

Harmful Sexual Behaviour: School Guidance

This guidance has been developed to guide schools within Lambeth in responding consistently to inappropriate and harmful sexual behaviours that are displayed by children and young people. The development of this guide has been a joint partnership between education and health services within Lambeth.

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Section 1: Introduction and definitions of Harmful Sexual Behaviour

What is Harmful Sexual Behaviour?

Harmful Sexual Behaviour (HSB) is a term used to describe sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult (Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour.

Technology assisted HSB (TA-HSB) is sexualised behaviour which children or young people engage in using the internet or technology such as mobile phones (Hollis and Belton, 2017).

Overview and Context

- Harmful sexual behaviours include: using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats and full penetrative sex with other children or adults.
- Technology assisted harmful sexual behaviours include: viewing pornography (including extreme pornography or viewing indecent images of children) and sexting.
- HSB among children is not uncommon: between 20% and 33% of all reported child sexual abuse in the UK involves other children and adolescents as the alleged perpetrators (Hackett, 2014).
- Sexualised behaviours in children and young people can be an expression of unmet needs or underlying vulnerabilities (National Institute for Health and Care Excellence, 2016).
- Children and young people who develop harmful sexual behaviour have often experienced abuse and neglect themselves (Hackett et al, 2013; Hawkes 2009; McCartan et al, 2011).

- A study by Hackett et al (2013) of children and young people with harmful sexual behaviour suggests that two-thirds had experienced some kind of abuse or trauma such as: physical abuse, emotional abuse, severe neglect, parental rejection, family breakdown, domestic violence, parental drug and alcohol abuse.
 Around half of the children and young people had experienced sexual abuse.
- Children who have been sexually abused may not know that what has happened to them is wrong. This can lead to normalisation of harmful sexual behaviours towards others (Ringrose et al, 2012).
- Society and culture have a big impact on what children think about sex and sexuality. What they see and read on television, the internet and in other media can reinforce these ideas. Children using mobile phones and social networking sites may also come across sexually explicit or pornographic images and video. (Durham, 2009).





Categories of Harmful Sexual Behaviour

Hackett (2010) 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:

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

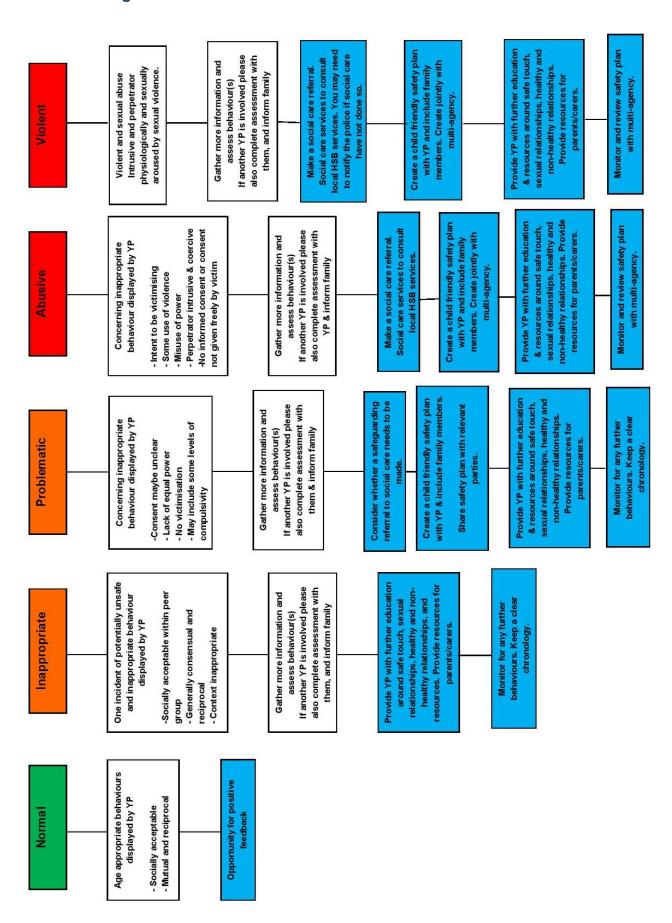
- Problematic sexual behaviour may not include overt victimisation of others but can be developmentally disruptive, cause distress, rejection or increase the victimisation of the children/young people displaying the behaviour.
- Harmful sexual behaviour is characterised by behaviour involving coercion, 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.





Section 2: Responding to Harmful Sexual Behaviour

Referral Diagram







Section 3: Risk Assessment and Safety Planning

The following guidance¹ applies to the young person's education setting. Not all young people will require a formal safety plan, but the prompts below provide a framework for facilitating discussions and decisions that inform and manage ongoing risks. It is a document that will change over time, reflecting the young person and staff's progress in managing potential risk or depending on new risky situations being identified. Ongoing completion of the safety planning document will be undertaken by an appropriate person within the education setting (e.g. Head Teacher or Designated Safeguarding Lead), in collaboration with other relevant staff, the young person and their parents/carers.

Risk Assessment and Management Plan

1. Details of the Behaviour

This plan builds on information about the young person's sexual behaviours and risks identified within the school and helps staff to provide an effective and targeted Education Safety Plan to manage risks and meet the needs of the young person displaying harmful sexual behaviours.

1.1 Context of the behaviour / overview of the incident

Give an overview of the incident / reason you are undertaking this safety plan.

Use pointers below to support your thinking:

- Describe the type of behaviour what the young person said or did
- Context of behaviour was it spontaneous or planned? Was there force/threat etc.?
- When and where?
- What is the relationship between the young people involved are they similar age? Would they normally associate? Is there a power imbalance?
- What was the response of the young person who initiated the behaviour? Were they defensive, aggressive, embarrassed, taking responsibility etc.?
- What was the response of the parents when informed of their child's sexual behaviour? E.g. attitudes, views, any cultural issues of the young person or parents/carers.
- Response of the other young person or adults involved what is the impact on the young person and their views of their parents in relation to this?

¹ Adapted from The AIM Project "Understanding and Managing Problematic and Harmful Sexual Behaviours in Education Settings, 3rd Edition" (Carson, 2017) and the AIM Project Intervention Manual (Guilhermino & McCarlie, 2019).



South London and Maudsley NHS Foundation Trust

what are the concer	ns for school/college?	Evidence
Who could be harm	ed and how? E.g. other	Evidence
	nl, physical or emotional harm?	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
In which situations	could the risk occur?	Evidence
1.3 Other agencies v		
Young people's needs a	are often complex and require a	a joined up response by a range of agencies.
Young people's needs a This section should refle	are often complex and require a	a joined up response by a range of agencies. about the level and nature of risk.
Young people's needs a	are often complex and require a	
Young people's needs a This section should refle Health	are often complex and require a	
Young people's needs a This section should refle	are often complex and require a	
Young people's needs a This section should refle Health	are often complex and require a	
Young people's needs a This section should refle Health Police Children's Services	are often complex and require a	
Young people's needs a This section should refle Health Police Children's Services (please specify)	are often complex and require a	
Young people's needs a This section should refle Health Police Children's Services	are often complex and require a	
Young people's needs a This section should refle Health Police Children's Services (please specify)	are often complex and require a	

1.7 Tourig person an	a parenticaler 3 views					
Parents, carers and young people may hold different views about the different level of risk and						
concerns; use this section	on to record issues.					
Young person's						
views						
Parent/carer's views						

1.5 Likelihood of risk and why Consider information in the previous sections and identify what may heighten or lower concerns.				
Factors which heighten the concerns E.g. young person has either actually exhibited harmful sexual behaviour or has been convicted for sexual offences.	Factors which lower the concerns E.g. young person has the ability to reflect and understand the consequences of their behaviour. They are willing to engage with support offered to address this behaviour.			





2. Safety and Support Plan

There are three strands to the Safety and Support Plan:

- 2.1 The actions which are part of the school/college's policies and procedures;
- 2.2 The actions to manage the risks and meet the needs of the young person;
- 2.3 The actions to be taken if the concerns increase.

In each of the sections below, list any actions or strategies that can be put in place to safeguard and promote the welfare of the young person.

2.1 School/College	
Actions	By who / When
Reporting, recording and monitoring: What are the arrangements for reporting, recording and monitoring the young person's behaviour?	
Chronology of incidents: who will be responsible for monitoring and updating this?	
School environment: What are the arrangements for managing unstructured times, transitional periods, contact between parties and potential hot spots of the building? What level of supervision is required and how long will this be managed?	
Transport arrangements: What are the arrangements for the young person to get safely to and from school/college?	
Duty of care and keeping all students safe: How will this be done? Who will take responsibility for coordinating? What messages have been given to students about keeping safe and how?	
Off-site activities (school trips, work experience etc.): How will risk be managed in these situations?	
Inclusion and diversity: Are there any additional factors to consider in relation to the child's age, gender, sexuality, religion, disability, mental health, physical health or other?	

2.2 Young Person	
Actions	By who / When
Individual Work: What work is being undertaken to address the young person's unmet needs in relation to the sexual behaviour?	
Liaison with parents: Who will communicate with parents/carers? What	
support needs to the parents/carers have? What do parents/carers need to support their child?	
The right to feel and be safe: What support has the young person been offered to be safe in school/college?	
Behaviour management strategies: Are there clear boundaries and expectations of acceptable behaviour?	
Positive activities: What support is in place to reduce the risk of isolation and to encourage the young person to enjoy and achieve?	
Identity: Are there any additional factors to consider in relation to the young person's age, gender, sexuality, race, religion, disability, mental health, physical health or other?	





 Response to increased concerns Identify the actions necessary if there are concerns that the safety and support maineffective. 	nnagement plan is
Actions	By who / When
Liaison with other agencies: Increased concerns may require referral to Children's and Specialist Services.	
Exclusion (temporary or permanent): Are there significant grounds for	

Children's and Specialist Services.

Exclusion (temporary or permanent): Are there significant grounds for considering this? Has there been an assessment of the situation? If so, what is the evidence for this decision?

Inform parents: Who will contact parents?

Review of the safety and support plan: When will this be done? Who will lead this?

Any other?

2.4 Safety and Support Plan agreed by:					
Name	Role	Signature			
	Head Teacher				
	DSL or Child Protection Lead				
	Young person				
	Parent/carer				
	Other staff/agencies				

2.5 Information Sharin	g
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In order to safeguard children, information in the safety plan may need to be shared with other professionals on a need-to-know basis. The parents/carers and young person (if appropriate) will be informed of who the safety plan is being shared with, and why.

Name	Role			

2.6	Date	e to	revie	w sat	fetv i	plan:
	Dut	,		11 Jul		piaii.

The timescale needs to be in proportion to the level of risk/concerns and the degree of support and intervention.

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Section 4: Confidentiality and Who Needs to Know?

Please read this section in conjunction with the Referral Diagram in Section 2

Schools, colleges and early year's settings play a vital role in the development and education of children and young people and are often the initial point of contact when HSB is reported (NSPCC, 2019).

However, there are sometimes known to be 'reluctant relationships' between agencies and schools working with children and young people displaying HSB (HM Inspectorate of Probation, 2013). This can be due to a reluctance to share information with education, citing issues of 'confidentiality'; perceptions about education professionals' lack of understanding about this area, and concerns about overreaction (Kitchener, 2014).

Pastoral work undertaken in schools can have a significant positive impact on children and young people who display HSB, particularly when appropriate protocols are followed in order to protect the confidentiality of the young person and considering who needs to know what, regarding the nature / instances of HSB.

Therefore, the development of an interagency framework has been identified as integral to the effective management of HSB cases in children and young people (Hackett, Masson & Phillips, 2003).

Case Study: Tom

Allegations have been made that 12-year-old Tom has been touching a family friend's daughter inappropriately. In this instance, the parents of the 9-year-old girl involved alert social services and a Section 47 investigation is initiated. Social care then informs Tom's mum about the allegations and together they decide to contact the school to ensure a safety plan is put in place.

The social worker and mum arrange a strategy meeting with the school safeguarding officer however because there is a week's delay in the meeting, the school decide to make an interim safety plan with mum and the social worker. They agree that Tom will not be left unsupervised with any other young person whilst at school. This means that in the class, a teacher will supervise Tom and during break times, a member of staff will be available to monitor him. The plan is further discussed with Tom, and he agrees that he would like to attend a structured club during his break time.

Tom is also informed about who in the school is aware of the incident (e.g. safeguarding lead, pastoral lead and members of staff who are monitoring). Only the faculty members who are directly involved in the safety plan are informed.

The school agree to review the safety plan monthly or if there is a new incident.

Confidentiality

The same rules of confidentiality apply as any potential child protection or safeguarding issue raised in schools, and therefore you should always follow the same confidentiality procedures as stated in your school's child protection or safeguarding policy. As per the Department for Education's (2020) 'Keeping Children Safe in Education' paragraphs 76-79, all schools should have a Child Protection Policy and Behaviour Management or Disciplinary Policy, that all staff should be aware of.





If a disclosure of HSB is made, the following guidance may be helpful:

- Explain the next steps in the reporting process to the young person and be as clear as possible. While you cannot promise confidentiality, you can list who else you will need to talk to. Offer the young person the opportunity to be with you when you have those conversations.
- Just as adults do, young people have their own private lives and it's important not to make assumptions about their sexual preference or personal experiences. Therefore, when making statements or clarifying a situation, ask "Have I got that right?" and give the young person the opportunity to explain their side of the events.
- Similarly, do not assume the young person is able to provide unbiased information on the events – use their version to piece together information you may have from others involved.

- Do not ask leading or provocative questions.
- The nature of HSB disclosures can be shocking or upsetting. It is important for the adult working with the child to try and maintain a calm and non-judgemental approach.
- Make a record (verbatim where possible) directly after the conversation to ensure accurate recall of the details that have been given by the child.
- Share an account (verbally and follow up in writing) as soon as possible with the school's designated safeguarding lead (DSL) who will be able to advise on next steps.

If the young person has not made the disclosure themselves, staff should discuss within their school safeguarding team (i.e. the Designated Safeguarding Lead) about whether social care will need to be informed. Staff should use the referral diagram to make this decision.

Who needs to know?

By their very nature, instances of HSB can be upsetting, embarrassing and stigmatising for young people. It is very important for schools to carefully consider which people in the young person's life, and which professionals *need* to know about the HSB. The following sections summarise guidance on involving different people.

Informing parents

When a young person has displayed harmful sexual behaviour, school staff should inform their parents or carers, unless there is a concern that doing so would place the young person at further risk of harm. Any decision not to inform parents/carers would generally be made in conjunction with other agencies, such as social care services and/or the police.

Getting the support of the young person's parents or carers is essential in ensuring a joined-up approach to help them change their behaviour. Parents and carers can help reinforce messages delivered in school and can monitor the young person's attitudes, behaviour and internet use when at home. Please see Sections 5 and 6 for advice on how to speak to parents and young people about HSB.





Informing the parents of other parties

In cases where the reported behaviour is assessed to be healthy, the school should make the parents of all the children involved aware of what has happened, on the day the behaviour came to light (where possible). In cases where the behaviour is assessed by the DSL to be *problematic*, *abusive* or *violent*, as per the referral diagram, contact should be made with social care (e.g. through a MASH referral) to determine as to whether the parents can be informed of the concerns. MASH advisors will then provide a view on whether the parents can be informed and when they should be told.

Informing school staff

The primary member of staff involved should be a designated lead practitioner (who acts a single point of contact for the child and family, coordinates early help and develops a care plan to deliver agreed actions). This is usually the **designated** safeguarding lead (DSL).

In addition, disclosure of HSB should only be made to **relevant school staff**. Anyone made aware should be instructed to keep information confidential to avoid further stigmatisation for the young person. A list of all staff aware should be included in the safety plan. For example:

If the child is of <i>primary</i> school age:	If the child is of secondary school age:
Safeguarding lead	Safeguarding lead
Class teacher	Pastoral lead (e.g. Head of Year or Form Tutor)
Teaching assistant, if working directly with the child	Mentor / teaching assistant, if working directly with the young person.
Consider staff at clubs out of school, including those that are run by outside providers	Any therapists, counsellors or school staff working 1:1 with the student.
Any therapists, counsellors or school staff working 1:1 with the child	The student (and parents if appropriate) should be made aware of who has been informed.

Involving other multi-agency staff

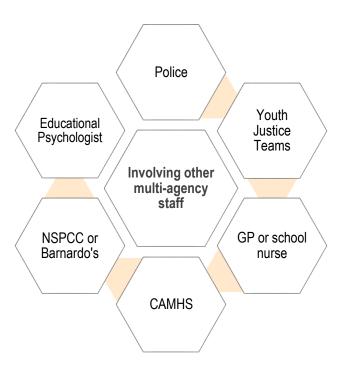
It may be appropriate to involve other professionals. Their involvement should be decided through discussion between the DSL, family and social care (e.g. MASH, social worker). Some professionals will form part of a specialist assessment of risk for the child or young person who has displayed HSB.

- The police: staff should raise initial concerns through MASH and be aware that these can be referred onwards to the police if appropriate.
- Other organisations within the criminal justice system, e.g. Youth Justice
 Teams, Probation Officers, etc. If the young person is already known to the
 youth offending service, it would be suitable to make their youth worker aware.
- Relevant, or regularly involved **medical professionals**, e.g. GP, school nurse.
- Specialist health services, e.g. Child and Adolescent Mental Health Service (CAMHS), sexual health services, etc.





- Voluntary sector organisations such as the NSPCC or Barnardo's.
- Educational Psychologist (EP): to help consider the emotional and cognitive needs of the child and give guidance for thinking about the appropriateness of exclusions.
- Education Welfare Service: if change to school placement is being considered, as well as issues around attendance.
- If the child is a Looked After Child, potential foster carers or key staff at residential settings must be made aware so they can carefully match the child to the placement and manage risk (i.e. safeguarding other children in the placement if necessary).



How much information should be shared with school staff and professionals?

When information sharing with other staff or professionals, try to follow the 'Goldilocks' principle (not too much, not too little...). Relevant information would include:

- Information relevant to the protection and needs of the child or young person.
- Information relevant to the protection and needs of the alleged victim.
- Relevant background information about any child protection issues or abuse.
- Concerns about the risks to self and others, including other children in the household, extended family, school, peer group or wider social network.
- Current and previous service involvement, including chronology from school(s).

Remember:

- All parties involved should use the same language and terminology.
- Do not label or stigmatise the child who has engaged in HSB.
- Any staff or professionals who could respond early should be educated in the identification of HSB (see referral diagram).
- A secure record should be kept of all people (including professionals, family members, etc.) who are aware of the HSB. This should be updated if any new professionals are made aware.
- Involved professionals should have a clear remit based on their expertise.
 Agencies work best when they join up, rather than working in isolation.
- Ensure that effective multi-agency partnerships continue across all transitions (e.g. between schools / settings, social care arrangements)
- Professionals involved in supporting children and young people who display HSB should receive supervision to reflect on the impact of their work on themselves and their relationships.





Section 5: Talking to parents or carers about HSB

Before meeting with parents or carers:

- Consider any family or cultural factors, particularly if there is knowledge of abuse within the family, or a difficult home life. This may involve liaising with safeguarding leads in school and social workers where appropriate.
- Discuss the upcoming meeting with the young person and work together to decide
 the best approach for informing parents or carers. In some cases, adults may work
 to support the young person to inform their parents themselves.
- Be aware that the young person may feel more confident telling another close adult such as an auntie, uncle or grandparent, and use them as a link to inform parents or carers together.

Parents/carers may feel uncomfortable and upset if they discover their child has engaged in sexual behaviour, and staff might find it challenging to initiate these conversations. It is recommended that staff approach parents/carers about instances of sexual behaviour in the same way they would discuss any other type of problematic behaviour.

Below are some suggestions:

- Refer to your school policy and procedures; this can help provide a structure or framework to refer to and help to alleviate any stress or anxiety.
- Be specific about what has happened or been said, and the impact it has had on others. Give factual details, timescales, and information about consequences where relevant. Do not include personal opinions. If there is no clear evidence of the behaviour use the term allegation.
- Inform parents/carers if the incident was a pattern of behaviour or a single event.
- Share the outcomes of any discussion had with the child that highlights a gap in their knowledge, e.g. understanding of consent or healthy expectations of relationships. Schools can address such issues through PSHE lessons, but parents/carers also play a vital role through discussions at home.

Use open ended questions to explore parents/carers views on the behaviour, for example:

- 'I appreciate this may be hard for you to hear and I wondered if you knew of any reason why your child may be behaving like this?'
- 'What do you think would be appropriate action to take?'
- 'Have you seen the behaviour or similar behaviours yourselves? Could you give me an example of what you've seen?' (i.e. type of behaviour, persistence, frequency, intensity, impact on other areas of their life)
- 'Which of the behaviours worry you or most affects the family and why?
- 'What do you think you or the family could do to help the child stop engaging in the behaviour?'





- Be clear about outcomes, for example, the need to implement an action plan or involve other professionals. Ask the parents/carers if they have any ideas on what else may help
- Discourage parents/carers from shaming, embarrassing or disciplining the child for the behaviour. Instead, help parents/carers to understand that although their child may have acted in an inappropriate way, the best way to support them in changing their behaviour is to help them feel safe and valued. In this way, if anything happens in the future or the young person is feeling confused or worried, they are more likely to seek help, knowing they will be listened to.
- Encourage parents/carers to follow the same steps for responding to and talking to children about harmful sexual behaviour as school staff would (see Section 6).
- Develop a clear safety plan with parents and where possible include the child or young person.
- If the incident involved the taking, sharing or possession of indecent images of under 18-year olds, do not share or save a copy of these to show to parents or carers. This would be illegal under the Protection of Children Act 1978. The UKCCIS (2017) guide 'Sexting in Schools and Colleges' has further information on how to handle youth produced sexual imagery.





Section 6: Talking to children and young people about HSB

All those working with children and young people have a role to play in identifying and responding to problematic or harmful sexual behaviours. This includes making an initial response to the child or young person and reporting their concerns to the named person with responsibility for safeguarding.

Steps for responding to HSB

1) Don't panic!

Maintain a calm and even approach when responding to incidents of harmful sexual behaviour. Staying calm will allow you to make clear decisions about what to say or do rather than acting on strong emotions.

Punitive responses to this type of behaviour may lead to children and young people feeling shame or guilt and should be avoided. If we react with anger, the child or young person may interpret the response as "I'm bad" instead of "What I am doing isn't appropriate".

2) Stop the behaviour

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

It is important not to ignore the behaviour as the child or young person needs to consistently receive the message that this behaviour is not appropriate and such behaviour will always result in a set response or consequence.

3) Define the behaviour

Be clear, specific and factual when explaining what has been observed or reported by using accurate terminology for body parts and behaviours. It is important that the child or young person does not feel shamed and that, wherever possible, these conversations happen in private.

It is essential that the child or young person understands exactly what is inappropriate about their behaviour and why. The more specific you are, the better the opportunity the child or young person has to change their behaviour.

Remember

Be clear, specific and factual.

Use accurate terminology for body parts and behaviours.

If the child or young person uses a different name for body parts or behaviour, clarify what they mean for accuracy, but continue to use correct terminology.

Answer questions – if a child or young person asks you what a particular word means, explain to them in a way they can understand.

Avoid language that might shame children and young people for their behaviour.

Be consistent in your responses and agreed consequences.

Allow the child or young person time to talk, and actively listen to them.

If the young person denies their behaviour remember that this is a natural response. Don't spend time trying to elicit a confession.





The words you use will depend upon the age and developmental stage of the child or young person involved.

For example, "I just saw you touch that boy's bottom, you should not touch other people's bottoms because bottoms are private areas. You should not touch other people's private areas and no one should touch your private areas".

4) State the rules

Use the situation as an opportunity for teaching children and young people about healthy boundaries and rules about sexual behaviour. Tell the child how you expect them to behave or repeat rules you have previously told them.

For example, "The rule is..." or "We expect everyone to respect each other's privacy and that includes not touching each other on the genitals..."

5) Enforce the consequence or redirect the child's behaviour

Following an incident: for younger children, redirect or distract the child to more appropriate behaviour. End the encounter on a positive note and praise the child when they engage in more appropriate behaviour.

If the child is older and this behaviour is repetitive, you may wish to enforce a consequence (please refer to Section 7: *Consequences* for further guidance). Review the safety plan following each incident.

- Allow time for questions. When talking to children and young people about sexual behaviours, it is important to maintain a calm and even tone of voice, and to ask openended questions as much as possible. This allows for the child or young person to say what happened in their own words, rather than just answering yes or no. For example, 'What were you doing? How did you get the idea? How did you learn about this? How did you feel about doing it? How do you feel and think about it now?'
- Avoid trying to elicit a confession or a rationale.

This may lead the child or young person to distance themselves from you. It is perfectly possible to change behaviour and support young people regardless of whether they deny their behaviour or not.

Reward and reinforce
 positive and appropriate
 behaviours. This will motivate
 the child or young person to
 repeat these behaviours and
 understand the benefits of
 behaving in appropriate and
 safe ways. For example, young
 people who have been using
 the internet unsafely should be
 praised for using the internet
 appropriately to complete a
 piece of homework without
 getting distracted by other
 websites.





Visual Aids

For younger children or young people with learning needs, a visual grid, scale or social story may help reinforce understanding about rules/boundaries.

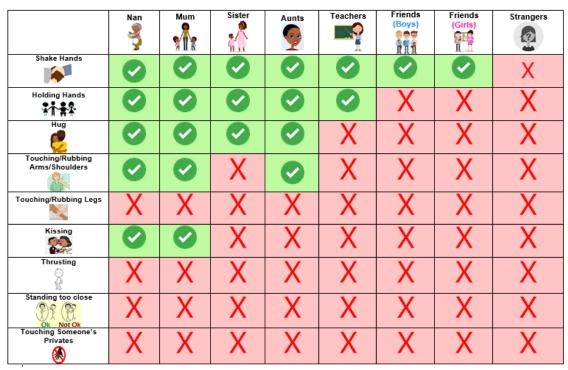


Figure 1. Example Social Rules Grid as adapted from Devlin (2009).

Rating	What does this look like?	How does it make other people feel?	What is a likely outcome?
5	Unwanted touching and kisses.	Violated!	This is not good. Staff will feel unsafe working with you, and other students will need to report this behavior to an adult. This is against the law for adults!
4	Following someone around and acting like you want to kiss them.	Very uncomfortable. Unsafe.	This can make people afraid of you. It is unlikely anyone would feel safe being around you.
3	Blowing kisses to someone outside of your family or telling them you want to touch and kiss them; staring at someone for long periods of time.	Uncomfortable and weird. This is confusing to most people.	People might not know if you are nice or mean. Therefore, they might decide to stay away from you.
2	High-fives; saying good morning; smiling at another person.	Good. These interactions make others feel good about being with you.	Making friends; favorite staff wanting to work with you. People wanting to sit next to you.
1	No interaction at all.	Others might think you don't like them.	It would be hard to make friends this way.

Figure 2. Example Five-Point Scale for appropriate touch from The Incredible 5-Point Scale by Kari Dunn Buron and Mitzi Curtis (2012).





Section 7: Consequences

School action following a report of sexual violence and/or sexual harassment

The DSL is likely to have a complete safeguarding picture and be the most appropriate person to decide on the school's initial response. The starting point regarding any report should always be that sexual violence and sexual harassment are not acceptable and will not be tolerated.

Consequences of HSB

- Consequences of HSB should be agreed with the child or young person and should be employed consistently.
 This helps young people to make informed choices about their behaviour.
- Consequences to incidents of HSB will vary dependent on the behaviour, the age and developmental stage of the young person and potential risk factors. It is important that consequences are proportionate, applied consistently and are clearly explained to the child/young person.
- It is essential to ensure the safeguarding of the child or young person and of those around them. However, it is also important to recognise that building strengths is essential in risk management. Isolation from peers can often limit opportunities for appropriate social interaction and withdrawal of protective factors such as extra-curricular activities can both increase risk.

Disciplinary action

With reference to the school's behaviour policy, disciplinary action can be taken while other investigations by the police and/or children's social care are ongoing. The fact that another body is investigating or has investigated an incident, does not prevent a school from coming to its own conclusion on the balance of probabilities about what happened. Taking disciplinary action and still providing appropriate support are not mutually exclusive actions. They can, and should, occur at the same time if necessary.

It is important that response to boy on boy and girl on girl sexual violence and sexual harassment is equally robust as it is for sexual violence and sexual harassment between children of the opposite sex.

Case Study: Don

Don, a 16-year-old young person, allegedly forced a girl in his class (Charmaine, 15-years-old) to perform oral sex on him. Don's friend recorded the incident on his phone without Charmaine's knowledge or consent. The video was then shared via social media between a group of Don's friends, one of whom decided to take a screenshot and send it to Charmaine. As a result, Charmaine feels distressed whenever she is in the presence of Don and reports the incident to the police. Don, however, continues to deny the allegation and accuses Charmaine of lying.

The school safeguarding team, the police and social care, arrange a meeting to discuss the next steps. The school initially consider exclusion but decide against this as they do not want to minimise the opportunities Don has in school towards developing a positive identity, engaging in learning and accessing structured social opportunities.

Instead, a robust safety plan is agreed upon, ensuring that Don and Charmaine are separated at all times. Both Don and Charmaine's timetables are reviewed and altered to ensure they no longer share any classes. Charmaine is asked where she would like to spend break times and as a result. Don is instructed to spend his break times outside of these areas. Don is further advised that if he attempts to make contact with Charmaine outside of the school (e.g. before/after school) then the police will be notified. A member of staff is also assigned to discuss the potential consequences of Don's actions with him while the investigation is ongoing.

The school agree to complete monthly reviews of the safety plan with the network or if there is a new incident.





Section 8: Resources, tools and training

Resources

Lambeth Resources		
Lambeth protection services	If you are worried about a child, you can contact Lambeth about your concerns so that you can receive the help you need. Call 02079263100 or email helpandprotection@lambeth.gov.uk	https://www.lambeth.gov.uk /community-safety-and- anti-social- behaviour/abuse-and- violence/contact-social- services-if-you-are-worried- about-a-child
Lambeth Harmful Sexual Behaviour Forum	Lambeth AIM service offers a monthly multiagency forum to discuss young people displaying inappropriate or harmful sexual behaviours. This discussion can also determine whether a specialist AIM assessment or intervention is needed. Generally, the social worker should attend the forum. They can contract YOS CAMHS to book a slot at the HSB forum: LambethCAMHSYOSTeam@slam.nhs.uk	https://www.lambethsaferch ildren.org.uk/harmful- sexual-behaviour-hsb

Harmful Sexual Behaviour (HSB)			
NICE guidelines about HSB	Evidence-based information regarding young people who display HSB	https://www.nice.org.uk/guidance/ng55	
NSPCC guide and resources on HSB	A guide to understanding normal sexual behaviour and how to also spot the warning signs if something might not be quite right.	https://www.nspcc.org.uk/k eeping-children-safe/sex- relationships/sexual- behaviour-children/	
NSPCC Podcast on Responding to HSB	A series of podcasts to help you understand healthy and harmful sexual behaviours and how you can assess and prevent HSB. Podcasts: 1. https://open.spotify.com/episode/0QlwqYPlt7	https://learning.nspcc.org.uk/news/2020/january/podcast-harmful-sexual-behaviour-in-schools	





Department for Education advice (2018)

Advice from the DfE about child sexual violence or harassment at schools or colleges (children of all ages). This includes advice on how to minimise risk and what to do when sexual violence or harassment occurs.

Summary:

https://learning.nspcc.org.uk/media/1540/sexualviolence-harassment-between-children-schoolscolleges-england.pdf

Full guidance:

https://assets.publishing.se rvice.gov.uk/government/up loads/system/uploads/attac hment_data/file/719902/Se xual_violence_and_sexual harassment_between_child ren_in_schools_and_colleg es.pdf

Technology-Assisted Harmful Sexual Behaviours (TA-HSB)		
Supporting children who display HSB online (Childnet)	This guidance answers questions you may have about children who display HSB online.	https://www.childnet.com/re sources/step-up-speak- up/guidance-and-training- for-schools-and- professionals/supporting- children-who-display- harmful-sexual-behaviour- online
Technology- Assisted HSB in children (NSPCC)	Research looking into the behaviours, backgrounds and characteristics of children displaying TA-HSB.	https://learning.nspcc.org.uk/research-resources/2017/children-young-people-technology-assisted-harmful-sexual-behaviour





Tools and training

Tools for Staff		
Contextual Safeguarding Network	A resource that supports schools in self-assessing HSB with a guidance, toolkit and templates.	https://www.csnetwork.org. uk/en/beyond-referrals- levers-for-addressing- harmful-sexual-behaviour- in-schools
Brooks Traffic Light Tool	A tool to help professionals working with YP distinguish between three levels of sexual behaviour.	https://brook.org.uk/traffic- lights
Stop It Now	Child sexual abuse prevention campaign with resources and details for a free, confidential helpline to address concerns.	https://stopitnow.org.uk
NSPCC teaching resources	Teaching resources and lessons plans by the NSPCC to help schools keep children safe: PANTS (the underwear rule), Sex & relationships, Online safety, bullying and ChildLine.	https://learning.nspcc.org.u k/safeguarding-child- protection- schools/teaching- resources-lesson-plans

Training		
NSPCC HSB in Schools training	Online courses to help manage harmful sexual behaviour in primary or secondary schools in the UK.	https://learning.nspcc.org.uk/training/harmful-sexual-behaviour-hsb-schools
NSPCC Online Safety training	Online course to help you to understand what children and young people do online, why they take risks and how to respond to these risks so you can feel confident in protecting the children you work with.	https://learning.nspcc.org.uk/training/online-safety
Speak out Stay Safe NSPCC workshop for schools	Speak out Stay safe is a free safeguarding programme for children aged 5- to 11-years-old. It is available to all primary schools in the UK and Channel Islands.	https://learning.nspcc.org.u k/services/speak-out-stay- safe





Guiding questions for safety plan

School environment

- What is the current level of supervision and is it appropriate?
- Can extra support or supervision be put in place during difficult times?
- Are all relevant staff aware of the level of supervision required?
- Who at school knows about the problematic behaviour?
- Which staff need to know about the behaviour?
- Is the CYP aware of all the people at school who know? If not, why not?
- What are the current consequences for breaking rules / boundaries?
- Are there times during the day when the CYP appears to be more agitated, distracted, irritable, distressed?
- Can additional support or supervision be put in place during these times?
- Are the current class seating arrangements and groupings suitable?
- Do any considerations need to be made?
- Who in the school may be vulnerable or at risk if the behaviour occurs again?

Unstructured times

- How does the CYP spend their free time at school? Where? With whom?
- What is the current level of supervision during break/lunch? Is this adequate?
- Are there any 'blind spots' or places that CYP can go without supervision?
- How will 'blind spots' be monitored and when will this be necessary?
- Does the location of the toilets cause a problem?
- Are particular rules required for going to the toilet?
- Are there rules about dressing or showering for PE that need to be considered?
- Are staff able to supervise appropriately/according to the needs of the young person?
- Are there rules about physical contact during play that need to be considered?
- Is the CYP involved in any extra-curricular or out of school hours clubs?
- Have safety measures been considered in environments outside of school?
- Is there a key adult in each environment who is aware of the situation?
- What are the arrangements for the young person to get to and from school safely?
- Does consideration need to be given about the use of technology at school?
- Are school technology (computers, laptops, tablets, iPads etc.) monitored?
- Does the CYP have access to multimedia devices throughout the day?

Young people

- Have all young people been taught about keeping safe?
- Is additional input needed (either individual/group work or as a whole class)?
- Who will take responsibility for coordinating additional input about keeping safe?
- Do all young people know who to go to if they have a worry?
- Do all young people feel that they are listened to and are confident that appropriate action will be taken?





Individual work

- Who will talk to the young person about their sexual behaviour?
- Will this staff member require any support?
- How is sex and relationships education managed and does the young person need further information?
- If yes, who will deliver this, how (e.g. individual, small group) and when?
- What are the arrangements for recording/monitoring the young person's behaviour?
- Who will be responsible for updating the chronology?
- Is the child aware of the school rules/expectations around behaviour and touch?
- What language is tolerated / not tolerated in the school environment?
- What support has the young person been offered to be safe in school?
- Does the child have a key trusted adult who they know they can speak to if they have any worries or concerns relating to the HSB?
- What support is in place to reduce the risk of isolation and encourage the child to enjoy and achieve?
- Are there any additional factors to consider in relation to the young person's age, sex, race, religion, disability, mental health, physical health or other?
- Who will communicate with the parents/carers?
- What support do the parents/carers have?
- What do parents/carers need to do to support their child?

Home environment

- Who lives in the household and what are their ages?
- Are there any regular visitors to the home that may need protecting?
- Are there people who regularly care for the child who need to be aware of this plan?
- What are the sleeping arrangements?
- Do any considerations / changes need to be made to sleeping arrangements (e.g. avoiding children who are at risk sharing a bedroom with the CYP, ensuring locks are not on doors, agreeing bedtime routines and rules such as around clothing)
- Who is responsible for enforcing rules / routines at home?
- Does the CYP have access to multimedia in their bedroom or any other private room (e.g. laptop, phone, etc.)?
- Have safety locks / features been enabled on all multimedia devices?
- Where in the house has the problem behaviour occurred (if at all) and have considerations (such as the above) been made in these rooms too?
- Can parents / carers hear what is going on in the bathroom / bedroom from other rooms in the house? Can extra supervision be put in place?
- What is the expectation about what family members wear in the house and to/from the bathroom?
- What are the current expectations around nudity / sexual language or behaviour and exposure to sexual imagery in the house? Do any modifications need to be made?





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Glossary and additional information about acronyms used in this document

AIM(S) - Assessment, Intervention and Moving on Service

AIM (Assessment, Intervention and Moving On) is a service involving the multi-agency work of a range of professionals (e.g. social workers, YOT officers, CAMHS practitioners and education staff). Professionals participate in a monthly forum where they can discuss any young person who is presenting with harmful or inappropriate sexual behaviour. This can lead to further specialist assessment and intervention led by a trained professional (e.g. psychologist), if needed.

CAMHS – Child and Adolescent Mental Health Service

CAMHS stands for Child and Adolescent Mental Health Services. CAMHS is the name for the National Health Service (NHS) services that assess and treat young people with emotional, behavioural or mental health difficulties.

CYP – Child or Young Person

The term CYP is used to refer to a child or young person throughout this document.

DSL - Designated Safeguarding Lead

The "named person" / member of staff in school responsible for safeguarding the children and young people. Previously this role was known as Child Protection Officer. The Designated Safeguarding Lead is responsible both at a strategic level within the school and on a day to day basis.

EHWB – Emotional Health and Wellbeing

The term EHWB is used to refer to Emotional Health and Wellbeing throughout this document.

HSB - Harmful Sexual Behaviour

Harmful Sexual Behaviour (HSB) is a sexual behaviour expressed by children and young people under the age of 18 years old that is developmentally inappropriate, may be harmful towards themselves or others, or be abusive towards another child, young person or adult.

LAC - Looked After Child

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.

MASH - Multi Agency Safeguarding Hub

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns.

PSHE – Personal Social and Health Education

Personal, Social, Health and Economic (PSHE) education is a school subject through which pupils develop the knowledge, skills and attributes they need to manage their lives, now and in the future. These skills and attributes help pupils to stay healthy, safe and prepare them for life and work in modern Britain.

YOS - Youth Offending Service

Youth offending teams work with young people that get into trouble with the law. They look into the background of a young person and try to help them stay away from crime.



