Harmful Sexual Behaviour

An Introduction

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AIMS and Objectives

- Improve professionals' practical knowledge of Harmful Sexual Behaviours (HSB) and increase confidence in dealing with HSB.
- Distinguish between developmentally typical sexual behaviour and sexual behaviour that is inappropriate, problematic, or abusive and know when and what action and intervention is required.
- Demonstrate an understanding of the prevalence of Harmful Sexual Behaviours (HSB)
- Highlight the increasing role of technology in HSB.
- Better understanding and response to the complexities of Technology-Assisted Child Sexual Abuse (TACSA)
- Show the that impact professional, personal and unconscious biases have when responding to HSB.
- Develop confidence in responding to young people exhibiting HSB including how we accurately document and record incidents.
- Creating and understanding safety and intervention plans.
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Unconscious Bias

- Unconscious bias is when we unknowingly make decisions or judgements on the basis of assumptions, prior experience or personal thought patterns that get in the way of impartial judgement.

- It's 'unconscious' because we're not aware it's happening. This means it can be difficult for us to address. It does not mean that unconscious bias is an excuse for being e.g. judgemental or racist. We must all be accountable for our actions and the things we say to our colleagues, service users and the people around us.

- Being more aware of what unconscious bias is and examining our own possible biases is crucial to advancing equity and fairness in our judgements and actions. It empowers us to make mindful adjustments where we need to and take more ownership when we make mistakes that harm others.

- While it can be difficult to address, taking time to talk openly and learn more about unconscious bias and its tangible impact is a good place to start.
  - www.rcn.org.uk

Prevalence of HSB

- Hackett's overview of research and crime statistics suggests that anywhere from one
- fifth to three-quarters of sexual abuse is by other children and young people (Hackett,
- 2014). The NSPCC uses the figure of "around a third" as a mid-way point between the
- lower end and the higher end of the estimates.
- • Reviewing the pattern of criminal statistics over a period of a decade, Hackett
- (2004) estimated that between one-fifth and one-third of all child sexual abuse
- in the UK is by other children and adolescents.
- • Research by Vizard found that children and young people account for
- approximately a quarter of all convictions for sexual offences (Vizard, 2004)
- and that 30-50% of sexual abuse is by adolescents (Vizard et al, 2007).
- • Erooga and Masson (2006) found that harmful sexual behaviour (HSB)
- constituted one-third of all sexual abuse coming to the attention of the
- professional system in the UK.
- • Radford et al's 2011 study of child maltreatment in the UK found that 65.9% of
- contact sexual abuse reported by under 18-year-olds was carried out by other
- children and young people under the age of 18

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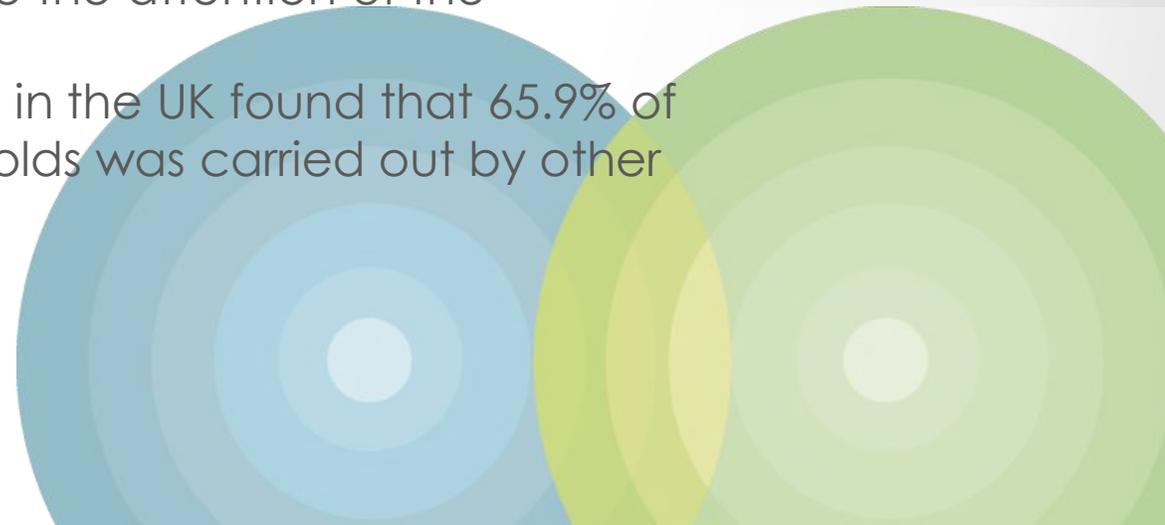
Prevalence Cont….

- Gewirtz-Meydan and Finkelhor's 2020 study of a representative sample of 0-to17-year-olds in the USA found that other children and young people were
- responsible for 76.7% of recorded sexual abuse and assault offences against
- boys and 70.1% of recorded sexual abuse and assault offences against girls.

- When a child is referred to children's social care services, an assessment is
- carried out to identify if the child is in need of services. At the end of the
- assessment social workers record any factors relevant to the case. Data for
- England shows that, in 2023, child-on-child sexual abuse was recorded as a
- factor at the end of 13,100 assessments by local authorities in England; whilst
- adult-on-child sexual abuse was recorded as a factor at the end of 18,810
- assessments (DfE, 2023)

NSPCC statistics briefing June 2024

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What is Harmful Sexual Behaviour?

- "Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult." (Hackett, 2014).

- They can include both online (technology assisted) and contact behaviours. <u>What might examples of these behaviours be?</u>

- <u>Menti.com</u>

- <u>Code 6854 5572</u>

- HSB exhibited by young children is very different to that shown by young people. 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. (Barnardo's, no date)

Children with Learning Disabilities or ASD

According to the Centre of Expertise on Child sexual abuse

- Children and young people with learning disabilities are more vulnerable both to being sexual abused and to displaying inappropriate or problematic sexual behaviour; in one large UK study, 38% of under-18s referred to specialist services because of harmful sexual behaviour were assessed as having a learning disability. However, it is likely that the high level of adult supervision of children and young people with learning disabilities means that their sexual behaviour is more likely to be observed and problematised.

- Reasons why some children and young people with learning disabilities may be more likely to display harmful sexual behaviour include having less understanding that some sexual behaviours are not acceptable, and fewer opportunities to establish acceptable sexual relationships; receiving less sex education; struggling with social skills; and relating more easily to children younger than themselves.

- While research suggests that individuals with autism spectrum disorders are not at increased risk of offending generally, a proportion of harmful sexual behaviours in individuals with autism may result from specific difficulties in understanding what other people may be thinking or feeling.

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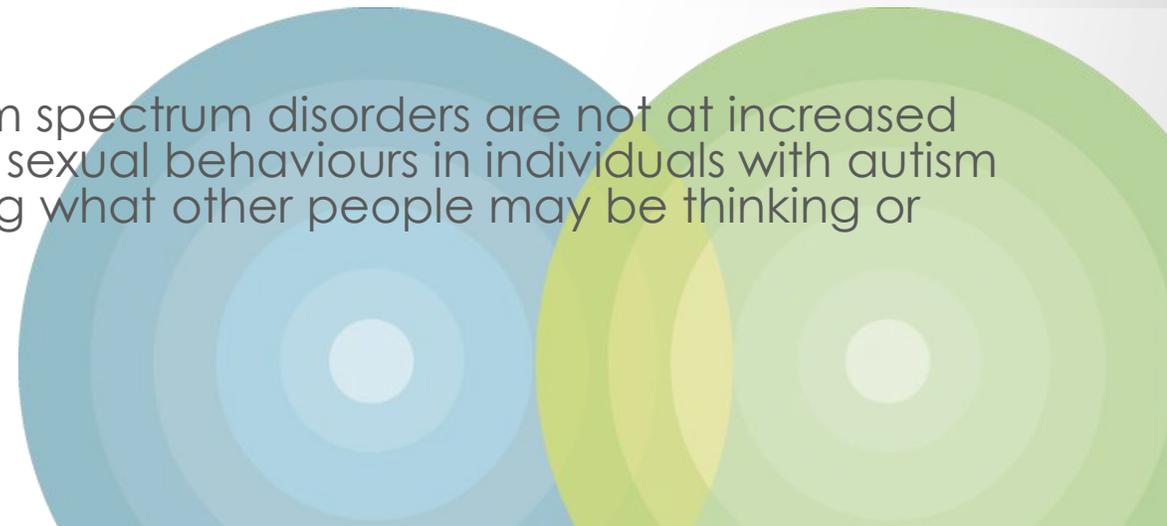
How Does Harmful sexual behaviour develop?

The development of harmful sexual behaviour (HSB) is influenced by a combination of factors:

- child's developmental stage,

- exposure to trauma or neglect,

- and the environment in which they grow up.

HSB can manifest in various forms, such as sexual exploration, mutual sexual activity, or the use of age-inappropriate sexual material. It is crucial to recognize that these behaviours can be a response to underlying issues, such as trauma or the absence of healthy role models. Early intervention and support can help prevent the escalation of harmful behaviours and promote healthy sexual development.
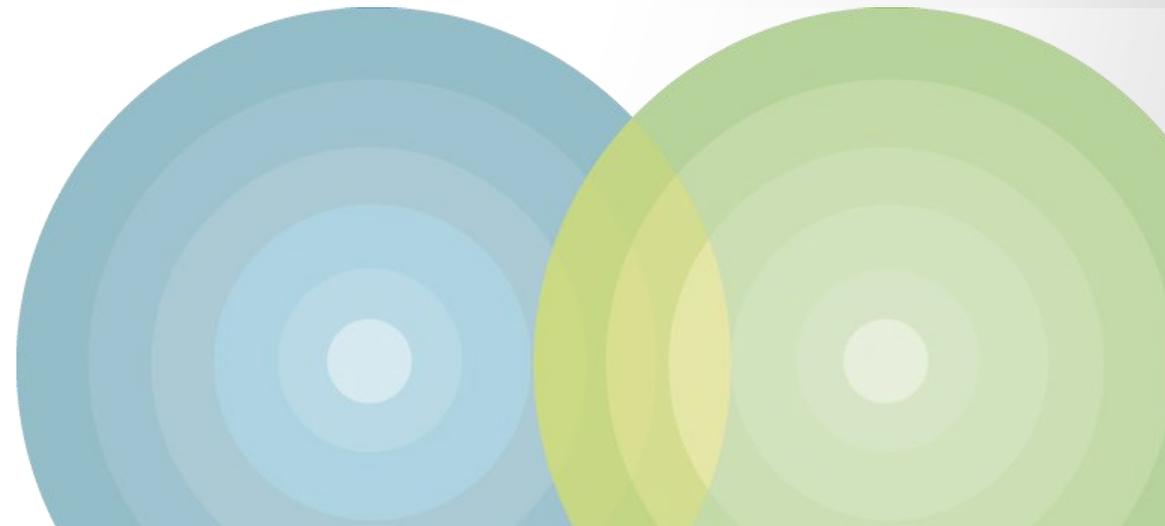
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NICE Guidelines 2016
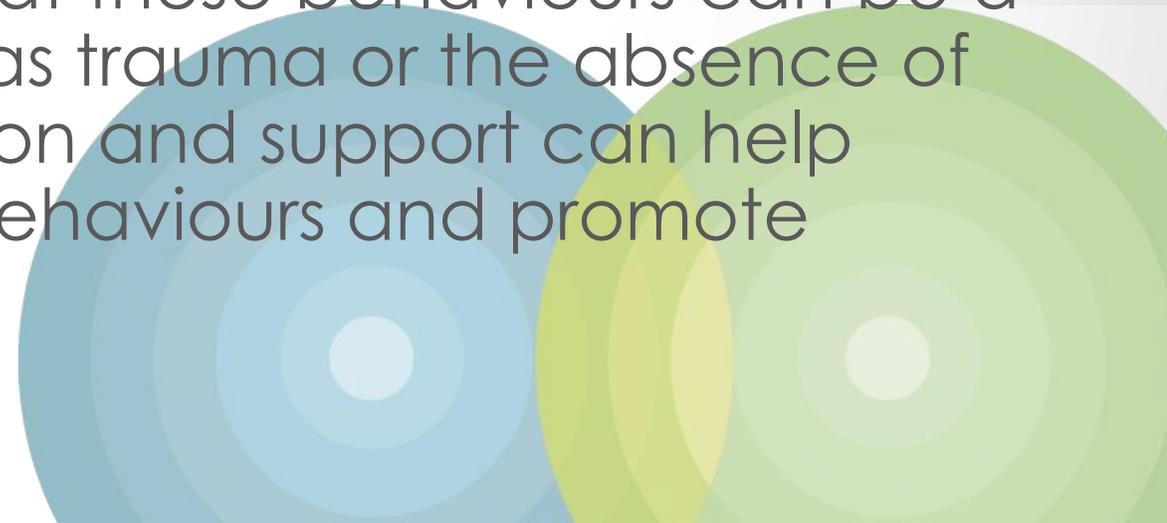
- https://www.nice.org.uk/guidance/NG55
- Outlines multi-agency approach
- Early help
- Risk Assessment
- Engaging with families
- Care/safety plans
- Interventions

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Brook Traffic Light Tool

- https://www.brook.org.uk/education/sexual-behaviours-traffic-light-tool/
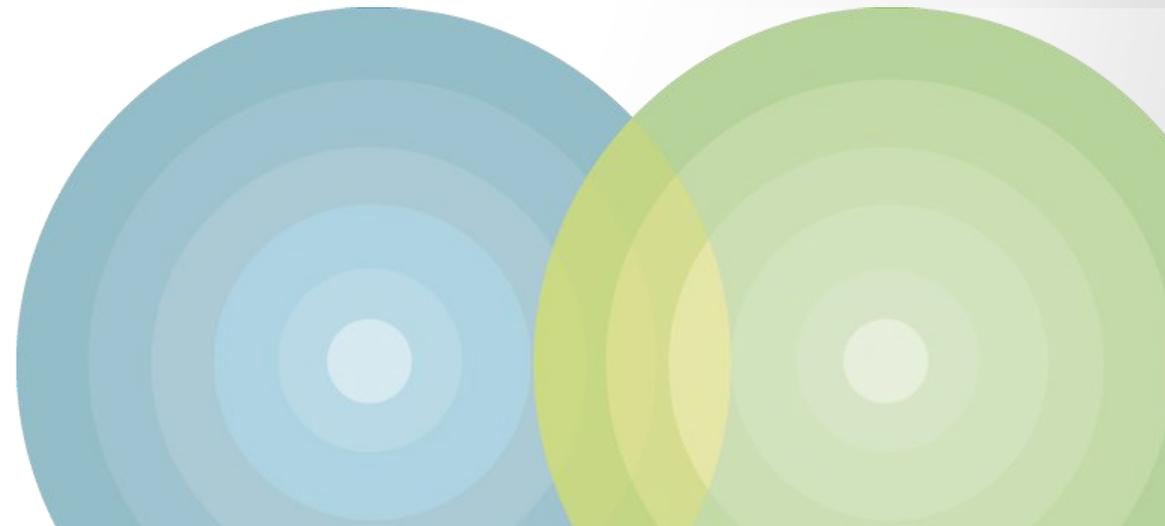- Requires training before you are able to use it

Harmful Sexual Behaviour Framework (2019)

- Updated 2019
- Simon Hackett, Pat Banigan (NSPCC)
- [Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours](#)

Problematic vs Harmful

- • Problematic behaviours don't include overt victimisation of others but are developmentally disruptive and can cause distress, rejection or increase victimisation of the child displaying the behaviour- more often associated with pre-pubescent children.

- • Abusive behaviours involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm. Power imbalance may be due to age, intellectual ability, race or physical strength. Abusive sexual behaviour may or may not have resulted in a criminal conviction or prosecution. Such behaviours are more commonly associated with young people over the age of criminal responsibility or those in puberty. (Harmful Sexual behaviour framework).

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Lucy FaithFull Foundation Traffic Light Tool

- https://www.lucyfaithfull.org.uk/wp-content/uploads/2024/11/Traffic_Light_Guide_Teenager.pdf

AIM 3 Assessments (The Aim Project)

- The AIM 3 assessment is a structured tool designed to evaluate adolescents who display harmful sexual behaviours (HSB), focusing on their needs, risks, and the context of their actions.

- Purpose of AIM 3 Assessment: The AIM 3 assessment aims to provide a comprehensive evaluation of young individuals aged 12 to 18 who are known to engage in harmful sexual behaviours, including both contact and technology-assisted offenses. It helps professionals understand the specific needs and risks associated with each adolescent, facilitating targeted interventions to reduce the likelihood of reoffending.

- Aim under 12's assessment- a specialist assessment for children under 12.

- Requires specialist training in order to complete assessments.

Myth Busting

- 1. Most children who display HSB become adult sex offenders.

- 2. Only boys display harmful sexual behaviour.
- 3. Children with HSB are always victims of abuse themselves.
- 4. Curiosity about bodies and sexuality is always a sign of concern.
- 5. Talking openly about sexual behaviour encourages it.
- 6. Professionals should avoid labelling a child as "a perpetrator."
- 7. Most children showing HSB are over the age of 13.

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Scenario's

- A 5-year-old is curious about body differences and asks a parent why boys and girls look different when getting dressed for swimming.
- An 8-year-old repeatedly uses sexual words at school after overhearing them on Tik Tok. They giggle when using the words and don't appear to understand their meaning.
- A 10-year-old tries to kiss other children on the lips during breaktime despite being told it's not appropriate.
- A 13-year-old touches another student's bottom during PE without consent and laughs it off as "banter." The other student is upset and reports it.

- Sam and Ruby, both aged 4, are playing together in a bedroom. They both have their pants down and are looking at each other's genitals and giggling.

- Maliha is 14 years old and she has been messaging someone online. She has arranged to meet them alone in London for the first time.

- Freddie is 10 years old and is frequently found to be looking at Pornhub and other online pornographic websites on his father's tablet.

- Jake is 16 years old and has ADHD. For the last year he has been sending 'youth generated explicit images' of himself to girls and boys of a similar age and younger. He has started to target one girl of a similar age and is now sending messages of an explicit sexual nature of what he is going to do to her.

- Somana is 5 years old and has started referring to her chest as her 'Boobs' and wants to show people, look and touch theirs.

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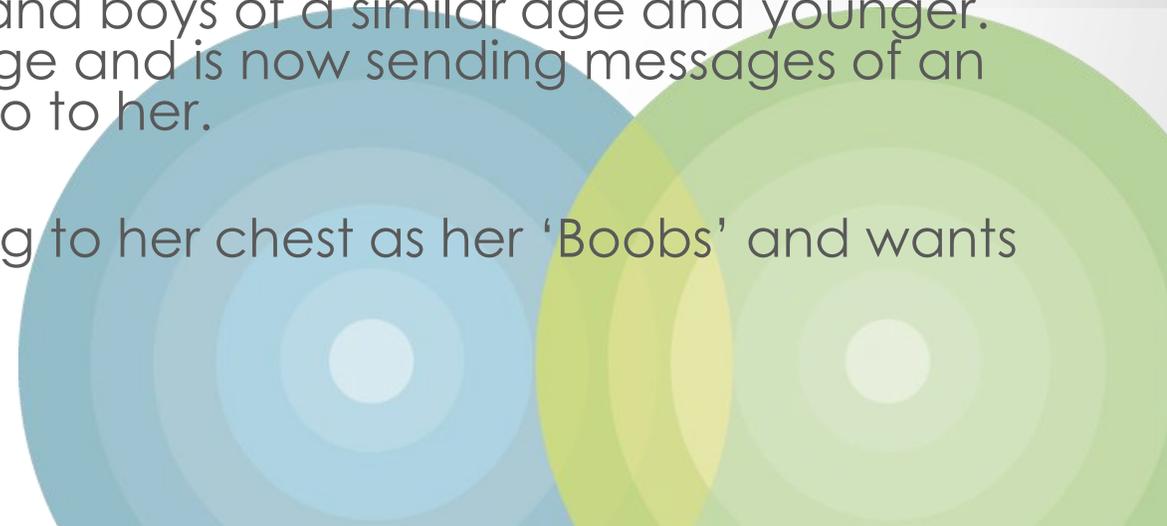
- Samantha is 16 years old and she is sexually active. She often takes small amounts of money to perform sexual acts on boys and men she knows. She does not do this with strangers.

- Rayan is 4 years old and he has started to follow other children into the toilet to watch them.

- Miya is 6 years old and she is often overheard to be talking about sex using adult slang language

- Bahir is 12 years old and his parents have found out that he is viewing pornography online on sites such as porn hub.

- Haneen and Izzy are both 15 years old, they have been boyfriend and girlfriend for six months and they have started to have sexual intercourse. The sexual intercourse is consensual, but Izzy does not like oral sex and has been overheard to say that Haneen insists that she does it on him. He has threatened to dump her if she refuses.
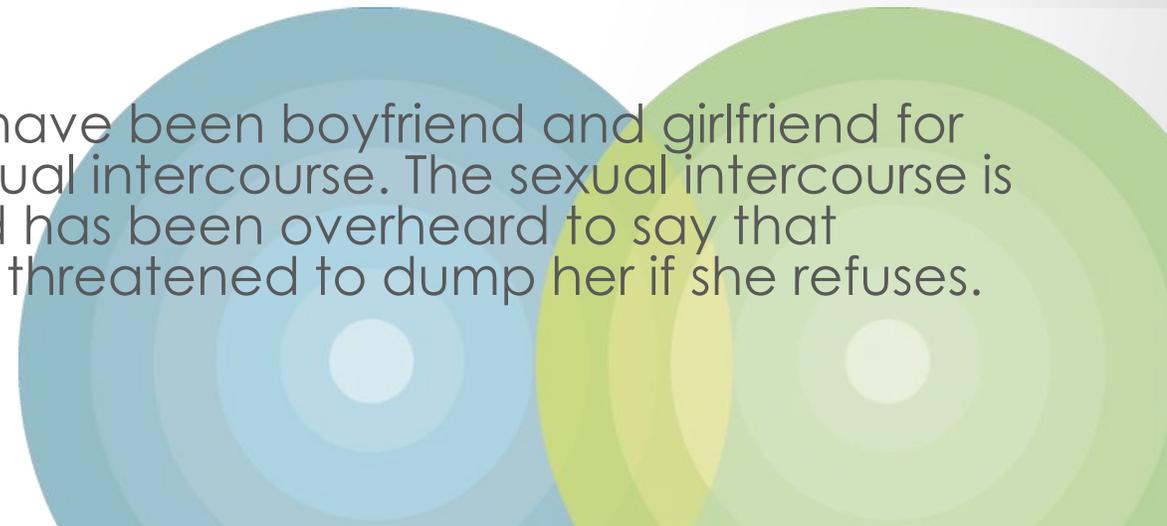
Approaches to working with HSB

- Trauma Informed Practice
- ACE's (Adverse Childhood Experiences)
- PACE
- Therapeutic parenting
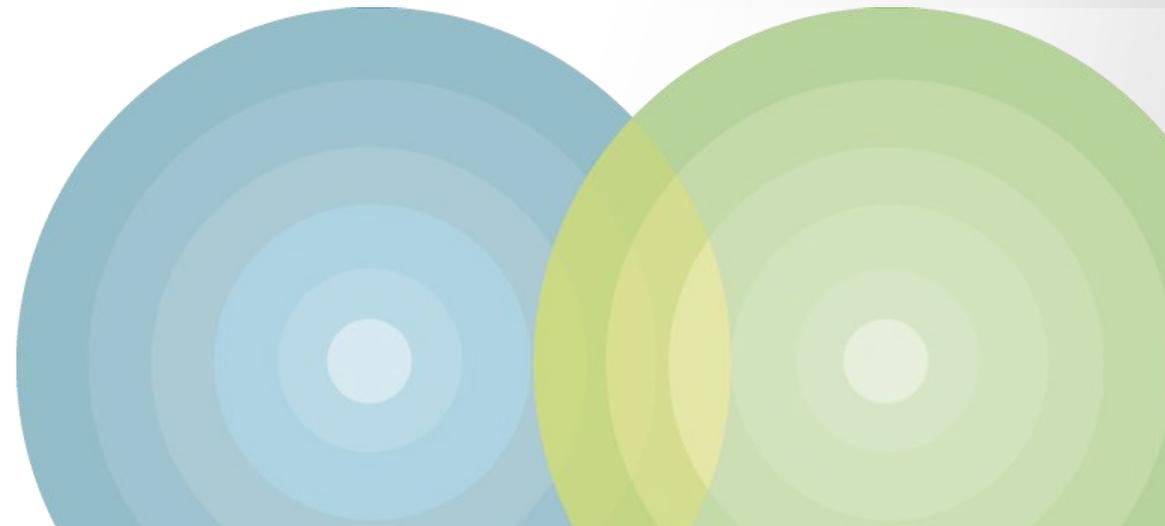
Trauma Informed Care

- In the simplest terms, the concept of trauma-informed care is straightforward. If professionals were to pause and consider the role trauma and lingering traumatic stress plays in the lives of the specific client population served by an individual, professional, organization, or an entire system, how would they behave differently? What steps would they take to avoid, or at least minimize, adding new stress or inadvertently reminding their clients of their past traumas? How can they better help their traumatized clients heal? In effect, by looking at how the entire system is organized and services are delivered through a "trauma lens," what should be done differently? Wilson, Pence, and Conradi (2013) http://socialwork.oxfordre.com/view/10.1093/acrefore/978019 9 975839.001.0001/acrefore-9780199975839-e-1063

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PACE

- The PACE approach, developed by Dr. Dan Hughes, is a therapeutic model designed to foster secure and healthy relationships, particularly with children who have experienced trauma. PACE stands for:

- Playfulness: Engaging with children in a light-hearted manner to create a safe environment.

- Acceptance: Validating children's feelings and experiences without judgment.

- Curiosity: Encouraging exploration and understanding of children's thoughts and behaviours.

- Empathy: Demonstrating understanding and compassion towards children's emotions.

- This approach helps children feel safe and promotes secure attachments, enabling them to reflect on their thoughts and behaviours.

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Adverse Childhood Experiences

- What are Adverse Childhood Experiences?
- Adverse Childhood Experiences (ACEs) are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity." (Young Minds, 2018).

- Examples of ACEs:
- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who has gone to prison
- Living with someone with serious mental illness
- Losing a parent through divorce, death or abandonment
- How Common are ACEs?
- In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al, 2014).

- Impact of ACEs
- Just like attachment, experiencing ACEs can have an impact on our future physical and mental health, and often ACEs can be barriers to healthy attachment relationships forming for children. Some of the effects of ACEs on our physical and mental health are:

- An increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well as increasing the risk of mental health difficulties, violence and becoming a victim of violence.
- An increase in the risk of mental health problems, such as anxiety, depression, and post-traumatic stress. 1 in 3 diagnosed mental health conditions in adulthood directly relate to ACEs.
- The longer an individual experiences an ACE and the more ACEs someone experiences, the bigger the impact it will have on their development and their health.
- Some of the other things exposure to ACEs can impact, are:

- The ability to recognise and manage different emotions.
- The capacity to make and keep healthy friendships and other relationships.
- The ability to manage behaviour in school settings.
- Difficulties coping with emotions safely without causing harm to self or others.
- *ttps://mft.nhs.uk/rmch/services/camhs/young-people/adverse-childhood-experiences-aces-and-attachment/*

Therapeutic Parenting

- Childhood trauma and unmet attachment needs can have profound and lasting effects on a child's development and well-being. Therapeutic parenting is a unique approach to raising children who have experienced early life trauma.

- Therapeutic parenting approaches offer a compassionate framework for supporting children who have experienced trauma and find attachment scary. Therapeutic parenting, emphasises the importance of creating a secure and healing environment

- Therapeutic parenting offers an effective approach to nurturing children and incorporates principles such as sensitivity, structure, connection, and therapeutic communication; caregivers can create a secure and healing environment that supports the child's emotional well-being, social development, and overall recovery.

- With patience, understanding, and access to appropriate support, therapeutic parenting can help children rewrite their narratives, build healthy relationships, and thrive despite their early adversities.

- PACE is often incorporated into therapeutic parenting.

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Technology Assisted HSB

- <u>Sexting or Youth Produced sexual imagery;</u> is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.
- Net Aware research reported that 15.5 per cent of young people aged 11 to 18 have received a request for a sexual image or messages.
- Young people may think 'sexting' is harmless but it can leave them vulnerable to:
- Exploitation; An offender may threaten to share the pictures with the child's family and friends unless the child sends money or more images.
- Unwanted attention ; Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- Emotional distress ;Children can feel embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

Sexting or Youth Produced Sexual Imagery can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.
- Sexting blurs the boundaries between making, viewing and distributing self produced sexual images and Indecent images of children (IIOC). If there is concern that malice is involved it is considered abusive and should be assessed/investigated.
- O2 and Net Aware + NSPCC provide useful guidance on sexting & online safety

Technology Assisted HSB cont....

- 'Cyberflashing' is where somebody digitally sends sexual images or pornography to an unsuspecting person. Due to the nature of channels used to send these images, the victim will not know they have been cyberflashed until they have actively opened the notification or gone into the app.

- AirDrop is a file and image sharing app, bespoke for Apple devices, which enables users to drop content for nearby devices to accept or reject. Cyberflashing most commonly occurs using Apple AirDrop, as strangers can send images to a victim's phone without having their details saved. Cyberflashing can also occur through file sharing apps and social media, especially if the perpetrator has the victim's details. ***www.saferinternet.org.uk***

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Financially Motivated Sexual Extortion

- Financially motivated sexual extortion (often referred to in the media as 'sextortion') is a form of blackmail that can force any individual into paying money to an offender who is threatening to share nude or semi-nude images of them. This can also include forcing them to provide further intimate content or agreeing to do something against their will. Typically perpetrated by organised crime groups operating outside of the UK, sextortion can target any individual regardless of their age or gender.

- *www.saferinternet.org.uk*

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Coerced Online Child Sexual Abuse

- Children can be groomed, coerced or encouraged into sexual activities online. This is known as self-generated child sexual abuse content, or first person produced images and videos. It's where sexual images or videos of children are captured via a webcam or camera-enabled device. There is no physical presence of the abuser and the child is often in their own bedroom or bathroom. Whilst these images can be the product of grooming, blackmail and coercion, they could have also been originally voluntarily produced by the child, but then shared with others without the child's full knowledge or consent. Any child with unsupervised access to the internet is potentially at risk.
- *www.saferinternet.org.uk*
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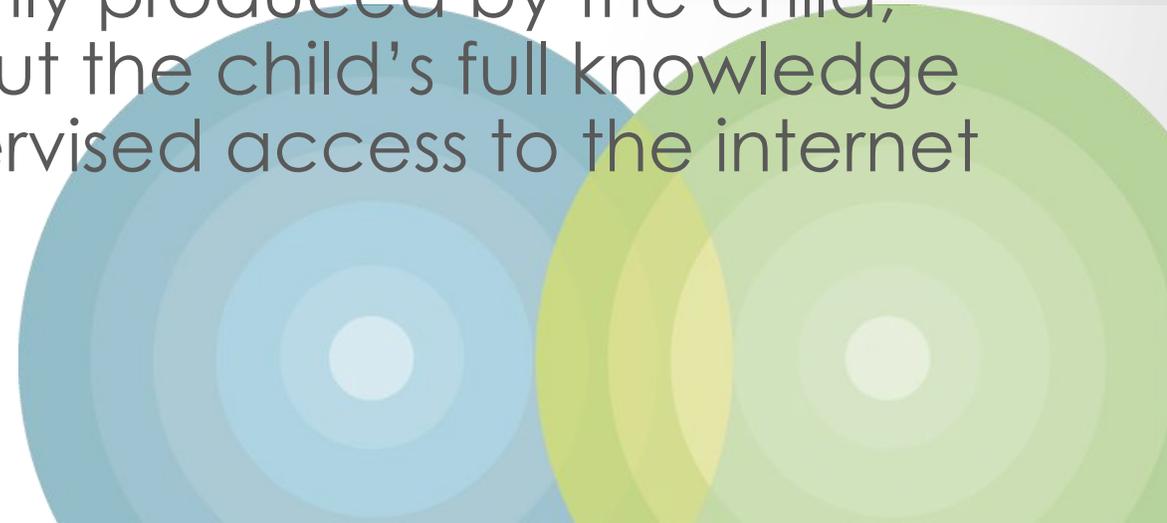
The Four Preconditions Model of Sexual Offending

- The Four preconditions model of sexual offending (Finklehor 1984)

- The Four Preconditions Model asserted that four preconditions needed to be met in order for child sexual abuse to occur:

- Some motivation to sexually abuse a child
- The potential abuser must overcome his or her own inhibitions against sexual activity with a child
- The opportunity to engage in sexual activity with a child
- The resistance of the child to the sexual activity must be overcome

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Finklehor- Steps to Offending
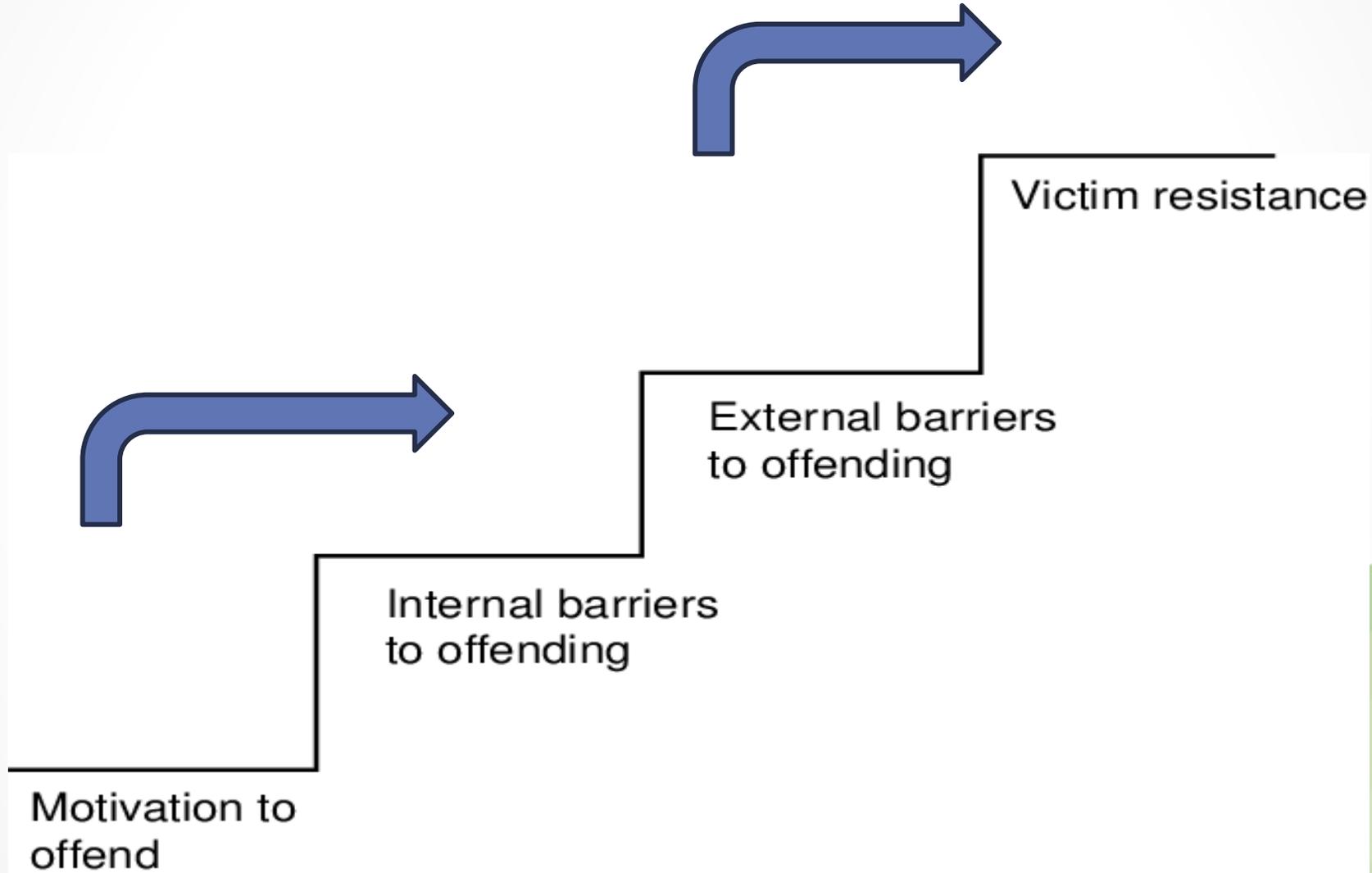
- Motivation to Offend? Eg- I am attracted to the child

- Internal Barriers to Offend? – eg Cognitive Distortions

- External Barriers?- eg- parent or carer?

- Victim Resistance? Eg- bad things will happen if you tell

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Case study 1

James is 11, up until 12 months ago he lived at home with mum, dad and his 8-year-old sister Amelia. They both have an older half sibling, Stuart, who is from dad's first marriage, Stuart is 20 and no longer lives at home.

When Stuart was 15, some male cousins and children in the neighbourhood accused Stuart of sexual touching and exposing himself. Although the police were informed, it went no further. There has been a query over whether Stuart was sexually abusive towards James because of a comment made by a child in the street. 18 months ago Amelia accused James of some sexual touching and attempted penetration with his finger and penis. He was not criminalised for this, but James was removed into local authority care because his parents could not evidence being able to keep both Amelia and James safe. James is now living in a single placement children's home as a result of the breakdown of multiple foster placements. The recurrent theme being the foster carers were struggling to understand or accept the HSB because they cannot see risky behaviour. On two occasions James was allowed to play with the foster carers grandchildren.

There are no current allegations or known concerning behaviours, but you are told that he requires "in line-of-sight supervision" at all times whilst he is having some ongoing assessment and therapy.

James does not provide a challenge on a day-to-day basis, both in his placement and at school. He is compliant, very likable with a nice kind character. He has some learning needs in school, there is a question over ASD (autistic spectrum disorder) , but he is a pleasure to have in the classroom, as he is overly helpful and wants to be friends with all his class mates.

Safety Planning

- Can you remember what the traffic light tools might have said about Jame's behaviour?
- What are your concerns as a staff group?
- How could you manage "line of sight" supervision.   There have been a number of times this hasn't been possible and he often has to go to the toilets on his own. What are your thoughts on this?
- One member of staff describes Jame's compliant behaviour as "grooming". What are your thoughts on this?
- You overhear playground gossip about his behaviour being weird, what could you do about this?
- How can you enable community access eg park/beach and keep James and the public safe?
- James talks about having a girlfriend at school. Is this concerning?

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Case Study 2

- Hayden is 15 years old. He has been a looked after child since the age of 5. He was removed from his home due to neglect and his parent's substance misuse issues. It is suspected he may have been sexually abused because there were a number of adults of concern who used to frequent his parents house and they could not always afford to pay for their drug habit. Hayden has not made any allegations, but his behaviour over the years has indicated severe trauma and he had lived in a number of foster homes before moving to a group home. He lives with you with one other young person who is age 12.

- Hayden has come to the attention of the police because some girls in school reported that he has been sending them pictures of his penis and asking for "nudes" in return. When they did not respond he threatened to use AI to make false naked pictures of them. This came to the attention of the school when one of the girls broke down in class and had a panic attack.

- Because of his trauma history the Police and Youth Justice service are keen not to criminalise him. The girl's parents also don't want their daughters having to give court evidence so want things to be managed therapeutically.

- One MOS says they cannot work with him because they were a victim of this behaviour in the past and they feel re traumatised. Another new MOS starts to treat him differently and their behaviour indicates disgust, but they cannot name it and don't recognise that they are doing anything wrong.
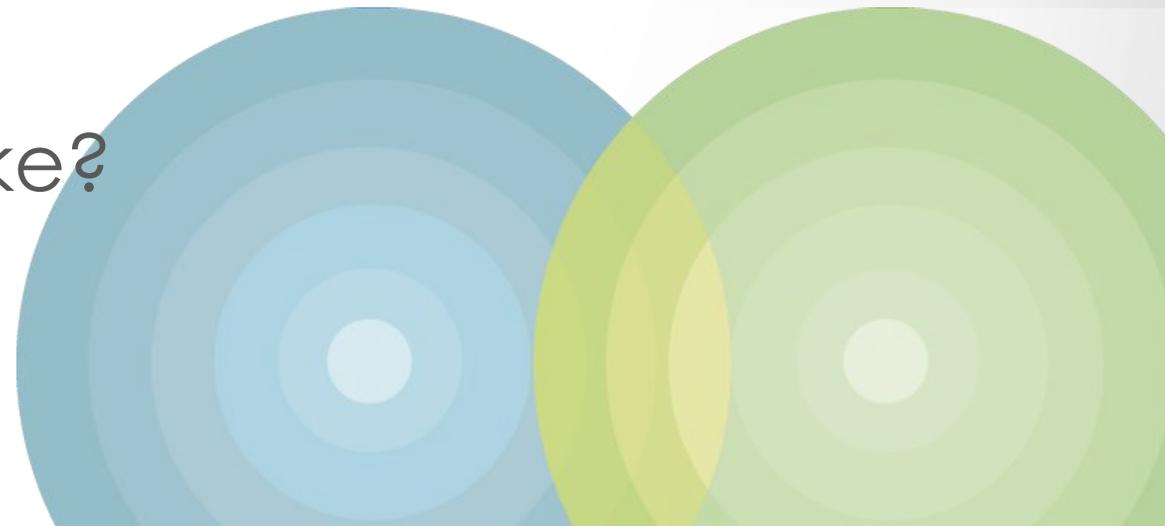
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What next?

Should Hayden be prosecuted?

If not, how should it be managed by services involved?

How can things be managed at home? What approaches should staff take? What might be going on with the MOS who has changed their approach to Hayden?

How should this matter be managed in school?

What could a safety plan look like?

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Case Study 3

- Sarah is 14 and lives at home with her parents and two younger siblings. She is a popular child, has a good friendship group and academically is getting by, described as having always met age related expectations. Other children report her for sending naked pictures of herself and encouraging them to send pictures back in return. For those who refuse or are ambivalent, She starts to threaten that she will allege that they have sexually touched her, or that she will produce AI generated explicit pictures of them.

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What Next?

- What do you think Sarah's ACES might be? Any hypotheses?
- How could you manage Sarah's behaviour in school?
- What would a safety plan look like?
- What support could you offer her?

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Documenting and Recording Incidents

- Documentation must always be:
- Objective (fact-based, not interpretive)
- Specific (describe exactly what was seen or heard)
- Professional (avoid emotive or judgemental language)
- Respectful (protect dignity and privacy)
- Contextual (record relevant triggers, responses, and outcomes)

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Appropriate Documentation Examples

- Objective description   "At 10:35 a.m., X was observed placing their hand on Y's crotch area over clothing in the playground. Y appeared uncomfortable and moved away immediately."   Describes exactly what occurred without interpretation or blame.

- Child's own words   "X stated, 'I saw that on TikTok' when asked about the behaviour."   Records direct speech verbatim — avoids paraphrasing or implying intent.

- Context and response   "The behaviour occurred following an argument during free play. Staff intervened immediately, separated both children, and offered support." Shows awareness of context and adult action.

- Professional reflection (separate section)   "Incident will be discussed in supervision and shared with safeguarding lead as per policy."   Notes next steps without personal opinion.

- Neutral tone   "Staff observed sexualised language being used, including the phrase 'I'll show you mine.'"   Uses factual description — no moral or emotional language.

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Inappropriate Documentation Examples

- Subjective / judgemental   "X was being disgusting and inappropriate." Emotionally charged and judgmental — not professional or factual.
- Assuming motive "X was trying to get attention by acting sexual." Speculative — we cannot know intent without assessment.
- Vague description   "X did something sexual to Y."   Too general — lacks clarity for safeguarding or later review.
- Stigmatising language   "X is a sexual predator."   Labels and pathologizes a child — damaging and unethical.
- Breach of confidentiality"X, who has a history of sexual abuse, did…" Discloses sensitive background information without need in the incident record.
- Moralising language   "This behaviour is shocking and unacceptable." Expresses personal opinion, not professional observation.

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Worker Wellbeing

- The wellbeing of social workers can be overlooked, leading to significant detrimental effects on our emotional, physical health and wellbeing but also on our practice.

- In order to consistently deliver good practice, its extremely important that we look after ourselves and our employers support us to do so by providing regular reflective supervision and adequate time and resources.

- Listening to service user's trauma and abuse narratives, and providing compassion and empathy daily understandably impacts on a persons wellbeing. This has been referred to as vicarious trauma.

- Being mindful of how vicarious trauma occurs and how to address it is a key part of Social Care practice.

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Vicarious Trauma

- "Vicarious traumatisation is a process that occurs when the worker's sense of self and world view is negatively transformed through the worker's empathetic engagement with traumatic disclosures from clients" (Pearlman & Saakvitne, 1995).

- What are the common signs
- Lingering feelings of rage/anger about clients
- Becoming overly involved emotionally
- Experiencing bystander guilt, shame self-doubt
- Preoccupied with thoughts of clients outside work
- Over-identification with clients
- Loss of hope, pessimism, cynicism
- Distancing, numbing, detachment
- Difficulty in maintaining professional boundaries with the client, overextending

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