

Harmful sexual behaviour in children - A family guide

Introduction

You have been given this booklet because a child in your care has been involved in harmful sexual behaviour, and there is a need for additional support.



What is HSB?

Harmful sexual behaviour (HSB) is when a child or young person behaves in a sexual way that is not usual for their age, and which involves another child who is likely to be younger, more vulnerable or less able.



HSB is *not* normal, age-appropriate sexual curiosity or exploring between children of the same age/ability, nor is it behaviour that happens alone.

Why do children engage in HSB?

Some, but not all, children who behave in this way have been victims of harm or have witnessed adult sexual activity either in person or through pornography.

Some have seen or heard domestic violence or have grown up in homes where ideas about safety, personal space and sexual behaviour have not been clear or healthy enough.

They may also have attachment difficulties or other problems, or they may have been through some really stressful experiences.



Children's bodies can become sexualised very early as a result of troubling experiences in their lives, and this behaviour often surfaces at times of upset, loss and change.

A child may engage in harmful sexual behaviour because they think that this is how people should behave with each other. For example:

- the boys who thought this should always happen when mum goes out
- the girl who thought that's what you do with someone younger that you help care for
- the brother and sister who had been taught to play that way for other people to watch



A child or young person may sometimes engage in harmful sexual behaviour so that they can feel a sense of control, or they may have developed some faulty thinking about how a person should behave.

How you might be feeling now?



When a child or young person in your care has engaged in harmful sexual behaviour it can come as a real shock, especially if the child who was harmed is also in your care or is a member of your family.

It is usual to feel distressed and bewildered when something like this has happened, and you may feel that life will never be the same again. You may have loads of worries – for the child, the victim, the wider family and yourselves.

You will probably be feeling angry – maybe with the child, the circumstances that allowed the incident to take place, at anyone who may have harmed this child in the past or with various people for their reaction to what happened.

You could have strong feelings of guilt and responsibility, especially if an incident took place while the children were in your care, but usually it is only possible with hindsight to see why or how it could have happened.

Your child may have had to go and stay somewhere else on professional advice, or if not, you might feel under pressure from others to send them away. You could also feel isolated if people are avoiding you and refusing to visit your home.



You are likely to feel exhausted as you cope with your own and everyone else's feelings and try to offer 'eyes-on' supervision to ensure everyone is safe.

You might feel a loss of control as a number of professionals have to be involved in decision-making, when you are used to sorting most things out for yourself.

It could be of some comfort to know that this spike of emotions is a normal response to a traumatic event, and that things will slowly begin to settle once a structured plan of support has been put in place with you.

What can we do to help?

When a child or young person sexually harms, there will usually be involvement from the Local Authority to assess the situation and offer support and guidance.

Initially you may welcome the opportunity to talk through what happened, how it was discovered and your feelings and concerns now.

This support can extend to the parents/carers of the child who was harmed and other family members, and many have found it very helpful to have this opportunity.



Support and guidance can be given to professionals to help everyone understand what happened, and to make sure that your child has the right level of supervision and support to keep them and others safe.



Direct support can be offered to the child or young person who has engaged in HSB, but often in the early stages things happen around the child or young person rather than directly with them.

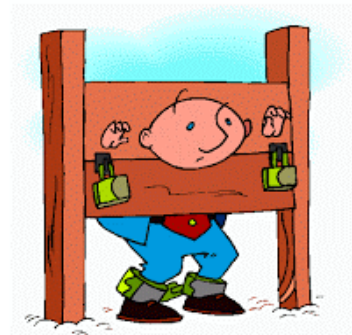
How should I talk to a child/young person who has engaged in HSB?



While it may be tempting to confront the child/young person and make sure they know their behaviour was wrong, initially it can be more helpful to focus on their own experience as a likely victim of harm.

So you could use comments like 'when I hear that you did to, it makes me worried that something like that has happened to you.' It is really important not to suggest what might have happened or who might have done it, and if they do start to tell you something, get some initial information before passing concerns on to the safeguarding team.

If we start by saying how wrong their behaviour was, or how they'll get into trouble or go to prison if they do that again then we could prevent the child from being able to tell their own story. This could get in the way of their recovery and make future incidents more likely, rather than less.

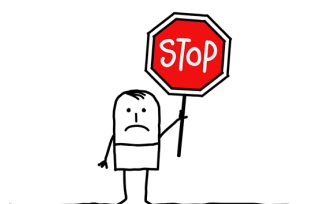


If we already know the child/young person's history, we can help them make the link between their experiences and the harmful behaviour, and reassure them that everyone is going to work together to help them make better choices in the future.

It will be important at a later stage to come back to discussions about their behaviour, to help them understand how and why it was wrong, and to create opportunities to challenge any beliefs or ideas that have allowed them to think what they were doing was ok.

How should I respond to the child who was harmed?

It may help to hear that many young children, along with children with learning disabilities, view sexual behaviour in the same way as any other unwanted behaviour. It is only as a child matures that they become more concerned about privacy and have more awareness; then sexual matters begin to take on the emotional loading that they hold for adults.



Most young children will complain about what has been done to them in order to get the unwanted behaviour to stop. Their main need is to be believed and kept safe.

Often for young children the fall-out from these incidents can be more distressing than the incident itself.

Many people believe that the best thing to do for the child who was harmed is to prevent them from ever seeing the other child again, so that they can forget it ever happened. But it is often healthier, once the investigation has finished and the adults are feeling safely supported, to find a way for the children to spend time together knowing they are being carefully supervised.



However, this does depend on the relationship between the children and the nature of the harmful behaviour. Many young children who engage in HSB are impulsive and unsophisticated and the behaviour is discovered or disclosed relatively quickly.

An older child or young person might have used control and manipulation and could have betrayed a position of trust. Each situation will need to be explored to identify the healthiest outcome for all children concerned.

What about other children/young people in the household?

Usually others will be aware that something has happened and will notice people being upset and changes in the family routine.



The professionals involved can support you to find an age-appropriate way to explain things to other children. It may be that they need to hear that the child/young person made a wrong choice and did something to hurt the other child. They can now understand why someone is living away from home at the moment, or if not, why there are different rules about supervision, appropriate clothes or sleeping arrangements.

If you decide to put a movement sensor on the landing, or alarms which detect if a child is getting out of bed, other children in the household need an explanation for this without disclosing too many details.



Other children in the family can be helped to protect themselves in case they become a target for unwanted behaviour.

It might be time to revisit the NSPCC 'Pants' rule and help them practice shouting '*NO – DON'T TOUCH ME LIKE THAT!!!!*' or something else that would immediately get help in any situation.



Whoever is working with you can help with decisions about what needs to happen in order to keep everybody safe, and they may recommend an AIM assessment.

What is an AIM assessment?



An AIM assessment is a structured assessment which is often undertaken when a child or young person has engaged in HSB. The decision about who undertakes this assessment can depend on the child's age and what has happened.

The AIM process can feel very containing and reassuring, giving structure to a situation that may at first seem impossible to get your head around.

A lot of what happens at first takes place in the background, gathering information.

Your worker will take a look at the child's history for any other events that might be seen in a different light because of what we know now.



This leads on to 'pattern mapping' where any past incidents are matched with life events, to see if there is a pattern of this behaviour in response to certain triggers. This helps with planning for safety, so the likelihood of further incidents can be reduced.

The AIM report

Information gathering can take time, however there will be advice and support offered along the way which will deal with the more immediate concerns for everyone.

The conclusions of the report should not come as a surprise to anyone, as you will have played a key part in the assessment process.



An AIM report usually covers the following areas:

- Purpose of the report
- Sources of information
- Pattern mapping
- Index incident (what prompted the assessment)
- Impact on everyone
- Strengths and risks in key areas, e.g.
 - child's sexual behaviour
 - child's development
 - parenting capacity
 - family and environmental concerns
- Summary of information
- Consideration of the children's needs in all areas (e.g. home, school, leisure)
- Recommendations

Resources

Resources can be provided while an assessment takes place. This can include things like therapeutic stories to help explore the child's experiences or help everyone find a way to talk about what happened.

You can also be provided with advice about any safety measures that you are putting in place, to make sure they are at the right level for the risks and will help everyone's safety and peace of mind.





You may be able to help us make what we call a 'passport' for your child/young person - to develop a non-shaming way of communicating to others their need for additional supervision and support.

This means that they may be able to continue with their usual activities once any potential risk has been assessed.

Work with children

Most children welcome the additional supervision that is provided by family and professionals.

Imagine trying to diet and being left alone with a chocolate cake! It would be a very stressful situation, which might end up with you doing something you will later regret.



However, if there is someone with you who knows you shouldn't eat it, you are likely to be less stressed, as the other person can help you keep control in this situation.

The combination of having a helper and feeling less stressed means you are far more likely to make the right choice.

For young children who engage in HSB, often guidance along with extra supervision and reduced stress is enough to help them start to make better choices that can become a pattern for their future development.



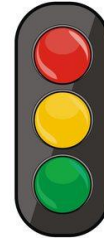
However, where the problem has been around for a long time, or a child tries to avoid supervision it may be necessary to undertake some direct work.

For older children and adolescents, a high level of supervision is not practical and is unlikely to result in long-term change, so direct work can be a key part of a successful outcome.

Direct work with children and young people who have engaged in HSB needs to happen at the right time, and usually doesn't happen straight away to allow some time for things to settle down a bit.

Sometimes direct work will include parents/carers and will help you all to find a way of talking about difficult things, understand what happened and work together to reduce the chance of it happening again.

You and the child/young person may be helped to identify activities that are safe for them to engage in, those that might cause a problem or those which are likely to provoke difficult feelings that may lead to HSB.



Over time, as things become safer and more stable and they respond to the strategies put in place, the level of supervision can change.

Many young children, once they feel safe and contained by the adults around them, will leave this behaviour behind and go on to develop healthy and safe relationships with others.

Older children and young people usually find that direct work helps them get their thoughts, feelings and actions back on track for a healthy and successful future.



Lindsay Craig,
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