



Supporting children and young people who have displayed harmful sexual behaviour

Toolkit for guided conversations: Harmful sexual behaviour

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Useful Resources:

<https://www.thinkuknow.co.uk> – provides advice to children, parents and professionals about keeping children safe online.

www.brook.org.uk/index.php/traffic-lights – useful tool to help professionals identify the level of concern in relation to children and young people who display harmful sexual behaviour.

www.stopitnow.org.uk – Stop it Now! UK and Ireland is a child sexual abuse prevention campaign. People who are worried about their own, or someone else’s sexual behaviour can call their helpline.

www.kidsmart.org.uk – Teaches children and adults about the internet and being a SMART surfer.

<https://www.rewardfoundation.org/relationships/> – it explains the impact of pornography on the brain.

Talking to children or young people who have displayed harmful sexual behaviour

When a child/young person is observed or reported to have displayed harmful or problematic sexual behaviour it is important that the Protocol for Managing Peer on Peer Harmful Sexual Behaviour is followed. If following the Designated Safeguarding Lead's (DSL) initial assessment of the behaviour (using the Brook Traffic Light Tool) the behaviour is assessed to be healthy or low level problematic then the child can be spoken to and asked about the alleged incidents. For cases where the sexual behaviour is assessed to be high problematic or harmful, contact should be made with SPOA for advice on how to proceed without any of the children involved being spoken to. If it is assessed that it is appropriate to speak to the child about the behaviour then the following are suggested ways to explore the behaviour of concern with the child who is alleged to have displayed the behaviour:

What can I talk to the child/young person about?

Often when an allegation of harmful sexual behaviour is made it can result in a Police investigation. As such this is why for incidents identified as harmful or high problematic it is essential to contact SPOA for advice. If there is a Police investigation you cannot ask any of the children involved questions about what has happened as this may risk a prosecution being successful. However, you can listen to the child.

Be clear about what has been alleged/observed:

Prior to exploring the alleged concerns with the child/young person, it can be useful to help the child (but also you as the professional) to feel more comfortable talking about a sexual incident and body parts by agreeing terminology with the child/young person. Explain to the child/young person that there are lots of different words used to describe a person's genitals. To avoid confusion you are going to use the scientific names for male and female genitalia (e.g. penis, vagina, breasts).

Be specific about what has been alleged so the child does not misunderstand what you are talking about. For example, do not state:

- "An allegation of sexually inappropriate behaviour has been made against you by Carly".

Such language may confuse the child/young person and lead them to feel less able to discuss what has happened. Instead be clear about the allegation:

- "Carly said that you grabbed her breasts over her top when you were on the field this lunch time."

It is important to be clear about why the alleged behaviour is harmful:

- "A female's breast is a private area of their body and it is not okay to touch other people on their privates especially when they do not want you to".

Questions/prompts to consider when taking a child/young person's account of what happened:

- "Can you tell me what happened?"
- "How do you agree/disagree with what Carly has said?"
- "Can you tell me what you were thinking at the time you touched her?"
- "Why do you think you touched her on the breast?"
- "Has anyone ever touched you on your private body parts when you haven't wanted them to or asked you to touch them?"
- "Is there anything that you feel worried about at the moment?"



Responding to incidents of harmful sexual behaviour: Four Step Approach

The four step approach is a simple strategy which can be used by schools and parent/carers as a way of appropriately responding to incidents of harmful/problematic sexual behaviour that occur. The four steps are as follows:

1) Stop the behaviour

Do not address the behaviour while the child is still doing it. Change the situation, stop, distract, or change the environment. Push the child's hand away, separate the children, draw their attention to something else, tell them to stop what they are doing.

2) Define the behaviour

Be clear what behaviour the child is doing that is inappropriate. Describe what you see to the child. The more specific and clear you can be with the child about what he/she is doing wrong, the better the opportunity the child has to change or relearn his/her behaviour. If we react with general anger, the child may interpret our anger as "I'm bad" instead of "What I am doing is wrong".

Don't say: "That's bad!".

Try: "You are touching Billy's private parts and that's not okay".

3) State the rules

Tell the child how you expect them to behave or repeat rules you have previously told them. "The rule is..." or "We expect everyone to respect each other's privacy and that includes not touching each other on the genitals...". Be direct but don't lecture.

4) Enforce the consequence or redirect the child

For younger children you can redirect or distract the child to more appropriate behaviour. End the encounter on a positive note and praise the child when he acts in the way you suggest. If the child is older and this behaviour is repetitive, you may wish to enforce a consequence.



Example 1:

A teaching assistant is reading to John, aged six, and he begins to rub their breast.

Step one:

Stop the behaviour – Remove the child's hand from the breast and move slightly away from the child.

Step two:

Define the behaviour – Look him in the eye and say "John, you are touching my breast".

Step three:

State the rule – "My breast is private and it is not okay for you to touch it. It is not okay for children and adults to touch each other's private parts".

Step four:

Redirect the child or apply a consequence –

"I like reading with you and will continue if you can sit here next to me without touching my breast".

Other ideas:

For younger children, read a book on good/bad touch several times, such as, "**An Exceptional Children's Guide to Touch: Teaching Social and Physical Boundaries to Kids by Hunter Manasco**". Find times to restate the rule throughout the day, including noticing good touches that are okay. Ask the child for permission to touch (such as a high 5) to reinforce the idea of privacy and control. For a child who is easily stimulated, take care when he/she is sitting next to you in a way that his/her face is at breast level. Keep some space between you.

It is important to hold in mind that the child's behaviour may have been learned as a consequence of them experiencing sexual abuse or them having been exposed to sexual imagery, such as pornography. As such, when children display harmful sexual behaviour, professionals should ask whether the child has experienced sexual abuse. Ways that this can be done include:

- "Has anyone ever touched you on your privates before when you didn't want them to?"
- "Have you ever felt scared or unable to tell someone "no" or stop them when they have touched you?"
- "I wondered if anything like this may have happened to you before?"

Resources such as the NSPCC Underwear Rule can be used to prompt discussions about whether a child has experienced sexual abuse.

Example 2:

Kieran (age 14) is sat next to Harmony (age 14) in Maths. Kieran is seen pushing Harmony's head down towards his crotch area.

Step one:

Stop the behaviour – Ask Kieran to leave the classroom and to wait outside for you to speak with him.

Step two:

Define the behaviour – State the following to Kieran: "You pushed Harmony's head towards your crotch and she did not want you to do this".

Step three:

State the rule – "We should all respect each other's choices and not force others to do things they do not feel comfortable doing. It is not okay to force another person's head towards your privates".

Step four:

Redirect the child or apply a consequence –

"For the rest of the lesson, I would like you to go and work in...."

Given that a SRRP may impact on what a child/young person can or cannot do at school it will be essential that the reasons for the plan are communicated to them clearly and sensitively. If a child/young person is unaware or unsure for why the plan is in place this may lead to confusion and anger, as well as uncertainty on the child/young person's part about who they can speak to.

The following suggestions may therefore assist in ensuring that the child/young person understands

- "It has been alleged that you touched John on his penis in a toilet cubicle. Using an assessment tool we have assessed the alleged behaviour to be harmful and as such we are required to put a SRRP in place to ensure you and other children are safe."
- "Until we have assessed the situation and risks more fully, we will need to put a plan in place to ensure everyone is kept safe, including you. As such for the time-being:
 - "...you will need to use the disabled toilet only. This is because the alleged incident is stated to have taken place in the school toilets so to make sure you and others are kept safe; you will need to use the disabled toilet from now on as only one person can be in there at a time".
 - "...we need to know where you are when you are at school so you will need to go to the school office/pastoral care at break and lunch times. This will help to ensure that no further allegations are made against you".
 - "...we will review the plan in 10 days (or x number of weeks) with your parents/carers, which means we may make changes".
 - "...before we consider making any changes to the plan we would like you to complete some work with ? so you have the knowledge to avoid similar situations in future".

Importance of language

Research highlights the damaging effects of stigmatising young people as 'mini adult sex offenders', which may even increase the likelihood of them repeating harmful sexual behaviour. Professionals should therefore be mindful not to use terminology which could give a child a negative label, such as "sex offender", "perpetrator", or "he/she is a sexual risk".

Children and young people are more likely to be able to make changes to their behaviour when they believe that the adults supporting them retain a positive image of their ability to change. It is therefore better to talk about the behaviour as the problem, e.g: "A child/young person who has displayed harmful sexual behaviour". This will help the child to hear that they are not the problem; it is the behaviour which is the concern.

Help the child/young person to understand why you may need to put a risk management plan in place.

Following an incident of harmful sexual behaviour, the DSL will need to assess if a Safeguarding Risk Reduction Plan (SRRP) is necessary, following the guidance in the "Protocol for Managing Peer on Peer Harmful Sexual Behaviour in Settings, Schools and Colleges".

Why do children display harmful sexual behaviour?

There are many different reasons why children and young people display harmful sexual behaviour. The behaviour often occurs as a consequence of children and young people having unmet needs and them attempting to meet those needs, albeit through unhealthy means. For example, a child who receives little emotional warmth at home may be seeking to feel loved or close to the other child through the behaviour. Or in cases where a child is growing up in a frightening home environment, he or she may feel they have little control over their life. Harmful sexual behaviour can for some children serve the purpose of enabling them to feel in control.

Potential pathways to harmful sexual behaviour

A number of different pathways which may lead to a child or young person displaying harmful sexual behaviour have been identified. These include:

- Neglect
- Domestic violence
- Sexual abuse
- Physical/emotional abuse
- Inappropriate boundaries at home
- Discontinuity of care - breakdown of family relationships
- Attachment difficulties
- Jealousy of siblings/half-siblings
- Learning difficulties
- Bullying
- Parental experiences of child sexual abuse.
- Mental health/conduct difficulties (ADHD, Conduct Disorder, PTSD)
- Sexual behavioural problems may be part of a pattern of disruptive behaviour problems
- Exposure to sexual imagery, e.g. pornography.

What can I do to support children/young people to avoid further harmful sexual behaviour?

Children/young people may require an intervention following an incident with a specialist service to help reduce the risk of them displaying further harmful sexual behaviour. However, there are ways teaching professionals can also support them to ensure risk reduction.

Educate:

- Teach children about consent and healthy relationships
- Help children/young people to understand how the depiction of relationships and sex is unrealistic in pornography.
- Help children/young people to understand appropriate boundaries, including safe touch and personal space

Model:

- Ask for permission to touch (such as high 5s) to reinforce the ideas of privacy and choice.
- Have a whole school approach to addressing violence against females which also tackles gender inequality. Alongside sex and relationships education, this could include having school policies and procedures that have a specific response to addressing such issues.

Support:

- Build a relationship with the child/young person. By showing an interest in the child/young person's life you will show them that you care about their well-being and hold a positive image of them moving forwards.
- Have regular check-ins to offer emotional support and to monitor how they are coping in school.
- Support them to meet their needs (security, love, friendship, achievement etc) through healthy means (see appendix 1).

Be aware of the following behaviours which could reinforce attitudes towards gender roles and harmful sexual behaviour:

- Jokes that make light of harmful sex /Enjoying the discussion of people as sex objects, with no apparent respect of their feelings
- Promotion of sexual activities which are not clearly mutually desired – for example, comments like "I'd do her"
- Frequently rating and comparing people on their looks
- Putting pressure or tricking a peer into doing something they might not want to
- Glamourising things like porn, pimping and impersonal sex.

Respond to such behaviours by doing the following:

- Challenge the behaviour whilst not shaming the child
- If the child becomes defensive, don't let this put you off sharing your thoughts – research has found that even if people argue back when challenged, they often still mentally shift them.
- Avoid too much confrontation – e.g. suggest they think about what's been said and talk to you further about it at a later stage.

Appendix 1

Good Lives Model Overview

Intervention which is built on correcting deficits is unlikely to be as successful as that which reinforces strengths. The most effective way to reduce risk is to give individuals the necessary conditions to lead better lives (good lives).

The Good Lives Model (GLM) is a strengths-based approach, which can be used to help rehabilitate young people who display harmful sexual behaviour. It is premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of reoffending. According to the GLM, people offend because they are attempting to secure some kind of valued outcome in their life. As such, offending is essentially the product of a desire for something that is inherently human and normal. Unfortunately, the desire or goal manifests itself in harmful and antisocial behaviours, due to a range of deficits and weaknesses within the offender and his environment. Essentially, these deficits prevent the offender from securing his desired ends in pro-social and sustainable ways, thus requiring that he resort to inappropriate and damaging means, that is, offending behaviour.

Below are a list of needs GLM recognises young people have:

- Emotional Health (self-esteem; emotional safety; managing feelings).
- Having fun (thrill; excitement; play).
- Being my own person (independence; competence).
- Having purpose and making a difference (spirituality, fulfilment; hope and generosity)

- Physical health (sleep; diet; hygiene and physical safety).
- Sexual health (sexual knowledge; sexuality and sexual development).
- Having people in my life (attachment; intimate, romantic, family, social and community relationships).
- Staying safe filter.

Teachers have established working relationships with children and young people at their schools and as such they are well placed to support the rehabilitation of those children and young people who display harmful sexual behaviour. Teaching professionals can therefore use the GLM approach to support risk reduction by helping children/young people to meet their needs through healthy and pro social means, according to each child/young person's particular interests, abilities and aspirations. Suggestions below are things teaching staff could talk to/support children/young people with to enable them to meet their needs.

- Hobbies (sports, clubs, arts and crafts) – helping the child/young person to engage in hobbies/interests they enjoy. This will support them to meet their needs for fun, self-esteem, health, friendships and achievement etc.
- Supporting a child/young person to talk about how they are feeling will support them to meet their emotional health, independence and staying safe needs.
- Supporting a child/young person to achieve their aspirations (e.g. college course choices)



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