Assessments where Harmful Sexual Behaviour is Present

This guide should be read in conjunction with: Harmful Sexual Behaviour Policy and Key Messages from Research on Children and Young People who Display Harmful Sexual Behaviour from the Centre of Expertise on Child Sexual Abuse. The guide has been designed to supplement a holistic single assessment for the child and family where Harmful Sexual Behaviour has been identified.

This guide supports the gathering of as much information about the behaviour(s) to support the overall picture of the child's holistic needs.

Use the questions below to think more about the behaviour and the responses to the behaviour. These questions are not designed to be asked in an interview format but questions to consider through being curious with the family and child, through direct work, information gathering from professionals and reading documents.

You may see a pattern emerging or notice things that perhaps weren't obvious before.

This information will be useful for you to support the family and the team around the child to think about how to reduce and manage the behaviour(s). It may also be useful for any other agencies that become involved.

Behaviour

Consider the behaviour in the context of continuums and in respect of developmental age. See:
Children's Sexual Behaviours: A Parent's Guide
Harmful sexual behaviour by children and young people: Expert Group report - gov.scot (www.gov.scot)

- **Describe the behaviour you are concerned about**
  - Is someone keeping a record of the behaviours?
  - Was there violence or threats made? Was their anger preceding or following or accompanying sexual behaviour?
  - Is there an element of force or coercion involved?

- **How often does it occur?**
  - Has the child a history of this behaviour?
  - Is the behaviour ongoing?
  - If so, how long has it been happening?

- **When does it happen? (consider antecedents, triggers, context etc)**
  - Triggers could include access to pornography
  - Chronology can help identify patterns e.g. were their other visitors in the home, were their periods of family discord around the same time?
  - Was there a significant change in child's care arrangements/ were siblings left caring for each other for lengthy periods of time?

- **Where does the behaviour happen?**
  - Could the behaviour be happening anywhere else?
  - Could this behaviour be happening in secret?

- **Is there anyone else involved?**

- If so, is there any age difference?
- Were they known to them or a stranger?
- Are there any other differences in terms of ability or developmental stage?
- Is there existence of other forms of bullying present?
- Was there anything else involved e.g. animals, objects

- **Has the child been spoken to about the behaviour?**
  - What was their response?
  - Was there any minimisation or supportive thoughts or attitudes shared of the harmful sexual behaviour/abuse?
  - Was the child able to express regret, empathy or remorse?

- **Has the behaviour continued after the child has been spoken to?**
  - How would you know it hasn't?

- **Has the behaviour been discussed with the child's parents/carers?**
  - If so, what was the response / reaction?
  - If not, why has this not happened?
  - What is the family's understanding of how this behaviour came about?
  - Have parents/carers denied or minimised the concerns or tried to justify or blame others?
  - Did parents seek to undermine role of professionals?
  - Where do the parents or carers stand in relation to belief of the victimised child? Do parents or carers demonstrate any suggestion of blame or responsibility for the abuse towards the harmed child?
  - What is the family's ability to protect the victim if this is a sibling? How is this demonstrated?
  - Are the parents or a parent/carer angry to the point you feel the child who has caused the harm is at risk of serious physical/emotional harm

- **Are there other behaviours you are concerned about?**
  - Examples: cruelty to animals / an emotional identification with young/younger children
  - How long have these behaviours been present?

Family and Environmental Factors

- **What experience has the child had within the home?**
  - Gender dynamics within the family that favour/privilege males
  - Are there inappropriate parent-child interactions / poor personal boundaries?
  - Is there a sexualised home environment e.g. privacy, nudity, access to porn…?
  - Emotionally unavailable or disengaged parent/s – parental rejection
  - Consider parents/carers have a history of not addressing their traumas and problem behaviours
  - Young person is currently or within recent history experience significant trauma /life crisis such as the death or rejection of a significant loved one/parent
  - Attachment's within the family relationships appear poor/fragmented. Mother/main carer attachment to baby at birth hindered in some way

- **Are other children or parents/adults complaining?**
  - How has the child responded to these complaints? Have they complied with requests or supervision?

- Is there a history of school noticing and speaking to parents about the use of sexualised language and /or behaviour from the child?

- **What are the family's strengths?**
  - Is there at least one consistent adult for the child who is protective and positive?
  - Significant caring adults show good /positive emotional coping strategies?
  - Caring adults in the family have a good supportive network and are working together?

- **What has been the response from the community?**
  - Is there knowledge within the community of the behaviour?
  - Are there concerns of, or has there been retaliation for the behaviour from the community?
  - Has there been any incidents of bullying related to the behaviour (or other)?

Child's Development

- **Has the child got friends?**
  - Is the child socially isolated?
  - What age group does the child associate with; how does this reflect both the child's chronological age as well as their emotional and developmental age?
  - Are there any behavioural or attitude concerns known related to their peer group e.g. promoting violence, anti-social influences/attitudes/beliefs
  - Does the child have good interpersonal skills with peers?

- **Has the child missed a lot of school lately or at risk of exclusion?**
  - Has there been any change in the child's schoolwork?
  - Does the child take part in out of school activities?
  - Has the child been socially isolated at school due to the concerns raised?

- **Are there any medical, developmental or psychological difficulties, issues or diagnosis?**
  - This could include sexually transmitted diseases (STD) as well as developmental or mental health issues such as conduct disorder, ADHD, or depression, amongst others.
  - How does the child regulate themselves emotionally? How do they respond to anger and stress?
  - Are there concerns related to substance misuse or alcohol? How does this impact on the child's behaviour?
  - Does the child have any developmental delay affecting their intelligence e.g. learning disability or affecting their social skills and communication e.g. autism

- **Is the child's family known to other agencies?**
  - This can include universal through to statutory services
  - There may be a history of abuse and neglect, is this significant to have created a traumatic impact?
  - Other sexual abuse within the family?
  - Any adults charged with sex offences or disclosures about this in family or extended family
  - History of severe nonsexual behavioural problems?

- **What are the child's strengths?**

- Is the child able to identify their own strengths?
- What are their likes and interests, are they able to access activities?
- What are their aspirations for the future?

Risk Assessment Guidance

This guidance below is provided by Wirral Safeguarding Children Partnership and provides clear risk assessment principles which explore the analysis required between Risk, Vulnerability and protective Factors and offers the following definitions of risk levels which have been slightly altered to reflect sexually inappropriate/harmful behaviours.

Low Risk	Medium Risk	High Risk
There are a significant number of protective factors identified within the risk assessment; The nature of the sexual inappropriate behaviour is not deemed significant; The child or young person is not evidencing any sign of impact; The parents are able to acknowledge the risks identified, and are willing to work towards or have already eliminated the difficulties, therefore, the likelihood of any further sexual inappropriate / harmful behaviour is low; Universal services could offer support or short term family support is required; Low level of risk of sexual harmful behaviour would be addressed via the provision of services.	The risk factors and protective factors identified within the risk assessment are balanced; The nature of the sexual inappropriate/ harmful behaviour is of a concern; The child or young person is showing evidence of impact, or professionals involved have noted a change in the child or young person's behaviour; The parents appear ambivalent and are not engaging in a meaningful way; The likelihood of the risk continuing is felt to be unsure; Ongoing Children's Social Care is required, and further assessment should be undertaken with consideration regarding the provision of services; Medium risk may impact on the child or young person's ability to remain with their parent or carer and their wellbeing would be affected without professional support. Requires an assessed programme of support provided by providers with particular skills in meeting	The risk factors outweigh the protective factors the protective factors, or no protective factors can be identified; The nature of the harmful sexual behaviour is of significant concern; The child is showing clear evidence of impact; Professionals involved are identifying clear concerns; Parents have failed to engage or dismiss the concerns, risks or sexual harmful behaviour identified; There is clear evidence that the child or young person is at risk, actual harm has taken place and the likelihood of sexual harmful behaviour continuing is high (potential could happen at any time and the impact would be serious); Consideration should be given as to whether children or young person should remain within the current placement and whether alternative care arrangements are required.

	higher levels of additional needs	High risk – Action should be taken in the near future and the young person will require additional supervision and monitoring. Children and young people with complex needs which require an assessed programme of specialist services

Appendix 1

Potential Signs and Indicators of Sexual Abuse in Children, Young People and their Families

A child may show no signs at all that they are being sexually abused, or they may show many. They may show signs that could be indicative of sexual abuse but may actually be as a result of other factors in their lives. Furthermore, some factors may be a stronger indicator of sexual abuse than others.

When thinking about the signs and indicators you are identifying, consider too whether they are a new behaviour or presentation for this child, which may be more indicative of something concerning happening to them.

This tool is **not** for 'risk assessment'- it is designed to support practice, and can be used:

- as a tool to consider the *potential* indicators that abuse is taking place
- as a tool to explore a hypothesis of sexual abuse in supervision, discussion or individual casework

- to identify factors that can be used to record concerns

Potential signs in children or young people - Emotional	Nightmares or sleeping difficulties without explanation	
	Mood swings including fear, insecurity or withdrawal	
	Developing new or unusual fears of certain people or places	
	Distracted and distant at odd times	
	Fear of intimacy or closeness	
	Disordered eating	
	Substance or alcohol misuse	
	Self harm	
	Suicidal thoughts or actions	
	Depression and anxiety	
	Regression to younger behaviour (e.g. bedwetting or thumb sucking)	
	Other mental health difficulties	
	Disassociation	
	Post-traumatic stress disorder (PTSD)	
	Thinks of self or body as repulsive or bad	
	Symptoms with no organic cause identified e.g. tummy ache, headache, fatigue	
	Perplexing or persistent symptoms with no organic cause identified e.g. weakness, seizures, pain	
Potential signs in children and young people - Behavioural	Verbal disclosure	
	Asks another child to behave sexually or play sexualised games	
	Sexually uninhibited/inappropriate behaviour towards adults	
	Mimics sexualised behaviour with animals or toys	
	Inserting objects into vagina or anus – particularly if frequent or at an older age	
	Masturbation or self-soothing behaviour outside the norm (e.g. frequent, in public)	
	Writes, draws, plays or dreams of sexual or frightening images	
	Change in eating habits, e.g. refuses to eat or overeats	
	Unusual personal hygiene (none or overly)	
	Resists removing clothes at appropriate times (e.g. bath, bed or toileting)	
	Running away from home	
	Wetting and soiling accidents unrelated to developmental norms	
	A young person who reports several people have had sex with them (this may be expressed by the YP to be voluntary sex) particularly if these occur in the context of drugs or alcohol use	

	Young people with older sexual partners – age gap of 4 years or more for 13–16-year-olds and 6 years or more for 17-year-olds	
	Leaving clues that seem likely to provoke discussion about sexual issues	
	Talks about a new older friend	
	Uses new words for sex or genitals	
	Aggression or violence to others	
	Fear of dentistry	
	Suddenly has money, toys, or gifts without reason	
Potential signs and indicators in children and young people – physical	Unexplained Bruising	
	Persistent or reoccurring pain during urination and bowel movements	
	Repeated urinary tract infections or vulvovaginitis	
	Anal or genital bleeding	
	Anal or genital injuries without reasonable explanation	
	Sexually transmitted infections – very high likelihood if multiple STI or under 13 years old	
	Blood borne virus acquisition outside the new-born period (HIV/Hepatitis/syphilis)	
	Pregnancy including spontaneous miscarriages	
	Evidence of self-harming behaviour including deliberate overdose	
	Acute intoxication	
	Significant weight gain or loss	
	Difficulty swallowing when eating	
Potential signs and indicators of abusive behaviour	Buying a child gifts	
	Singling out a child either to favour them or bully them	
	Wanting to spend more time with the child than the parent	
	Offering to babysit	
	Play fighting/tickling	
	Encouraging a child to engage in ‘grown up’ activities	
	Encouraging a child to dress provocatively or to cover up	
	Leaves bedroom and bathroom door open	
	Undermining the other parent	
	Putting the other parent down	
	Interrupting the relationship between parent and child	

	Gets involved in personal care of the child	
	Encouraging nudity in the home	
	Behaving secretively	
	Wears inappropriate clothing around the house	
	Talks about sex, makes sexual jokes	
	Wants to be left alone with children	
	Changes in sexual behaviour	
	Seems to be behaving more like a child	
	Mood swings and erratic behaviour	
	Controlling behaviours with children e.g. limiting contact with peers	
	Complains of not being trusted	
Family vulnerabilities	Poor attachment	
	Poor mental health	
	Substance and alcohol misuse	
	Parental absence through work commitments	
	History of maternal sexual abuse	
	Children or adults with disabilities	
	Poor communication	
	Lack of sex education	
	Domestic abuse – current and previous	
	Previous sexual offending	
	Social isolation	