



North East Lincolnshire Safeguarding Children Partnership

Working with Children who display Harmful Sexual Behaviour

Practice Guidance

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Introduction

This guidance is for practitioners and managers working with children and young people, who have not yet reached the age of 18 years, who display harmful sexual behaviour. This guidance includes:

- children with special educational needs and disabilities,
- children living in residential and foster care,
- and, harmful sexual behaviour in a child's immediate household,
- or, linked to harm outside the home.

The following definitions are relevant to children who display harmful sexual behaviour:

Harmful sexual behaviour: is an umbrella term for a continuum of children's sexual behaviour, including inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. Harmful sexual behaviour can occur online or face-to-face and can also occur simultaneously between the two.

Problematic sexual behaviour: sexual behaviours which do not overtly victimise others though are potentially harmful to others, may be developmentally inappropriate or disruptive and can cause distress, rejection or increase victimisation of the child displaying the behaviour.

Abusive sexual behaviour: sexual behaviours which involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. This can involve physical contact and non-contact activities. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation: a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

[Working Together to Safeguard Children \(2023\)](#), [Keeping children safe in education \(2024\)](#) and [NSPCC Harmful Sexual Behaviour Framework \(2019\)](#) are supporting documents to this guidance.

Anyone working with children in a professional capacity should use their judgement to take whatever action is deemed necessary to protect and safeguard children. This should be based on an assessment of risk for each child.

For further information see:

- [Helping, Supporting and Protecting Children and Families in North East Lincolnshire - Threshold Document 2024/28](#)
- [North East Lincolnshire guidance on recognising abuse and neglect](#)
- [North East Lincolnshire guidance on information sharing](#)

Identifying Harmful Sexual Behaviour

Sexual behaviour is a normal part of growing up and must be viewed within the context, age and status of a child’s development. Most sexual behaviours that children display are healthy and normal.

There are a range of sexual behaviours, and some children and young people will display behaviours that are concerning or harmful. Behaviours at this end of the range can have serious negative impacts on the children themselves, as well as victims and the wider families involved.

Practitioners and managers must consider this range of sexual behaviour in line with a child’s development when distinguishing whether behaviour is normal or harmful.

Typical Sexual Behaviour in Children

Sexual development progresses through different stages, each with their own typical sexual behaviours. Some children mature sooner or later than others, and so it is normal for children to display some behaviours sooner and others have delays. These may include:

Under 5 years-old	5 to 9 years-old	9 to 13 years old	13 to 17 years-old
Not being shy about nudity	Asking for privacy	Masturbation	Masturbation
Touching their own private parts	Asking questions about sex, where babies come from and about types of relationships	‘Dating’ a boyfriend or girlfriend, kissing and hugging	Searching for information or images around sex
Being curious about private parts or naked bodies	Holding hands and kissing others	Making sexual jokes, discussing sexual acts with friends	Using sexual language and talking about sexual acts with friends
Using words like ‘poo’ and ‘wee’	Having a boyfriend or girlfriend	Wanting more privacy	Experimenting sexually with children around the same age
Playing games like ‘house’, ‘mummies and daddies’, or ‘doctor’	Using ‘naughty’ words they’ve heard from others	Searching about sex online, in media or books	

For more information, see [NSPCC guidance on Sexual development and behaviour in children](#)

Children with special educational needs and disabilities should have their behaviours considered in line with their developmental stage, and not just age, when considering if their behaviour is normal.

Identifying Inappropriate, Problematic or Abusive Behaviour

A number of tools have been developed to support parents and practitioners in identifying harmful sexual behaviours. These include tools from [Stop It Now](#), the [Brook Traffic Light Toolkit](#) and [AIM Checklists](#). These tools can be used to screen behaviours, and make consistent and informed decisions within assessments to understand appropriate sexual behaviours. Professionals must attend a Brook Traffic Light Tool group training session or complete the online course to be able to use the tool safely and, therefore, the tool cannot be shared with staff who have not completed training.

Behaviour may be concerning if:

- any child is being made to do something they do not want to do
- a child is displaying behaviour that is not typical of their age or stage, keeping in mind that pace of development varies and can be impacted by special education needs and disabilities
- a child has sexual knowledge beyond what would be expected of their age or stage of development
- the behaviour involved children of significantly different ages or stages, and may have meant there was an inability to consent or an imbalance of power
- the behaviour takes place more often than would be expected due to age or stage of development, or is compulsive, persistent or becoming more serious
- the behaviour follows or is accompanied by force, aggression, bribery, coercion or trickery
- the behaviour is causing any child distress, or affecting other areas of the child's life, such as school performance, social interaction or physical well-being

Schools, colleges and early years providers may witness early indications or instances of harmful sexual behaviour. They may be the first practitioners that harmful sexual behaviour is reported to. Statutory guidance on [Keeping children safe in education](#) and the [Beyond Referrals toolkit](#) provide specific guidance on identification and prevention to harmful sexual behaviour in education.

Health services, especially school nurses and health visitors, are well placed to recognise harmful sexual behaviour. NICE guidance is available on [Harmful sexual behaviour among children and young people](#).

Responding to Harmful Sexual Behaviour

Children and young people benefit most from early help around sexual behaviours. Responding to behaviours at the lower end of the range can help prevent patterns becoming established later.

Children and young people who display harmful sexual behaviour have diverse needs. Harmful sexual behaviour must be viewed within a child's developmental context, meaning that there is no "one size fits all" response.

Early Response

Some children may not realise that a behaviour is appropriate in one context and not another, e.g. in private and not in public, or have realised that a behaviour is distressing or harmful to

other children. An early response to typical sexual behaviour being displayed in an inappropriate place or time may be the most effective.

Practitioners should:

- Anticipate that the child may be uncomfortable talking about sexual issues
- Consider that the child may be worried about being in trouble
- Speak to the child in a neutral and safe space
- Talk calmly to the child
- Ask about what happened and be professionally curious
- Educate the child about the behaviour, avoiding judgement or labelling of the child
- Where safe to do so, involve the child's parents or carers
- Monitor the child's behaviour

Educational resources can help parents and practitioners teach children about appropriate sexual behaviours:

- [NSPCC Talk PANTS](#)
- [Parents Protect Resources](#)
- [Planet Porn Resource](#)
- [Stop It Now Toolkit](#)
- [CEOP Education](#)

If behaviours continue, happen more often, or new behaviours develop, parents or carers can be advised to see the child's GP, who can decide whether a referral on to other services is required.

An Early Help Assessment should be considered to support the child through a multi-agency plan. Other agencies may be able to help deal with the displayed behaviours and their causes through an early help approach. Preventative work and early intervention help children get the right support, prevent the need for specialist services, and reduce the development of stigma or labels around a child.

Responses to children and young people's harmful sexual behaviour should be based on the impact of behaviours being displayed and needs of the children involved, with the least intrusive intervention being used to address the behaviours.

Responding to Sexual Abuse

Practitioners may feel that the behaviour is indicative of sexual abuse, either of the child displaying the behaviours or of another child. In these cases, practitioners should follow their organisation's child protection policy and discuss issues with their designated safeguarding lead.

The designated safeguard lead should follow their organisational and the Safeguarding Children Partnership's policy and procedure for assessing need and providing help. Practitioners should be mindful that inappropriate sexual behaviour is also likely to be harmful to the child displaying it and may have been prompted by the child being exposed to inappropriate materials or suffering abuse either at the hands of other children or adults.

Practitioners may:

- Talk to the child or children involved separately
- Simply encourage the child to talk and listen to their voice
- Carefully keep a record of what has happened
- Not try and investigate what has happened

Practitioners should follow the local policy and procedures for assessing need and providing help, and discuss your concerns either with the police or with Children's Services Front Door.

Members of the public and professionals can make a safeguarding referral to the Integrated Front Door on 01472 326292 (option 2, option 2) (Monday to Thursday 8.30am to 5pm and Friday 8.30am – 4.30pm).

Children Open to Children's Services

Where children are already open to Family Help or Children's Services, consideration should be given to the need for a review of the child's assessment to understand the harmful sexual behaviour and the child's level of need under the [local threshold document](#).

If behaviours are professionally judged to be inappropriate or problematic sexual behaviours following a review assessment, age and stage appropriate preventative intervention should be considered within the child's existing plan.

Please also see Appendix 1 – Harmful Sexual Behaviour: Continuum of Support, and the local Child Sexual Abuse in the Family Environment Toolkit.

Police Investigation and Youth Justice Diversion

Based on the behaviours being displayed, the police may need to investigate if the behaviour constitutes a sexual offence. These range from non-consensual offences such as rape or sexual assault, to technologically assisted offences such as taking, making or possessing indecent images of children.

For more information, see guidance from the [Crown Prosecution Service](#).

The police may decide to refer the child to the Youth Justice Service for diversionary work around a sexual offence. Where the behaviour has been judged not to constitute a cause of significant harm (or be highly likely to in the future), then appropriate assessment and intervention will be considered at Out of Court Triage under the local Diversion Policy.

Children Living in Residential or Foster Care

Children who have displayed harmful sexual behaviour can usually be looked after in their own families, with appropriate family support and parental guidance. This is particularly the case for children whose behaviours are identified as inappropriate or problematic.

Some children may already be living in residential or foster care when they display harmful sexual behaviour, or need to move there if it is not safe to live at home, for them or other children.

Where this is the case, these living arrangements should be used as an opportunity to shape the young person's environment, and to introduce them to appropriate ways of behaving through improving pro-social skills.

Carers should be supported with information sharing about the behaviours, and access to training on harmful sexual behaviour.

Harmful Sexual Behaviour Outside the Home

Some children and young people who display harmful sexual behaviour will do so towards children who live outside their household. There is the potential for abusive sexual behaviours to fit with the definition of child sexual exploitation, and overlap as a form of child on child abuse.

Practitioners should keep in mind that children displaying harmful sexual behaviours in this way may be victims of exploitation in their own right, and take appropriate action to safeguard them from exploitation following [local guidance on Child Sexual Exploitation](#).

Specialist Support for Harmful Sexual Behaviour

Local specialist support for children displaying serious and concerning harmful sexual behaviour is available through the AIM Pathway Panel.

AIM Pathway Panel

The AIM Pathway Panel is a multi-agency meeting to determine the need for specialist assessment and support for children and young people, aged 12-18 years, who have displayed or are highly likely to display serious and concerning harmful sexual behaviour.

Referrals will be considered, from targeted and specialist agencies, for allocation of a specialist AIM3 assessment carried out by a group of trained workers. Workers will then deliver tailored, strengths-based interventions to address the issues as part of a child or young person's plan held by the referring lead professional.

Referral

Specialist AIM3 assessment and intervention should sit alongside a comprehensive assessment of need or statutory plan, therefore referrals to AIM Pathway Panel are made by Children's Services or the Youth Justice Service.

Referrals will be considered for AIM Pathway Panel for those children or young people who:

- Have displayed harmful sexual behaviour resulting in significant harm to themselves or other children, including contact and non-contact behaviour,
- Or, are assessed as being likely to display harmful sexual behaviour that would result in significant harm to themselves or others,
- Are aged between 12 – 18 years for specialist assessment and intervention. The AIM Pathway Panel may provide discretionary consultation or guidance for younger children,
- And, give consent to the referral being made, alongside parental/carer consent. If consent is not given by both child and their parent/carer, this will be explored further by an AIM Practitioner or the referrer.

Referrals should be made by submitting an appropriate assessment detailing the need for specialist support around harmful sexual behaviour, such as Children's Services Assessment or AssetPlus Assessment, to the Chair via hsb@nelincs.gov.uk

The panel will have sole discretion over whether a referral is accepted or not. Where a referral is not accepted, the panel will provide explanation as to why it is not accepted.

It will be expected that the referring agency will act as lead professional for the case with the AIM Practitioners acting to support their work with a more specialised assessment of risk and intervention. This provides continuity for the child and family in line with our whole family and restorative practice approach.

Where police investigations are ongoing and charge or prosecution is likely, the Youth Justice Service AIM Practitioners will take the lead. Where there is an ongoing police investigation and the young person is denying the referral behaviour, only information gathering will be completed as part of any specialist assessment unless at the discretion of the panel and only in exceptional circumstances.

The Panel also acts as a source of knowledge, expertise and support for the practitioner team and provides senior management oversight of harmful sexual behaviour work.

Assessment and Planning

Where agreed by the AIM Pathway Panel, children will be allocated to a lead AIM Practitioner and co-worker who will undertake an AIM3 assessment and/or intervention.

They will make recommendations including further interventions to a review AIM Pathway Panel. Normal statutory planning and processes including Child in Need plans, Child Protection plans, Child in Care plans, Out of Court Disposal or statutory Court Orders continue in tandem with the harmful sexual behaviour intervention.

Integral to the plan is ensuring access to appropriate education, training and employment and socialisation whilst ensuring other children are safeguarded and where safe to do so.

Parents and carers are fully involved in the plans and supported to help their child achieve a

good outcome.

If a child is approaching their 18th birthday and they require intervention, an assessment may not be completed to allow for the interventions to be completed in the timeframe available. They will be allocated after the AIM Pathway Panel, and the practitioners will commence the interventions as soon as possible.

The harmful sexual behaviour assessment and planning can also inform Pre-Sentence Reports, community sentencing options, Detention and Training Order planning and release planning. Youth Justice AIM Practitioners may co-work the harmful sexual behaviour intervention plan with custodial staff during a custodial period and work with parents whilst the young person is in custody.

Supervision is available to AIM Practitioners via the AIM Pathway Panel and senior practitioners and managers oversee the AIM3 assessment. The AIM Pathway Panel aims to review the intervention plan at 3 monthly intervals as a minimum or more frequently if required. AIM Practitioners co-work cases and joint management oversight is provided, thereby developing effective practice and monitoring progress and outcomes.

The AIM Pathway Panel records completion and closure of harmful sexual behaviour input and writes to lead professionals and involved agencies where appropriate regarding any further work which is recommended or outstanding.

Civil Orders and Public Protection

In some instances, the police may feel it necessary to seek a Sexual Risk Order (formerly a Risk of Sexual Harm Order). This can be sought on any individual who has:

- Done an act of a sexual nature, and
- As a result of which, there is reasonable cause to believe that it is necessary to make an order to protect the public from harm.

A breach of this order is a criminal offence punishable by a maximum of five years imprisonment.

Where consideration is being given to such an order being sought for a child, the police will consult with Children's Services and the Youth Justice Service.

Where the criteria are met, the Panel will ensure that referral has been made to MAPPA and risk management meetings have been held jointly with partners to manage complex risks and vulnerabilities.

Further guidance can be found at the [Multi-Agency Public Protection Arrangements website](#).

Appendix 1 – Harmful Sexual Behaviour: Continuum of Support

