



# Harmful Sexual Behaviour Protocol

Draft Date	Author	Date Of the Next Review	Lead Manager
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## 1. Introduction: Young People and Relationships

Adolescence is a time of growth and exploration. Young people have told us the following about sex and relationships

- They want adults (including parents, carers, teachers, mentors etc.) to take them and their relationships seriously
- They want advice, guidance and support to help them to think clearly about relationships and to keep themselves safe. There is a difference between advice and control. Young people want to be advised and supported they do not want to be controlled and restricted.
- They do not want judgement or criticism.
- They need access to good quality, relevant information so that they are aware and informed about healthy relationships
- They want us to keep them safe whilst recognising their freedom to make their own choices.

In relationships young people are worried about

- Being hurt or abused
- Being touched without their consent
- Verbal and emotional abuse
- Being controlled, and being emotionally blackmailed (e.g. “if you were a good girlfriend/boyfriend you would do...”
- Pressure to be more sexual than they want to
- Understanding consent

## 2. The Purpose of this Protocol

This protocol is about supporting young people and their families when relationships and sexual behaviour has become problematic and harmful. These procedures should be read alongside the following Chapters in the **London Child Protection Procedures**:

- **Chapter 7. Safeguarding Children from Sexual Exploitation** (Part B3 Safeguarding Children Practice Guidance)
- **Chapter 8. Organised and Complex Abuse** (Part A: Core Procedures). In cases where there is more than one victim and/or perpetrator Chapter 8 must be followed.
- **Chapter 10 Safeguarding Sexually Active Children** (Part B3 Safeguarding Children Practice Guidance)
- **Chapter 15 Children Harming Others** (Part B3 Safeguarding Children Practice Guidance)

These procedures are written with particular reference to harmful sexual behaviour, though when there are serious child protection concerns as a result of serious non-sexual violence or serious emotional abuse by a child or children, Chapter 15 should also be followed.

In addition, this protocol should be read in conjunction with

- ***Merton Safeguarding Children Board's Child Sexual Exploitation Strategy 2017***
- ***Merton Safeguarding Children Board's Child Sexual Exploitation Protocol 2017***
- ***Harmful Sexual Behaviour Among Young People***, Guideline September 2016 (National institute for Health and Care)
- Hackett, S, Holmes, D and Branigan, P (2016) ***Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours***, London, NSPCC.
- AIM2 Model of Initial Assessment (G-Map, 2012)

A significant proportion of sex offences against children and young people are committed by their peers. There are also some rare instances where young people display harmful sexual behaviour toward adults. Professionals should not dismiss this harmful sexual behaviour as “normal” between young people and should not develop high thresholds before taking action.

Children who harm others (including sexually) are likely to have considerable needs themselves. Evidence suggests these children may have suffered significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences.

Children and young people who display harmful sexual behaviour should be held responsible for their abusive behaviour, while being identified and responded to in a way that meets their needs as well as protecting others.

It is important to consider that children and young people who display harmful sexual behaviours may have considerable unmet needs. For some the manifestation of harmful sexual behaviours may be as a direct result of suffering abuse perpetrated by adults.

### **3. Definition**

“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.”<sup>1</sup> (derived from Hackett, 2014).

Hackett (2010)<sup>2</sup> has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant:

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<sup>1</sup> Hackett, S (2014), *Children and young people, with harmful sexual behaviours*, London: Research in Practice.

<sup>2</sup> Hackett, Simon, Phillips, Josie, Masson, Helen and Balfe, Myles (2013) *Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers*. *Child Abuse Review*, 22 (4). pp. 232-245. ISSN 09529136

Appropriate	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent
Socially acceptable	Socially acceptable behaviour within peer group	Developmental unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism (getting enjoyment from hurting and humiliating others)
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

Figure 1: A continuum of children and young people's sexual behaviours

**Problematic sexual behaviour** may not include overt victimisation of others but can be developmentally disruptive, cause distress, rejection or increase the victimisation of the children/young people displaying the behaviour.

**Harmful sexual behaviour** is characterised by behaviour involving coercion, threats or aggression together with secrecy or where a participant relies on an unequal power base. Such a power imbalance means that the victim cannot give informed consent. Power imbalances may be due to age, intellectual ability, status, physical size and /or strength, gender, or race. Harmful sexual behaviour may or may not result in a criminal conviction or prosecution.

Both problematic and harmful sexual behaviours may involve aspects of physical and / or emotional abuse. Such factors require consideration within the wider context of bullying and for older young people, teen domestic abuse.

See Appendix 1: An adaptation of the Brook Traffic Light Tool.

Chaffin et al (2002, p208) suggest a child's sexual behaviour should be considered abnormal if it:

- occurs at a frequency greater than would be developmentally expected
- interferes with the child's development
- occurs with coercion, intimidation, or force
- is associated with emotional distress
- occurs between children of divergent ages or developmental abilities
- repeatedly recurs in secrecy after intervention by caregivers.<sup>3</sup>

### **Key Considerations: Vulnerability, Power, Coercion and Consent**

In considering if the behaviour of children towards others should be categorised as harmful or not, professionals must base their decision on the circumstances of each case. It will be helpful to consider the following factors:

- The relative chronological and developmental age of the two children (the greater the difference, the more likely the behaviour should be defined as abusive);
- Whether the alleged abuser is supported or joined by other children;
- A differential in power or authority (e.g. related to race, gender, physical, emotional or intellectual vulnerability of the victim);
- The actual behaviour (both physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- The degree of physical aggression, intimidation or bribery;
- The victim's experience of the behaviour and the impact it is having on their routines and lifestyle (e.g. not attending school);
- Attempts to ensure secrecy;
- Duration and frequency of behaviour

#### **a) Vulnerability**

It must be noted that in some cases the victim of harmful sexual behaviour by a child may be an adult. Vulnerability is increased in situations where there is a power imbalance, coercion is used and consent is absent. Also when certain factors are present:

- Experience of domestic violence
- Experience of family breakdown
- Parental substance misuse
- Experience of physical, sexual or emotional abuse or neglect - Experience of bullying
- Being a looked after child
- Intellectual vulnerability
- Having learning disabilities (diagnosed and undiagnosed)
- Speech, language, social, emotional and communication difficulties (e.g. Autistic Spectrum Disorder )

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<sup>3</sup> Cited Hackett, S, Holmes, D and Branigan, P (2016) *Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours*, p. 14. London, NSPCC

## b) Imbalance of Power

- In abusive situations, the power of the abuser is to deny the victim free choice.
- Some of the principle elements of power imbalances in sexual relationships include: -
  - Age, gender, race and culture
  - Physical size and strength
  - Significantly different levels of cognitive functioning and understanding
  - Invested authority (e.g. baby-sitter, school prefect)
  - Self-confidence and self-esteem (e.g. positive/negative)
  - Arbitrary labels (e.g. best fighter, footballer, leader etc.)

## c) Coercion

- Coercion might take various forms:
  - Manipulation, trickery, peer pressure, bribery
  - Threats of lost relationships, privilege or esteem
  - Threats of force, intimidation or harm
  - Physical restraint, force, weapons or violence

## d) Consent

Section 74 of the Sexual Offences Act 2003<sup>4</sup> defines consent as "*if he agrees by choice, and has the freedom and capacity to make that choice*". Two fundamental questions need to be answered.

First, whether a complainant had the capacity (i.e. the age<sup>5</sup> and understanding) to make a choice about whether or not to take part in the sexual activity at the time in question. Second, whether he or she was in a position to make that choice freely, which is not constrained in any way. Assuming that the complainant had both the freedom and capacity to consent, the crucial question is whether the complainant agrees to the activity **by choice**.

- If a child does not have the capacity to say 'no' comfortably then 'yes' has no meaning. Also, if a person is unwilling to accept 'no' then 'yes' has no meaning.
- Sexual behavior between children and young people which does not involve mutual consent participants is abusive. To be mutual the children/young people must of similar age/development and able to choose without manipulation or coercion
- Consent is about choice and is therefore linked to action as opposed to passivity.
- True consent is only possible where power is shared; 'consent' in order to fit or to avoid a negative consequence is not consent.
- Consent requires that there must be an understanding of:
  - What is being proposed, suggested or asked
  - Awareness and understanding about possible consequences
  - Knowledge that choice will not carry with it negative repercussions

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<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2003/42/section/75>

<sup>5</sup> The Sexual Offences Act 2003 sets out new laws to give children under 13 the extra protection they need from sexual abuse. These laws apply to children who have not yet reached their 13th birthday. The law now makes it clear that sexual activity with a child under 13 is **never** acceptable, and that – regardless of the circumstances – **children of this age can never legally give their consent**. For guidance on Safeguarding Sexually Active Children, refer to the London Safeguarding Children Board supplementary procedure: [www.londonscb.gov.uk/procedures/supplementary\\_procedures](http://www.londonscb.gov.uk/procedures/supplementary_procedures)

#### **4. Key Principles**

Whenever a child may have harmed another, all agencies must be aware of their responsibilities to both children and multi-agency management of both cases must reflect this.

The interests of the identified victim must always be the paramount consideration.

It is possible that the child with harmful behaviours may pose a significant risk of harm to their own siblings, other children and / or adults. The child will have considerable needs themselves, and may also be or have been the victim of abuse.

The following key principles should underpin all work with children who display problematic or harmful sexual behaviour:

- There should be a coordinated response between the agencies within the Merton Safeguarding Children Board;
- Incidents of harmful sexual behaviour should be dealt with under Child Protection procedures which recognise the Child Protection and potentially criminal element to the behaviour.
- Professionals should consider the needs of the children and young people who display harmful sexual behaviour separately from the needs of their victims;
- An assessment should be carried out in each case of problematic / harmful sexual behaviour, appreciating that children who display problematic / harmful sexual behaviour may have unmet developmental needs and may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to Physical Abuse or Sexual Abuse, have problems in their educational development and may have committed other offences. Such children / young people are likely therefore to be Children in Need; some will / may have suffered Significant Harm and be in need of protection themselves.
- Children who display problematic / harmful sexual behaviour should be held responsible for their abusive behaviour while being identified and responded to in a way which meets their needs as well as protecting others;
- Early and effective, intervention with children and young people who display problematic or harmful sexual behaviour can play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour.

#### **5. Responses to Problematic or Harmful Sexual Behaviour**

##### **a) Child Centred**

Professionals must be aware of the legitimate concerns about the inappropriateness of placing labels upon children and young people, given their developmental status, for example, referring to a child or young person as a 'young sex offender' or 'young abuser' is not appropriate. The use of the term 'a child / or young person who displays problematic or harmful sexual behaviour' is more appropriate and accurate, as it emphasises the child or young person's developmental status first and foremost whilst acknowledging the behaviours that require attention.

Evidence suggests that children and young people who display harmful sexual behaviour towards others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subjected to physical or sexual assault, have problems with their educational development and may have committed other offences. Such young people are likely to be children in need and some, in addition, will be suffering or be at risk of significant harm and may be in need of protection themselves.

### b) Link with CSE and Peer on Peer Sexual Exploitation

It is nationally recognised that young people are involved in peer on peer exploitation. Peer exploitation is where a “young perpetrator befriends and grooms a young person into a ‘relationship’ and then coerces or forces them into sexual activity.”

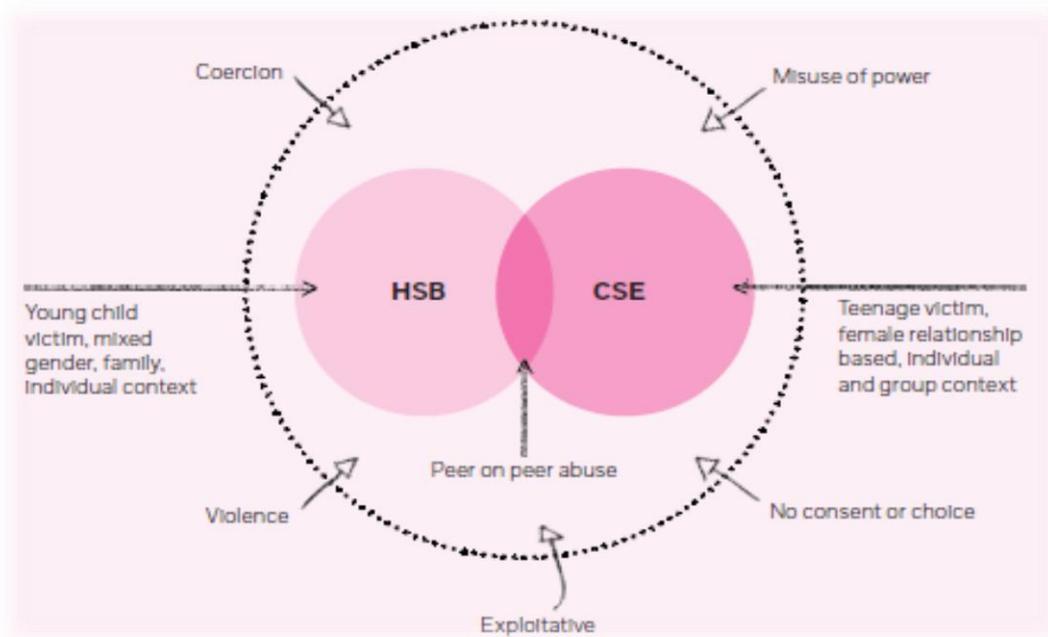
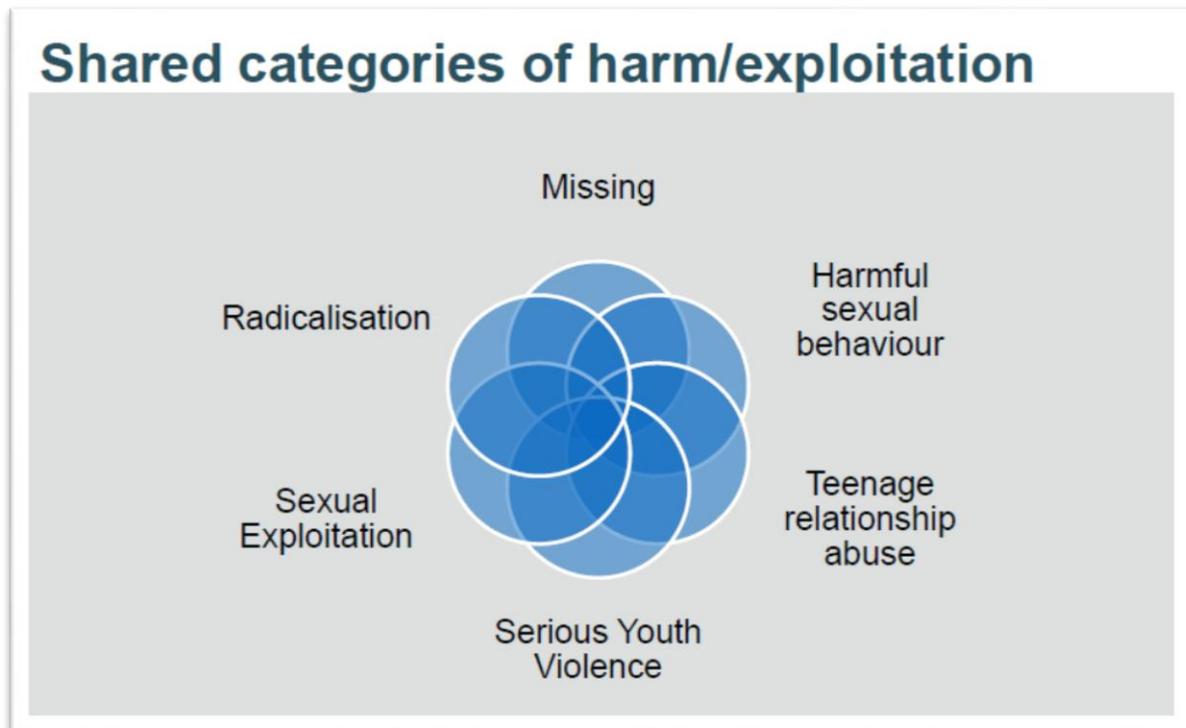


Figure 2: The fit of HSB and CSE in the context of wider child sexual abuse, from NSPCC Harmful Sexual Behaviour Framework

In this context, harmful sexual behaviour may be related to child sexual exploitation and the following procedures should be adopted for the young person perceived to be the perpetrator of peer exploitation. Consideration should also be given to the fact that the young person who is deemed to be sexually exploiting, may themselves be a victim of child sexual exploitation. (Please see the MSCB’s CSE Protocol and Chapter 7 of the London Child Protection Procedures).

## Harmful Sexual Behaviour and Shared Categories of Harm/exploitation



*Building responses to peer-on-peer abuse A toolkit for auditing local policy and practice, University of Bedfordshire, the International Centre Researching Child Sexual Exploitation, Violence and Trafficking*

### c) Link with Online and Social Media Bullying

Children and young people may engage in harmful sexual behaviours on-line, using new technologies. On-line sexual behaviour might involve criminal or abusive behaviours such as grooming, sexual abuse, extortion, threats, malicious conduct, or creation or showing of sexual images without the knowledge or consent of the person who was filmed or pictured.

These procedures will apply when a child or young person has downloaded, distributed or produced sexual images which involve a criminal or abusive element beyond the creation, sending or possession of these images themselves, without adult involvement (where there has been adult involvement, separate procedures apply).

Youth produced sexual images that were experimental or sexual attention-seeking, with no intent to harm another person or reckless misuse resulting in actual or likely harm caused to another person, do not fall within the remit of this procedure.

## 6. Referral and Assessment (see Appendix 2 for flow chart)

Anyone who has a concern that a child or young person under 18 has displayed or committed problematic or harmful sexual behaviour should have a Consultation with MASH. Any professional who is unsure of the need for such a consultation must seek advice from the Safeguarding Lead within their agency. Anyone who has a concern that a child or an adult might have been a victim of harmful sexual behaviour should refer their concerns to the Police.

Allegations of peer abuse will be taken as seriously as allegations of abuse perpetrated by an adult. MASH will discuss the concerns with the referrer and, based on information, a referral will be made to Children's Social Care for assessment. If a referral is not necessary then sign-posting will be offered to universal and targeted sexual health services.

For all referrals to LA children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the day of receipt. A decision must be made within **one working day** regarding the type of response that is required.

The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.

Separate enquiries and investigations will be pursued in respect of both the victim and the child/young person alleged to have displayed problematic or harmful sexual behaviour.

Consideration should always be given to the need for separate social workers to be allocated to the victim and to the child/ young person who has displayed harmful sexual behaviour, even if they live in the same household, to ensure that both are supported through the process of the enquiry and that, in relation to both children, their needs are fully assessed.

It should be recognised that disclosure of problematic or harmful sexual behaviour can be extremely distressing for parents and carers. The child/young person and their family should always be advised of their right to seek legal advice and be supported through the process.

The Police, when made aware of a case involving the allegation of a child/young person displaying problematic or harmful sexual behaviour, will always consult with Children's Social Care Services to ensure that there is an assessment of the victim's needs and that in all cases, there is an assessment of the alleged abusing child/young person's needs. Each child should be referred to the Children's Social Care Services Team responsible for their home address.

For children aged 8 years or older the liaison, discussions and strategy meetings are to involve the Youth Justice Team.

## 7. Strategy Discussion

It will be agreed at the point of consultation if there is a need for a Strategy Discussion, which could then lead to a Strategy Meeting.

If an enquiry has been made about a young person to their allocated social worker in any Children's Social Care team then the social worker is to consult a Service manager in regard to instigating a Strategy Discussion, which should also include a referral to MASH as the Single Point of Contact.

The Strategy Discussion will involve Children's Social Care (normally MASH), Police and a Youth Justice Manager. It may be necessary, prior to the Strategy Meeting, for Children's Social Care (normally MASH) to decide whether to commence a Single Assessment or whether it is necessary to commence a Section 47 Enquiry.

In complex situations where there are a number of victims and possible perpetrators, the Strategy Discussion should appoint a Strategic Management Group to co-ordinate the overall investigation.

## 8. Strategy Meeting

Children's Social Care (normally MASH), the Police and the Youth Justice Team will convene a Strategy Meeting in relation to the child/young person alleged to have displayed harmful sexual behaviour where there is reasonable cause to suspect that either the child or victim has suffered or is likely to suffer **Significant Harm**, especially where there are concerns about the parents' ability to protect the child/young person from further harmful sexual behaviour.

The strategy meeting should be convened and chaired by LA children's social care and a record made. The following individuals will be invited to the meeting:

- Social worker for the child who is suspected or alleged to have harmed another child / adult;
- Social worker for the child/ren alleged to have been abused;
- Social workers' first line manager;
- Police;
- Youth Justice representative, where the child alleged to have caused the harm is 8 or over;
- School representative/s
- Child and adolescent mental health services (CAMHS) representative;
- School nurse or other health services staff, as required;
- Representatives of fostering or residential care, as applicable;
- Consideration should also be given to inviting a local specialist third sector agency and any other professional or agency involved with the child alleged to have caused the harm.
- A person with expertise in harmful sexual behaviour<sup>6</sup>

Where Strategy Discussions/Meetings are required for both the child / young person who is alleged to have displayed harmful sexual behaviour and the child who is the victim, these should be held separately.

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<sup>6</sup>Hackett, S, Holmes, D and Branigan, p. 34(2016) "Engaging an HSB lead service or coordinator to address gaps, and to maintain, motivate and support the workforce has enabled some areas to become more successful in their approach to HSB work." Hackett, S, Holmes, D and Branigan, p. 34(2016)

Care must be taken to ensure that the appropriate professionals attend the right meeting in order to provide confidentiality for the children involved. For example, school representatives should only attend the meeting involving the pupil at their school. The police officer and social workers who are conducting the enquiries should participate in both sets of Strategy Discussions/Meetings.

The Strategy Meeting must plan in detail the respective roles of those involved in the enquiries and ensure that the following objectives are met:

- Share available information;
  - Relevant to the protection and needs of the alleged victim is gathered;
  - Relevant to any abusive experiences and protection needs of the child who is alleged to have displayed harmful sexual behaviour is gathered;
  - About the risks to self and others, including other children in the household, extended family, school, peer group or wider social network, is gathered
  - Current and previous service involvement, including chronology from school(s)
- Agree the conduct and timing of any criminal investigation;
- Decide whether an Assessment under s47 of the Children Act 1989 (s47 enquiries) should be initiated, or continued if it has already begun;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of all the children concerned, with particular attention needing to be paid to living and contact arrangements while concerns are being investigated, and/or provide interim services and support.
- Decide if any other assessment(s) will be undertaken, by when and who will undertake these
- Determine what information from the meeting will be shared with the family, unless such information sharing may place a child at increased risk of Significant Harm or jeopardise police investigations into any alleged offence(s);
- Determine if legal action is required.

### **Considerations**

Where there is suspicion that the child who is alleged to have displayed harmful sexual behaviour is also a victim of abuse, the Strategy Discussions/Meeting must decide the order in which interviews with the child / young person will take place.

If a child is to be interviewed as a victim of or witness to alleged abuse under the provisions of the **Achieving Best Evidence** Guidance and the child admits offences, these incidents should normally be the subject of a separate interview.

In all cases, the children may require services to support them through interviews in line with **Achieving Best Evidence** Guidance and through any court actions that may follow.

The victim's social worker should be kept up to date with developments by communicating with the social worker for the child/young person alleged to have displayed harmful sexual behaviour to ensure that the child victim remains safeguarded.

## 9. Section 47 Enquiries and Assessment – child/young person displaying problematic/harmful sexual behaviour

If, from information gathered during the **Single Assessment**, it appears that the child / young person alleged to have displayed harmful sexual behaviour or the victim child / young person is suffering or likely to suffer Significant Harm, the Section 47 Enquiry process will be followed.

In these circumstances, relevant considerations include:

- The nature and extent of the abusive behaviours and the impact on the victim(s);
- The context of the abusive behaviours;
- The age of the children / young people involved;
- The nature of the relationship between the child / young people involved;
- The child / young person's development, and family and social circumstances;
- Whether the child alleged to have displayed harmful sexual behaviour acknowledges the alleged behaviour;
- Whether there are grounds to suspect that the child/ young person (alleged) has been abused or that adults have been involved in the development of the behaviour;

An assessment of both children's needs for services. The assessment should cover the following:

- The risks the child/young person alleged to have displayed harmful sexual behaviour poses to him / herself and others, including other children/young people in the household, extended family, school, peer group or wider social network.
- During the assessment, children/young people should be helped to continue their school attendance/education; and
- Which interventions best meet the needs of the child/young person.

## 10. Risk management

If during the course of an **Assessment** there are concerns about any risks to other children posed by the child / young person alleged to have caused harmful sexual behaviour, a multi agency risk meeting should be convened straight away. The meeting should:

- Develop a written risk management plan in relation to any child / young person identified as at potential risk; including educational and accommodation arrangements for both the child /young person who is alleged to have displayed harmful sexual behaviours and the potential victim(s);
- Agree appropriate arrangements for the continuation of the assessment and the need for any specialist assessment; and
- Agree how the services to be provided will be coordinated.

The meeting should identify the **Lead Professional** and review process with clear timescales. A referral to the Youth Offender Management Panel should also be considered to oversee the Risk Management Plan (if the behaviour does not involve a criminal conviction and is identified as Child Sexual Exploitation then a referral to the Person's of Concern panel would be required instead).

## 11. Outcome of Assessment

If the information gathered in the course of an assessment suggests that the child / young person who is suspected or alleged to have harmed is also a victim, or potential victim, of abuse including neglect, a **Child Protection Conference** must be convened. A representative from the Youth Justice Team should be invited to the Initial Child Protection Conference.

If the child becomes the subject of a **Child Protection Plan**, the coordination of services will continue through the **Core Group**, which should address the child / young person's problematic or harmful sexual behaviour, the potential risks the child / young person poses to others as well as the concerns which resulted in the need for a Child Protection Plan.

Where the Child Protection Conference concludes that the child / young person who is suspected or alleged to have harmed does not require a Child Protection Plan, consideration should be given to the need for services to address any problematic / harmful behaviour and the inter-agency responsibility to manage any risks. In these circumstances, a multi agency meeting must be convened by Children's Social Care Services.

This should take place as early as possible after the Conference and should involve the Children's Social Care Services Team Manager as chair, the social worker, the referring agency, youth justice team, the school (including sibling's schools), health agencies as appropriate, the social worker co-ordinating work with the victim, the parent/carers and the child (subject to age and level of understanding).

The multi-agency meeting will develop the overall plan for the child / young person including:

- A written risk management plan in relation to any child / young person identified as at potential risk; including educational and accommodation arrangements;
- Any future assessment, if required; and
- How the services to be provided will be coordinated.

The meeting should identify the Lead Professional and review process with clear timescales.

Where the assessment concludes there are no grounds for a Child Protection Conference, but concerns remain regarding the child's sexually problematic / harmful behaviour, s/he will be considered as a **Child in Need**. In such cases, a multi-agency meeting should be convened to consider the risk management as outlined above.

The assessments undertaken may determine that there is a need for support services, such as counselling services whether the child/young person is in need of safeguarding or a child/young person in need.

The decision to end the involvement of any specialist services should be made on a multi-agency basis. Factors to consider in reaching this decision include:

- The level of risk posed by the child / young person to him or herself and others;
- If the intended outcomes of the intervention have been achieved;

- The capacity of the parents or carers to respond appropriately to the child / young person's needs;
- The need for provision of on-going support to the child / young person and their family.

## **12. Criminal Proceedings**

When the child/young person alleged of harmful sexual behaviour is over 10, the police will consult other agencies including the Youth Justice Team (YJT) and Crown Prosecution Service to decide the most appropriate course of action within the criminal justice system.

Regardless of criminal proceedings, the Youth Justice Team should be invited to Strategy Discussions and Meetings for children over the age of 8 years. In cases where criminal proceedings are taken against a young person the YJT should be added to the list of possible attendees at any on-going meetings. When a case is going through the Youth Court or the Crown Court, the YJT will provide information for the CSC Assessment process. This may include plea, bail conditions and variations.

On conviction the YJT will undertake an AssetPlus assessment and if necessary an AIM2 assessment. The intervention plan will include work with the young person on their harmful sexual behaviour and support their parents/carers. The YJT should be part of any child protection or child in need meetings to plan for the young person's future, including reunification with the family if appropriate.

Children and young people with harmful sexual behaviour who are returning to the community following a custodial sentence or time in secure accommodation also require consideration through these procedures. Young people who have served a custodial sentence will be reviewed by the Youth Offender Management Panel and, depending on the length of custody and level of risk at MAPPA. It is advised that a Strategy Meeting should be held before release to consider:

- The transition of the child / young person back to the local community;
- How to manage potential risks posed; and
- How to protect the child/young person from a possible negative community response to their problematic or harmful sexual behaviour.

Additionally plans should be devised in order to support the child/young person to re- establish community links and attendance of education/further education or employment.

## **13. Multi-Agency Advice**

### **a) The Police**

Any concerns regarding sexually problematic/harmful behaviour by children should be raised initially to the police through MASH. Merton Police locally have specially trained officers within the MASH and CSE units who hold responsibility for the assessment/research and onward dissemination of information and the investigation of Level 1 CSE investigations. These officers work closely and in partnership with other safeguarding agencies. Some crime will fall outside the remit of Borough Police at Merton and will be investigated by Metropolitan Police specialist central units:

- **The Rape and Serious Sexual Offences Investigation Unit (Sapphire)**, which is the largest sex crime investigation unit in Europe and is responsible for the investigation of rape and serious sexual violence across the Metropolitan Police Service.
- **The Sexual Offences, Exploitation & Child Abuse Command (SOECA - SC&O17)**, which is a merge of the Child Abuse Investigation Unit and the Sexual Exploitation Team:
  - The Child Abuse Investigation Unit works together with colleagues within the MPS, local authorities, children's social care and other agencies to safeguard children against abuse. The unit investigates allegations of ill treatment of children, including physical abuse, sexual abuse, emotional abuse and neglect.
  - The Sexual Exploitation Team has overall responsibility for all confirmed cases of Child Sexual Exploitation. The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third party) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities.

**For further advice Merton Police MASH can be contacted on: 020 3276 3342**

When Police send a Merlin about a child/young person who has been identified in regard to harmful sexual behaviour against an adult, animal or public display of sexual behaviour the information should go to both CSC and Youth Justice so that the child/young person's needs can be assessed.

#### **b) Health**

Children's social care services and NHS England should identify services employing staff with the skills to undertake a specialist assessment of risk for children and young people displaying harmful sexual behaviour. This may include:

- child health services such as CAMHS
- children's social care
- voluntary sector organisations such as the NSPCC or Barnardo's
- organisations within the criminal justice system such as Youth Justice Teams and Youth Justice Boards

Health services need to be available to attend Strategy meetings and provide current and historical information to inform assessments. This could be the Health Navigator in MASH or one of the CAMHS seconded practitioners in Social Care and Youth Justice or the Tier2 CAMHS manager .

#### **c) Schools**

All those working with children and young people have a role to play in identifying and responding to problematic/harmful sexual behaviours. This includes: making an initial response to the child/young person; then reporting their concerns to the named person with responsibility for safeguarding within their agency and to appropriate services if necessary; recording concerns accurately and where appropriate being involved in the implementation of a plan of work to support that child/young person.

If it is decided that there is sufficient concern, practitioners should contact MASH who will decide whether further assessment is required. Should a specialist assessment be needed, this will be

conducted by Children's Social Work Service wherever possible with another service or agency such as the Youth Justice Team.

If the Education setting has made a decision to invite parents/carers to discuss the potential exclusion of a child/young person due to sexual misconduct then referral options are to be discussed with the parents/carers at that time. If the behaviour is considered problematic or harmful (see Appendix 1) and/or exclusion is required then a referral to MASH is to be made.

If there is a clear child protection concern there should be no delay in the referral to Children's Social Care via the MASH or the Police Public Protection Unit via the usual referral process e.g. if there has been a disclosure or someone witnessed sexual abuse or allegation of physical assault has been made.

A distinction between behaviour which is inappropriate or undesirable but not harmful and behaviour which is harmful and warrants child protection intervention will need to be considered. The MASH Education Navigator should be contacted for advice and consultancy to assist in these considerations.

When further consideration is required prior to deciding the extent and nature of concerns the organisation's role is that of clarification not investigation. Staff should follow their own safeguarding protocols and give the child/young person the opportunity, in their own words, to record or dictate their version of events, confirm the accuracy of the record, record any disagreement and keep a written, signed and dated record of pertinent information including date, time and who was present.

Staff must assess the management of any risk immediately and consider the range of sanctions available to ensure the alleged victim, alleged perpetrator and all other children and staff members within the setting are safe.

## Appendix 1: An adaptation of the Brook Traffic Light Tool

<b>What is green behaviour</b>	<b>What is amber behaviour</b>	<b>What is red behaviour</b>
<p>Green behaviours reflect safe and healthy sexual development. They are:</p> <ul style="list-style-type: none"> <li>• displayed between children or young people of similar age or developmental ability</li> <li>• reflective of natural curiosity, experimentation, consensual activities and positive choices</li> </ul>	<p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be</p> <ul style="list-style-type: none"> <li>• of potential concern due to age or developmental differences</li> <li>• of potential concern due to activity type, frequency, duration or contexts to assess the appropriate action</li> </ul>	<p>Red behaviours are outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> <li>• excessive, secretive, compulsive, coercive, degrading or threatening</li> <li>• involving significant age, developmental or power differences</li> <li>• of concern due to activity type, frequency, duration or the context in which they occur</li> </ul>
<b>What can you do</b>	<b>What can you do</b>	<b>What can you do</b>
<p>Green behaviours provide opportunities to give positive feedback and additional information.</p>	<p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p>	<p>Red behaviours indicate the need for immediate intervention and action.</p>

**Ages 0-5**

<p><b>GREEN BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• holding or playing with own genitals</li> <li>• attempting to touch or curiosity about other children’s genitals</li> <li>• attempting to touch or curiosity about breasts, bottoms or genitals of adults</li> <li>• games e.g. mummies and daddies, doctors and nurses</li> <li>• enjoying nakedness</li> <li>• interest in body parts and what they do</li> <li>• curiosity about the differences between boys and girls</li> </ul>	<p><b>AMBER BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• preoccupation with adult sexual behaviour</li> <li>• pulling other children’s pants down/skirts up/trousers down against their will</li> <li>• talking about sex using adult slang</li> <li>• preoccupation with touching the genitals of other people</li> <li>• following others into toilets or changing rooms to look at them or touch them</li> <li>• talking about sexual activities seen on TV/online</li> </ul>	<p><b>RED BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• persistently touching the genitals of other children</li> <li>• persistent attempts to touch the genitals of adults</li> <li>• simulation of sexual activity in play</li> <li>• sexual behaviour between young children involving penetration with objects</li> <li>• forcing other children to engage in sexual play</li> </ul>
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**Ages 5-9**

<p><b>GREEN BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• feeling and touching own genitals</li> <li>• curiosity about other children’s genitals</li> <li>• curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships</li> <li>• sense of privacy about bodies</li> <li>• telling stories or asking questions using swear and slang words for parts of the body</li> </ul>	<p><b>AMBER BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• questions about sexual activity which persist or are repeated frequently, despite an answer having been given</li> <li>• sexual bullying face to face or through texts or online messaging</li> <li>• engaging in mutual masturbation</li> <li>• persistent sexual images and ideas in talk, play and art</li> <li>• use of adult slang language to discuss sex</li> </ul>	<p><b>RED BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• frequent masturbation in front of others</li> <li>• sexual behaviour engaging significantly younger or less able children</li> <li>• forcing other children to take part in sexual activities</li> <li>• simulation of oral or penetrative sex</li> <li>• sourcing pornographic material online</li> </ul>
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**Ages 9-13**

<b>GREEN BEHAVIOURS</b>	<b>AMBER BEHAVIOURS</b>	<b>RED BEHAVIOURS</b>
<ul style="list-style-type: none"><li>• solitary masturbation</li><li>• use of sexual language including swear and slang words</li><li>• having girl/boyfriends who are of the same, opposite or any gender</li><li>• interest in popular culture, e.g. fashion, music, media, online games, chatting online</li><li>• need for privacy</li><li>• consensual kissing, hugging, holding hands with peer</li></ul>	<ul style="list-style-type: none"><li>• 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</li><li>• verbal, physical or cyber/virtual sexual bullying involving sexual aggression</li><li>• LGBT (lesbian, gay, bisexual, transgender) targeted bullying</li><li>• exhibitionism, e.g. flashing or mooning</li><li>• giving out contact details online</li><li>• viewing pornographic material</li><li>• worrying about being pregnant or having STIs</li></ul>	<ul style="list-style-type: none"><li>• exposing genitals or masturbating in public</li><li>• distributing naked or sexually provocative images of self or others</li><li>• sexually explicit talk with younger children</li><li>• sexual harassment</li><li>• arranging to meet with an online acquaintance in secret</li><li>• genital injury to self or others</li><li>• forcing other children of same age, younger or less able to take part in sexual activities</li><li>• sexual activity e.g. oral sex or intercourse</li><li>• presence of sexually transmitted infection (STI)</li><li>• evidence of pregnancy</li></ul>

**Ages 13-17**

<b>GREEN BEHAVIOURS</b>	<b>AMBER BEHAVIOURS</b>	<b>RED BEHAVIOURS</b>
<ul style="list-style-type: none"><li>• solitary masturbation</li><li>• sexually explicit conversations with peers</li><li>• obscenities and jokes within the current cultural norm</li><li>• interest in erotica/pornography</li><li>• use of internet/e-media to chat online</li><li>• having sexual or non-sexual relationships</li><li>• sexual activity including hugging, kissing, holding hands</li><li>• consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability</li><li>• choosing not to be sexually active</li></ul>	<ul style="list-style-type: none"><li>• accessing exploitative or violent pornography</li><li>• 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</li><li>• concern about body image</li><li>• making and sending naked or sexually provocative images of self or others</li><li>• single occurrence of peeping, exposing, mooning or obscene gestures</li><li>• giving out contact details online</li><li>• joining adult- only social networking sites and giving false personal information</li><li>• arranging a face to face meeting with an online contact alone</li></ul>	<ul style="list-style-type: none"><li>• exposing genitals or masturbating in public</li><li>• preoccupation with sex, which interferes with daily function</li><li>• sexual degradation/humiliation of self or others</li><li>• attempting/forcing others to expose genitals</li><li>• sexually aggressive/exploitative behaviour</li><li>• sexually explicit talk with younger children</li><li>• sexual harassment</li><li>• non-consensual sexual activity</li><li>• use of/acceptance of power and control in sexual relationships</li><li>• genital injury to self or others</li><li>• sexual contact with others where there is a big difference in age or ability</li><li>• sexual activity with someone in authority and in a position of trust</li><li>• sexual activity with family members</li><li>• involvement in sexual exploitation and/or trafficking</li><li>• sexual contact with animals</li><li>• receipt of gifts or money in exchange for sex</li></ul>

## **Appendix 2 Referral and Support Routes**

In addition to the lead agencies for Harmful Sexual Behaviour (MASH, Police and Youth Justice) the following organisations and agencies are available in Merton and provide targeted support for healthy relationships, sexual health and wellbeing.

### **School Nurses**

Available in all Merton primary and secondary schools (including academies)

### **Check in Out**

Website: <https://www.gettington.org.uk/services/merton/check-it-out-patrick-doody-clinic>

Telephone: 020 3458 5115

### **METRO Boys and Young Men Project**

Website: [www.metrocentreonline.org](http://www.metrocentreonline.org)

Telephone: 020 8305 5000

### **Catch22 Risk and Resilience**

Merton Young Person's Risk and Resilience Service (C22 DiSC). Specialist service integrating substance misuse treatment, detached youth work and sexual health provision for Young people aged 11 to 24-years-old

Website: <https://www.catch-22.org.uk/services/merton-young-peoples-risk-and-resilience/>

Telephone: 020 3701 8641