

Sexually Abusive or Healthy Behaviour?

Guidance to distinguish between healthy and abusive sexual behaviours in children and young people.



Acknowledgements

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Maria Dann (West Midlands Police)
Valerie Duffy-Cross (Head teacher, Langley Secondary)
Tom Holt (West Midlands Police)
Liz Murphy (Safeguarding Children Business Manager, Solihull MBC)
Ian Wyatt (Senior Education Welfare Officer, Solihull MBC)

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Introduction

The sexual behaviour of children and young people is notoriously difficult for those who work with children and young people to interpret and where appropriate respond in a timely manner.

This guidance is intended to aid for those who work with children and young people in distinguishing between healthy sexual behaviours and problematic or abusive behaviours; thus contribute to the health, safety and attainment outcomes of *Every Child Matters*.¹ The tables contained in this document are intended to help differentiate between healthy and problematic behaviours and to formulate an initial response, ***it does not provide a formal risk assessment tool.***

A formal risk assessment may only be undertaken by a suitably qualified member of a specialist service such as social workers (Education and Children's Services) or the Youth Offending Team.

As with all guidance related to safeguarding children and young people and promoting their welfare, this document should be seen as complementary to, and not in conflict with, the Local Safeguarding Children's Board Procedures (LSCB), which remain the definitive guide to practice where there are concerns that a child/young person may be or is at risk of significant harm.

The terminology used in this guidance refers to sexually problematic and abusive behaviours, which pose potential risk to other children and young people.

This guidance contains:

- Differentiation between healthy/problematic/abusive sexual behaviours – Some Agreed 'Norms'
- Outcomes
- Referral and Specialist Support
- Talking with Parents and Carers
- Managing the Risk
- Managing the Individual
- Juvenile Registered Sex-Offenders
- Guidance Indicators (Appendix 1)

When sexually problematic/abusive behaviour is identified, those who work with children and young people have to balance the duty to support the individual whose behaviour is problematic/abusive with the duty to protect other children/young people.

Some of the sexual behaviour of children and young people, which is a cause for concern, is not necessarily abusive to others. Also, such behaviours may be the first indicator that a child or young person has, themselves, been sexually or physically abused.

However, not all children or young people displaying problematic or abusive sexual behaviour have necessarily been sexually abused themselves and not all children or young people experiencing sexual abuse will go on to develop problematic or abusive behaviours.

¹ DfES. 2004. *Every Child Matters: Change for Children in Social Care.*

Differentiating between healthy/problematic/abusive sexual behaviours – some agreed ‘norms’

The following definitions are generally regarded to be healthy sexual behaviours for chronological ages and stages of development

Pre-schoolers 0 – 4 years.

Self exploration, but behaviour is random and sporadic. They can be disinhibited and go through an exhibitionist stage. They imitate life around them and copying behaviours may include “mummies and daddies” and “doctors and nurses”.

Young School Children 5 – 7 years

More inter-active. Sexual exploration with peers, of the same or opposite gender. This is the questioning stage and there can be a fascination with bodies and sexual behaviour. Some self-exploration will also take place and stimulation is less random. Feelings of privacy and inhibition begin.

Latency Aged Children 8 – 12 years old

The beginning of puberty, bodies are changing and hormones begin to create physical and emotional sensations. More experimentation and more sharing of information, particularly re bodies, with peers. Relationships with the same or opposite sex peers may begin for some.

Adolescents 13 years +

Because there is a wider variety of sexual behaviour within adolescence it is more difficult to determine what the ‘norm’ might be. Research into adolescent behaviours by Gail Ryan assists in “distinguishing which acts are experimental in nature and those that are exploitative”. Ryan suggests that the “**notions of consent, equality and authority are very important in assessing this distinction**” (Morrison & Print 1995).

Adolescent experimentation in a range of anti-social (sexual and non sexual) behaviours is not uncommon. Adolescents make up a significant proportion of those who are convicted of sexual offences or abuse of others. There is no one profile of an adolescent who will display sexually abusive behaviour.

Children and young people with learning difficulties

Healthy sexual behaviours are more complex to define in children and young people with learning difficulties or special educational needs, because a child/young person’s chronological age and developmental stage may be different; therefore they may be acting at a developmentally appropriate level but the behaviour is seen as problematic because of their age. For example, young people who attempt even low key sexual behaviours with children who are chronologically much younger than them.

Also, societal attitudes to the sexuality of young people with learning difficulties can be influential in the interpretation of acceptable and unacceptable sexual behaviour. The presumption that they are either asexual or should be denied a sexual life can mean any sexual behaviour is seen as inappropriate, which may lead to an over reaction.

Guidance indicators

The three tables at Appendix 1 provide a guide to the indicators of healthy, problematic and abusive behaviours for nursery and primary school aged children, secondary school aged children/young people and for children/young people who have special needs and or developmental delay. **They are not exhaustive**, but do provide a guide by which those who work with children and young people may make an initial assessment of the level of concern and potential risk if any.

When using the tables it is imperative that all questions are considered as the behaviour can only be fully considered in as full a context as possible.

Detailed notes should be made if a child or young person reports behaviour of a sexual nature; it is imperative that detailed notes are made as the fine and accurate detail of a given incident will also contribute to the consideration of the incident; notes may be written by staff such as a Head of Year in a school or a foster carer. It is acceptable to clarify information by asking what happened? Where? When? Who was involved? **But children or young people should not be interviewed or asked to write 'statements', only trained investigating officers should conduct more in depth interviews. See Child Protection Procedures.**

It is vital that both the detail of the incident and the context in which it occurred are considered when developing an interpretation of the behaviour. A partial picture may lead to a distorted appreciation of an incident. Appendix 2 contains a pro-forma for recording and considering reports of incidents of a sexual nature.

Outcomes

Healthy - If it appears all areas are healthy, then there is no cause for concern, but the worker may be able to discuss with the child or young person and advise parent(s) of the discussion.

Problematic – If any area appears problematic, discussions should be held with a senior member of staff (such as a DMS [Designated Member of Staff for child protection] if in school, or a Key Worker if noted by a foster carer). If it appears most areas are problematic, advice should be sought from Children's Social Care Services (Duty, Assessment and Referral Team [DART] - 788 4300) in the first instance.

Not all problematic behaviours will require a serious level of intervention or even a formal referral to Children's Social Care Services, however it is advisable to consult Children's Social Care Services and to seek their advice regarding discussions with parents. Further guidance may be sought from DART, or in schools from the school nurse or the Education Welfare Officer. With low level concerns, re-direction of the behaviour, boundary setting may be all that is required, or discussion with parent/carer (see below) *etc.*

Abusive - If it appears most areas are abusive, then discussion and referral to Duty, Assessment and Referral Team (DART) - 788 4300 in accordance with LSCB procedures is required.

Referral and specialist support

Where the behaviour is identified as problematic or abusive **and it is felt that the child/young person or others are at risk of significant harm**, then DART must be informed first and the parents second, on the advice of the DART. If child/ren or young people are not at risk of significant harm, but are considered to be a child/ren in need,² then parents should be informed of any decision to discuss with or to refer to DART.³

The purpose of a referral under child protection procedures is to enable Children's Social Care Services (DART) and the police to investigate, if appropriate, the circumstances and nature of risk to the child(ren)/young person(s), and to make necessary interventions to meet the child(ren)'s/young person(s) needs. Any agency may request a formal risk assessment from DART to enable them to meet the needs of the child/young person and manage the potential risk to others.

The referring agency should be kept informed of any actions and services offered by Children's Social Care Services or others involved with the child or young person. The referring agency should also monitor and report to the lead agency the impact of any interventions on the child/young person where requested.

Talking with parents and carers

Most outcomes in the problematic category will involve talking with parents and carers to seek a resolution in partnership with them. Discussion with parents will include determining if they have experienced the behaviour at home, when they feel the behaviour began, what strategies they have for dealing with it, and their willingness to work with the agency and/or others on the behaviour. However, this should **only be undertaken** if the parents are not implicated in any potential abusive behaviours.

NB: Parents/carers may initially be shocked, distressed or embarrassed by hearing about their child's sexual behaviour, therefore it is better to gauge their reactions following several discussions. If discussion with the parents increases your concern then consideration should be given to discussing the family with DART.

Managing the individual

A range of strategies to draw on

Those who work with children and young people should always liaise with specialist services whether involved with the child or young person or not, before attempting to address problematic behaviours.

It is crucial to have a good needs and risk assessment which can identify vulnerable times, places and children/young people targeted, so that resources can be concentrated where they are most effective. Current general behaviour strategies can be effective but it must be made clear that it is the sexual nature of the behaviour, which is unacceptable.

² Section 17 *Children Act* 1989.

³ "Working Together to Safeguard Children" 2006 p 79.

Supervision/monitoring are also important in protecting the individual and others, however the need for this must be balanced with the child's or young person's need to develop healthy social interactions with other children and young people. Isolating a child or young person or keeping him/her constantly with an adult singles them out as being different. This can reinforce the underlying isolation, anxiety, and lack of social skills, which may further contribute to the behaviour.

Keep any close supervision time limited, designate a member of staff to watch the child or young person e.g. in the playground, but they do not need to be near them, or organize group activities with an adult present so the child/young person is part of the group.

Use positive behaviour strategies, working on the behaviours that are acceptable. This could involve behaviour charts and rewards, active redirection of the behaviour to safer activities, and an emphasis on emotional intelligence suggesting ways more appropriate of coping and managing feelings.

Set clear behaviour boundaries with clear consequences for not keeping them. The ethos and culture of the agency/environment should reinforce positive behaviours and respect for others, and give permission for children/young people to tell if someone is making them feel uncomfortable or hurting them. Consider the use of a behaviour contract.

Those who work with children and young people should be fully conversant with their Child Protection Procedures and their role and duties within them, including referral and recording procedures. Child Protection or specific training about sexual behaviours should be considered for staff so they feel confident in managing these behaviours. Training for schools should include nominated governors with a child protection responsibility, as they may be involved in discussions about exclusions.

Contact points for advice and support should be clear and should include DART, Local Authority Designated Officer for Child Protection, or other local specialist agencies.

Liaison with parents/carers is another important element of managing the individual child and it is advisable to have a clearly articulated plan for providing support and changing behaviour. The plan should identify an agreed and consistent response to behaviour wherever it occurs. Consideration should be given as to whether other agencies should be involved in this plan.

Managing the risk in school

The following guidance **does not** supersede the school's existing behaviour/bullying policies or the requirement for the school to make appropriate health and safety considerations.

There may be pressure on school, from the victim's parents or the parents of other children/young people who have not been affected but who have heard about the incident, to remove the child/young person with the sexual behaviours. This may be very difficult but the child/young person at the centre of the allegation must be protected. Information about the child/young person and the allegations must be kept confidential. The *Data Protection Act 1998* and the current DfES

guidance *Safeguarding Children in Education*⁴ provide further guidance.

What most parents are seeking is reassurance that their child will be safe. To ease parents' anxieties they could be invited to come into school to discuss the arrangements that are in place to keep their children safe. If parents remain unhappy they have a right to move their own child if they feel it is appropriate.

In some cases groups of parents can create problems. If all possible steps have been taken to reassure them, but are unsuccessful, then protecting the child/young person and his/her family from harassment is a priority. This may in extreme cases mean banning some parents from the school grounds if they cannot restrain themselves.

Protection work with pupils can be done on a whole school basis, using assemblies and pastoral time for older pupils, circle time for younger pupils and in general using the curriculum to give information about keeping safe, protective behaviours, communicating feelings, seeking help.

Where a particular child/young person has been the target of problematic/abusive behaviours, specific arrangements may need to be made to keep them safe and meet the parents' needs to see action taken. For example:

- separating the children/young people into different groups or at vulnerable times and places,
- extra monitoring when they are in group settings.
- individual work with the victim about how they feel, protective behaviours, communication and social skills if necessary.
- Children/young people exhibiting concerning behaviour and victims of abusive behaviours may be in need of an appropriate therapeutic input, requiring a referral to an external service.

For some children and young people the experience of being sexually abused by another pupil, may lead to them to having sexualised behaviours themselves, being vulnerable to further abuse, emotionally withdrawn or to exhibit significant changes of behaviour/demeanour.

Solihull positive outcomes model

The three categories of behaviour, Healthy, Problematic and Abusive may be considered against the outcomes model in the following manner:

Healthy	=	Level 1 (Universal needs)
Problematic	=	Level 2 (Additional Needs)
Problematic	=	Level 3 (Complex Needs)
Abusive	=	Level 4 (Acute Needs)

⁴ "Safeguarding Children in Education" DfES, 2004

Juvenile registered sex-offenders

This small group of young people has been convicted of a sexual offence under the Sexual Offences Act 2003, and will be discussed regularly at a Multi-Agency Public Protection Panel, which is charged with managing the public risk from the offender and the potential risk of harm to the offender. The young person will also be monitored and supported via the intervention of the Youth Offending Team.

The legislative guidance regarding rules of disclosure will **not** allow the Multi-Agency Public Protection Panel to inform the school of such an offender except in exceptional circumstance and only then after approval has been given at Assistant Chief Constable level.

However, in these cases it is not unusual for a school to already be aware of a pupil who has been charged and found guilty of a sex offence and in such cases there can be a more open planning discussion between nominated panel members, the Youth Offending Team and the Head Teacher.

Appendix 1

Nursery/Primary aged children	Healthy (Level 1)	Problematic (Levels 2 & 3)	Abusive (Level 4)
1. Type of sexual behaviour. (cf. above 'norms')	Age appropriate, mutual and exploratory	Not age appropriate or has some adult knowledge or language	Adult sexual activity e.g. intercourse, oral sex etc. (actual or simulated)
2. Context of behaviour	Open, light hearted, spontaneous	No secrecy or force, but children involved seem uncomfortable or unaware	Behaviour is planned, secretive, there are elements of threat, force, coercion. The children targeted seem anxious, fearful, uncomfortable
3. Response of other children	Engaging freely, happy	Uncomfortable, unhappy with behaviour but not fearful or anxious. If directed at adults they feel uncomfortable	Uncomfortable, unhappy, fearful, anxious. Could be physically hurt. Could be trying to avoid the other child
4. Relationship between the children	Similar age and ability, would normally play together. There are no factors to suggest a power imbalance	Children would not normally play together or there may be some factors which suggest one child is more in control than the other	Children would not normally play together or there are clear power differences eg due to age, size, status, ability, strength
5. Frequency of the behaviour	Behaviour is age appropriate, <i>ad hoc</i> and not the main focus for the child. The child is interested in other things	Some inappropriate sexual behaviour for age, however child also has interest in other things, behaviour is intermittent	Frequent incidents and child seems focused on behaviour. It is disproportionate to other aspects of their life. They seem to seek comfort / reassurance/ or control from the behaviour
6. Persistence of the behaviour	Behaviour is age appropriate, <i>ad hoc</i> and not the main focus for the child. The child is interested in other things	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child however is responsive to some intervention	Child cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to other aspects of their life. It appears to be the main way they seek comfort / attention and control
7. Child's emotional response	Happy, embarrassed, able to take responsibility for their behaviour and its effects on others (dependent on their age & understanding)	Child unresponsive, ashamed, struggles to take responsibility for their behaviour or to show empathy	Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried. Cannot take responsibility for their behaviour, nor shows any empathy for others.
8. Background Information known	No significant family history	Parents are angry or show no concern for the victim Family members present as violent or abusive	Pattern of discontinuity of care/ poor attachments. High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence

Appendix 1

Secondary	Healthy (Level 1)	Problematic (levels 2 & 3)	Abusive/Offences (Level 4)
1. Type of sexual activity. (<i>cf.</i> above 'norms')	Normal sexual behaviours	Behaviours which suggest monitoring, limited responses or assessment	Behaviours that suggest assessment/ intervention. Behaviours that require a legal response, assessment/treatment. Any use of aggression or violence is of high concern
2. Context of behaviour	Mutual, informed consent given	Behaviour appears influenced by peers. Touching behaviours (non penetrative) Isolated incident	Behaviour, is planned, secretive, there are elements of threat, force, coercion. Previous concerns or convictions for sexual behaviour
3. Young Person's response	Happy, comfortable, perhaps curious, may be embarrassed if found by adults	Embarrassed, ashamed, anxious. Demonstrates remorse and empathy	Lack of empathy, denies responsibility, blames the victim, anger, aggression, defensive. Little concern about being caught
4. Response of others	Happy, comfortable, perhaps curious, may be embarrassed if found by adults	Uncomfortable or irritated, but not fearful or anxious. Feel able to tell someone	Uncomfortable, fearful, anxious, avoidant of the young person
5. Relationship between the young people	Within the same peer group and ability group. Would normally socialize together. There are no factors to suggest a power imbalance	Young people may not socialize together. May be some factors which suggest one young person is more in control than the other May be a naïve attempt at developing a relationship	Young people would not normally socialize with each other or there are clear power differences in the relationship Young person has very poor social skills / deficits in intimacy skills
6. Persistence of the behaviour	Healthy interest in sexual behaviour but not the sole focus of interest in the young person's life	Interest in sexual behaviour is out of balance with other aspects of the young person's life	Young person is obsessed or preoccupied with sexual thoughts/ pornography, which may be sadistic and aggressive. The focus on sex is out of balance with other aspects of their life. The behaviour is a way for them to cope with negative emotions
7. Other Behavioural problems	No other behavioural problems, healthy peer relationships	Young person has poor sexual boundaries and may have difficulties coping with difficult emotions	Young person has a diagnosis of depression or other significant mental health problems. Formal diagnosis of Conduct disorder. History of cruelty to animals Self reported sexual interest in children
8. Background Information known	No significant family history	Parents are angry or show no concern for the victim. Family members present as violent or abusive	Pattern of discontinuity of care/ poor attachments High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence

Appendix 1

SEN	Healthy (Level 1)	Problematic (Levels 2 & 3)	Abusive/Offence (Level 4)
1. Type of sexual activity. (cf. above 'norms')	Normal sexual behaviours	Low concern behaviours and some Low to Medium concern behaviours.	Some Low to Medium concern behaviours. Medium to High concern behaviours and High concern behaviours.
2. Context of behaviour	Mutual, both parties free to engage and disengage	Behaviour infrequent/ isolated incident. Behaviour self directed Behaviour restricted to a specific setting.	Behaviour is planned, secretive, there are elements of force, threat or coercion. Previous concerns or convictions for sexual behaviour
3. Young Person's response	Happy, comfortable, curious, may be embarrassed if found by adults	Embarrassment or shame related to the behaviour, Is able to understand/retain the reasons why others feel the behaviour is problematic/ abusive Experiences consequences as significant or has some degree or awareness of consequences Appears highly anxious or confused as to sexual development and/or sexual boundaries	Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them. Rejecting of concerns expressed.
4. Response of others	Happy, comfortable, perhaps curious, may be embarrassed if found by adults	Uncomfortable or irritated, not fearful or anxious Feel able to tell someone	Uncomfortable, fearful, anxious, avoidant of the young person
5. Relationship between the young people	There should be no significant differences in age or development which would suggest there is a power imbalance	One or two particular young people targeted Young person predominantly associates with children 3 or more years younger.	Evidence of targeting on the basis of perceived vulnerability. Clear power differences in the relationship. Young person has poor social skills/ deficits in intimacy skills.
6. Persistence of the behaviour	Healthy interest but not the sole focus of interest in the young person's life	Responds to complaints by stopping or changing behaviour Intervention has some impact but behaviours may continue	Evidence of a high level of sexual compulsivity. Behaviours have persisted despite significant negative consequences.
7. Other behavioural problems	No other behavioural problems, healthy peer relationships	No significant history of behavioural problems, generally positive relationships with peers Access to others is well supervised Or Young person isolated in the community or has a very restricted lifestyle. Access to others is poorly supervised	Concurrent diagnosis of significant mental health problems Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence. Viewed negatively in community due to sexual behaviours History of fire setting. Long standing history of severely problematic or challenging behaviours.
8. Background information known	No significant family history. Parents have a positive view of young person's developing sexuality Positive attachments with parents and carers Young person has at least one positive friendship Young person has access to social and leisure pursuits Young person has access to appropriate sex education	Family anxious about young person's developing sexuality or reject concerns raised. Family experiencing high levels of stress Siblings have experienced sexual abuse	Young person has experienced abuse, sexual, physical, emotional or neglect. Violence in the household Members of the family including siblings have a history of sexual offending. Poor or distorted sexual boundaries in the family. Patterns of discontinuity of care/ poor attachments.

Consideration of reported incidents of a sexual nature

Name of child/young person reported to be exhibiting concerning behaviour		D.O.B.
Name of child/young person reported to be victim		D.O.B.
Outline of Incident		
Key Factors (See guidance tables and notes)		
Outcome (Circle as required) Healthy Problematic Abusive	Possible Actions (see pp.3 & 4 above) No cause for concern. Discuss with senior colleague (i.e. Designated Member of Staff), may require action such as discussion with parent/carer or support plan. Or if most areas problematic discuss/refer with other agency such as DART. Discuss with senior colleague, seek advice/referral from DART and follow guidance in child protection procedures.	
Further Action to be Taken (If no further action mark NFA)		By Whom

Signed-----

Dated-----



Hlscb@solihull.gov.uk
www.solihull.gov.uk/staysafe