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Harmful sexual behaviour

A guide to support understanding and practice responses in Wales

Ariennir gan **Lywodraeth Cymru**
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What is Harmful Sexual Behaviour?

Harmful sexual behaviours' (HSB) can be defined as: sexual behaviours expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards themselves or others, or be abusive towards another child, young person or adult. This definition of HSB includes both contact and non-contact behaviours. *All Wales Practice Guide and Procedures 2019* Safeguarding children where there are concerns about harmful sexual behaviour

How much of a problem is it?

HSB displayed by children is neither a new concept nor uncommon when we consider forms of sexual abuse. In a UK study, two thirds of the contact sexual abuse experienced by children was perpetrated by other children (Radford et al. 2011) this figure has remained largely unchanged in other studies completed since.

As our understanding of harm online increases, it appears that harmful sexual behaviour by children in this context is also considerable. Tarian ROCU recorded in 2020 that on average, around 50% of all reported CSA occurrences across Wales have taken place online. Of these, approx. 50% are in relation to children displaying behaviour that may be harmful to themselves or other children. Referral to Barnardo's Better Futures, a specialist service that supports children who display HSB, indicates that between 2017-19 they saw a 125% increase in online harm referrals, (Gobaith Report 2019).

While referrals to the service for online harm remain lower than contact harm referrals, the emergence of and incremental growth of new technology, both generally in the lives of children and young people and in their behaviors needs to be accommodated and understood in the development of assessment and interventions. In addition, more understanding of those children's own vulnerability to be harmed in this context too is clearly needed.

Identification and Proportionate Responses

While we must not minimise HSB, it is important to recognise the range of behaviours referred to within this descriptor and the varying level of intrusiveness and harm experienced. Sexual behaviour displayed by children that may cause professional concern can range from use of sexualised language or gestures, sexual harassment, sexual touching without consent and even rape, all of which may cause harm to the child as well as others. Although children can display the most serious and intrusive harmful sexual behaviour, a significant proportion of behaviours that initially come to the attention of statutory authorities are of lower impact in

nature, involving children misjudging boundaries or contexts in terms of what is appropriate. This may be particularly relevant for children with additional learning needs, difficulties or disabilities. Our responses then must be proportionate and in line with the level of concern raised.

Children who engage in harmful sexual behaviour must be considered as children first and their care and support needs considered in the same way as any other child. It is important that children are not stigmatised as a result of their behaviour and that HSB is viewed as a safeguarding concern for the child who is harmed and the child whose behaviour is deemed to be harmful.

When determining what constitutes HSB it is important to view behaviours in the context of a child's age and stage of development. Providing a measured, appropriate and effective response to behaviour, which appears to be sexually inappropriate, is crucial to support the health, wellbeing and protection needs of the child.

Child development is affected by a number of factors over and above age, including the child or young person's experience of care, peer group and individual disposition. Evidence from research and practice suggests that many children with harmful sexual behaviour have adverse childhood experiences, (Gobaith 2019). Our responses to the child must therefore take the child's own life experiences and recovery needs into account as well as the need to prevent further incidents of harmful behavior.

Taking an individual, child centred perspective on the behaviour, and the context in which it occurred, is also crucial in meeting individual needs. Having an understanding of the environmental aspects, social, emotional and cognitive development of an individual child will add to our understanding both in relation to the behaviour being considered and, also, in relation to our responses and recovery. Taking the time to properly consider this aids the prevention of further concerns and ensures our response is proportionate and in line with the child and wider family care, support and protection needs.

Hackett's, 2010 Continuum of Sexual Behaviours, referred to in the All Wales Practise guide and procedures, Safeguarding children where there are concerns about harmful sexual behaviour is useful in supporting understanding of both identification and proportionate responses in this area.

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected Socially acceptable Consensual, mutual, reciprocal Shared decision making	Single instances of inappropriate behaviour Socially acceptable behaviour within peer group Context for behaviour may be inappropriate Generally consensual and reciprocal	Problematic and concerning behaviours Developmentally unusual and socially unexpected No overt elements of victimisation Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity	Victimising intent or outcome Includes misuse of power Coercion and force to ensure victim compliance Intrusive Informed consent lacking, or not able to be freely by victim May include elements of expressive violence	Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/or sexually arousing to the perpetrator Sadism

Put simply, before we determine where on the continuum a behaviour may sit we must first become familiar with what is healthy, expected and normal sexual development for a child at their age and stage of development. It is also important to identify any factors which may impact upon both their global and sexual development. Alongside this, the context in which the behaviour occurs must also be understood before we are able to determine if the behaviour(s) displayed by the child are harmful to themselves or others.

Our responses to children with harmful sexual behaviour must also include early support to prevent further harm to them and other children. Referrals for specialist support in relation to HSB highlight over two thirds of those referred had displayed HSB on two previous occasions, (Gobaith 2019). This was the case for pre-pubescent referrals as well as teenage referrals. While not a certainty, theoretically we may surmise that earlier referral for specialist support or the provision of proportionate preventative intervention could have reduced this figure considerably and, thus, reduced both further victimisation of others and harm to the child themselves. Early identification and intervention for this group of children must therefore be a priority.

Hackett's continuum acts as a screening tool to support identification of HSB as well as

guiding proportionate practice responses as illustrated below.

A continuum of HSB assessment (from Hackett, 2019)

	Normal	Inappropriate	Problematic	Abusive	Violent
Key behavioural elements	• Developmentally accepted • Consensual	• Consensual and reciprocal • Accepted in peer group • Context may be inappropriate	• Developmentally unusual and socially unexpected • No overt elements of victimisation. • Consent may be unclear	• Victimising intent or outcome. Misuse of power • Lack of consent	• Highly intrusive • Physically violent sexual abuse
Assessment levels indicated	• Screening	• Screening • Brief assessment. • NICE Early help assessment	• NICE Early help assessment • Brief/ comprehensive assessment	• Comprehensive assessment • HSB focused risk assessment	• HSB focused risk assessment. Specialist assessment
Possible frameworks and tools	• Sexual behaviours are normative, therefore HSB assessment is not appropriate	• NICE guidance. • Brook traffic light tool • Child Sexual Behavior Checklist (Friedrich)	• NICE guidance. • Brook traffic light tool • DH Assessment Framework	• DH Assessment Framework • AIM2 • J-SOAP • ERASOR	• AIM2 • J-SOAP • ERASOR • SAVRY
Likely intervention focus	• Parent education and support (for example on appropriateness of child's behaviours)	• Boundary setting. • Support • Low key behaviour management	• Behaviour management. • Socio-educative work with the child/ family • System/ context change	• Protection of actual and likely victims • Risk management and relapse prevention • Supporting prosocial behaviour	• Protection of victims and public • Violence prevention • Risk management and relapse prevention • High level of management and supervision

The following questions can be used to assess where on the Continuum the behaviour lies:

- Was the behaviour developmentally appropriate?
- Was the behaviour developmentally understandable for this child?
- What was the context?
- Was this an isolated incident?
- Who else was involved and how did they view the behaviour?
- Were there attempts to secure secrecy?
- Were there any other factors involved e.g force or aggression?

Diversity among children who display HSB

There are different kinds of behaviours exhibited by different groups of children, creating a fairly heterogeneous group. It is not helpful to generalise either the behaviour, the child or our responses. Instead, taking a child centred individual response is likely to prove most effective in furthering our understanding of the child and family's needs as well as making meaningful engagement in any support offered more likely.

HSB may be displayed by boys and young men as well as girls and young women, although the issue of gender and gender identity is surprisingly absent from relevant literature. Evidence suggests that welfare responses tend to be given to girls, whereas

boys' harmful sexual behaviour may be more likely to be seen as a criminal justice issue. (Hallett and Deerfield 2019) There is a marked tendency in both research and practice to see boys in terms of sexual agency, as perpetrators and causing trouble, and to see girls as sexually passive, as victims, and as being troubled. (Barnardo's 2015 and 2019) The impact on our responses within this context to both genders is far-reaching.

Age of onset may influence decision making here too, for boys, early adolescence, particularly the onset of puberty, appears to be a peak time for the onset of harmful sexual behaviours. Girls tend to have an earlier age of onset or identification of the behaviour by professionals than boys, consistent with their histories of known sexual abuse and likely reactive behaviours.

Younger Children and HSB

Sexualised behaviour in younger children needs to be understood as distinct from that of older children and adults. Pre-pubescent children do not understand sex and do not experience sexual arousal in the same way as adolescent children. Many pre-pubescent children who display HSB have been directly or indirectly sexually abused, their behaviour may be indicative of 'acting out' or 'mimicking' such experiences.

Similarly, HSB displayed by younger children maybe a response to other adverse experiences and trauma, with their behaviour being an attempt to communicate distress in relation to this to others. Indeed referrals for specialist support indicate that 69% of under 12s were referred with known previous concerning sexual behavior. When put alongside knowledge of children's abuse/trauma history, then such would indicate a lack of reconciliation to such experience, (Gobaith 2019).

Teenagers and HSB

There is clear evidence to suggest that the majority of HSB displayed by teenagers is perpetrated by children with significant life difficulties. There is a high prevalence of trauma and abuse in the lives of children who display HSB, many of whom have not had these experiences reconciled prior to the emergence of their own harmful behaviour. Similarly to other groups who come to the attention of behavioural based services, children with HSB may have low self-esteem, confidence and relational difficulties as well as symptoms suggestive of depressive or low mood. For some children they will present with problematic norms, formed by messages received in their own abuse and trauma and, unless rebalanced, these may leave them struggling in future relationships and life generally.

HSB displayed by teenagers may be directed to younger children, peers, or occasionally, adults. The majority of children who display HSB will direct the behaviour towards someone they already know. HSB displayed by teenagers is motivated by a range of factors unique to the child's experiences and learning. It generally exists as a means of meeting a range of unmet needs for the child; these may include intimacy needs although the behaviour is not always sexually motivated.

In comparison to those who display HSB to children, teenagers who direct HSB to peers or adults may present with higher levels of anti-social behaviour or general delinquency. For some children this may extend to peer abuse and exploitation in a group context and involve aspects of other forms of harm including violence, child sexual exploitation and child criminal exploitation, where peer or adult influence may result in the normalisation of sexual violence as part of wider exploitation and abuse in a community context. Practise guidance and procedures for each of these concerns is also contained in Welsh Government responses, where practitioners are encouraged to take a child centred and holistic view of the presenting concerns and utilise any of the relevant guidance in safeguarding responses.

It is widely accepted that most children who display HSB, particularly when support is provided to address the concerns, do not go on to repeat HSB in adulthood.

Children with Additional Learning Needs

Children and young people with learning disabilities are both over represented as victims of child sexual abuse as well as those who display HSB. For those whose behaviour is abuse reactive, they may have less understanding that their behaviour is unacceptable and perhaps less opportunity to communicate their own harm.

Equally, children with additional learning needs or disabilities may have cognitive challenges which mean they find relating to others more difficult, with less opportunity to establish mutual and acceptable sexual relationships. Alongside this there may be less focus given to sexuality and relationships education for this group of children compared to other young people.

Coupled with a higher likelihood of social skills difficulties and a greater likelihood of limited confidence with peers, as well possible greater comfortableness with some aspects of social interaction with younger children, it may be unsurprising that for this group of children, the risk of developing problematic or harmful behaviour may be increased.

Assessment

Our response to identified safeguarding issues should be proportionate, child centred and based on the individual needs and circumstances of the child. Where comprehensive specialist assessment is required, such should seek to identify the reasons the behaviour exists as well as the reason the behaviour may continue. Specialist HSB assessments must consider both the risk posed to the child and others by the harmful behaviour and seek to identify recovery needs that will support the child in both modifying the harmful behaviour and going on to lead a healthy abuse free future.

Approaches that are developmentally sensitive and unique to the child, family and wider networks within the child's life may have most success in both reducing recidivism and increasing best lifelong chances. Giving focus to both protective factors present for the child and family as well as areas of ongoing need and protection will be most effective and may motivate all parties to more readily and fully engage in support being offered. There are a number of tools to help practitioners assess the likelihood of HSB persisting or escalating but none has been validated as a predictive measure. Taking a child centred, relational, holistic approach, inclusive of supportive and trusted adults may be most effective in ensuring the child's best life chances are promoted and future risk and need is reduced.

What this means for Intervention

There is no specific type of recommended intervention for children who display HSB. There are several studies that seek to explore the effectiveness of approaches such as CBT or relapse prevention, although the variation of programme content has hampered this. It is accepted however that such approaches as well as multi systemic therapy or experiential and adventure based interventions can benefit some children.

Intervention plans that are based on good assessments of risk, need and protective factors for the individual child and their family/carers may be most useful. Interventions that give focus to a purely behavioural based change programme may be effective in reducing the risk of recidivism for children, but may not fully address the impact of the child's own trauma and abuse experiences. Interventions that are relational, take account of this and are informed by trauma recovery are likely to be most effective in preventing further HSB and increasing best life chances for children.

Multi Agency Working

The importance of multi-agency working in relation to HSB cannot be under estimated. It is recognised in safeguarding and protection legislation across all aspects of front line child welfare and criminal justice work. Responses to HSB require each

agency to be familiar with the All Wales Practice Guidance and Procedures and to prioritise their role in responding to the needs of children displaying HSB in a tiered and proportionate way.

The majority of children who come to the attention of support services because of HSB will not need a criminal justice response to meet the underlying needs influencing their behaviour. Indeed, for many, this can have lifelong impacts that reduce best life chances being achieved. While the role of the criminal justice system needs to be considered, access to services should not depend on a child being charged with an offence.

HSB is recognised as an area that many professionals may lack confidence in providing responses to, (Gobaith 2020). This is further compounded by competing demands on time and a perceived lack of skill or physical resource. While some children will require a specialist response to HSB the majority can be supported within existing child welfare systems.

Schools and the education system in particular have a crucial role in identifying HSB, being part of providing proportionate responses and educating children with regards to healthy and respectful relationships across developmental stages.

Access to education has a significant impact on improving life chances and increasing protective factors for all children, including those who have displayed HSB. Where children have displayed HSB they should be supported to receive education in education settings wherever possible. This will provide access to education, access to nurturing and protective adults, access to positive peer supports as well as providing structure and routine to the child's life. The Welsh Government Education Department have developed guidance to ensure educationalists are aware of and are supported to meet the needs of children who display HSB in their care: https://gov.wales/sites/default/files/publications/2020-10/guidance-for-education-settings-on-peer-sexual-abuse-exploitation-and-harmful-sexual-behaviour.pdf

It is important that HSB is not viewed in isolation for the child and is responded to as part of a child's overall needs. Alongside HSB aspects of other behavioral concerns presented by the child can be seen as indicative of continued impact and unreconciled trauma and abuse. Many children with HSB may present with health needs related to these experiences, including those that may be associated with PTSD symptoms. Where children's emotional health and wellbeing needs are of a level that requires specialist health care, again multi agency working will be key between all agencies to ensure the concerns regarding HSB are not prioritized over the child's mental health needs.

Parents and carers also play a vital role in recovery for the child and family following HSB discovery. The assessment and intervention following this should include the views of parents and carers to allow them to both processes the behaviour, its impact as well as ensuring any adult care and support needs can be met as part of ongoing care and support to the family.

It is not unusual for parents to find accepting their child has displayed HSB difficult. While safeguarding and protection needs should always be prioritized, many parents may find hearing the information distressing. Many will experience a process similar to grief where they require time to accept what has happened. We may see parents move from shock to denial to anger to despair before accepting their child's behaviour. Allowing parents time and compassion in this process can support eventual resolution and acceptance of support for themselves and their child.

Parents and carers also play a vital role in on going monitoring, supervision, role modeling and parenting of the child. Including parents in aspects of the intervention plan may be beneficial in the child's motivation to engage with professionals as well as in sharing ongoing concerns or positive changes at points of review and monitoring of support plans.

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