

1.14.15 Harmful Sexual Behaviour (HSB) Policy

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Regulations and Standards

England

- [Regulation 12: The protection of children standard](#)
[Guide to the protection of children standard](#)

Wales

- [Regulation 15: Personal plan](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- [Regulation 27: Safeguarding policies and procedures](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made>
- [Regulation 36: Supporting and developing staff](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/36/made>

1. Purpose of Policy

This policy aims to guide the assessment, intervention and care for young people who have harmful or problematic sexual behaviours. This includes:

- Review of national policy and research into harmful sexual behaviours perpetrated by young people;
- Developing a framework where risk is acknowledged and plans are developed to manage risk effectively;

- Considerations for placement within a group home setting/ Education provision;
- How to support carers and education staff who work with young people who exhibit harmful sexual behaviour;
- Working within a multi-agency framework.

1.2 Who was consulted in the writing of this policy?

Young people, care staff, teaching staff, clinical staff, and local youth offending teams.

1.3 What other policies does this relate to?

- **Admissions Policy and Procedure;**
- **Managing Behaviours Policy;**
- **Clinical Consultation Policy;**
- **Therapy Engagement Policy;**
- **Sexual Health and Relationships Procedure;**
- **Offending and Anti-Social Behaviour – Guidance on when to Involve the Police;**
- **Delegated Authorities and Notifiable Events Procedure;**
- **Children's Bedrooms Procedure;**
- **Child and Adult Protection Procedure;**
- **Child Sexual Exploitation Policy Statement.**

2. Terminology and Definitions

Harmful sexual behaviour (HSB) is defined as one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich, 2011). This definition is utilised by the National Society for the Prevention of Cruelty to Children (NSPCC).

It covers a range of behaviours including the following [1]

- Sexual penetration;
- Touching parts of the body;
- Exposure of sexual organs;
- Intrusive observations;
- Stealing underwear;
- Masturbating into another's clothes;
- Obscene communication (such as obscene messages, sexual harassment or denigration);
- Accessing child pornography or showing pornographic material;

- Facilitating sexual behaviour by others.

Electronic, as well as verbal or written, transmission of such messages and materials should also be considered abusive.

Alternative terminology

Inappropriate Sexual Behaviour is a term sometimes used to refer to problematic sexual behaviour. Bryn Melyn Care uses the term **Sexually Harmful Behaviour** in line with current practice and research in the area. When a behaviour becomes sexually harmful is a decision often made by expert professional judgement. The **Sexual Behaviours Traffic Light Tool** should be used to inform thinking around sexual behaviours.

The Department of Health (2006) uses the term '**sexually abusive behaviour**'. This is defined as: 'any sexual interaction with a person(s) of any age that is perpetrated (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative or threatening manner'.

The Department for Education defines the term '**sexual abuse**' in its glossary as: '*forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.*'

[1] Cited in Young People who Sexually Abuse Source Document: Youth Justice Board (2008).

3. Background Information

3.1 What is Harmful Sexual Behaviour?

Sexual abuse is regulated in law by a number of statutes, primarily the Sexual Offences Act 2003, which protects children and young people by creating age boundaries that affect the seriousness of the offence. In particular, young people under the age of 13 are considered in law to be unable to give consent to sexual activity. The law places a strict interpretation on the responsibility of those who engage in sexual activity, which means that young people over the age of 10 years who abuse are expected to take responsibility for their actions.

Sexual exploration during childhood and adolescence is a normal part of development and many expressions of sexual behaviour would result in no cause for concern. To help support professional judgement in this area Brook has developed a **Sexual Behaviours Traffic Light Tool**. The Sexual Behaviours Traffic Light Tool lists examples of green (safe and healthy), amber and red behaviours (both outside safe and healthy) in four different age groups. The age categories deliberately overlap to demonstrate the fluidity and variable nature of development. The 13 to 17 age category may also be a useful guide for vulnerable young people, or young people with physical or learning disabilities, up to the age of 25.

All green, amber and red behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour. Green behaviours may highlight opportunities to provide positive feedback and information that supports healthy sexuality. Amber and red behaviours

may require observation, documentation, education, referral to other services, increased supervision, therapy, safeguarding assessment and/or a legal response.

Sexual development is influenced by many factors. When using the traffic light tool to categorise behaviour, it is necessary to consider the current social, cultural, legal, community and familial context. **Guidance** is provided by Brook for using the sexual behaviours traffic light tool.

3.2 Prevalence

Sexual abuse perpetrated by young people is a comparatively recent field of knowledge in which policy and practice for assessment and intervention is still evolving. There has been an increasing awareness of the prevalence of young people under the age of 18 committing sexually harmful acts, it is estimated that between about one-quarter and one-third of alleged sexual abuse or sexual harm incidents are perpetrated by young people [2].

Whilst there are no official figures which detail how many young people have experienced or perpetrated harmful sexual behaviours, there are estimates which have been obtained from research studies. Official records such as Police records are likely to be a significant under representation of the scale of the problem due to harmful sexual behaviour being under-recognised and under-reported. Retrospective studies present a broad consensus that between 23-40% of all alleged sexual abuse of children and young people is perpetrated by other young people, mainly adolescents (NSPCC, 2011). In 2013-2014 over 4,200 children and young people were reported as being perpetrators of sexual abuse (NSPCC, 2014.)

3.3 Research on factors that contribute to harmful sexual behaviour occurring

Hawkes (2009)[3] noted that “*research into sexually harmful behaviour in children has evolved towards a general recognition that neglect and maltreatment in early childhood, including sexual abuse, may predispose the onset of sexually harmful behaviour.*” Additionally further research has identified four key psychological risk factors, each of which independently or in combination, act as a distinct pathway towards sexually abusive behaviour. (Beech & Ward, 2004[4]; Thornton, 2000[5]; Ward & Siegert 2002[6]). The four key dynamic risk domains are:

- Sexual interests and regulation;
- Offence supportive attitudes (cognitive distortions) supportive of sexually abusive behaviours;
- Socio-affective functioning problems (difficulties related to social functional and emotional management);
- General self-management problems.

Beech and Ward (2004)[3] have developed these factors further, encompassing them into an aetiological model of risk. This model suggests that developmental experiences such as being sexually abused, rejected by parents or suffering poor attachments can lead to the development of risk vulnerability traits. For example, table dynamic (or psychological) risk factors such as poor emotional regulation, sexual self-regulation, socio-affective problems and sexually abuse supportive beliefs. Certain trigger events or contextual situations, such as substance misuse or emotional difficulties/life stresses, can interact with these underlying traits. This interaction can then produce acute dynamic or state factors such as inappropriate sexual thoughts or a need for intimacy that increase the risk of abusive behaviours.

[2] Masson, H and Erooga, M (2006) Children and Young People Who Sexually Abuse Others, London: Routledge

[3] Hawkes, C. (2009). Sexually harmful behaviour in young children and the link to maltreatment in

early childhood: Conclusions from a UK study of boys referred to the National Clinical Assessment and Treatment Service (NCATS): A Specialist Service for sexually harmful behaviour. NSPCC.

[4] Beech, A. & Ward, T. (2004). The integration of etiology and risk in sexual offenders: A theoretical framework. *Aggression and Violent Behaviour*, 10.

[5] Thornton, D. (2000).. Structured risk assessment. Sinclair Seminars Conference on Sex Offender Re-Offence Risk Prediction, Madison, WI: Sinclair Seminars.

[6] Ward, T. & Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime, and Law*, 9.

4. Roles and Responsibilities

4.1 The organisation will:

- Ensure that young people who have previously carried out harmful sexual behaviours are treated as an individual and are not labelled by their previous behaviours;
- Carefully consider matching within our homes for young people where there has been previous evidence of harmful sexual behaviours.

4.2 Care, education and clinical staff will:

- Work with young people in a non-judgmental way whilst seeking to understand behaviours and support young people in recognising the impact that their behaviours have had and the factors that have contributed to these. An alleged perpetrator should always also be considered a victim as displays of sexually harmful behaviour are indicative of underlying problems;
- Use available information from referral documentation and ongoing monitoring to assess the risks posed by young people;
- Promote and support age and functioning appropriate normative sexual behaviours by supporting young people to make healthy decisions about their behaviour and develop their understanding of what is and is not acceptable;
- Provide education and guidance regarding healthy sexual behaviours and sexual relationships;
- Promoting the benefits to young people in addressing harmful sexual behaviours by encouraging access to help and support;
- Reporting any further evidence of harmful sexual behaviours in line with local policy;
- Seek further guidance and support when individuals feel that they are outside of their areas of professional competency;
- The clinical team will support care and education staff to understand the function of harmful sexual behaviours teams through consultation, team meetings and further discussions where required;
- The care and clinical teams will support work with external agencies where required for example the Youth Offending Service.

4.3 All Young People will be encouraged to:

- Develop their understanding of their previous behaviours, why these occurred and how they can refrain from committing harmful sexual acts again in the future;

- Develop their understanding of healthy sexual functioning in line with their age and developmental abilities.

4.4 Social Workers/Parents will be encouraged to:

- Provide information relevant to the assessment of, and intervention with, young people who exhibit harmful sexual behaviours;
- Support and promote the identified treatment plan.

5. Assessment

The purpose of undertaking an assessment of harmful sexual behaviours is to acknowledge that young people who carry out such behaviours are a heterogeneous (diverse) population. As such all young people will present with their own individual risks and needs that contributed to them carrying out a harmful sexual act. Thorough assessment would allow for the underlying functions of such behaviours to be considered, along with providing a detailed formulation as to the factors which contributed to their behaviours. In addition, suggestions for treatment targets and risk management plan to effectively manage risk in the future would be provided.

When undertaking specific risk assessments a structured risk assessment tool suitable for a young person's developmental age and gender should be utilised to underpin a thorough assessment. The risk assessment tool would be used alongside clinical judgement and current research to develop a working formulation of risk and protective factors.

5.1 Young People who have a history of HSB prior to their placement within BMC

If a young person is referred and accepted into a Bryn Melyn Care home who has a history of HSB the nature and extent of these will be considered by the Allocated Clinician. If assessments have previously been carried out either by Youth Offending Teams or other professionals these will be requested and reviewed. If interventions have been carried out previously the Allocated Clinician will seek post treatment reports. The recommendations outlined within these reports, along with any treatment needs/deficits will be highlighted within the Initial Clinical Needs Assessment.

Joint working, including assessment and intervention, with the local Youth Offending Teams can be facilitated if this is required.

If it is considered beneficial to support the management and treatment planning for a young person in our care further assessment of harmful sexual behaviours can be considered.

5.2 Young People who exhibit Harmful Sexual Behaviours whilst placed within BMC

The company policy for official reporting procedures and notifiable events should be followed in the first instance. Following this safeguarding and/or police investigations and/or charges should be brought to conclusion. If a young person is required to work with the Youth Offending Team this can be further supported by the Clinical Team where required.

If no further action is taken it may be considered appropriate for the Clinical Team to undertake an assessment of the behaviours displayed and consider any associated risks with this.

All risk assessments, Individual Behavioural Support Plans (IBSP) and placement plans will be reviewed. This will include review of peer matching in homes and education in addition to risks present in the community.

5.3 Recognised risk assessments for harmful sexual behaviour

- **Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR);**

The ERASOR is a structured professional judgment (SPJ) tool and is designed to assist evaluators to estimate the risk of a sexual re-offence ONLY for individuals aged 12-18 who have previously committed a sexual assault.

- **Juvenile Sexual Offender Assessment Protocol- version 2 (J-SOAP 2);**

An SPJ tool designed for use with boys aged 12 to 18 years including those who have been adjudicated (convicted) for sexual offences and those that have been non-adjudicated but have a history of sexually coercive behaviour

- **Assessment, Intervention and Moving On Project (AIM-2);**

An initial assessment model for young people who display sexually harmful behaviour utilised by Youth Offending Teams.

- **Juvenile Sexual Offence Recidivism Risk Assessment Tool – II (JSORRAT–II);**

An **actuarial** sexual recidivism risk assessment tool designed for male juveniles between ages 12 to 18 years who have been adjudicated guilty for a sexual offence. As this is an actuarial tool this would provide a statistical probability of a young person committing further offences based on historical data.

6. Interventions

6.1 Direct interventions

Interventions would aim to help young people to understand their previous behaviours and help to support young people gaining control over sexually harmful behaviours. As with assessment, an individual treatment approach would be planned taking into consideration the risk factors associated with their behaviours and the needs that their behaviours met.

There are a number of treatment options and approaches which may be considered for young people who exhibit harmful sexual behaviours. Intervention should be holistic, and focus on young person's needs across all aspects of their lives and development. The information presented below identifies specific harmful sexual behaviour targeted treatment; however the formulation should be used to identify detailed and specific treatment goals:

- **The Good Lives Model;**

The GLM is a strengths-based approach that conceptualises sexually harmful behaviour as an individual's inappropriate means to meet their core personal and social needs. Harmful sexual behaviours are seen as way of achieving needs through either: (1) a *direct* route where an individual does not have the skills or competencies to achieve these in an appropriate manner; or (2) an *indirect* route where the behaviour takes place to relieve the negative thoughts and feelings individuals have about their inabilities of achieving goods they are striving for. The aims of treatment are to work with a young person to construct a 'Good Lives plan' which is subsequently reviewed at later meetings. The plan consider a young person's 'old life', what 'needs' their sexual harmful behaviour met and how they can appropriately meet this need in the short and long term.

- **Psycho-social Education;**

The goal of providing psycho-social education would be to provide young people with information regarding what are considered normal, healthy adolescent sexual

behaviours. Topics would include consent in sexual relationships, the consequences for violating social rules/laws regarding sexual behaviours, use of pornography and potential problems related to this and healthy sexual relationships.

- **Relapse Prevention Planning;**

This approach would have a greater focus on offence analysis and understanding the offence chain and the decisions that were made in the lead up to the offence occurring. Work would then be undertaken to look at specific parts of the offence chain and consider how the offence could have been prevented. Future planning would then focus on how a young person could prevent them from acting on their impulses by identifying high risk behaviours and alternatives to offending.

- **Cognitive Behavioural Therapy (CBT);**

The CBT approach is based on the cognitive model which states that thoughts, feelings and behaviours are all connected. CBT is based on the underlying assumption that affect (emotions) and behaviour are largely a product of an individual's cognitions (thoughts) (Kendal, 1991)[7]. This approach would look to work with young people to identify the specific thoughts that impacted upon them carrying out harmful sexual acts and work to challenge these thoughts and replace these with more helpful, pro-social thinking.

Additional treatment targets may include family relationships and attachment difficulties, substance use, emotional management, problem solving, addressing minimisation and attitudes towards victims and wider social functioning and interpersonal relating. (NB: this is not an exhaustive list)

[7] Kendall, P.C. (1991). Guiding theory for treating children and adolescents. In: Kendall, P.C. (ed.), Child and adolescent therapy: Cognitive-behavioural procedures. Guildford Press: New York.

7. Additional Support

7.1 Training

General training will be provided to all staff members working within Bryn Melyn Care to develop their understanding of what constitutes age/development appropriate healthy sexual behaviours. Furthermore, information will be shared on the continuum of sexual behaviours from healthy to abusive. Information will also be shared regarding the underlying factors as identified within research which support the development of problematic sexual behaviours.

Additional training can be provided, where appropriate, when a young person is placed into one of our homes regarding planning on how the home can support a young person in addressing their problematic behaviours.

7.2 Clinical Support

Specialist clinical support can be provided on a case-by-case basis from the point of referral onwards. Additional consultations can be facilitated with individual Registered Care Managers to consider the specific risks associated for young people placed within their care.

Ongoing consultation will be provided for the staff team on a regular basis in line with the company consultation policy. Where necessary further specialist support can be provided to the care teams.

8. National Guidance

In February 2016 the National Institute of Clinical Excellence (NICE) published draft guidance for consultation regarding harmful sexual behaviour among children and young people. When this draft guidance is finalised this current policy will be reviewed in line with the recommendations set out within the final document produced by the NICE.

9. Useful Links

The needs and effective treatment of young people who sexually abuse: current evidence. Royal College of Psychiatrists, 2006.

The needs and effective treatment of young people who sexually abuse: current evidence. Department of Health, 2006.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Department for Education, 2013.

Sexual Behaviours Traffic Light Tool

Sexual Behaviours in Children & Young People - Traffic Lights Brochure

Revision History

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End