**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Supporting Children who present Harmful Sexual Behaviours**

**What is Harmful Sexual behaviour?**

* In residential care, it is common to observe children developing sexual behaviours at key stages in their lives, particularly as they enter puberty, which can commence as young as 8-9 years of age. In many cases, these behaviours will be unproblematic and will be managed as part of the child’s day to day Support Plan. Not all sexual behaviour should be viewed as harmful.
* Harmful Sexual Behaviour (HSB) is a term used to describe actions or behaviours that are either:
* Sexually abusive - where there is manipulation, force or coercion or where the subject of the behaviour is unable to give informed consent; or
* Sexually problematic – where the child’s own behaviour interferes with their development or might provoke rejection, cause distress or increase the risk of the child being victimised
* Children’s sexual behaviour can be thought about as ranging from healthy through problematic to abusive. Behaviour in one situation may be harmful but the same behaviour may not be in other circumstances.

**Recognising sexual behaviours in children and young people**

* It is important to understand what **healthy** sexual behaviours are in order to identify when behaviours become harmful. Healthy behaviours include:
* Age appropriate
* Mutual
* Consensual
* Exploratory
* No intent to cause harm
* Fun
* No power differential
* Shared decision making
* **Problematic** sexual behaviours can include the following:
* Not age appropriate
* One off incidents or low key, such as touching over clothing
* Peer pressure
* Spontaneous rather than planned
* Self-directed, e.g. public masturbation
* Other balancing factors, e.g. lack of intent to cause harm or level of understanding, or acceptance of responsibility
* Other children irritated or uncomfortable but not scared, they feel free to tell someone
* Other factors such as parents/carers are concerned and supportive
* **Harmful or abusive** sexual behaviours are as follows:
* Not age appropriate
* Elements of planning, secrecy, force or coercion
* Power differentials, e.g. age, size, status, strength
* The response of others, e.g. fear, anxiety, discomfort
* The response of the child, e.g. fear, anger, aggression
* Child blames others and takes no responsibility
* Frequent incidents or increasing in frequency and disproportionate to other aspects of their lives
* Not easily distracted, compulsive despite intervention
* Other difficult behaviours, conduct disorders, anger, poor peer relationships etc.

**Recording observations of sexual behaviours**

* Children will display sexual behaviours at various stages in their development and many of these behaviours are natural and should not be a cause for concern.
* Staff should ensure they routinely record any sexual behaviour they observe in children, whether it is harmful or not, to inform any behaviour management strategies that need to be included in a Behaviour Management Plan.

* However, it is essential that staff remain vigilant to recognise and identify behaviour that could be sexually harmful. Accurate, thorough and legible recording of observations are key to sharing information with colleagues, and understanding whether behaviour has tipped into becoming harmful.
* Staff must ensure they use daily records, key working sessions and monthly summary reports to monitor any behaviour that could be regarded as sexually harmful and discuss their concerns with colleagues and the Registered Manager as soon as they are noticed.
* Staff must not let embarrassment, awkwardness or uncertainty cloud their actions, record-keeping or responses.
* Staff must remain vigilant around supervising internet access and use of social media to ensure children are not being coerced or encouraged to escalate problematic sexual behaviours.

**What causes children to present Harmful Sexual Behaviours?**

* There are links between children who present HSB and the experience of being sexually abused themselves. This possibility must always be considered and assessed by experienced practitioners.
* However, there are many complex reasons why children may present these behaviours (including witnessing domestic violence, neglect or physical abuse).
* It is important to ensure that every child is treated with dignity, compassion and respect and given opportunities to talk to people they trust. Where children are non-verbal, their behaviour is the only way they can communicate their experiences, so these need to be carefully interpreted and understood in the context of the child’s needs and skills and experiences.

**What to do if you suspect a child in your care is presenting Harmful Sexual Behaviour?**

* In residential care, no-one works in isolation and staff should ensure they discuss concerns with colleagues and managers immediately. Do not delay raising your concerns until supervision meetings or team meetings.
* Follow the child protection procedure for your service, ensuring that you have discussed this with a senior member of staff and are confident what to do.
* Immediate action may be required to ensure other children are safe so this must be a priority in deciding what happens next.
* Ensure you record all related observations and incidents accurately and in detail using clear language that cannot be misconstrued. Use clear anatomical terms to refer to parts of the body and commonly used words to describe behaviour and actions.
* Do not minimise or ignore behaviour that makes you uncomfortable; talk to someone to check out their assessment of a situation if you are unsure.
* It can be distressing supporting someone who is presenting with harmful sexual behaviour, so staff must use supervision to reflect and address any personal impact.

**Local services**

* **The Assessment and Treatment Service (ATS)** work with young people under 18 with harmful sexual behaviours.
* To meet ATS referral criteria the young person must be under 18, have a West Sussex Social Worker and be presenting with harmful sexual behaviour towards others.
* For children and young people who are Looked After, any professional involved in their care can make a referral to the service.
* To contact the ATS to discuss a referral please call 01403 223 268.

**Links to related documents:**

Staying in Touch, safe use of the internet, social media and taking photographs

Case recording

Recognising Abuse & Neglect

West Sussex Safeguarding Children’s Partnership; https://sussexchildprotection.procedures.org.uk/

<https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf>

<https://www.nice.org.uk/guidance/ng55>

<https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>