

<p>Title: Safeguarding children who exhibit sexually harmful behaviour</p>		 <p>Salford Safeguarding Children Board</p> <p>Keeping children safe IN Salford</p>	
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1. What is Sexually Harmful Behaviour?

- 1.1 Sexually harmful behaviour is the term used to describe children or young people who sexually abuse other children, young people or adults.
- 1.2 The sexual abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the treatment of the child or young person exhibiting the sexually harmful behaviour.
- 1.3 Research suggests that between 25 – 33% of all sexual abuse is perpetrated by young people between the ages of 10 – 19 years old (Cawson et al 2000; Finkelhor, 1979; and Home Office, 1998).
- 1.4 While there is not yet sufficient evidence to show how many children using sexually abusive behaviour go on to a 'career' of sexual abuse, research suggests that 50% of adult sex offenders admit to having started their sexual offending as adolescents (Abel et al, 1985).
- 1.5 It is therefore important that reports of apparently abusive/inappropriate sexual behaviour by a child or young person are taken seriously and responded to appropriately. The earlier the identification of the sexually abusive behaviour, the greater the potential for intervention before it has the potential to develop further and become more entrenched.
- 1.6 It is important to avoid stigmatising age-appropriate, developmental behaviour. It is crucial to be able to differentiate between sexual behaviour that is appropriate for the developmental stage of both participants, and sexual behaviour that is either age-inappropriate and/or abusive in nature, and requires intervention.

2. Identifying Sexually Harmful Behaviour

- 2.1 The NSPCC state that an imbalance of power is a key factor in sexually harmful behaviour. As a rule, a difference of two or more years is sufficient to cause a significant imbalance of power between children and young people - although power differentials can exist regardless of age.

- 2.2 It is important to consider the dynamics in the relationship between the alleged perpetrator and victim, and to differentiate mutual, consensual sexual behaviour from sexual behaviour where issues of power difference, use of coercion/force, the victim's experience, and other factors, indicate abusive behaviour requiring further investigation and intervention.
- 2.3 Guidelines created by Cunningham and MacFarlane (1991) are useful in responding to seemingly inappropriate behaviour by younger children. For the three age groups, they differentiate between levels of sexual behaviour which are developmentally appropriate and do not therefore require intervention, and those which require further assessment as being 'Abnormal/ Abusive'.

Fig 1;What's Normal: Stages of Sexual Development

Ages	Expected development	Worrying development
0 - 5 years	<p>Intense curiosity about others' bodies and bathroom activities.</p> <p>Masturbation (touching genitals) from infancy/pre-school continues as a self-soothing behaviour, generally are indiscreet.</p> <p>Behaviour is exploratory.</p> <p>May show genitalia to others in a curiosity seeking way.</p> <p>Children at this stage respond quickly to re-direction.</p>	<p>Curiosity becomes obsessive pre-occupation.</p> <p>Exploration becomes re-enactment of specific adult sexual activity.</p> <p>Behaviour involves coercion toward others or injury to themselves.</p> <p>Cannot be re-directed - "stuck" behaviour - makes them feel less anxious.</p>
6 - 10 years (Latency)	Continue to touch and fondle their own genitals,	Sexual penetration.

	<p>evolving to masturbation.</p> <p>More secretive about self-touching/curiosity.</p> <p>Seeking turns to game-play ("I'll show you mine...show me yours"), play "doctor".</p>	<p>Genital kissing.</p> <p>Oral copulation</p> <p>Simulated intercourse.</p> <p>Putting objects inside self/others.</p>
<p>10-12 years (Pre-adolescence)</p>	<p>Masturbation continues.</p> <p>Some same gender sexual experiences and viewing of others' bodies, especially of the gender they are attracted to.</p> <p>Interest in pornographic materials (Playboy, Penthouse, etc).</p> <p>Sexual activity with peers, which includes, but is not limited to, kissing, fondling, sometimes penetration.</p>	<p>Sexual play with younger or more vulnerable children and young people (or vulnerable adults), behaviour involves coercion, bribes, and threats.</p> <p>Other</p> <p>Pre-occupation/obsessive quality.</p>

Adapted from: Cunningham & MacFarlane: 'When Children Molest Children', 1991.

3. Referring Sexually Harmful Behaviour

- 3.1 Research suggests that both workers and parents tend to minimise the seriousness of sexually harmful behaviour, dismissing it as 'normal development'.
- 3.2 A worker who suspects sexually abusive behaviour should consult their Designated Child Protection Officer to determine whether or not the behaviour needs to be referred through to children's social care and/or the police.

3.3 The Referral and Initial Assessment Team (RIAT) should be consulted if there is any doubt that the behaviour is appropriate and consensual.

3.4 Where the alleged perpetrator is below the age of criminal responsibility (under 10 years old), the question of prosecution will not arise. It is nevertheless still important that the behaviour is reported to children's social care who will then decide on appropriate action for the perpetrating child and the victim.

4. Multi-Agency Response

4.1 The purpose of a strategy discussion/meeting is to plan and co-ordinate the enquiry stage of the investigation. There may be occasions when more than one strategy discussion/meeting is required.

4.2 Where the child or young person who has allegedly perpetrated the abuse is considered to potentially be a child in need of protection, this next stage of planning will be done as part of a child protection conference.

4.3 A professional with specialist therapeutic knowledge, such as a Child and Adolescent Mental Health Service - CAMHS representative, should be present at the child protection conference.

4.4 Where the conference does not result in the development of a child protection plan, the child or young person's need to have their sexually abusive behaviour addressed should be met through a child in need plan.

5. Risk Assessment

5.1 For all young people who are alleged to have used sexually abusive behaviour a risk assessment and management plan should be drawn up.

5.2 The risk assessment must cover:

5.2.1 The nature of the risk

5.2.2 The likelihood and imminence of the risk

5.2.3 Factors which may raise or reduce risk

5.2.4 Possible consequences of further sexually abusive behaviour

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- 5.2.5 Risk to the young person including their vulnerability to further allegations
- 5.2.6 Risk to sibling and family members
- 5.2.7 Risk to peers including friends, fellow pupils in educational establishments and those they are in contact with in voluntary activities, for example youth clubs / scouts / guides / cadets
- 5.2.8 Risk to members of the public
- 5.3 Both specific people at risk and at risk groups should be identified.
- 5.4 A plan should then be made to manage the risk. This should include:**
 - 5.4.1 What actions need to be taken to manage the risk
 - 5.4.2 Who will take the action
 - 5.4.3 The timescale and/or frequency of the action
- 5.5 The risk assessment and management plan should be shared with:**
 - 5.5.1 Parents and carers
 - 5.5.2 The young person
 - 5.5.3 Education worker
 - 5.5.4 Social care worker
 - 5.5.5 The police (PPIU)
 - 5.5.6 Therapeutic professionals, such as CAMHS
 - 5.5.7 Where a prosecution is likely, the local Youth Offending Service

6. Youth Justice Response

- 6.1 The Youth Offending Service will notify the relevant Children and Young People's Service of any young people entering the court process for a sexual offence and will update them about progress after each hearing.
- 6.2 Young people convicted of a sexual offence will generally be supervised by the Youth Offending Service. Those young people

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assessed as presenting a high risk of harm will be managed through the Multi Agency Public Protection Arrangements.

- 6.3 Where a young person ends their contact with the Youth Offending Service and is still assessed as a high risk the final risk assessment will be passed to the police, for using in Basic Command Unit MAPPA meetings, and to the relevant Children and Young People's Service.

7. Implementation Plan

- 7.1 The points highlighted within this policy will be reviewed by the training Sub Group to ensure that the main elements are included within the Multi-Agency Training Programme.
- 7.2 The policy will be circulated to SSCB Board Members for circulation throughout agencies.
- 7.3 The policy will be displayed on the SSCB Web Pages.

8. Monitoring

- 8.1 This policy will be reviewed in line with changes in National and Local guidance within 2 years of publication.

9. Research

1. Cawson et al (2000). Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect. London. NSPCC.
2. Finkelhor, D. (1979). Sexually victimised children. New York. Free Press.
3. Abe, G.G, Mittelman, M.S. and Becker, J.V. (1985) 'Sex Offenders: results of assessment and recommendations for treatment', in Ben-Ron, M.H, Hucker, S.J and Webster, C.J. (eds). Clinical Criminology: The Assessment and Treatment of Criminal Behaviour, Toronto, M& M. Graphics.

Record of Changes to Document					
Changes approved in this document by - SSCB Policies and Procedures Sub Group					
Section Number	Date	Amendment (<i>shown in bold italics</i>)	Deletion	Addition	Reason

Diversity & Equality Screening Questionnaire

Organisations are legally required to ensure that all new policies and documents are assessed for their impact both positive & negative on equality target groups ; religion/beliefs, disability, age, gender, religion & sexual orientation & transgender.

If you wish to discuss any aspect of this assessment process please contact the Equality Advisor, HR dept.

	Name of policy, document or leaflet; Safeguarding children who exhibit sexually harmful behaviour
1	Whom is this document or policy aimed at ? Staff in all agencies
2	<p>Is this document a specific user group? if yes, why ? (what are the demographics of your target audience?) Children</p> <p>How will you ensure that this policy is cascaded to the target group ? Through relevant partnership agreements</p>
3	Is there any evidence to suggest that different groups have different needs in relation to this policy or document (positive or negative; for example; elderly, patients with disabilities, issues on gender etc) ? no
4	If you a revising a policy are any the changes to this policy likely to impact on any groups? no
5	<p>Have you undertaken any consultation/involvement with service users or other groups in relation to the new policy ? no</p> <p>If yes, what format did this take? face/face or questionnaire? (please attach evidence of this)</p> <p>Were service users who may require additional support (e.g. visually impaired) involved ? no</p>

Has any amendments been implemented as a result of this exercise?			
6	Are you aware if a request has been made for the policy to provided in alternative formats? no If yes, how/was this achieved?		
7	Does the document require any decision to be made which could result in some individuals receiving different treatment, care, outcomes to other individuals (could any group be excluded for any reason)? no On what basis would this decision be made ? Could this impact on any particular group ?		
8	Are you aware of any complaints from service users in relation to the application of this policy ? no If yes, how was the issue resolved ?		
9	Looking at the above points does this indicate that any of the groups listed below have different needs, experiences or priorities groups in relation to the document ?		
	Yes	No	unsure
Age	x		
Disability	x		
Gender		x	
Marital Status		x	
Racial group		x	
Religious belief		x	
Sexual orientation		x	
Transgender		x	
Low Income		x	
10	Any additional comments If any impact has been highlighted by this assessment, you will need to undertake a full equality impact assessment:		

Will this policy require a full impact assessment? No (delete)
(if yes please contact Equality Advisor, HR for further guidance)