**Derby City Children and Young People’s Services - Working with Harmful Sexual Behaviour.**

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**Version 6. January 2024**

**Context**

Children and young people who harm others (including sexually) are likely to have considerable needs themselves. Evidence suggests these children may have suffered significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such young people are likely to be children in need and some, in addition, will be suffering or be at risk of significant harm and may be in need of protection themselves. Consideration must be given to other often overlapping categories of harm including CSE, missing episodes, teenage relationship abuse, serious youth violence, radicalisation and social media / online bullying; and not viewed in isolation from other safeguarding issues and the broader social and environmental context.

**Harmful sexual behaviour (HSB)**

**Definition** “Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.”1 (derived from Hackett, 2014). Hackett, S (2014), Children and young people, with harmful sexual behaviours, London: Research in Practice

Children and young people who display harmful sexual behaviour should be held responsible for their abusive behaviour, while being identified and responded to in a way that meets their needs as well as protecting others.

**Undertaking Assessments.**

Children and young people (CYP) who engage in harmful sexual behaviour must be considered as children first. It is important that children and young people are not stigmatised as a result of their behaviour and that HSB is viewed as a safeguarding concern for the child / young person who is harmed and the child / young person whose behaviour is deemed to be harmful.

When determining what constitutes HSB it is important to view behaviours in the context of a child’s age and stage of development. Providing a measured, appropriate and effective response to behaviour, which appears to be sexually inappropriate, is crucial to support the health, wellbeing and protection needs of the child / young person.

Child development is affected by a number of factors over and above age, including the child or young person’s experience of care, peer group and individual disposition. Evidence from research and practice suggests that many children with harmful sexual behaviour have adverse childhood experiences, (Gobaith 2019). Responses to the child must therefore take the child’s / young person’s own safety and wellbeing, life experiences and recovery needs into account as well as the need to prevent further incidents of harmful behaviour. Alongside this, the context in which the behaviour occurs must also be understood before we are able to determine if the behaviour(s) displayed by the child / young person are harmful to themselves or others.

While we must not minimise HSB, it is important to recognise the range of behaviours and the varying level of intrusiveness and harm experienced. Sexual behaviour displayed by children and young people that may cause professional concern can range from use of sexualised language or gestures, sexual harassment, sexual touching without consent and even rape, all of which may cause harm to the child / young person as well as others. Although children / young people can display the most serious and intrusive harmful sexual behaviour, a significant proportion of behaviours that initially come to the attention of statutory authorities are of lower impact in nature, involving younger people misjudging boundaries or contexts in terms of what is appropriate. This may be particularly relevant for children with additional learning needs, difficulties, or disabilities. Responses therefore must be proportionate and in line with the level of concern raised.

Responses to identified safeguarding issues should also be proportionate, child centred and based on the individual needs and circumstances of the child / young person. Where a comprehensive specialist assessment is required, including the Aim 3 assessment, such should seek to identify the reasons the behaviour exists as well as the reason the behaviour may continue. Specialist HSB assessments must consider both the risk posed to the child and others by the harmful behaviour and seek to identify recovery needs that will support the child / young person in both modifying the harmful behaviour and going on to lead a healthy abuse free future.

**Aim 3 assessment.**

The AIM3 Assessment Model is a dynamic assessment framework which is capable of being responsive to developmental, systemic, and behavioural needs of the child /young person, their family and their environment (both pre and post assessment) and which assesses a child/young person across several domains:- sexual behaviour, non-sexual behaviour, development, environmental/family and self-regulation.

The model provides guidance on identifying relevant information and how to analyse this to develop a profile of the child / young person, their sexual behaviours, their general functioning, and their context. Through case formulation, the child/young person’s specific needs and risks are identified, aiding more targeted intervention to reduce the likelihood of a repetition of the harmful sexual behaviour.

**AIM 3 Checklist**

The AIM Checklists provide a **framework to inform and support professional decision making**, as not all behaviours which have a sexual component will need a referral to another agency or an AIM3 assessment. There are four AIM Checklists to reflect different levels of development due to age or ability.



With kind permission from the author, The AIM Checklists incorporate Simon Hackett’s Sexual Behaviour Continuum (2010), distinguishing between **Normal, Inappropriate, Problematic and Abusive/Violent** behaviours**.**All four AIM Checklists are informed by research and practice with **8 key questions**providing a contextual overview of the sexual behaviour to give a balanced perspective.

AIM Checklists help to put sexual behaviours in perspective and to identify those that need short interventions and those which require further assessment. The checklists have been recently updated and reflect concerns around use of technology.

To access practitioners must register an account on the AIM Project website <https://aimproject.org.uk/>. and agree to the terms and conditions of use.

Use of the checklists must be done so via the website only.

**Prevention and Diversion**

Where a child/young person displays concerning sexualised behaviours the assessment tools should be used as prescribed. Where agencies are already involved with a child / young person, intervention to address any HSB should be delivered by those who are already known to the child / young person and their family. Knowledge from other assessments such as early help assessments, single assessments, and Asset plus, will all assist in the analysis of attitude and behaviour and in the formulation of intervention delivery; and must therefore be given dual consideration. Access to the Action for Children team, clinical psychologist and HSB champions are available for additional support and guidance.

Where Inappropriate and or HSB is such that continued behaviours are likely to result in criminal activity, a referral can be made to the Youth Justice Service (YJS) prevention team via a VCM referral. A case discussion is likely to be held in these circumstances to determine the most appropriate intervention and whether collaborative working can offer additional benefits at this stage.



Where HSB has come to the attention of the Police, it may be possible to divert prosecution and instead offer out of court intervention work to address the concerning behaviours. There is a specifically agreed process to address the suitability of an out of court disposal in such cases and includes collaborative working between Police, CPS, YJS, psychology services and social care. A Youth Justice Social Worker will assess the young person and complete a report on the findings.

The HSB is not viewed in isolation and is responded to as part of a child’s / young person’s overall needs, which may be indicative of continued impact and unreconciled trauma and abuse.

The report will conclude with a professionally informed recommendation based on the overall assessed risks and needs of the young person.

Parents and carers also play a vital role in recovery for the child / young person and family following HSB discovery. The assessment and intervention will include the views of parents and carers to allow them to both process the behaviour, its impact, as well as ensuring any adult care and support needs can be met as part of ongoing intervention.

The case will be discussed at a multi-agency panel to determine the outcome. A multi-agency response is pivotal in meeting the underlying needs influencing HSB behaviour and to consider that for many, this can have lifelong impacts that reduce best life chances being achieved. While the role of the criminal justice system needs to be considered, access to services should not depend on a child / young person being charged with an offence.

 

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| **The model** |

The AIM 3 model heavily supports utilising knowledge already gathered on a young person who has sexually harmed and using other assessments and analytical work to inform the AIM 3 assessment. For these reasons, the best placed persons to complete an AIM 3 assessment is the case holder, and any other professional involved in the case. This could be a support worker, education worker, mentor, or anyone else deemed suitable.

**Local Practice**

The relevance and appropriateness of completing an AIM 3 assessment will be determined largely by Case Workers, Service Managers, Reviewing Officers, MAPPA coordinators and the Criminal Courts.

* The lead agency in the case shall be responsible for undertaking any HSB assessment (including the AIM 3 assessment) in the first instance.
* Where an assessment is requested to assist in Criminal Proceedings or where a young person is open to the Youth Justice Service (YJS) for a sexually harmful offence, the assessment will be led by a YJS case worker. Where a young person also has a Social Worker then the assessment shall be completed jointly. The lead agency will be responsible for undertaking the assessment.
* The lead worker shall identify the most suitable professional to assist with the assessment.
* Any issues or barriers will be reported to the Lead workers Line Manager for escalation.
* It shall be the responsibility of individual workers to inform the Workforce Learning & Development team of AIM 3 assessments that have been completed through a review document, which will be sent from the Workforce Learning & Development team, to the worker and their line manager.

**Ongoing support and Monitoring**

* The Workforce Learning & Development team will offer refresher sessions to those working with HSB.
* Group learning sessions will also be scheduled throughout the training calendar specifically for staff who have undertaken AIM 3 training. These group sessions will offer opportunities to critically reflect and further learn from peers. Information and top tips will also be available on the iDerby learning and development page.

**Maintaining a competent workforce in AIM 3 assessment and harmful sexual behaviour intervention**.

Working with Young People who sexually harm others, is a fundamental part of work undertaken by the service. It is therefore imperative to have a competent and adequately trained staff group across children’s services to undertake assessments and to intervene appropriately.

A review of trained staff who have currency within the organisation will be made annually. This will establish if further training including on AIM 3 is required. This will ensure a healthy pool of staffs are available at any given time to complete this work when the need arises and avoid any delay in the process.

Service Managers and trained staff across Children’s services will work closely with the Workforce Learning & Development team on the timing, delivery, and staff attendance, regarding all future AIM 3 and harmful sexual behaviour training.

Knowledge and skills within this training will be sustained through continued refresher sessions for AIM 3 trained staff, as outlined above.

**Partnership working with Action for Children.**

The Action for Children service will provide advice and support to all professionals working with children and young people displaying, or at risk of, harmful sexual behaviour. This will be largely delivered as a consultation. The service is also able to offer more informal advice where this is suitable.

The Action for Children service will in addition support all staff undertaking direct work around harmful sexual behaviour and provide targeted therapeutic interventions for a small number of children and young people where this is appropriate and who are looked after children.

The Action for Children service will work closely with Service Managers and the Workforce Learning & Development Team in the reviewing and further improving service provision and delivery. The Action for Children service may deliver specific training based on service needs as requested.

Any staff request for the above service should be done so via an email to the Action for Children team general email [ask.us@actionforchildren.org.uk](mailto:ask.us@actionforchildren.org.uk).The team are currently offering 3 consultation slots per month.

**PROCESS MAP FOR AIM 3 ASSESSMENT COMPLETION**

AIM 3 assessment requested by Case Workers, Service Managers, Reviewing Officers, MAPPA coordinators or the Criminal Courts

The case holder in the case will assume responsibility for undertaking the AIM assessment. *Where an assessment is requested to assist in Criminal Proceedings or where a young person is open to the Youth Justice Service (YJS) for a sexually harmful offence, the assessment will be led by a YJS case worker. Where a young person also has a Social Worker then the assessment shall be completed jointly.*

The case holder (who is AIM trained) identifies a suitable professional to assist with the assessment and directly makes the request to that person. Where the case holder is not AIM trained and works within early help / social care, a referral to VCM must be made where an AIM trained worker will be identified to undertake the assessment from that service area. For YJS cases, the Duty Manager must be used to delegate the completion of an AIM assessment to a YJS AIM trained staff member.

The case holder escalates concerns around delays and barriers to their immediate Service Manager who will address these with priority.

The case holder may contact the Action for Children Service for consultation advice and support as necessary.

The case holder completes an AIM 3 Assessment within 6 weeks and shares the outcome with other Professionals in accordance with GDPR.

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**APPENDIX 1. Useful Online HSB Resources**

**Helpful website for Harmful sexual behaviour.**

<https://learning.nspcc.org.uk/media/2685/responding-to-children-who-display-sexualised-behaviour-guide.pdf>

Amaze.com.org

**Link for the AIM Project adolescent checklist**

<https://aimproject.org.uk/wp-content/uploads/2022/06/The-AIM-Project-Adolescent->

Lucy Faithful Foundation. A sensible guide to HSB to support with assessment and safety planning. [HSB-Prevention-Toolkit\_2022.pdf (stopitnow.org.uk)](https://www.stopitnow.org.uk/wp-content/uploads/2022/08/HSB-Prevention-Toolkit_2022.pdf)

**Worried about sexual thoughts or behaviour?** [**https://shorespace.org.uk/**](https://shorespace.org.uk/)

Are you worried about your own or someone else’s sexual thoughts, feelings or actions? We can help. Shore has anonymous advice and support to help you or someone you know manage worrying thoughts and learn more about living safely both online and offline. All our services are anonymous, which means you don’t have to say who

**APPENDIX 2. Referral Routes & Screening Tool**

Prevention and Diversion processes and referral routes.



VCM referral for Prevention work.



YJS Screening Tool for Harmful Sexual Behaviour.



**APPENDIX 3.**

**Brook traffic light adaptation tool.**

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|  | **What is green behaviour** | **What is amber behaviour** | **What is red behaviour** |
|  | Green behaviours reflect safe and healthy sexual development. They are:  • displayed between children or young people of similar age or developmental ability  • reflective of natural curiosity, experimentation, consensual activities and positive choices | Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be  • of potential concern due to age or developmental differences  • of potential concern due to activity type, frequency, duration or contexts to assess the appropriate action | Red behaviours are outside of safe and healthy behaviour. They may be:  • excessive, secretive, compulsive, coercive, degrading or threatening  • involving significant age, developmental or power differences  • of concern due to activity type, frequency, duration or the context in which they occur |
|  | **What can you do** | **What can you do** | **What can you do** |
|  | Green behaviours provide opportunities to give positive feedback and additional information | Amber behaviours signal the need to take notice and gather information to assess the appropriate action. | Red behaviours indicate the need for immediate intervention and action. |
| Ages 0-5 | **GREEN BEHAVIOURS**  • holding or playing with own genitals • attempting to touch or curiosity about other children’s genitals  • attempting to touch or curiosity about breasts, bottoms or genitals of adults  • games e.g. mummies and daddies, doctors and nurses  • enjoying nakedness  • interest in body parts and what they do  • curiosity about the differences between boys and girls | **AMBER BEHAVIOURS**  • preoccupation with adult sexual behaviour  • pulling other children’s pants down/skirts up/trousers down against their will  • talking about sex using adult slang  • preoccupation with touching the genitals of other people  • following others into toilets or changing rooms to look at them or touch them  • talking about sexual activities seen on TV/online | **RED BEHAVIOURS**  • persistently touching the genitals of other children  • persistent attempts to touch the genitals of adults  • simulation of sexual activity in play  • sexual behaviour between young children involving penetration with objects  • forcing other children to engage in sexual play |
| Ages 5-9 | **GREEN BEHAVIOURS**  • feeling and touching own genitals  • curiosity about other children’s genitals  • curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships  • sense of privacy about bodies  • telling stories or asking questions using swear and slang words for parts of the body | **AMBER BEHAVIOURS**  • questions about sexual activity which persist or are repeated frequently, despite an answer having been given  • sexual bullying face to face or through texts or online messaging  • engaging in mutual masturbation  • persistent sexual images and ideas in talk, play and art  • use of adult slang language to discuss sex | **RED BEHAVIOURS**  • frequent masturbation in front of others  • sexual behaviour engaging significantly younger or less able children  • forcing other children to take part in sexual activities  • simulation of oral or penetrative sex  •sourcing Pornographic material online |
| Ages 9-13 | **GREEN BEHAVIOURS**  • solitary masturbation  • use of sexual language including swear and slang words  •having girl/boyfriends who are of the same, opposite or any gender  • interest in popular culture, e.g. fashion, music, media, online games, chatting online  • need for privacy  • consensual kissing, hugging, holding hands with peer | **AMBER BEHAVIOURS**  • uncharacteristic and risk-related Behaviour e.g. sudden and/ or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing  • verbal, physical or cyber/virtual sexual bullying involving sexual aggression  • LGBT (lesbian, gay, bisexual, transgender) targeted bullying • exhibitionism, e.g. flashing or mooning  • giving out contact details online  • viewing pornographic material • worrying about being pregnant or having STIs | **RED BEHAVIOURS**  • exposing genitals or masturbating in public  • distributing naked or sexually provocative images of self or others  • sexually explicit talk with younger children  • sexual harassment  • arranging to meet with an online acquaintance in secret  • genital injury to self or others  • forcing other children of same age, younger or less able to take part in sexual activities  • sexual activity e.g. oral sex or intercourse  • presence of sexually transmitted infection (STI) • evidence of pregnancy |
| Ages 13-17 | **GREEN BEHAVIOURS**  • solitary masturbation  •sexually explicit conversations with peers  • obscenities and jokes within the current cultural norm  •interest in erotica/pornography • use of internet/e-media to chat online  • having sexual or non-sexual relationships  • sexual activity including hugging, kissing, holding hands • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability  • choosing not to be sexually active | **AMBER BEHAVIOURS**  • accessing exploitative or violent pornography  • uncharacteristic and risk-related behaviour, e.g. sudden and/ or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing  • concern about body image  • making and sending naked or sexually provocative images of self or others  • single occurrence of peeping, exposing, mooning or obscene gestures  • giving out contact details online  • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone | **RED BEHAVIOURS**  • exposing genitals or masturbating in public  • preoccupation with sex, which interferes with daily function  •sexual degradation/humiliation of self or others  •attempting/forcing others to expose genitals  •sexually aggressive/exploitative behaviour  • sexually explicit talk with younger children  • sexual harassment  •non-consensual sexual activity  • use of/acceptance of power and control in sexual relationships  • genital injury to self or others  • sexual contact with others where there is a big difference in age or ability  • sexual activity with someone in authority and in a position of trust • sexual activity with family members  • involvement in sexual exploitation and/or trafficking  • sexual contact with animals  • receipt of gifts or money in exchange for sex |