

East
Midlands
Community
Forensic
CAMHS

Harmful Sexual Behaviour in Young People: Leicester 2023

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Introductions:

Aims of the session

- Definitions of HSB
- Understanding HSB and assessing
- Interventions and practical approaches
- Resources

Activity:

Spend a couple of moments thinking of a child/ young person who has displayed HSB and the challenges this presented.

Definitions

- In young people we refer to this area of work as sexually harmful behaviour rather than sexual offences/offending.
- This is seen as less stigmatising and seeks to differentiate the field of work from adult sex offenders.
- Sexual abuse has been typically defined as a form of harmful coercion, committed against victims who are unable to give informed consent, or are forced to take part in sexual activity against their will. (Manocha and Mezey, 1998; Pennell, 2001; Grimshaw and Salmon, 2001).

Definitions.....

Sexually harmful behaviour in young people 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’ (NSPCC, 2013)

Technologically Assisted Harmful Sexual Behaviour: TA-HSB

“One or more children engaging in sexual discussions or acts – using the internet and/or any image-creating/sharing or communication device – which is considered inappropriate and/or harmful given their age or stage of development. This behaviour falls on a continuum of severity from the use of pornography to online child sexual abuse.”

Allotey & Swann, 2019

Dual HSB

Engagement in both technology-assisted and offline harmful sexual behaviour

Pornography

Pornography is now the most prominent sexuality educator for many young people. Most young people discover porn well before they encounter sex — AIM Project 2022

Scale of Problem

- **It is well known that a significant number of child sexual offences are committed by other children** (Radford et al., 2011).
- **It is difficult to determine how many children and young people are involved in sexually harmful behaviour – or how often. However, there is a broad consensus that between 23 and 40% of children and young people who sexually harm others have suffered abuse and neglect themselves** (NSPCC 2013).
- **The rates of prosecution and conviction of children aged 10–17 in respect of sexual offences against children are high compared to adults** (Thomson, 2016).

Scale of Problem

There is a substantial body of evidence that shows that children with harmful sexual behaviour have low rates of committing further sexual offences (Hargreaves and Francis, 2014).

Hackett Continuum

Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

Inappropriate

- Single instances of inappropriate behaviour
- Socially acceptable within peer group
- Context may be inappropriate
- Generally consensual or reciprocal

Problematic

- Problematic or concerning behaviours
- Developmentally unusual or socially unexpected
- Consent unclear
- Lacking reciprocity or equal power
- May include compulsivity

Abusive

- Victimising intent/outcome
- Misuse of power
- Coercion/force to ensure victim compliance
- Intrusive
- Lacking informed consent or not able to be freely given
- May include expressive violence

Violent

- Physically violent sexual abuse
- Highly Intrusive
- Instrumental violence which is physiologically/sexually arousing for the perpetrator
- Sadism

Brooks Traffic Lights

A guide to identifying sexual behaviours

This 'Traffic Light Tool' forms part of a resource designed to help professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours.

By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach. The normative list aims to increase understanding of healthy sexual development and distinguish it from harmful behaviour.

This tool must be used within the context of the guidance provided at www.brook.org.uk/traffic-lights and should not be used in isolation.

Brook Traffic Lights

Age 9 – 13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same or opposite gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs
- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

Brook Traffic Lights

TRAFFIC LIGHT TOOL

SCENARIOS

0 to 5 years

5 to 9 years

9 to 13 years

13 to 17 years

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult-only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

Activity

Where would you place your young person on the continuum/ traffic light scale?

VULNERABILITIES AND INDICATORS

There are a range of factors that can increase the vulnerability of a child or young person displaying HSB. These should always be taken into consideration by professionals, and include:

A history of multiple abuse and victimisation.

Learning difficulties are common among children who present HSB.

Younger children who present HSB have a greater likelihood of having been sexually abused themselves, re-enacting the abuse that they have experienced.

A study found within a sample of children referred to the National Clinical Assessment and Treatment Service (NCATS) for HSB, 61% of the sample had suffered from child sexual abuse by a family member, and 8% by a stranger.

VULNERABILITIES AND INDICATORS Continued:

The onset of puberty appears to be the peak time for children to engage in HSB.

Most children who present with HSB are male, although evidence suggests that there is a small but growing number of females presenting with HSB.

Many children who engage in HSB present similar personal and behavioural characteristics with other children who have a wide range of difficulties. It is important to address these complex sets of issues in addition to HSB Presented by the child.

A history of sexual abuse and neglect seen in girls.

Low self-esteem, which is often reported in girls displaying HSB, both alone and in a group setting.

Aetiology- A note about females

- Limited research
- More likely to be subject to neglect, physical and/or sexual abuse.
- Exploration?
- Regaining control?
- Less likely to be anti-social
- Likely to present with Intellectual Disabilities.
- Likely to present with additional needs, PTSD, depression, anxiety, poor self concept.

Aetiology-A note about Intellectual Disabilities

- Tend to be over represented in cases of HSB (people with ID NOT more likely to engage)
- More repetitive offending?
- More likely to get caught?
- Lack of skills needed for intimate relationships?
- Recognise difference between chronological and developmental stage of functioning.

Counterfeit Deviance

The **counterfeit deviance hypothesis** postulates:
that individuals with ID that exhibit deviant behaviour might be exhibiting the behaviour without paraphilic intent. In this case, the behaviour is sexually deviant but the motivation is not. (Griffiths et al, 2013)

Counterfeit Deviance: Case Study

Jenny is in a café when her phone rings, she goes outside to take the call. She can see her baby through the window and knows the café owner well.

Jenny then sees a teenager look at her through the window and walk up to her baby's pram and then sexually assaults the baby by touching him over his nappy.

Jenny asks for the police to be called and the café owner comments "he's always acting strange, I bet it's not the first time he has done this"

Understanding of Aetiology

For children and young people, the behaviour is best understood as resulting from developmental issues in terms of psychological development, social environment and external factors that shape a young person's development, rather than sexual deviance (Rich, 2009)

Pathway into Harmful Sexual Behaviour

The pathway to harmful sexual behaviour in young people is likely to be complex and therefore single factor theories are unlikely to be helpful

Comprehensive assessment and formulation is essential.

Trauma

- A history of multiple abuse and victimisation. Child welfare agencies are often aware of the children before HSB emerges.
- These children require appropriate interventions that respond to them being a victim, as well addressing their HSB.
- Younger children who present HSB have a greater likelihood of having been sexually abused themselves, re-enacting the abuse that they have experienced.
- A study found within a sample of children referred to the National Clinical Assessment and Treatment Service (NCATS) for HSB, 61% of the sample had suffered from child sexual abuse by a family member, and 8% by a stranger.
- Many children who engage in HSB present similar personal and behavioural characteristics with other children who have a wide range of difficulties. It is important to address these complex sets of issues in addition to HSB Presented by the child.

The Impact of Trauma

Hypervigilance

Immune to Internal
Cues

Affective Dysregulation

Attachment Difficulties

Memory Disturbances

Verbal Deficits,
Executive Functioning,
Behavioural Problems,

Learning Difficulties

Numbing of
Responsiveness

Intrusive Re-
experiencing

Activity

How do you understand your young person's
behaviour?

Specific Guidance for Schools

Department for Education (DfE) guidance on sexual violence and sexual harassment between children in schools and colleges in England (updated 2021)

<https://learning.nspcc.org.uk/media/2622/sexual-violence-harassment-guidance-2021-caspar-briefing.pdf>

Responding to HSB

(Morrison et al 2001)

Assessment

Parent/ Carer Education

Extra Education

Local Therapeutic
Input

Specialist
Provision

Responding to HSB

Safeguarding

Have a policy in place for responding to incidents of HSB.

Children first!
Behaviour second

Just another challenging behaviour, higher anxiety in professionals?

Continuum of response

Ensure we know exactly what has happened- importance of details.

Each child is different
no 'common factors'

Assessment of HSB- The AIM 3

Developed following review of AIM2 in response to developments in the understanding of HSB

- Role of technology
- Outcomes – low, medium, high
- Need for framework that allowed for professional analysis.

Age Range

- 12-18
- Younger Children – AIM Under 12's Assessment (Carson, 2019)

AIM3:

Domain 1 Sexual Behaviour	Domain 2 Non-Sexual Behaviour	Domain 3 Developmental	Domain 4 Environmental/Family	Domain 5 Self Regulation
<ul style="list-style-type: none"> • Factor 1: Nature of the Harmful Sexual Behaviour • Factor 2: Extent of Harmful Sexual Behaviour • Factor 3: Victim Characteristics • Factor 4: Sexual Aggression and Violence • Factor 5: Sexual Knowledge, Attitudes and Interests 	<ul style="list-style-type: none"> • Factor 1: Significant Sanctions • Factor 2: Non – Sexual Aggression and Anti – Social Behaviour • Factor 3: Alcohol and Drugs • Factor 4: General Behaviour • Factor 5: Mental health and Well-being 	<ul style="list-style-type: none"> • Factor 1: Childhood Abuse • Factor 2: Adverse Childhood Experiences • Factor 3: Attachment • Factor 4: Family Functioning • Factor 5: Intellectual and Emotional Functioning 	<ul style="list-style-type: none"> • Factor 1: Stability and Safety • Factor 2: Parent/Carer Engagement • Factor 3: Relationships • Factor 4: Peer Group • Factor 5: Education and Leisure 	<ul style="list-style-type: none"> • Factor 1: Responsibility • Factor 2: Motivation and Engagement • Factor 3: Future Perspective • Factor 4: Problem Solving • Factor 5: Social Competence

The AIM-3 Key Points

Emphasises comprehensive-multi factor assessment.

An assessment of need, not an assessment of risk.

Focus on building resilience

Focus on Interpretation of each domain, not the scoring.

Formulation driven

Bespoke interventions based on need.

Co-work to avoid bias

Show your workings!

Re-score at regular intervals (scores can go up as well as down)

Interventions: Guidance

- National Institute of Clinical Excellence (NICE) published Harmful Sexual Behaviour for children and young people guidelines in 2016.
- The guidelines make recommendations about the roles of universal services, early help, assessment and risk assessment and working with families, pre and post intervention and the key principles and approaches for intervention.
- The guidelines aim to ensure that children and young people who display HSB, are assessed as soon as possible and receive the appropriate intervention.
- F-CAMHS are here to assist in this process – provide training, consultation and advice so appropriate assessment and intervention is delivered to the right young people. We can assist in the assessment and in some cases deliver intervention.


What do these interventions look like?

- Often, 'offence specific' interventions are not needed.
- Assessment guides intervention needed.
- You have the skills! Or you know someone who does.
- Multi-Agency approach

Safety Plans and Rules

How I keep safe at home


My home: *Think about general rules of the house, for example being dressed appropriately, attending to hygiene, which rooms is it ok to be in, level of supervision that's required if any.*



My bedroom: *What are the rules when in the bedroom? Who is allowed in? What level of supervision? Door open or closed? Night time rules? Other people's bedrooms?*




My bathroom: *What are the bathroom rules? What do you do if someone is in there? Is the door locked or unlocked?*




How I keep safe at school


My mobile and school computers: *What are the rules re staying in contact? Who can have the phone number? Social media and internet access?*




Changing clothes at school: *What are the changing facilities at school? Does the young person have privacy? Who does the young person have to change alongside? Consider both risk and vulnerability.*



Touching at school: *What are the rules regarding touch at school? Who is the young person allowed to touch and how? Who is allowed to touch the young person? Consider both risk and vulnerability.*



People who help me: *List of safe people that the young person can speak to if they are worried or need support when at school.*



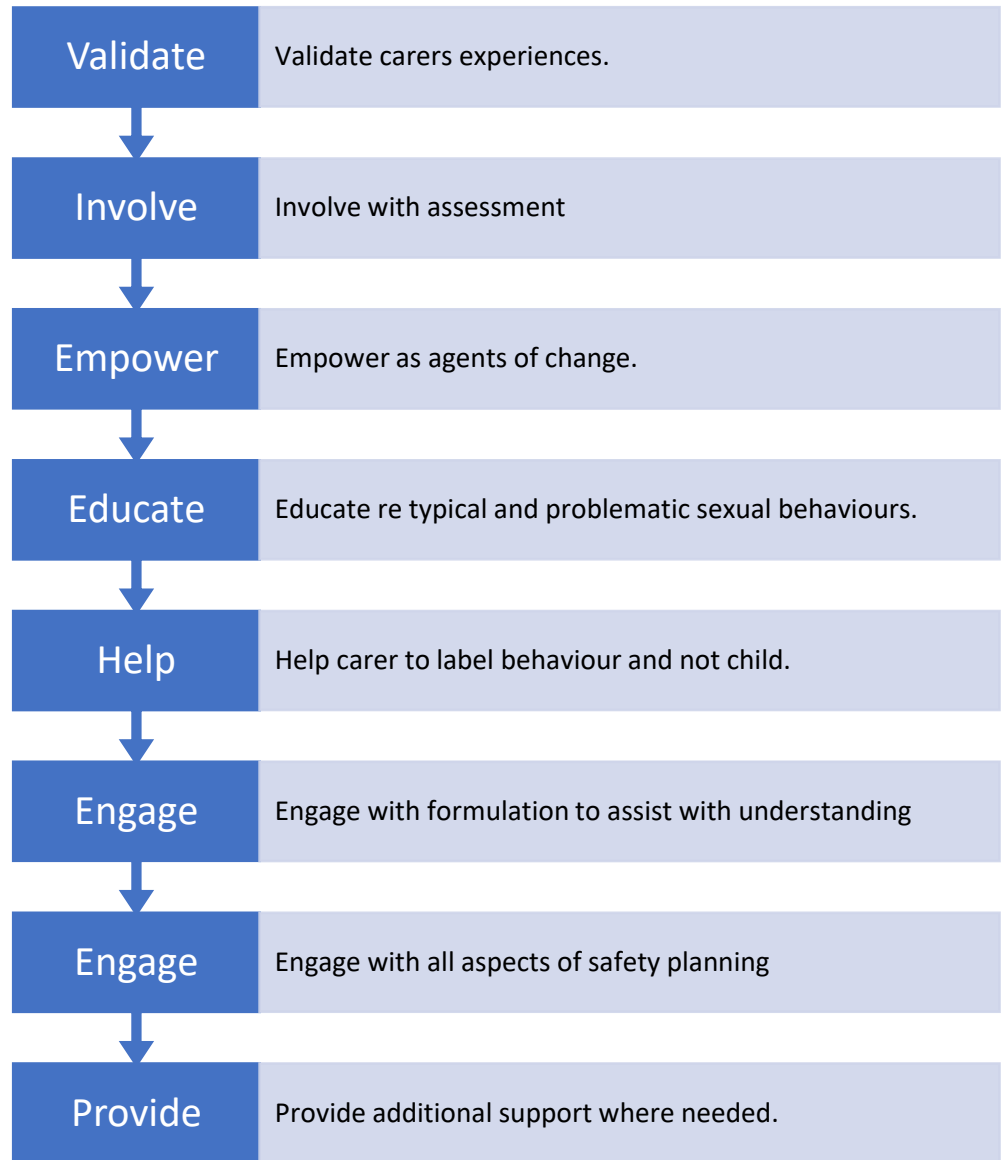
The Importance of Family involvement

- Majority of HSB occurs within the family- affects everyone.
- Family relationships likely to be primary source of support for child in addition to being responsible for effective supervision.
- Family factors known to associate with HSB- e.g attachment, dynamics, modelling of coping and problem solving.

The Importance of Family involvement

- Family values and attitudes can be both protective and risk factor for child.
- Family are information source re child's needs and strengths.
- Whole system needs to be addressed for change to occur.
- Family view to behaviour and interventions relates to child engagement and motivation to change.

Supporting Families



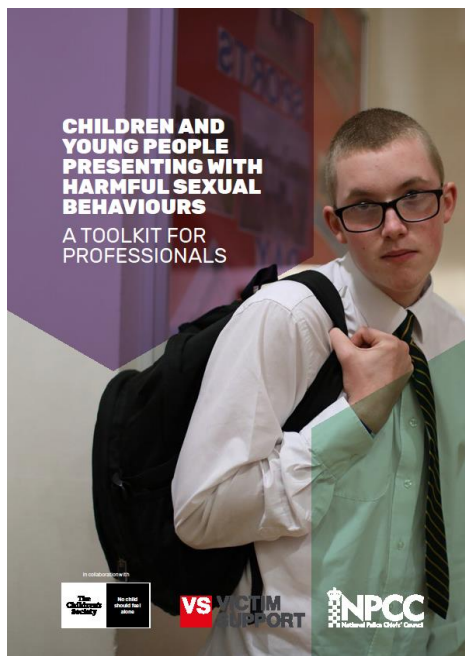
Interventions

Safety planning	MST	Education	Consequential thinking
Social skills	Self-esteem building	Problem solving skills	Social Support
Emotional literacy/ regulation	Supervision	Victim empathy	Family support

Activity

**How can you meet your young person's
needs?**

Resources and Support



<https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework/>

NSPCC Harmful Sexual Behaviour Framework

Contains Hackett's Continuum

Advises multi agency approach

Guidance and audit tool for health professionals.

Guidance relating to appropriate intervention.

www.mariecollinsfoundation.org.uk/news/harmful-sexual-behaviour-support-service



**HARMFUL
SEXUAL
BEHAVIOUR
SUPPORT SERVICE**

for the children's workforce

We are delighted to be able to announce the launch of a support service for professionals in England who are working with children and young people who are displaying harmful sexual behaviours. This is funded by the Home Office in collaboration with the Department for Education. The service, provided by SWGfL and the Marie Collins Foundation, will provide advice and support for professionals on how to respond if a child they are working with is displaying sexually harmful behaviour. It will also signpost to further resources and advice.

Resources and Support

- Harmful Sexual behaviour Support Service
<https://www.mariecollinsfoundation.org.uk/news/harmful-sexual-behaviour-support-service>
- The AIM intervention- www.aimproject.org.uk
- Good Lives – www.goodlivesmodel.com
- Barnardos- www.barnardos.org.uk
- NSPCC PANTS- <https://learning.nspcc.org.uk/research-resources/schools/pants-teaching/>
- NSPCC Turn the page

Reading Suggestions

- Banks, N & Ward, P. (2014). Sexually harmful behaviour and treatment within an attachment based framework. An adolescent case study. Educational and Child Psychology. 31.3.22-32
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- NSPCC (2019) Making sense of relationships. Available at: <https://learning.nspcc.org.uk/research-resources/schools/making-sense-relationships/> [Accessed on 24 Jul. 19].
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