

Bedfordshire Local Safeguarding Children Board

Working together to safeguard children



**Practice Guidance & Procedures to
distinguish between healthy and abusive
sexual behaviours in children and young
people (Agreed Jan 2009)**

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BLSCB	Bedfordshire Local Safeguarding Children Board
DCSF	Department of Schools, Children and Families
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

Acknowledgements

This document has been adapted from Solihull LSCB document and materials provided by the AIM Project.

Where it applies this document should be read in conjunction with the Bedfordshire Protocol Safeguarding Sexually Active Children and Young People which can be accessed at www.bedfordshirelscb.org.uk

Children and young people with sexually problematic and harmful behaviours

Policy Statement

Bedfordshire Local Safeguarding Children Board (BLSCB) 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 principles

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 CSC), Child Development Team (Child Psychologist) or the Youth Offending Service (YOS).

1.3 As with all guidance related to safeguarding children and promoting their welfare, this document should be seen as complementary to and not in conflict with BLSCB Interagency safeguarding 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. Differentiation between healthy/problematic/abusive sexual behaviours.

2.1 The following definitions are generally regarded to be healthy sexual behaviours for chronological ages and stages of development (Morrison & Print 1995)

2.2 Pre-schoolers 0 – 4 years.

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”.

2.3 Young School Children 5 – 7 years

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.

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

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

2.4 Latency Aged Children 8 – 12 years old

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

2.5 Adolescents 13 +

Because there is a wider variety of sexual behaviour within adolescence it is more difficult to determine what the 'norm' might be. Research into adolescent behaviours by Gail Ryan assists in "distinguishing which acts are experimental in nature and those that are exploitative". Ryan suggests that the **notions of consent, equality and authority are very important in assessing this distinction**".

2.6 Adolescent experimentation in a range of anti-social (sexual and non sexual) behaviours is not uncommon. Adolescents make up a significant proportion of those who are convicted of sexual offences or abuse of others. There is no one profile of an adolescent who will display sexually abusive behaviour.

2.7 Young People with Learning Difficulties

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.

2.8 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.

3. Guidance Indicators

3.1 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.

3.2 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.

3.3 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.

3.4 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 LSCB Safeguarding Interagency Procedures www.bedfordshirelscb.org.uk.

4. Outcomes (please refer to appendix 1)

4.1 **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

4.2 **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).

4.3 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.

4.4 **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.

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.

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

² Section 17 *Children Act* 1989.

³ "Working Together to Safeguard Children" 2006 p. 104.

- 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 YOS 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 YOS 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 understands of the 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, BLSCB Safeguarding Interagency 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

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, 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 (Level 1)	Problematic (Levels 2 & 3)	Abusive (Level 4)
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	Healthy (Level 1)	Problematic (levels 2 & 3)	Abusive/Offences (Level 4)
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

Date Agreed:
Date to be reviewed:

SEN	Healthy (Level 1)	Problematic (Levels 2 & 3)	Abusive/Offence (Level 4)
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.

Date Agreed:
Date to be reviewed:

