked to write 'statements'. Only trained investigating officers should conduct more in depth interviews of children and young people. See BBSCB & CBSCB Interagency Child Protection Procedures www.bedfordshirelscb.org.uk.

12. Outcomes (please refer to appendix 1)

12.1 **Healthy** - If it appears all areas are healthy, then there is no cause for concern, but staff may be able to discuss with the child and advise parent(s) of the discussion

12.2 **Problematic** – If any area appears problematic, discussions should be held with a senior member of staff (such as a Designated Senior Member of staff for child protection in school, or a Key Worker if noted by a foster carer). If it appears most areas are problematic, advice should be sought from CSC in the first instance).

12.3 Not all problematic behaviours will require a serious level of intervention or even a formal referral to CSC. However it is advisable to consult CSC to seek their advice regarding discussions with parents. Further guidance may be sought from the CSC, a health professional or Education Welfare Officer. With low level concerns, re-direction of the behaviour, boundary setting may be all that is required, or advice and contribution from a health professional, discussion with parent/carer (see below) *etc.*

12.4 **Abusive** - If it appears most areas are abusive, then discussion and referral to CSC in accordance with BLSCB Safeguarding Interagency procedures is required.

Procedures for responding to children and young people with sexually harmful behaviour.

1. Deciding when to refer sexually harmful behaviour exhibited by children and young people

1.1 Whenever there are concerns about a child/young persons behaviour a CAF should be completed which includes information about the following:

The child or young person including any known history of sexually problematic behaviour and/or offending behaviour, known history of victimisation, young person's initial attitude to the concerns /offences, degree of acknowledgment/acceptance of responsibility for the problematic behaviour **NB** some level of denial is very likely and at this stage does not indicate a particular cause for concern.

Information about family including if known the parent or carers understanding of and attitude towards the behaviour which is the cause of concern, parent or carer's willingness and ability to protect siblings and engage in assessment and management strategies and sibling's wishes and feelings and extent of vulnerability.

Contact with other networks including schooling history, any other behavioural concerns and the young person's contact with children through other activities.

1.2 The following should **always** be discussed and referred to CSC

- Oral, vaginal or anal penetration of dolls, children or animals
- Using force to touch another's genitals
- Simulated intercourse with peers
- Genital injury not explained by accidental cause
- Sexually explicit conversations with significantly younger children
- Touching the genitals of others
- Repeated or chronic genital exposure or public masturbation, simulated intercourse with toys, peers or animals.
- Preoccupation with sexual themes or masturbation
- Non normative level of sexual knowledge
- Sexually explicit conversations with peers
- Attempts to explore other's genitals
- Mutual or group masturbation
- Simulated foreplay with toys or peers

1.3 Where the behaviour is identified as problematic or abusive and it is felt that the child or others are at risk of significant harm, then CSC should be informed first and the parents second on the advice of the CSC. If child/ren or young people are not deemed to be at risk of significant harm, but are considered to be a child/ren in need,² then parents should be informed of any decision to discuss with or to refer to CSC.³

1.4 The purpose of a referral to CSC is to enable an initial assessment to be undertaken.

² Section 17 *Children Act* 1989.

³ "Working Together to Safeguard Children" 2010 p. 139.

1.5 In evaluating the likelihood that one child is sexually harming another consideration should be given to:

- The nature of the relationship between the perpetrator and victim with particular attention to power differentials. The greater the degree of power held by the perpetrator in relation to the victim, the greater the opportunity for sexually harmful behaviours to take place
- The relative chronological and developmental age of the two children/young people (the greater the difference the more likely the behaviour should be defined as abusive)
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation i.e. the greater the departure from 'normal' sexual activity the stronger the suspicion of sexually harmful behaviour
- Attempts to ensure secrecy
- The nature of the alleged acts i.e. how frequent/persistent/duration
- Whether a particular type of victim appears to have been targeted
- Whether the alleged abuser acknowledges the problem,denies, minimises or accepts the concerns
- Whether substance misuse is a feature
- Whether a learning disability, conduct disorder or mental health issues are present
- The possibility the alleged abuser is or was also a victim of abuse
- The effect on the victim
- The likelihood that an offence may have been committed

1.6 If the initial assessment concludes that the child/young person does exhibit sexually harmful behaviour a strategy meeting should be convened involving CSC and the police as a minimum to investigate the concerns and where appropriate initiate section 47 enquiries in relation to any potential victim(s) of abuse. The meeting will also need to assess if appropriate, the circumstances and nature of risk to any other children and make necessary interventions to meet the needs of these children and the young person whose behaviour is a cause of concern.

1.7 The referring agency should be kept informed of any actions and services offered by CSC or others involved with the child or young person. The school should also monitor and report to the agency involved the impact of any interventions on the child where requested.

2. Section 47 Enquiries

2.1 The primary question which needs to be addressed through these enquiries is whether the alleged perpetrator and/or the alleged victim have suffered or are likely to suffer significant harm. For this reason all such allegations should be considered under the umbrella of Section 47 Enquiries.

2.2 There are particular points which should be borne in mind when conducting a Section 47 Enquiry following an allegation of sexual assault by a young person. These are as follows:

- There will be circumstances in which the initial information received either by the Police or CSC may lead either agency to conclude that a Section 47 Enquiry is unnecessary e.g. over 13 yr olds consensual underage sexual intercourse (USI). However, this decision should always be made in the context of a strategy discussion between the Police and CSC to ensure that both agencies are in agreement with Section 47 Enquiries not being pursued.
- The Strategy meeting will need to decide whether the Section 47 Enquiry should be conducted by CSC and the Police together or by CSC alone. It is important that this decision is made on the

basis of the fullest possible information available as a single agency investigation may jeopardise future criminal proceedings

- If the child or young person is over the age of 10, the BYOS should be consulted at the early stages of the Section 47 Enquiry in view of their potential future involvement with the child or young person.
- The Section 47 Enquiry needs to be completed both for the alleged perpetrator and for the child victim.

2.3 While CSC hold responsibility for gathering this information, a significant contribution is likely to be made by the investigating Police Officer and/or the BYOS if they supported the young person through the interview process.

3. Outcome of Section 47 Enquiries

3.1 A follow up strategy meeting should be held at the end of the Section 47 enquiries which should consider:

- The need to address immediate protection needs in relation to the perpetrator and or the child victim
- Whether interviews of other children are required.
- Any other protection needs in relation to other children in the household
- Any further action by the police.

3.2 As with all Section 47 Enquiries, there are 3 possible outcomes which can be decided upon by the investigating managers from Police and CSC.

Concerns are not substantiated

3.3 In circumstances where neither the perpetrator nor the alleged victim is considered to have suffered significant harm no further action may be necessary.

3.4 However, consideration should always be given to whether or not the alleged perpetrator or the alleged victim is in need and what support and services may be needed to enable the family to promote the children's welfare. The Core Assessment under S47 enquiries will be completed.

Concerns are substantiated but the child is not judged to be at risk of significant harm.

3.5 This outcome is particularly likely if the alleged victim is not in the same family as the alleged perpetrator.

3.6 This outcome may also be reached for the alleged perpetrator if the concerns about the alleged assault are substantiated but no concerns have arisen during the Section 47 Enquiry to indicate that the young person is at risk of significant harm. In these circumstances further involvement with the young person and his or her family is likely to be necessary (see Planning a Core Assessment)

3.7 For either of the above two outcomes, a multi-agency Child In Need (CIN) meeting is a useful way of identifying each agency's contribution to assessment and service provision.

3.8 The child /young person who is the subject of a multi agency child in need meeting will have his/her needs considered and a child in need plan devised to address those needs. In addition where the meeting concerns a child/ young person with sexually harmful behaviour the plan will additionally need to address any risk he/she might pose to other children.

3.9 Who should be invited?

- Children's Social Care
- YOS
- Education
- Health
- Police where appropriate
- The parent/carer
- Any other professional with significant involvement with the family

The meeting should be chaired by a CSC Team manager or a YOS Manager

3.10 When should the meeting be held and the plan reviewed.

The meeting should be held within 15 days of the need for a meeting being identified

The action plan should be developed and reviewed within six weeks and thereafter at no less than three monthly intervals

Concerns are substantiated and the child is judged to be at continuing risk of significant harm

3.11 This outcome is likely to be reached if the alleged perpetrator and the alleged victim are in the same family and a satisfactory protection plan is not able to be put in place to ensure the victim or siblings continued protection. This outcome will also be reached if the Section 47 Enquiry concludes that the alleged perpetrator is suffering or is likely to suffer significant harm.

NB committing a sexual offence is not in itself an indicator of risk of significant harm but the behaviour may be linked to the young person's own experience of victimisation which should be explored through the Section 47 enquiry.

If it is concluded that either the alleged victim or the alleged perpetrator are at continuing risk of significant harm, a Initial Child Protection Conference (ICPC) must be convened within 15 working days of the initial Strategy meeting

4. Planning the core assessment in relation to the young person exhibiting sexually harmful behaviour

4.1 If concerns relating to the allegation of sexual assault are substantiated, a core assessment will have been started under S47 enquiries. CSC will take the lead in planning and co-ordinating the Core Assessment. However, YOS will be able to contribute significantly to the Core Assessment if they have an involvement with the young person.

4.2 The role of all agencies should be negotiated at an initial planning meeting to set up the Core Assessment. In undertaking a Core Assessment of a young person who has sexually abused a child there are particular areas which need to be covered. These are listed under the three domains of the Assessment triangle.

4.3 Child's Developmental Needs

It is particularly important to gain an understanding of the young person's emotional, social and sexual development and the impact of their life experience on this development. Areas to consider include:

- Full sexual history, knowledge and attitudes. NB This component should include sexual health issues.
- Young person's experience of sexual victimisation and ability to make connections between victimisation and offending behaviour.
- Young person's experience of other kinds of intra familial or extra familial violence or oppression including Domestic Abuse.
- Significant attachments
- Self esteem
- Non-sexual behavioural difficulties
- Young person understanding of their offending behaviour.
- Selection
- Planning
- Use of sexual thoughts/fantasies
- Nature and degree of control used to get compliance
- Nature of sexual offence and level of match between sexual exposure and victim's statements.
- Cognitive distortion; minimisation, justification, rationalisation, pattern of sexual offending behaviour; frequency, speed of repetition, progression of severity.
- Victim Awareness and Empathy

4.4 Parenting Capacity

This element of the Core Assessment should explore the following:

- Parental attitude to the offending behaviour
- Parental attitude to the young person in the light of this offending behaviour.
- Parental perception of the risk which the young person presents to other children in the family and their capacity to protect.
- Family history and current relationships with particular reference to the role and position of the young person in the family. Has the young person witnessed or experienced Domestic Abuse?
- Sexual attitudes and boundaries in the family.

4.5 Family and Environmental Factors

This area of the Core Assessment should include the following:

- Siblings' attitudes to the young person and their behaviour and their perception of the risk of further offending.
- School – relationships with peers, behaviour patterns, educational potential and or achievement.
- Involvement in other activities, contact with children.
- Support networks for young person who can contribute to the management of risk.

4.6 It is recognised that not all this information will be able to be obtained within the timescale of 35 working days for completion of the Core Assessment. The analysis and planning stage of the Core Assessment should identify the following:

- Further areas of work required in order to obtain an accurate assessment of future risk.
- A risk management strategy which includes recommendations regarding schooling and placement decisions.
- The needs of substitute carers if the young person is living away from his or her family. This should include specific consideration to the needs of siblings and other children who are in this placement.

5. Response by the Youth Offending Service

5.1 The role of the YOS in working with children and young people who sexually abuse is to ensure their offending behaviour is addressed and to work with other agencies to assess and manage the risk they present to the community.

5.2 YOS may become involved with those young people alleged to have committed an offence at an early stage by acting as an appropriate adult.

5.3 Once the Police have completed their enquiries and the young person has been interviewed regarding the alleged offence, consultation should take place between the Police, CSC, CPS and the YOS regarding the most appropriate disposal of the offence. This consultation should draw on information gathered during the Section 47 Enquiry process about the nature and context of the offence including information about any aggravating factors which should inform this decision.

5.4 Children and young people who are subsequently charged and given police bail maybe supported by YOS. Where a case is adjourned YOS will become involved if a young person receives a Bail Support Package, however, the offence will not be discussed with the young person as they have not been found guilty. A young person can also be given a Bail Package with no conditions attached and YOS will not be involved with this young person. However it is important that whenever a multi- agency meeting is convened by CSC, a representative of YOS should attend to contribute to the risk management process.

5.5 Where a child or young person is charged with an offence and admits their guilt or is subsequently found guilty, it is the responsibility of the YOS to co-ordinate an assessment of risk.

5.6 In cases where the young person receives an order from the court and is not known to either YOS or CSC or known only to YOS, the YOS case manager should convene and chair a multi agency meeting to coordinate the assessment of risk, devise a risk management plan and a vulnerability management plan to address the young persons needs. The young person will be referred to the YOS Risk management Panel where consideration is made as to whether a referral to MAPPA is required.

6. Managing risk in organised settings.

6.1 The following guidance **does not** supersede any existing behaviour/bullying policies or the requirement for agencies to make appropriate health and safety considerations.

6.2 There may be pressure put upon agencies, particularly school's, from the victim's parents or the parents of other children who have not been affected but who have heard about the incident, to remove the young person with the behaviours which are of concern. This may be very difficult but the child at the centre of the concern/allegation must be protected. Information about the child and the allegations must be kept confidential. The *Data Protection Act 1998* and the current DCSF guidance *Safeguarding Children in Education* provides further guidance.

6.3 What most parents are seeking is reassurance that their child will be safe. To ease parents' anxieties they could be invited to discuss the arrangements that are in place to keep their children safe. If parents remain unhappy they have a right to remove their own child if they feel it is appropriate. However, resolving the issues at the present school should always be the first consideration if possible.

6.4 If all possible steps have been taken to reassure parents but these are unsuccessful, then protecting the child and his/her family from harassment is a priority. This may in extreme cases mean banning some parents from the agencies property if they cannot restrain themselves.

6.5 Protection work with children can be done as a group activity, for example using assemblies and pastoral time for older pupils, circle time for younger pupils and in general giving information about keeping safe, protective behaviours, communicating feelings, seeking help.

6.6 Where a particular child has been the target of problematic and/or abusive behaviours, specific arrangements may need to be made to keep them safe and meet the parents' needs to see action taken.

For example:

- separating the children into different groups or at vulnerable times and places,
- extra monitoring when they are in group settings.
- individual work with the victim about how they feel, protective behaviours, communication and social skills if necessary.
- young people exhibiting concerning behaviour and victims of abusive behaviours may be in need of an appropriate therapeutic input, requiring a referral to an external service.

6.7 Supervision and monitoring are also important in protecting the individual and others. However the need for this must be balanced with the child's need to develop healthy social interactions with other children. Isolating a child or keeping him/her constantly with an adult singles them out as being different. This can reinforce the underlying isolation, anxiety and lack of social skills which may further contribute to the behaviour.

6.8 Keep any close supervision time limited, designate a member of staff to watch the child e.g. in the playground, but they do not need to be near them, or organize group activities with an adult present so the child is part of the group.

6.9 Set clear behaviour boundaries with clear consequences for not keeping them.

6.10 The ethos and culture of the school should reinforce positive behaviours and respect for others, and give permission for children to tell if someone is making them feel uncomfortable or hurting them. Consider the use of a behaviour contract.

6.11 Agencies should ensure that their staff know their own Child Protection Procedures, BBSCB & CBSCB Interagency Child Protection procedures and their role and duties within them, including referral and recording procedures. Child Protection or specific training about sexual behaviours should be considered for staff so they feel confident in managing these behaviours. Training for schools should include nominated governors with a child protection responsibility, as they may be involved in discussions about exclusions.

7. Multi agency Public Protection Arrangements (MAPPA)

7.1 A small group of young people, convicted of a sexual offence under the Sexual Offences Act 2003, will be discussed regularly at a Multi-Agency Public Protection Panel (MAPPA), which is charged with managing the public risk from the offender and the potential risk of harm to the offender.

7.2 The legislative guidance regarding rules of disclosure will **not** allow the panel to inform the school of such an offender except in exceptional circumstance and only then after approval has been given at Assistant Chief Constable Level.

7.3 However, in these cases it is not unusual for a school to already be aware of a pupil who has been charged and found guilty of a sex offence and in such cases planning and discussion between nominated panel members and the head teacher will be important in managing risk.

Appendix 1

| Nursery/Primary aged children | Healthy | Problematic | Abusive |
|---|--|---|---|
| 1. Type of sexual behaviour. (cf. above 'norms') | Age appropriate, mutual and exploratory | Not age appropriate or has some adult knowledge or language | Adult sexual activity e.g. intercourse, oral sex etc. (actual or simulated) |
| 2. Context of behaviour | Open, light hearted, spontaneous | No secrecy or force, but children involved seem uncomfortable or unaware | Behaviour is planned, secretive, there are elements of threat, force, and coercion. The children targeted seem anxious, fearful, uncomfortable |
| 3. Response of other children | Engaging freely, happy | Uncomfortable, unhappy with behaviour but not fearful or anxious. If directed at adults they feel uncomfortable | Uncomfortable, unhappy, fearful, anxious. Could be physically hurt. Could be trying to avoid the other child |
| 4. Relationship between the children | Similar age and ability would normally play together. There are no factors to suggest a power imbalance | Children would not normally play together or there may be some factors which suggest one child is more in control than the other | Children would not normally play together or there are clear power differences e.g. due to age, size, status, ability, strength |
| 5. Frequency of the behaviour | Behaviour is age appropriate, <i>ad hoc</i> and not the main focus for the child. The child is interested in other things | Some inappropriate sexual behaviour for age, however child also has interest in other things, behaviour is intermittent | Frequent incidents and child seems focused on behaviour. It is disproportionate to other aspects of their life. They seem to seek comfort / reassurance/ or control from the behaviour |
| 6. Persistence of the behaviour | Behaviour is age appropriate, <i>ad hoc</i> and not the main focus for the child. The child is interested in other things | Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child however is responsive to some intervention | Child cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to other aspects of their life. It appears to be the main way they seek comfort / attention and control |
| 7. Child's emotional response | Happy, embarrassed, able to take responsibility for their behaviour and its effects on others (dependent on their age & understanding) | Child unresponsive, ashamed, struggles to take responsibility for their behaviour or to show empathy | Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried. Cannot take responsibility for their behaviour, nor shows any empathy for others. |
| 8. Background Information known | No significant family history | Parents are angry or show no concern for the victim Family members present as violent or abusive | Pattern of discontinuity of care/ poor attachments High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence |

| Secondary aged children/young people | Healthy | Problematic | Abusive/Offences |
|--|--|--|--|
| 1. Type of sexual activity. (cf. above 'norms') | Normal sexual behaviours | Behaviours which suggest monitoring, limited responses or assessment | Behaviours that suggest assessment/ intervention. Behaviours that require a legal response, assessment/treatment Any use of aggression or violence is of high concern |
| 2. Context of behaviour | Mutual, informed consent given | Behaviour appears influenced by peers. Touching behaviours (non penetrative) Isolated incident | Behaviour, is planned, secretive, there are elements of threat, force, coercion. Previous concerns or convictions for sexual behaviour |
| 3. Young Person's response | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Embarrassed, ashamed, anxious. Demonstrates remorse and empathy | Lack of empathy, denies responsibility, blames the victim, anger, aggression, defensive. Little concern about being caught |
| 4. Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Uncomfortable or irritated, but not fearful or anxious. Feel able to tell someone | Uncomfortable, fearful, anxious, avoidant of the young person |
| 5. Relationship between the young people | Within the same peer group and ability group. Would normally socialize together. There are no factors to suggest a power imbalance | Young people may not socialize together. May be some factors which suggest one young person is more in control than the other May be a naïve attempt at developing a relationship | Young people would not normally socialize with each other or there are clear power differences in the relationship Young person has very poor social skills / deficits in intimacy skills |
| 6. Persistence of the behaviour | Healthy interest in sexual behaviour but not the sole focus of interest in the young person's life | Interest in sexual behaviour is out of balance with other aspects of the young person's life | Young person is obsessed or preoccupied with sexual thoughts/ pornography, which may be sadistic and aggressive. The focus on sex is out of balance with other aspects of their life. The behaviour is a way for them to cope with negative emotions |
| 7. Other Behavioural problems | No other behavioural problems, healthy peer relationships | Young person has poor sexual boundaries and may have difficulties coping with difficult emotions | Young person has a diagnosis of depression or other significant mental health problems. Formal diagnosis of Conduct disorder. History of cruelty to animals Self reported sexual interest in children |
| 8. Background Information known | No significant family history | Parents are angry or show no concern for the victim Family members present as violent or abusive | Pattern of discontinuity of care/ poor attachments High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence |

| Special Education Needs children/young people | Healthy | Problematic | Abusive/Offence |
|--|---|---|--|
| 1. Type of sexual activity. (cf. above 'norms') | Normal sexual behaviours | Low concern behaviours and some Low to Medium concern behaviours. | Some Low to Medium concern behaviours. Medium to High concern behaviours and High concern behaviours. |
| 2. Context of behaviour | Mutual, both parties free to engage and disengage | Behaviour infrequent/ isolated incident. Behaviour self directed Behaviour restricted to a specific setting. | Behaviour is planned, secretive, there are elements of force, threat or coercion. Previous concerns or convictions for sexual behaviour |
| 3. Young Person's response | Happy, comfortable, curious, may be embarrassed if found by adults | Embarrassment or shame related to the behaviour. Is able to understand/retain the reasons why others feel the behaviour is problematic/ abusive Experiences consequences as significant or has some degree or awareness of consequences Appears highly anxious or confused as to sexual development and/or sexual boundaries | Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them. Rejecting of concerns expressed. |
| 4. Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Uncomfortable or irritated, not fearful or anxious Feel able to tell someone | Uncomfortable, fearful, anxious, avoidant of the young person |
| 5. Relationship between the young people | There should be no significant differences in age or development which would suggest there is a power imbalance | One or two particular young people targeted Young person predominantly associates with children 3 or more years younger. | Evidence of targeting on the basis of perceived vulnerability. Clear power differences in the relationship. Young person has poor social skills/ deficits in intimacy skills. |
| 6. Persistence of the behaviour | Healthy interest but not the sole focus of interest in the young person's life | Responds to complaints by stopping or changing behaviour Intervention has some impact but behaviours may continue | Evidence of a high level of sexual compulsivity. Behaviours have persisted despite significant negative consequences. |
| 7. Other behavioural problems | No other behavioural problems, healthy peer relationships | No significant history of behavioural problems, generally positive relationships with peers Access to others is well supervised Or Young person isolated in the community or has a very restricted lifestyle. Access to others is poorly supervised | Concurrent diagnosis of significant mental health problems Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence. Viewed negatively in community due to sexual behaviours History of fire setting. Long standing history of severely problematic or challenging behaviours. |
| 8. Background information known | No significant family history. Parents have a positive view of young person's developing sexuality Positive attachments with parents and carers Young person has at least one positive friendship Young person has access to social and leisure pursuits Young person has access to appropriate sex education | Family anxious about young person's developing sexuality or reject concerns raised. Family experiencing high levels of stress Siblings have experienced sexual abuse | Young person has experienced abuse, sexual, physical, emotional or neglect. Violence in the household Members of the family including siblings have a history of sexual offending. Poor or distorted sexual boundaries in the family. Patterns of discontinuity of care/ poor attachments. |

