

PART 20

CHILDREN & YOUNG PEOPLE WHO DISPLAY SEXUALISED BEHAVIOUR & SEXUALLY HARMFUL BEHAVIOUR

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Introduction

1. It is recognised that sexual exploration and experimentation are a normal part of childhood development and as such these procedures recognise that some children do engage in age-appropriate behaviours as part of natural childhood sexual development; such sexual activity is essentially information gathering characterised by mutuality and consent and it is not intended that such behaviours fall within the remit of these procedures. For further guidance on healthy, concerning/problematic or harmful sexual behaviours please refer to one of the following appendices. For **Pre-school: Appendix 1 (p.14)**; for **Primary School age: Appendix 2 (p.16)**; for **Adolescents (p.19): Appendix 3** (Cason, C. & AIM Project, 2002),
2. There are circumstances however, where children and adults are sexually harmed by other children and when this occurs the consequences for the victim should be considered just as seriously as when the abuse is perpetrated by an adult. (*Working Together to Safeguard Children 2006, paragraph 11.32*).
3. The purpose of these procedures is to provide a clear operational framework in respect of children and young people who display sexually harmful behaviour and their alleged victims. It is important to note that professionals need to remain aware of the negative effect of labelling children and young people as young sex offenders' or 'young abusers.' The use of 'children or young people who display sexually harmful behaviour' is considered to be more appropriate as this terminology acknowledges that their development as a child or young person is the first and foremost consideration and that they are displaying or enacting behaviour(s) that need to be appropriately addressed to work towards change.
4. However, work with children and young people who sexually harm others should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children and adults. Research evidence suggests that children who sexually harm others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such children and young people are likely to be a child in need, and some will in addition be suffering or at risk of significant harm and may themselves need safeguarding.
5. The primary objective of all work with children and young people who sexually harm must be the protection of the victim and the prevention of a reoccurrence of the sexually harmful behaviour. It is therefore essential for there to be a coordinated, multi-disciplinary response in accordance with statutory guidance and these procedures.

Principles

6. The following is a guide to key principles that should underpin and guide work with children/young people who display sexually harmful behaviour:
 - To ensure that all children under the age of 18 years who display sexually harmful behaviour towards other children or adults are identified and reported by professionals within the multi-agency network.
 - The needs of children/young people who display sexually harmful behaviour should be considered separately from the needs of their victims. The consequences for the victim should be considered just as seriously as when the abuse is perpetrated by an adult
 - A holistic child-centered assessment (*Framework for the Assessment of Children in Need, 2000*) should be completed for each child / young person and a multi-agency response coordinated to address individual need and any risk factors. The reason why young people sexually harm is multi-faceted and needs to be explored further. **In some cases child protection enquiries under section 47 (Children Act 1989) will be required.**
 - Effective inter-agency information-sharing is central to these arrangements.

Definition

7. The definition of sexually harmful behaviour by children / young people is the same as for adults who sexually abuse and is often characterised by a lack of true consent, the presence of power imbalance and exploitation.
8. The boundary between what is harmful and what is normal childhood sexual exploration/experimentation can be blurred. The following information (*para.9*) offers guidance for professionals making an initial judgement.
9. Abusive sexual activity is characterised by behaviour that involves coercion, verbal or physical threats together with secrecy and where an individual child or young person relies on an unequal power base due to such variables as; age difference, understanding or physical size. The issues of equality, true consent and coercion are key factors within the assessment of whether a child or young person's behaviour is problematic or harmful and should be placed within the context of the incident(s) that have occurred:

Appropriate or of concern

When determining whether sexual behaviour is of concern the following questions should be asked:

Did both parties agree to the sexual interaction?

What is the relationship between the parties (e.g. age, difference, cognitive understanding)?

Is the type of activity age appropriate?

How frequently has the behaviour occurred?

Has the type of behaviour changed over time?

Is there evidence of aggression, force, coercion or bribery?

What is the experience of the victim?

Have the individuals tried to ensure that the behaviour remains secret.

Consent Issues

Please note that if a young person is under the age of 13 years old, under the Sexual Offences Act 2003 they cannot legally consent to any form of sexual activity.

Consider any differences of age, maturity, level of development, functioning and experience and also the awareness of the potential consequences of their actions. For further information and guidance please go to SSCB procedures Part 24: 'Working with Sexually Active Young People under 16').
<http://www.staffsscb.org.uk/procedures/>

10. Children and young people who sexually harm others should be held responsible for their abusive behaviour, unless there is clear evidence that this is not the case, whilst being identified and responded to in a way which meets their needs and protects others.

Recognition

11. Where there is suspicion or an allegation of a child or young person having been sexually harmed by another child or young person, it should be referred immediately to Staffordshire **Children's Social Care First Response Team (0800 131326)** or to the **Police Central Referrals Unit (0300 123 4455)** in accordance with Section 3 of Staffordshire Safeguarding Children Board inter-agency procedures.

PART 20

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(For more information on making a referral please go to SSCB's procedures, Section 3: Making Referrals. See Appendix 4. <http://www.staffsscb.org.uk/procedures>)

12. It should be recognised that disclosure of sexually inappropriate or harmful behaviour by a child can be extremely distressing not only for the children/young people involved, but also for parents, carers and other family members. They may react with disbelief and minimise the situation which could escalate concerns and it is therefore important that professionals help them through this process at an early stage so that they can support and where appropriate, protect their child.
13. It is also important to remember that not all children/young people displaying sexualised or sexually harmful behaviour have been sexually abused themselves. They may however have been living in an environment with few or inappropriate boundaries or been exposed to information or sexual activity which is beyond their natural level of development and understanding. Hence in general the younger the child displaying sexualised/sexually harmful behaviour the higher the likelihood of that child having been sexually abused or living in a sexualised environment. *(Wilkinson and Carson, 2002)*.
14. Sexually harmful behaviour may also include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, downloading child abuse images from the internet or exhibit harmful behaviour against other children, masturbating in public and non contact behaviour via information technology. Sexual exploitation is not covered by these procedures. *(For more information on 'Children involved in prostitution' go to Section 21 of SSCB procedures; <http://www.staffsscb.org.uk/procedures>)*

Procedure

15. When there is a suspicion or allegation of a child having sexually harmed or being likely to sexually harm another person, it should be referred immediately to Children's Social Care First Response Team or to the Police Child Protection Central Referral Unit as detailed in paragraph 11 of these procedures.
16. The police are generally the first point of contact when an allegation of sexual harm has been made and it is critical for them to always consult with the First Response Team regarding cases that come to their attention in order to ensure that there is an appropriate assessment of the victims needs and of the alleged perpetrator's needs; including any risk factors within and outside the family home.

17. On receipt of a referral an initial strategy discussion must occur between Children's Social Care Services, the Police Child Protection Unit and other applicable professionals to share information and determine whether the threshold for section 47 enquiry (*Children Act 1989*) has been reached. (Go to Section 4 of SSCB procedures for further information on '*Undertaking Assessments & Investigations*'). The Police should be consulted and involved in the decision making process even if the child is under ten years old and below the age of criminal prosecution.
18. Where the decision is reached within the strategy discussion that the alleged behaviour does not meet the threshold criteria for significant harm, the details of the referral and reasons for this decision must be clearly recorded. The outcome should also be appropriately shared with any professionals involved; if the referrer is not professional, only limited information can be shared in accordance with inter-agency information sharing arrangements. The need for further assessment and support services to either child / young person should still be considered within a multi-agency, child in need service plan meeting.
19. An initial assessment will normally be undertaken by a Children's Social Care Services within seven working days. The exception to this is if it is apparent from the outset that behaviours are within the scope of healthy, age-appropriate development; at this stage the First Response Team may offer advice, refer the caller to other universal service provision, advise for an assessment under the Common Assessment Framework (CAF) to be initiated, or conclude that no further action is required.
20. Where a section 47 enquiry is required, a different social worker should be allocated for the victim and for the child / young person who is suspected or alleged to have sexually harmed even if they live in the same household, to ensure that both are supported through the core assessment process and that their individual welfare and safety needs are being addressed.
21. Where abuse is inter-familial or where the child / young person who is alleged to have sexually harmed is in the same household, (both within and outside of the family) as other younger or more vulnerable children, the protection of any other potential victims must be addressed and consideration should be given for the need to remove the young person with SHB from the household, at least in the short term. This decision should be reached within a multi-agency setting, whether this is within the realms of a service plan meeting or a strategy meeting
22. In all cases involving sexually harmful behaviour by children and young people, a multi-agency meeting should be held to define the plan for the assessment and coordinate services for the victim and the alleged

perpetrator. **It is important that all involved professionals must be invited to the meetings in order to share information and offer a coordinated, multi-agency approach.**

23. Staffordshire County Council Vulnerable Children's Division and Staffordshire Youth Offending Service have a Service Level Agreement with the NSPCC Sexually Harmful Behaviour (SHB) Service, to provide assessments and treatment services to children and young people who are displaying sexually harmful behaviour.

It is important for the NSPCC Staffordshire SHB Service to be involved within the coordinated, multi-agency response and ideally this should only occur after the completion of an initial assessment by the Vulnerable Children's Division or an ASSET (*Home Office, 2000*) assessment from the Youth Offending Service (YOS).

24. The NSPCC Staffordshire SHB Service will offer advice and consultation to any professional or member of the public where there are concerns about the nature of a child's sexual behaviour and they can be contacted on **08448 920273**. **For further information about the NSPCC Staffordshire SHB Service please see Appendix 5.**

25. If the threshold for undertaking a section 47 enquiry has not been met, the initial assessment completed by the social worker should indicate whether a core assessment needs to be completed and support offered to the child, young person and their family via a coordinated, multi-agency, child in need service plan.

26. Where possible children and young people have a right to be consulted and involved in all matters and decisions that affect their lives and the use of interpreter services should be accessed if needed to achieve this. This right and respect extends to parents and carers and their active participation should be promoted.

Strategy Discussion/Meeting

In all cases where the individual suspected or alleged to have sexually harmed is a child, the Police and Children's Vulnerable Children's Division must convene a strategy discussion or, in most cases, a strategy meeting within the required timescales. It is not always apparent at the outset whether a particular behaviour is abusive and a strategy meeting is an appropriate forum in which to share concerns before reaching a collective way forward. The potential complexities of these concerns usually require that the appropriate planning takes place in the form of a meeting that includes the NSPCC Staffordshire SHB Service. (*For further information on strategy discussions & meetings please go to*

27. When the children / young people concerned reside in differing local authorities, the strategy meeting needs to be convened and chaired by the authority in which the potential harmful behaviour occurred. In most cases a combined strategy meeting will be convened to share information in respect of the alleged victim and the child/young person who is suspected of sexually harmful behaviour. The primary aim of any intervention should remain focussed on the protection of the victim, the protection of any other potential victims and the avoidance of repetition of the sexually harmful behaviour.

28. These strategy meeting(s) will be convened and chaired by Children's Social Care Services and a record of the meeting made. The following individuals should be invited to the meeting:

- A representative from the NSPCC Staffordshire SHB Service
- The social worker for the child who is suspected or alleged to have sexually harmed another person.
- The social worker for the child or young person who has allegedly been the victim of sexual harm.
- The social workers line manager (either the victims or the young person who has displayed the SHB)
- A Police representative: Please note that if a young person who is alleged to have exhibited SHB is going through the criminal process the strategy meeting will require information from the PACE interview if it has taken place, either in report form or in the form of a witness statement.
- A YOS representative when the young person is suspected or alleged to have sexually harmed is aged 10 years or over and is going through the criminal process.
- School representative(s) for the respective children.
- School Nurse and/or other appropriate health service representatives (for example the Named Nurse for Child Protection)
- A representative from fostering or residential services if appropriate
- A Paediatrician responsible for child protection medical investigations.
- An Education Safeguarding Officer.

29. The meeting must plan in detail the respective roles of those involved in the section 47 enquiry or multi-agency (child in need) service plan meeting and ensure the following objectives have been considered even if the victim does not perceive the behaviour as harmful:

- The immediate protection of all of the children involved and any others in

contact with the child/ young person who is suspected or alleged to have sexually harmed.

- The age and vulnerability of the child or young person who is the alleged victim and their experience.
- It is recognised that some sexual behaviour inevitably takes place between children of a similar age, however it should also be acknowledged that younger children do not have the age or understanding to give informed consent; the greater the age difference between those involved, the more likely that it is sexually inappropriate/harmful.
- The age and vulnerability of the child or young person who is displaying sexually harmful behaviour.
- Whether the child / young person who is alleged to have sexually harmed acknowledges their behaviour or actions, minimises or denies the allegations made.
- Seriousness and frequency of the alleged incident(s).
- If there is evidence that one of the parties, even if they are of the same age, protested, physically resisted or attempted to avoid the interaction then this suggests that consent was not given.
- The social relationship between the parties. Even when those involved are of a similar age; the size, power, level of assertiveness and authority of the young person alleged to have sexually harmed and their cognitive abilities, may influence the victim's ability to give informed consent.
- If the child / young person suspected or alleged to have sexually harmed appear to target a particular type of victim? Evidence that factors such as age, gender, vulnerability or learning disability are apparent in their choice of victim should be of concern.
- The likelihood or progress of any criminal prosecution.
- Consider the attitude and response of parents or carers and their ability to protect their own child/ren.
- Whether there is any evidence or grounds to believe that the child or young person who is suspected or alleged to have sexually harmed, has also been the victim of abuse themselves.
- Whether there is any evidence or reason to suspect that adults have been involved in the development of the alleged sexually harmful behaviours.
- Whether any party has a learning difficulty, disability, mental health needs.
- Whether any substance use (drugs and alcohol) is a known or suspected factor.
- Arrangements also need to be made to enable the child/ren and young person(s) to continue with their school attendance/education. An individual 'Risk Assessment and Management Plan' is integral to this arrangement and should be completed with the Education Safeguarding Officer and/or

an NSPCC SHB Practitioner/ Social Worker/ or YOS Worker involved.

- If medical examination or sexual health advice is required.
- If there is suspicion that the child under investigation may also be a victim of abuse consideration needs to be given to the order and timing of the video interviews.

30. When a child aged 10 years or over is alleged to have committed an offence, the first interview with the child / young person must be undertaken by the Police in accordance with the Police and Criminal Evidence Act (*PACE, 1984*). A social worker who has interviewed the alleged victim, should not act as an appropriate adult at the interview of the alleged perpetrator and the Youth Offending Service or Staffordshire Children's Social Care Emergency Duty Service (out of hours) should provide a worker to attend the interview in the event of nobody well known to the child, (such as a parent or carer) being available. The involvement of parents and carers as 'appropriate adults' in these circumstances should be the subject of careful consideration.

31. The purpose of the strategy meeting is to co-ordinate and plan a child protection enquiry and to decide if a core assessment under section 47 procedures, or a section 17 child in need assessment is required. This meeting will also decide whether a further strategy meeting is needed and the timing of this. A record of the strategy meeting will be produced and circulated.

32. If at this stage no further action is required, all agencies who have been involved should be informed of the outcome in writing. The parents or carers of the child will also be informed of the outcome of the meeting unless to do so would prejudice any further enquiries. Parents or carers should not however, receive minutes of the strategy meeting(s).

33. The decision about initiating a child protection conference should be made following the outcome of the section 47 enquiry.

Outcomes of Section 47 Enquiries

34. If a child protection conference is not convened and there is an identified need for services to address the needs of the children concerned, a service plan should be drawn up by Children's Social Care in consultation with the young person, their parents / carers and professionals and a core assessment will proceed in accordance with the Assessment Framework timescales. The multi-agency service plan should be subject to review and include the child's need for any work to address their sexually harmful behaviour.

35. If the information gathered in the course of the section 47 enquiry suggests the child / young person who is suspected or alleged to have

sexually harmed is also a victim of any form of abuse, an initial child protection conference must be convened in accordance with inter-agency procedures. This needs to be convened with 15 working days from the date of the last strategy meeting. A representative from the Youth Offending Service should also be invited when the child/young person is aged 10 years or over.

36. A young person who is alleged or suspected to have sexually harmed should only be the subject of an initial child protection conference if they are considered to be at risk of significant harm.
37. The purpose of the child protection conference will be to consider if the child's name should be made subject of a child protection plan. This plan should include the child's needs for any work which addresses their sexually harmful behaviour and the progress of the plan needs to be monitored via the core group and any progress reported to the child protection review conference.
38. If the decision is made at the initial child protection conference for the child / young person not to be made subject of a child protection plan, consideration needs to be given to accessing appropriate services to address their sexually harmful behaviour and to manage need and any risk factors, through a multi-agency service plan meeting. Where appropriate consideration should be given to maintaining care and education arrangements and the core assessment, undertaken as part of section 47 enquiries, should be completed (if this has not already occurred) within the required timescales.
39. Regardless of whether the process followed is through an initial child protection conference or a multi-agency service planning meeting, it is important that children receive a level of intervention appropriate to their needs and risk factors. Working Together 2006 (p.200, para: 11.35) guidance states that;

“Neither child welfare nor criminal justice agencies should embark on a course of action that has implications for the other without appropriate consultation”.
40. To achieve this all agencies detailed in paragraph 28 need to work together to achieve the best possible outcomes for all of the children and young people involved.
41. The NSPCC Staffordshire SHB Service should always be consulted and involved within the decision making process to ensure that children/young people receive support that is appropriate to their level of need and risk, and they need to be invited to either the initial child protection conference or the multi-agency service plan meeting and subsequent reviews of these plans.

Youth Offending Service

42. The Youth Offending Service's (YOS) role in working with young people over the age of 10 years who sexually harm, is to ensure that their offending behaviour is addressed and to work with other agencies to assess and manage the risk they present to the community.
43. Work with adolescents incorporates both ASSET and the Assessment Framework (2000) model to ensure that both the developmental features and criminal aspect are factored into the assessment of the young person and their parents / carers.
44. The YOS may become involved with those accused of sexual offences at the initial stage through them acting as an appropriate adult, however this may be an isolated role without any further intervention from YOS until court proceedings take place, or a final warning is given.
45. Where a case is adjourned it is possible that the court require a level of intervention from YOS to ensure bail conditions are abided by. In these cases the court will request a bail support package as a condition of bail, and YOS will supervise the young person on bail, providing regular contact, advice and support, but not providing any specific SHB intervention.
46. If the young person is pleading not guilty then the YOS may have no direct contact with that young person or their family until after a finding of guilt at Court. However, where a multi-agency meeting (section 47 strategy meeting or service plan meeting) is convened by Children's Social Care, a representative from the YOS should attend in order to share appropriate information and participate in risk management decisions.
47. Where a young person is charged with an offence and is subsequently convicted, it is the responsibility of the YOS worker to coordinate an assessment of risk together with the NSPCC. A protocol exists between YOS and the NSPCC that provides for a level of service to young offenders who display SHB which includes an initial assessment, further assessment and intervention.
48. All young people that are convicted of sexual offences will be subject to YOS internal management of risk procedures and may be subject to MAPPA (*Multi-Agency Public Protection Arrangements*) should they be registered sex offenders. In Staffordshire there is a MAPPA Youth Panel that considers the risks / needs of young people under the age of eighteen years old.
49. There will be occasions where the young person receives an order from the court and is not known to either YOS or Children's Social Care Services, or known only to YOS. In these circumstances, the YOS Team

Manager should convene and chair the multi-agency meeting, usually through the YOS management of risk procedures. Education and Connexions should be part of this meeting in addition to those identified in paragraph 28.

50. It is acknowledged that the young person's court order may expire, resulting in the possibility of YOS intervention ending before the work to address their SHB has been completed. A multi-agency meeting should therefore be convened before any order expires and an agreement reached in respect of which agency will assume the key-worker role with the young person, until the work / support offered to them has ended. With the agreement of the YOS manager, this role may still be fulfilled by a YOS worker on a voluntary basis.
51. The assessment and intervention findings completed by the NSPCC Staffordshire SHB Service can be used to inform the core assessment process or used as a stand-alone report. Where appropriate it may be shared within any further multi-agency forums.

Bibliography

- DOH Children Act 1989 & 2004 HMSO
- Working Together to Safeguard Children from Harm 1999 & 2006
- Staffordshire Safeguarding Children Board Procedures; www.staffsscb.org.uk
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- Carson, C & AIM Project (2007): *An Initial Assessment & Intervention: For children under 12 years who display sexually harmful behaviour*
- Chaffin, M (2000); *Keynote Speech. NOTA Conference, Dublin*
- Johnson, T.C (1999); *Understanding Your Child's Sexual Behaviour* - New Harbinger Publications.
- Wilkinson, L. & Carson, C. (2002): *Guidelines for the Initial Assessment of Children under 10 years old with Problematic Sexual Behaviour – AIM Project Initial Assessment Manual.*

Appendix 1

Behaviours related to sex and sexuality in preschool children

Children in this category have more limited peer contact and tend to be involved in self-exploration.



Healthy Sexual Behaviours



Concerning / Problematic



Harmful Sexual Behaviours

Touches/rubs own genitals when nappies are being changed, when going to sleep, when tense, excited or afraid. Gets pleasurable sensations by stimulating themselves.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self to the exclusion of normal childhood activities. Hurts own genitals by touching/rubbing.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the "private parts" of familiar adults and children	Touches the "private parts" of adult not in family, unknown child, or familiar people after being told "no". Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow his/her touching, demands that others touch him/her.
Takes advantage of opportunity to look at nude people.	Stares at nude people even after having seen many people nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, babies.	Keeps asking people even after parent has answered all questions at age appropriate level.	Asks unfamiliar people after parent has answered all questions. Sexual knowledge too great for age.
Erections.	Continuous erections.	Painful erections.
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent repeatedly and consistently says "no".	Refuses to put on clothes. Secretly shows self in public after many scoldings.




Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane in days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing or intercourse.
Interested in own faeces.	Smears faeces on walls or floor more than one time.	Repeatedly plays or smears faeces after scolding
Plays doctor inspecting others' bodies.	Frequently plays doctor after being repeatedly told "no".	Forces child to play doctor, to take off clothes.
Experiments/ explores by sticking fingers and objects into holes - first their mouths, stick things in ears, nose. Puts something in own genitals or rectum one time for curiosity or exploration.	Puts something in genitals or rectum of self or other after being told "no".	Any coercion, force, pain in putting something in genitals or rectum of self or other child.
Plays house, acts out roles of Mommy and Daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

Johnson, T.C (1999); *Understanding Your Child's Sexual Behaviour* - New Harbinger Publications.

Appendix 2

Behaviours related to sex and sexuality in primary school children

More access to peers and more interactive sexual exploration can occur both with peers of same and opposite sex.

	Healthy Sexual Behaviours		Concerning / Problematic		Harmful Sexual Behaviours
	Asks about the genitals, breasts, intercourse, babies.		Shows fear or anxiety about sexual topics.		Endless questions about sex after curiosity satisfied. Sexual knowledge too great for age.
	Interested in watching/peeking at people doing bathroom functions.		Keeps getting caught watching/peeking at others doing bathroom functions.		Refuses to leave people alone in bathroom.
	Uses "dirty" words for bathroom functions, genitals, and sex.		Uses "dirty" words with adults after parent consistently says "no", punishes child, and uses healthy language themselves.		Continues use of "dirty" words even after exclusion from school and activities.
	Plays doctor, inspecting others' bodies		Frequently plays doctor and gets caught after being told "no".		Forces child to play doctor to take off clothes.
	Boys and girls are interested in having/birthing a baby.		Boy keeps making believe he is having a baby after month(s).		Child displays fear or anger about babies or intercourse.
	Show others his/her genitals.		Wants to be nude in public after the parent says "no" and punishes child.		Refuses to put on clothes. Exposes self in public after many scoldings.
	Interest in urination and defecation		Plays with faeces. Purposely urinates outside of toilet bowl.		Repeatedly plays with or smears faeces. Purposely urinates on furniture.
	Touches/rubs own genitals when going to sleep, when tense, excited or afraid.		Continues to touch/rub genitals in public after being told "no". Rubs genitals on furniture or other objects.		Touches/rubs self in public or in private to the exclusion of normal childhood activities. Rubs genitals on people.

Plays house, may simulate all roles of Mommy and Daddy.	Humping other children with clothes on. Imitates sexual behaviour with dolls/stuffed toy.	Humping naked. Intercourse with another child. Forcing sex on other child.
Thinks other gender children are "gross" or have "cooties". Chases them.	Uses "dirty" language when other children <i>really</i> complain.	Uses bad language against other child's family. Hurts other gender children.
Talks about sex with friends. Talks about having a girl/boy friend.	Sex talk gets child in trouble. Romanticises all relationships.	Talks about sex and sexual acts habitually. Repeatedly in trouble with regard to sexual talk.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when observed changing clothes.	Aggressive or fearful in demand for privacy.
Likes to hear and tell "dirty" jokes.	Keeps getting caught telling "dirty" jokes. Makes sexual sounds, e.g. sighs, moans.	Still tells "dirty" jokes even after exclusion from school and activities.
Looks at nude pictures.	Continuous fascination with nude pictures.	Wants to masturbate to nude pictures or display them.
Plays games with same aged children related to sex and sexuality.	Wants to play games with much younger/older children related to sex and sexuality.	Child or children force others to play sexual games.
Draws genitals on human figures for artistic expression or because figure is being portrayed in the nude.	Draws genitals on some nude figures but not others or on drawings of clothed people. Genitals disproportionate to size of body.	Genitals stand out as most prominent feature of drawing. Drawings of intercourse, group sex. Sadism, Masochism shown.
Explores differences between males and females, boys and girls.	Confused about male/female differences after all questions have been answered.	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex.
Takes advantage of opportunity to look at nude people.	Stares/sneaks to stare at nude people even after having seen many people nude.	Asks people to take off their clothes. Tries to forcibly undress people.

Pretends to be opposite gender.	Wants to be opposite gender.	Hates being own gender. Hates own genitals.
Wants to compare genitals with peer aged friends.	Wants to compare genitals with much older or much younger people.	Demands to see the genitals, breasts, buttocks of others.
Interest in touching genitals, breasts, buttocks of other same age child or have child touch his/hers.	Continuously wants to touch genitals, breasts, buttocks of other child/children. Tries to engage in oral, anal, vaginal sex.	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal, or vaginal sex.
Kisses familiar adults and children. Allows kisses by familiar adults and children.	French kissing. Talks in sexualised manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection. Kisses unfamiliar adult or child.	Overly familiar with strangers. Talks/acts in a sexualised manner with unknown adults. Physical contact with adult causes excessive agitation to child or adult.
Looks at the genitals, buttocks, breasts of others.	Touches/stares at the genitals, breasts, buttocks of others. Asks others to touch him/her on these parts.	Sneakily or forcibly touches genitals, breasts, buttocks of others. Tries to manipulate others into touching him/her.
Erections. Masturbation less random.	Continuous erections.	Painful erections.
Puts something in own genitals/rectum for the physical sensation, curiosity or exploration.	Puts something in own genitals/rectum frequently or when it feels uncomfortable. Puts something in the genitals/rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Causing harm to own/others' genitals/rectum.
Interest in breeding behaviour of animals.	Touching genitals of animals.	Sexual behaviours with animals.

Johnson, T.C (1999); *Understanding Your Child's Sexual Behaviour* - New Harbinger Publications.

Appendix 3



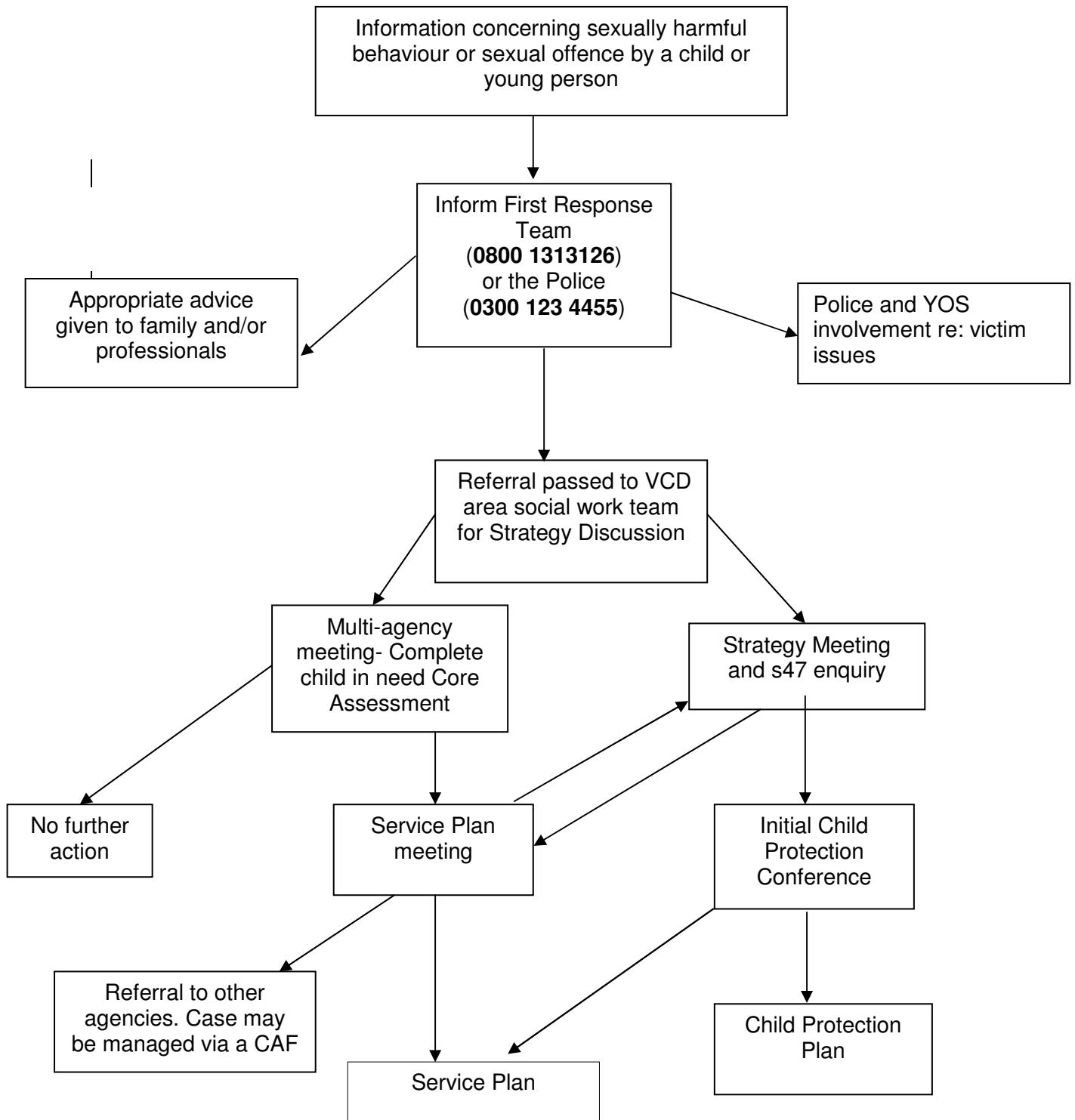
Adolescents

Behaviours indicating need for monitoring, limited response or assessment	Behaviours indicating need for assessment / intervention	Behaviours that require assessments / treatment
Sexual preoccupation / anxiety.	Compulsive masturbation if chronic or public.	Forced sexual assault or rape.
Use of hard core pornography.	Persistent or aggressive attempts to expose other's genitals.	Inflicting genital injury.
	Chronic use of pornography with sadistic or violent themes.	Sexual contact with animals.
Twinning of sexuality and aggression.	Sexually explicit conversations with significantly younger children.	
Sexual graffiti relating to others or having disturbing content.	Touching another's genitals without permission.	Sexual contact with significantly younger children.
Single occurrence of exposure, peeping, frottage or obscene telephone calls.	Sexually explicit threats.	Persistent obscene telephone calls, voyeurism, exhibitionism, and frottage.

Johnson, T.C (1999); *Understanding Your Child's Sexual Behaviour* - New Harbinger Publications.

Appendix 4

**PROCEDURE FOR INTERVENTIONS FOR CHILDREN AND
YOUNG PEOPLE WHO DISPLAY SEXUALLY HARMFUL
BEHAVIOUR**



Appendix 5



INTRODUCTION AND OVERVIEW

Staffordshire Sexually Harmful Behaviour Service

Staffordshire SHB Service is a County wide service offering individual support to young people and their families. The team work with children and young people referred to us where there are concerns in respect of problematic sexual behaviour and where sexually harmful behaviour has been identified as a source of concern. This work includes assessments and longer-term intervention to the child/young person and their families. The overall aim of our work is to assist children and young people in developing appropriate relationships in the future and to ensure that the risks of further behaviour occurring are reduced and managed. A significant part of our work is to put in place safe care plans that ensure the ongoing protection of others whilst helping young people to make appropriate decisions in respect of their future behaviour.

Our work often involves one to one sessions with the young person in order to gain an understanding of the behaviour and to help children/young people make changes to their behaviour and relationships with others. Given the often complex needs of the young people referred to this service, assessments sessions are also undertaken with parents/carers in order to gain a clearer understanding of the young person, their backgrounds and any significant life events which may have contributed to the behaviour taking place.

The team work very closely with a number of key agencies including Social Services, education, Police and the Youth Offending Service in order to ensure that a multi-agency approach is considered to this specific group of young people. Individual work is undertaken that takes into account all of the young person's needs and does not simply focus upon the problematic behaviour. We also offer a regular consultation service to other professionals who may be undertaking specific work with a young person and where specific advice and guidance around their work is required.

The young people referred to this Service have often suffered a number of traumatic events. This includes them being the subject of physical and or sexual abuse, neglect and often includes them having witnessed domestic violence and inappropriate behaviour. Our work seeks to help young people understand and move on from their own negative experiences, by

improving their confidence, self-esteem and feelings about themselves and their future.

The team also provides ten days training per year to the key agencies involved with this Service. Six days training is delivered to professionals from the local Safeguarding Board. The other four training days are offered to foster carers and their Family Placement link Social Workers. The training is very well received and is significant in our influencing work with others and their understanding and responses to young people who display SHB.

Referrals are usually taken on a Monday, Wednesday or Friday morning and are considered in line with the local safeguarding procedures that are in place.

Contact details

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