



**North Yorkshire**

**Safeguarding Children Partnership**

**Children & Young People who  
Display Sexualised Behaviour**

**Practice Guidance**

# Children and Young People who Display Sexualised Behaviour

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## 1. Introduction and Principles

### Principles

Importance of a co-ordinated multi-disciplinary strategic and operational response. There must be a shared vision of what a good service looks like:

- In assessing sexualised behaviour, it is important to be clear about what the presenting behaviours are: on a continuum of sexualised behaviours some will be considered normal or healthy, some concerning and some harmful or dangerous. A tiered service model is required.
- It is important to acknowledge the potential for professional anxiety. Schools and other key partners require guidance and training to help manage these behaviours and to manage any parental anxieties.
- The reasons why children and young people sexually harm are multi-faceted and to explore this further a full risk assessment and an assessment of need will be carried out.
- Specialised assessment, treatment and placement resources are sparse and should be directed only at those who require this level of intervention.
- The primary objectives of intervention must remain at all times the protection of victims and potential victims and the avoidance of any repetition of the sexually harmful behaviour
- Children and young people who sexually harm others should be held accountable for their behaviour.
- Wherever possible, children and young people who sexually harm have a right to be consulted and involved in all matters and decisions which affect their lives.
- Parents / carers also have a right to information, respect and participation in matters concerning their children.
- Children and young people are vulnerable to bullying and abuse by their peers, including sexual abuse. Such abuse will always be taken as seriously as abuse perpetrated by an adult and the same safeguarding children procedures apply as in respect of any child who is suffering, or at risk of suffering, significant harm from an adult.
- Children and young people who sexually harm others are in need of help and may themselves be victims of abuse or neglect and are entitled to appropriate services.
- The needs of children and young people who abuse others will be considered separately from the needs of their victims.

## 2. Identifying Sexual Behaviours – The Continuum of Sexual Behaviours from Healthy/Normal to Harmful

There are no officially agreed ways of describing sexualised behaviours which cause concern. This practice guidance refers to sexual behaviour as being either green (healthy/normal), amber (concerning) or red (harmful), based on the Brooks Traffic Light System.

Access the tool kit here: [https://www.brook.org.uk/brook\\_tools/traffic/Brook\\_Traffic\\_Light\\_Tool.pdf](https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf)

Guidance in understanding healthy sexual development in children and young people is that not all sexual behaviours displayed by children and young people are green sexual development; amber behaviours have the potential to be outside of safe and healthy behaviour but are not the most worrying behaviours; red behaviours are those which are harmful or dangerous.

### 2.1. Healthy/Normal Sexual Behaviours (Green)

Key features in healthy/normal sexual behaviours are that the behaviours are:

- Mutual
- Consensual, participants feel they have a choice whether or not to engage in the behaviour
- Exploratory – age appropriate
- No intent to cause harm
- Fun, humorous
- No power differentials

For younger children aged 0-4, we can add periods of disinhibition when they like to shed their clothing. Children usually get 'socialised' out of this behaviour, it would only become a potential concern if they were still doing it in the aged 5-7 stage.

## 2.2. Concerning Sexual Behaviours (Amber)

Characteristics of concerning sexual behaviours are:

- Displaying sexual behaviours that are not age appropriate. For example a young child using sexual language or not having clear boundaries regarding personal spaces, therefore making others feel uncomfortable
- Some one-off incidents of low key behaviours (e.g. touching over clothing)
- Incidents where there appears to be peer pressure to engage in the behaviour
- Behaviours are spontaneous rather than planned
- Behaviours may be self-directed (e.g. excessive masturbation)
- Disproportionate interest or use of pornographic material
- There are other balancing factors for example, lack of intent to cause harm, or the level of understanding of the child/young person about the behaviours they are engaging in; or there is acceptance of responsibility for the behaviour and some remorse shown
- Other factors in their background such as parents/carers who are concerned about the behaviour and interested in working with the child/young person to change.

## 2.3. Harmful Sexual Behaviours (Red)

Characteristics of harmful sexual behaviours are:

- Sexual behaviours that are not age appropriate
- Elements of planning, secrecy, force or coercion
- Power differentials between the children/young people involved e.g. age, size, status, strength
- The response of the children/young people targeted e.g. Negative feelings such as fear, anxiety, discomfort etc.
- Negative feelings such as fear, anger, aggression etc. Expressed by the child/young person doing the behaviour
- The child/young person does not take responsibility for their behaviour, blames others or feels a strong sense of grievance
- Incidents are frequent or increasing in frequency and the child/young person's focus on them is disproportionate to other aspects of their life
- The child/young person is not easily distracted from the behaviour, and the behaviour appears compulsive and is persistent despite intervention
- Other concerning behaviours such as cruelty to animals, fire setting, violence, disproportionate interest or use of pornographic material

There are often other difficult behaviours e.g. conduct disorders, problems with anger management, anxiety, clingy, aggression, disruption, and poor peer relationships.

### 3. Responding to and Managing Situations

#### 3.1 All those working with children and young people

All those working with children and young people have a role to play in identifying and responding to sexually concerning or harmful 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.

Sexual behaviours should be handled like any other behaviour problem – calmly and firmly. Unless there is information to warrant an immediate referral to police or CSC. If you become aware of an incident of sexually concerning/harmful behaviour, whether it is the first incident or one of a pattern the following steps should be taken. These steps are based on work by Ryan 1999.

- **Stop the behaviour** – move the child/young person away from others to speak to them
- **Describe the behaviour** – describe the behaviour accurately to avoid any misunderstanding e.g. ‘you pulled down X’s pants in the playground’ or ‘you grabbed X’s breast’
- **Point out the impact on others** - e.g. ‘when you pulled her pants down X was embarrassed and upset’ or ‘When you grabbed X’s breast you embarrassed and hurt her’
- **Remind the child/young person of the normal expected behaviour** – ‘private parts should be kept covered and not shown in public’ or ‘no one should be touched particularly on their private parts without their consent’
- **Consider if any medical assessment is required**
- **Report the incident to the named person with responsibility for safeguarding** – in schools this is the Designated Safeguarding Lead (DSP) often the Head teacher, every agency should have a DSP if you are unsure check with your line manager or a senior manager within your agency. When you report the incident to the DSL make sure you include details regarding any response from the child/young person doing the behaviour and any response from the child/young person they have targeted, using the children’s own words.
- **Make a written record** – be as specific as possible about; what was seen and heard; where and when the incident took place and who else was there or nearby at the time. See Appendix 2, the ‘Sexual Behaviour Recording Form’ that is used in North Yorkshire schools but can be adapted to other services.
- **Give the written record or a copy** (depending on your own organisation’s record keeping policies) to the Designated Safeguarding Lead.

#### 3.2 Designated Safeguarding Lead in agencies with responsibility for safeguarding

Initially the practitioner should seek advice from the DSL within the agency. Where appropriate the practitioner/DSL should establish that they have as much information as is available about the incident.

With regard to **the child/young person** they need to establish:

- their views about what happened and why;
- what understanding they have and what responsibility they take for their actions;
- their willingness/ability to work to address their behaviours.

With regard to the **child/young person who was targeted** they need to establish:

- their views about what happened;
- the impact on them of the behaviour;
- how the other child/young person had managed to get them into a position to carry out the behaviour;
- how they are feeling about the other child/young person now;
- that they feel they have permission to talk about their experiences;
- what support they need.

Once they have gathered all the available information including background/historical information held by the agency about the children/young people involved, they need to take a decisions regarding:

- the level of concern;
- if a referral should be made to Children and Families Service or police in more serious cases;
- when parents will be contacted (parents of the child/young person carrying out the behaviour and the parents of the child/young person who was targeted).

To help make these decisions they should refer to the Brook Traffic Light tool and may wish to seek advice from or discuss the situation further with a more experienced colleague or manager within the agency.

**If it is decided that the situation is an incident of sexually harmful behaviour, a referral to Children and Families Service must be made for both the victim and perpetrator.** If there is doubt then advice should be taken.

Referrers to Children and Families Service should also consider and plan for the following:

- informing the parents of the referral;
- is there a need to implement any action or devise a plan to ensure the safety and provide support to the child/young person who is responsible for the behaviour;
- is there a need to implement any action or devise a plan to ensure the safety and welfare of the other children and young people who use the service/attend the setting.
- Are there other multi-agency professionals involved – this information should be shared with those to inform their own risk assessment(s) / management plans.
- In the presence of an existing mental disorder, it may be necessary to request that the locality CAMHS team request a forensic mental health assessment from the Trustwide FCAMHS in order to help inform risk management and treatment approaches.

If it is determined that the behaviour on this occasion is **NOT** sexually harmful but that the behaviour is concerning and needs to be addressed and managed, then the following issues should be planned:

- meet with (or talk to) the parents – is there support and consent to discuss the child and the situation with other agencies?
- take advice from others within the agency and/or professionals in other agencies

e.g. CAMHS (Child and Adolescent Mental Health Services), health professionals, Children and Families Service, Integrated Services; does the behaviour constitute a criminal offence?

- consider making a referral to other agencies/services where appropriate e.g. CAMHS (if concerned regarding the child's mental health), Integrated Children Services (CAF), Children and Families Service, Education Social Work Service;
- consider what plan can be implemented within the service/setting to manage any issues of safety and which offers appropriate support to the child/young person displaying the behaviour and where appropriate their parents;
- consider what plan can be implemented within the service/setting to ensure appropriate support is provided to the child/young person who was targeted in consultation with and the agreement of their parents;
- consider meeting with (or talk to) the parents about the options described above;
- ensure that accurate records are kept of all discussions, decisions made, actions taken and outcomes etc. using the words used by the children involved.

#### 4. When a more complex assessment is needed

Children and young people who display sexually harmful behaviour should receive an appropriate assessment. Children and Families Service and where appropriate the Youth Justice Service will work together with partner agencies to complete a comprehensive assessment in order to identify needs and risks and to devise appropriate plans of work to meet those needs, manage risk and work towards reducing sexually harmful behaviour for that child or young person. There are a range of assessment models available, with varying degrees of evidence based data on inter-rater reliability and predictive validity to practitioners to assist them in undertaking this very specialist type of assessment work. The AIM Project (Assessment, Intervention, Moving On), based in Manchester have been established since 2000. The AIM project is a specialist agency who works with children and young people who display sexually harmful behaviours and they have devised and produced a number of specialist assessment models and guidance manuals in this area. Information about the project is available from their website which can be found at [www.aimproject.org.uk](http://www.aimproject.org.uk)

Dependent on whether this incident of SHB is a stand-alone incident or a re-occurrence then additional risk assessment tools may be deemed more appropriate should the assessment require the consideration of wider complex factors such as child development, sexual deviancy and the roles emerging personality and mental health play in that behaviour. In those instances it may be necessary to request / commission services that are able to assess using additional tools such as:

- Juvenile Sex Offender Assessment Protocol  
<https://www.ncjrs.gov/pdffiles1/ojdp/202316.pdf>
- Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)  
<http://www.davidprescott.net/resource-erasor.shtml> - <http://rated.rmascotland.gov.uk/risk-tools/youth-assessment-sexuviolence-risk/>

#### 5. Education and Safeguarding

Paragraph 68 of the statutory guidance on Keeping Children Safe in Education, the Department for Education states,

*“Governing bodies and proprietors should ensure children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE)”.*

PSHE education contributes to personal development by helping pupils to build their confidence, resilience and self-esteem, and to identify and manage risk, make informed choices and understand what influences their decisions.

Relationships and Sex Education (RSE) is being made statutory for all schools from September 2019. The present policy statement clearly states that implementation should be planned at an appropriate pace to allow schools to start the work now, making steady, effective improvements to their provision. This ensures that we are building an evidence-based approach to reform that works for schools and makes sure that all children benefit from a more consistent approach. The subject will be carefully designed to safeguard and support pupils there will be themes and issues that schools should cover. RSE will be age-appropriate, building knowledge and life skills over time in a way that prepares pupils for issues they will soon face. They will likely focus on:

- different types of relationships, including friendships, family relationships, dealing with strangers and, at secondary school, intimate relationships;
- how to recognise, understand and build healthy relationships, including self-respect and respect for others, commitment, tolerance, boundaries and consent, and how to manage conflict, and also how to recognise unhealthy relationships;
- how relationships may affect health and wellbeing, including mental health;
- healthy relationships and safety online; and
- factual knowledge, at secondary school, around sex, sexual health and sexuality, set firmly within the context of relationships.

To support schools develop a whole school approach to effective relationships and sex education which should include work on sexual abuse in an age appropriate way there is the NYCC PSHE guidance for schools which can be accessed at <http://cyps.northyorks.gov.uk>. This contains a suggested PSHE entitlement framework and signposts to a range of resources to help the effective delivery of PSHE to ensure pupils are being taught about safeguarding and practice the skills to keep themselves and others safe.

## 6. The Models of Assessment

The AIM2 Model is designed for assessment of young males of at least “mainstream” educational ability, aged between 12 and 18 years, who are known to have harmful sexual behaviour others on one or more occasions. The model is:

- based on a clear theoretical framework, developed from the original AIM model (2001);
- a research-guided clinical judgment framework incorporating a simple scoring system;
- Appropriate only after it has been established that the young person has sexually abused another person or there is strong reason to suspect they may do so (e.g., the young man has threatened to sexually abuse);
- rooted in the priority to protect identified and potential victims;
- based on four domains: sexual behaviour, development, family and environment;
- linked to Asset and Asset Risk of Serious Harm (Youth Justice) and Core Assessment Framework (Safeguarding); and
- the basis of multi-disciplinary planning and review and manageable for practitioners.

The model has some limitations for application on females, children under 12 years of age and those young people with learning disabilities and has limited evidence base for predictive validity.

## 7. The NYSCP procedures outline the processes agreed in North Yorkshire.

- The young person should be referred to Children and Families Service, even where the Youth Justice Service is to be the lead agency.
- Upon receipt of a report of sexually harmful behaviour, the Customer Resolution Centre will log details of the case and refer these to Children and Families Service within one working day. Upon receipt within the team, the case will be screened by the relevant manager. The outcome of this screening will be either to:
  - o initiate an assessment by Children and Families Service
  - o consider if a Strategy Meeting should be held
  - o refer to a more appropriate agency

Only trained AIM2 Practitioners will lead assessments. Assessments will be co-worked and take account of diversity issues.

The following stages refer specifically to the AIM2 assessment:

**Stage One** – Practitioners collect all available information from professional agencies including video interviews and statements by the victim.

**Stage Two** – Interviews with the young person and where possible, their family/carers – normally one or two assessment interviews each. The detail and content should be reviewed outside of this meeting to enhance reliability of coding.

**Stage Three** – Complete AIM2 materials to develop the Outcome Sheet

**Stage Four** – Write and present a report to an inter-agency meeting

**NB** – Supervision should be afforded to the assessors by a suitably qualified and experienced practitioner to ensure quality of work undertaken.

### What if the young person denies the abusive behaviour?

If the child is likely to be prosecuted but denies the referral offence and may plead not guilty, then the child should not be interviewed as part of the assessment process without explicit agreement of a legal representative. Similar consideration should be given to interviews with the family.

Where a young person does not agree to participate, a Stage 1 “paperwork” assessment may be carried out based on all available information but such an assessment is likely to provide a limited outcome

## 8. References

HM Government (2018) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. London: Department for Education.

Carson, Carol (2007) *AIM Project Education Guidelines for Identifying and Managing Sexually Harmful and concerning Behaviours in Education Settings*. The AIM Project (Manchester, England) [www.aimproject.org.uk](http://www.aimproject.org.uk)

The Aim Project (Print, Griffin, Beech, Quayle, Bradshaw, Henniker and Morrison) May 2009  
The AIM2 Model of initial assessment – [www.aimproject.org.uk](http://www.aimproject.org.uk)

Ryan, G. (1999) *Treatment of sexually abusive youth. The evolving consensus* Journal of Interpersonal Violence, 14, 422-436

## Appendix 1: Sexual Behaviour Recording Form

This form should be completed each time there is an incident concerning sexual behaviour (even if it is relatively minor). This form should be kept on the child/young person's confidential child protection file.

**Childs Name:**

.....

**DOB:**

.....

**Date/time of incident:**

.....

**Form completed by:**

.....

This should be the person who observed or had the incident reported to them

**Type of behaviour:** describe in as much detail as possible, what the child/yp did or said:

.....  
.....  
.....

**Context of the behaviour:** e.g. was the behaviour spontaneous or planned? Was there use of force, coercion? Manipulation, threat. The use of social media to entice / bully or threaten. The use of blackmail?

.....  
.....  
.....

**Relationship between the child/yp involved:** e.g. are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/yp might be more in control than the other e.g. size, ability, status, strength differences?

.....  
.....  
.....

**Response of the other children/yp, adult involved:** e.g. did they engage freely? Were they uncomfortable? Were they anxious or fearful?

.....  
.....  
.....

**Response of the child/yp:** e.g. were they defensive, denying, aggressive, angry, or were they passive; or were they embarrassed, regretful, taking responsibility?

.....  
.....  
.....  
.....

**What was the attempt to address the behaviour and what was the child response to that?** e.g. could the child be easily focused on another task, or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?

.....  
.....  
.....

**What was the response of the parents when informed of their child's sexual behaviour?**

.....  
.....  
.....

**Other actions taken?** Please document any contact made with other agencies for e.g. for purposes of seeking advice or making a referral. Include whom you spoke to, actions agreed by whom and when etc.

.....  
.....  
.....

**Signed**..... **Date**.....

### Roles and Tasks

- It is essential that only people trained in the use of the AIM2 model undertake assessments, or at least one assessor must be trained in its use.
- Where staff act as the 'appropriate adult' in a PACE (Police and Criminal Evidence) interview of a child or young person, it may not be appropriate for that worker to subsequently undertake the assessment.
- Where there is an immediate decision to charge the child or young person, the staff member who undertakes the AIM2 assessment will also complete the pre-sentence report.
- If the victim has a Social Worker, the child must not be directly involved in the assessment.

### AIM2 Assessment Framework

The AIM2 assessment framework and procedures are designed to assist professionals in assessing children and young people who have committed a sexual assault or undertaken sexually harmful behaviour.

The framework adopts a partnership approach, which is essential for the development of effective practice. It incorporates the concepts of the DoH 'Framework for the Assessment of Children in Need and their Families' as well as the 'ASSET' framework. Its use is intended to fit within the timescales agreed by the criminal justice and child welfare systems.

The AIM2 initial assessment model is the first stage in gathering and analysing information, which will assist practitioners to consider what further assessments and interventions might be required to support the young person and their parents/carers. It recognises the importance of parents and family support for the child or young person throughout, therefore adopts a holistic approach to assessing the young person and their family.

The framework provides a model to assist professionals who have contact with children and young people, to conduct an initial assessment in order to:

- identify potential risk of re-offending;
- in safeguarding terms, identify risk to either the young person or their actual/potential victim(s);
- identify the young person's needs;
- assess the young person's motivation and capacity to engage in services and plans;

- identify the capacity of the parents/carers to support the young person; suggest priorities for initial response;
- consider referral into the Public Protection system.

In assessing the distinction between behaviour that is experimental in nature and behaviour that is abusive, the notions of consent, power, equality and authority need to be considered by the assessors.

It may be that the child or young person cannot remain living with their family during the assessment and/or treatment process as they may be considered a risk to other children in the household.

The model does not make decisions for assessors but will support decision-making by focusing on strengths and concerns.

## **AIM2 Process**

### **Who should be AIM2 assessed?**

The Aim2 version of the model is primarily designed for use at the initial stages of intervention with young men (aged 12-18 years) who have been designated as at least “mainstream ability” by the educational system. This can include young men who have had educational difficulties due to behaviour problems. The model can be adapted for use with other young people.

### **What do we mean by offence?**

The young person who committed the harmful sexual behaviour may or may not have been charged/ prosecuted/ convicted of the abuse. This model is equally applicable to those young people who are known to have sexually abused but do not enter, for whatever reason, the criminal justice system.

### **What if the young person denies the harmful behaviour?**

If the young person is likely to be prosecuted but denies the referral offence and may plead not guilty then the child should not be interviewed as part of the assessment process without the explicit agreement of a legal representative. Similar consideration must be given to interviews with the young person’s family.

In such circumstances or others where the young person does not agree to participate, a *Stage One Paperwork* assessment may be carried out based on all available information but it should be stressed that such an assessment is likely to provide a limited outcome.

## **Stage One**

The allocated co-assessors collect available information from professional agencies. Additional information may be obtained from video interviews/ statements by the victim or PACE interviews with the young person regarding the referral offence. This information is then transferred to AIM2 Score Sheets with items scored according to specific guidance. The items score differently according

to the weight of the evidence available to support them.

## Stage Two

Once all available information has been gathered from other professionals the assessors should plan and undertake interviews with the young person and parents or carers. Normally a number of assessment interviews with the young person should suffice and similarly one or two interviews with parents or carers. Further interviews may take place if required so long as they do not interfere with the required timescale.

All those interviewed should be fully informed of the purpose of the interview, who will have access to the information and the process that will be followed if any safety concerns are raised in the course of the interviews.

Once all available information has been collected AIM2 Forms can be revisited, amended and completed. The scoring includes a concerns and strengths profile.

The resultant scores will be entered into an Outcome Sheet by the assessors. This sheet helps the assessors to identify which of the four domains represent the most significant areas of concern and strengths (sexual and non-sexually harmful behaviours/ developmental/ family/ environment). The sheet also indicates areas for intervention with the young person, the family and the living environment. The sheets also highlight those skills, attributes or behaviours that should be actively promoted or where possible enhanced.

## Stage Three

This third stage involves the assessors interpreting the results.

## AIM2 Assessment Report

The information gathered from the assessment process should be collated at this point into an Assessment Report. The report should include the following:

- Details of the young person
- Purpose of the assessment
- Authors of the assessment and which local authority commissioned it
- Date of the report
- Documentation reviewed and other information sources
- Number and nature of interviews conducted
- Brief details of the referral offence
- Brief description of the AIM2 model
  
- Explanation that the assessment is based on four domains. Provide relevant information on strengths and concerns under the domain heading:
  - o **Offence specific issues;** nature of sexual offending, attitude to victim, offence planning, use of violence, previous professional involvement, motivation to engage with professionals.
  - o **Developmental issues;** early life experiences, behaviour,

sexuality, health issues, resilience factors, experience of physical, sexual, emotional abuse or neglect, experience of domestic abuse.

- o **Family issues;** level of family functioning, attitudes and beliefs, sexual boundaries, parental competence, current parent situation;
  - o **Environment;** opportunity for further offending, support networks, attitude of community toward the young man.
- Young person's presentation in interviews
  - Outcomes;
    - o Level of supervision required
    - o Identified static concerns in the four domains
    - o Identified dynamic concerns in the four domains
    - o Identified static strengths in the four domains
    - o Identified dynamic strengths in the four domains
  - Summary and recommendations regarding concerns, strengths, needs, placement, further assessment/ intervention and family.

The assessors will share the report with the young person and parents and note any areas of disagreement before sharing it with other professionals.

Appendix 3: Flowchart – Structure of the AIM2 Initial Assessment Process

