

# Somerset Harmful Sexual Behaviour Protocol

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Protocol to support children who are suspected or observed displaying sexualised behaviour that may be harmful to themselves or others



# CONTENTS:

Introduction	2
What is harmful sexual behaviour	2
How this protocol supports the person reading it	3
Responding to and managing situations	4
Strategy discussion	5
Assessment	5
Multi-agency plan and provision of services	6
Direct intervention	7
Useful links	8
Appendices	10



## USEFUL RESOURCES:

[Reactive and Harmful Sexual Behaviour Forum - referral form](#)

[Effective Support for Children and Families in Somerset](#)

[Strategy Discussions - practice guidance](#)

[South West Child Protection Procedures](#)

# INTRODUCTION

**This Harmful Sexual Behaviour Protocol is a partnership document and applies to all Somerset agencies. This protocol was developed to support children who are suspected or observed displaying sexualised behaviour that may be harmful to themselves or others, and those professionals working with them.**

For those children that may be impacted by a child's harmful sexual behaviours, usual safeguarding children processes should followed.

This protocol is designed to support those reading it to understand their role and responsibility alongside their own agency guidelines. Further support is available through the links at the end of this protocol. All staff should consult with their named safeguarding lead for advice when responding to concerns about Harmful Sexual Behaviour.

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## WHAT IS HARMFUL SEXUAL BEHAVIOUR

**Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive** [Hackett, S. (2014) Children and young people with harmful sexual behaviours. London: Research in Practice].

Children and young people typically display a range of sexualised behaviours as they grow up, some behaviours may be deemed developmentally appropriate. If you are unsure whether identified behaviours may be developmentally appropriate or not, please seek advice from your organisation's safeguarding lead. However, some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards. [[NSPCC](#)]

Hackett's continuum presents sexualised behaviour as a range from 'normal' to 'inappropriate', 'problematic', 'abusive' and 'violent' (Hackett, 2010) (see Appendix A).

There are no officially agreed ways of describing sexualised behaviours which cause concern. Advice and support for professionals can be sought using a variety of resources including [thestopitnow.org.uk](http://thestopitnow.org.uk) website or the [NSPCC helpline](#). Hackett's continuum of Need can support professionals to identify levels of behaviours (see Appendix A).

[Training on the Brook Traffic Light Tool is available in Somerset from the Somerset Safeguarding Children Partnership.](#) The training and accompanying tool equip professionals to make consistent and informed decisions that neither stigmatise nor criminalise young people.

Professionals should use a locally agreed tool as part of the assessment of behaviours. These assessments should take into account the child's age, developmental status and gender alongside any known neurodevelopmental or learning disabilities. If you are unsure about these behaviours as part of your assessment you can seek advice and support from your safeguarding leads.

Many children who display sexualised behaviours that cause concern have themselves been victims of abuse, neglect or other trauma, and this should be considered at all stages of assessment and intervention.

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## HOW THIS PROTOCOL SUPPORTS THE PERSON READING IT

This protocol will support those working with concerns around Harmful Sexual Behaviour to determine the level of concern and required actions. In determining the behaviours presented by children it is important to consider them alongside the developmental age and needs of the individual child. Each situation should be considered individually, as well as considering any other behaviours of concern to identify any patterns.

A graduated response is required to support children who are suspected of or who are displaying sexualised behaviour. Consideration needs to be given to potential root cause of behaviours and safeguarding this child. All partners retain their responsibilities to record and report behaviours which are indicative of significant harm.



# RESPONDING TO AND MANAGING SITUATIONS

**All those working with children and young people have a role to play in identifying and responding to sexually concerning or harmful behaviours. Professionals should respond to each situation as it arises remembering that each situation is individual and action should be taken in response to the behaviours and needs of the children at that time**

If a child is displaying sexualised behaviour it's important to take immediate action to:

- **Prevent the behaviour from escalating**
- [Keep everyone involved safe](#)

If any child or young person reveals they are at risk of suffering actual or likely significant harm, the practitioner should follow the local safeguarding process immediately.

Consider if any medical assessment or intervention is required. Please seek advice from Medical Practitioner with the necessary expertise and include links:

- [Responding to Abuse and Neglect](#)
- [Child Sexual Abuse in the Family Environment](#)

A discussion with your agency named safeguarding lead is required. Specific records should be kept in line with your own agency record keeping policies.

All sexualised behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour (Hackett, 2010) (see Appendix A).

## ● **Normal behaviours**

Behaviours considered normal age-appropriate sexual behaviours should be reviewed alongside any other information held about the child/ren and responses should involve parents/carers as appropriate having regard to the behaviour's content and context. Education should be offered to children to support healthy development around relationships.

## ● **Problematic behaviours**

Where behaviours are considered inappropriate or problematic the child or young person will need support to help them change their behaviour and stop the behaviour escalating.

Problematic sexual behaviours might also indicate that a child has experienced trauma or abuse, so it's important to respond appropriately to keep the child safe.

## ● **Harmful behaviours**

If harmful sexual behaviour is displayed referrals should be made to child protection services and the criminal justice system, if necessary.

If you are aware or suspect that a criminal act has taken place irrespective of the gravity of the behaviour this must be reported to the police. Reporting to the police may not result in a criminal outcome, however all criminal sexual behaviours need to be recorded on the police system. Where a child is relevant to a criminal justice route because of their harmful sexual behaviours a Child First approach will be taken. Child First is the guiding principle for the youth justice sector and requires the youth justice system to treat children as children, see the whole child, including any structural barriers they face and focus on better outcomes for children. [This will also create safer communities with fewer victims.](#)

## STRATEGY DISCUSSION

If there is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm a Strategy Discussion can be requested and will be convened by Children's Social Care. Relevant professionals, which should include Police, Health, any Education provision, the Youth Justice Team Operational or local Team Leader (if the child is ten or over) will be invited. The vulnerability and safeguarding needs of the child / young person alleged to be causing the harm must be considered as part of a strategy discussion alongside the needs of any identified victim/s.

## ASSESSMENT

Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. The Early Help Assessment should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989 .

The Effective Support for Children and Families in Somerset should be used to identify thresholds for intervention alongside completion of an Early Help Assessment .

### Assessments should consider:

- The nature and extent of the harmful sexual behaviour with reference to where it features on a locally agreed tool and Hackett Continuum and specify any age/developmental differences between alleged perpetrator and victim, emotional distress caused to victim(s) and any coercion or violence used. The child / young person alleged to be causing the harm's response to the allegations should be considered alongside examination of the needs met by the behaviour.
- The context of the abusive behaviours – where, when, how it was discovered and reaction of carers with reference to the Sexual Behaviour.
- The child / young person's learning needs and any neurodevelopmental needs, such as autism spectrum conditions and the relevance of this for the harmful sexual behaviour.
- Past trauma or abuse child may be suffering. Any Mental illness of child.
- Any family or wider social factors that may have contributed to the harmful sexual behaviour
- Parent/carer capacity to adequately supervise the child/young person to prevent further harm.
- The impact of the harmful sexual behaviour on other family members.
- Ongoing education and accommodation arrangements in relation to the risk of further harm should be considered by all relevant partners.
- The response of the local community to the child and an assessment of the risks to the child as a result.

# MULTI-AGENCY PLAN AND PROVISION OF SERVICES

Following any assessment, a well-coordinated multi-agency plan is key to facilitate safe and effective work and promote effective information sharing. This should be integrated, in most cases, with any existing service's case management process such as Team Around the Family, Child in Need, Looked After Child, through the Child Protection Plan (including both Conferences and Core Groups), or prevention service involvement or YJT Multi Agency Risk and well-being Panel approach.

To avoid delay, an early review or additional meeting should be called, if necessary, to ensure timely action is taken to intervene and ensure safety.

The lead professional or allocated worker should coordinate a multi-agency planning meeting on completion of the assessment with all relevant agencies, including education and parents / carers wherever possible.

## The plan should:

- Address all assessed needs, not just the sexual behaviour concerns, and take account of the child/young person's learning and developmental ability including neurodevelopment.
- Support the child/young person to build a positive social identity free from harmful sexual behaviour.
- Be reviewed in a timely way and take account of any changes in risk.
- Make effective use of the safety plan framework to address any specific risk of further harmful sexual behaviour, including via technology where appropriate.
- Provide clear information to the family regarding any planned interventions, and ensure parents/carers are included in the work (unless this is judged not to be in the child's interests).
- Safeguard the child in addition to considering how to safeguard others from the sexualised behaviours of concern.
- Support the child to access appropriate mental health support if indicated.

## DIRECT INTERVENTION

Where direct intervention work is indicated to address sexual behaviour concerns identified in the assessment report, practitioners trained in specific/appropriate interventions should be drawn primarily from the virtual team around the child. Allocation should be discussed between team managers, taking account of the need to promote the continuity of relationships.

Where higher level Problematic, Abusive and/or Violent sexual behaviours are established to have taken place (Hackett continuum), a recognised Harmful Sexual Behaviour assessment tool such as the [AIM framework](#) should be used to inform the assessment and plan.

A referral to the Harmful Sexual Behaviour forum must be made using the referral form (see Useful Resources link on Page 1) for consideration of an AIM assessment (see Appendix B). The Harmful Sexual Behaviours Forum is a multi-agency forum that aims to address the needs of children and young people aged 10 to 18 who have/are displaying reactive and/or harmful sexual behaviour. The forum will consider and discuss relevant referrals and make recommendations for appropriate assessment and interventions.

If the behaviours are assessed by the AIM model at least one of the AIM assessors will remain involved with the agreed interventions as the AIM assessment will require review at regular intervals, usually every 8 weeks, to update the assessment and review the concerns and strengths identified.





## USEFUL LINKS

To explore further, and when advising parents and professionals, the following links can be helpful to use or pass on. Either click on the link below or enter the title and into a search engine.

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### GUIDANCE FOR PROFESSIONALS

[NICE Guidance on harmful sexual behaviour](#)

[Working together to safeguard children](#)

[Somerset Safeguarding Children Partnership: Policies and Procedures](#)

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### SEXUAL BEHAVIOUR AND DEVELOPMENT

[Brook Sexual Behaviours Traffic Light Tool \(Brook\)](#)

[Child's play? Preventing abuse among children and young people \(Stop it Now!\)](#)

[Healthy sexual behaviour \(NSPCC\)](#)

[Helping you understand the sexual development of children under the age of 5 \(Parents Protect\)](#)

[Helping you understand the sexual development of children 5-11 \(Parents Protect\)](#)

[Healthy and unhealthy relationships \(Childline\)](#)

[PANTS sexual harm prevention resources for conversations and work with children \(NSPCC\)](#)

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### SEXUAL DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE WITH SEND

[Healthy bodies guides to puberty and sexual development for parents of CYP with learning disabilities \(Vanderbilt\)](#)

[Growing up, sex and relationships - a guide for young disabled people and a guide to support parents of young disabled people \(Contact\)](#)



## ONLINE SAFETY AND PORNOGRAPHY

[What's the problem? A guide for parents of children and young people who have got in trouble online \(Parents Protect\)](#)

[Think U Know – Parents](#)

[Think U Know – Professionals](#)

[Keeping children in care safe online \(Think U Know\)](#)

[Keeping children safe - Online porn \(NSPCC\)](#)

[Keeping children safe - Online safety advice for parents \(NSPCC\)](#)

[Your guide to social networks your kids use \(NSPCC\)](#)



## SEXTING

[Sharing nudes and semi-nudes: advice for education settings working with children and young people, Guidance on responding to incidents and safeguarding children and young people, \(DfD,C,M&S, 2020\)](#)

[Sexting: how to respond to an incident](#)

[Searching, screening and confiscation: Advice for headteachers, school staff and governing bodies](#)

[Keeping children safe - Sexting \(NSPCC\)](#)

[Nude selfies – a parents' guide \(Think U Know\)](#)

## Responding to children who display sexualised behaviour

It's important to be able to distinguish developmentally typical sexual behaviours from those that may be problematic or harmful, and make sure children get appropriate support. Always consider the child's holistic needs and safeguarding concerns alongside any sexualised behaviour and follow due procedures accordingly. This guide is a tool to support objective decision making about a child or young person's sexual behaviour and does not replace professional judgement or policy and legislation. Visit [nspcc.org.uk/hsb](http://nspcc.org.uk/hsb) for more information.

### Need advice?

- Contact our helpline for advice and support:
- Call **0808 800 5000**
- Email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- Visit [nspcc.org.uk/helpline](http://nspcc.org.uk/helpline)

### Childline

- For children who need further support our free, confidential helpline is available 24/7:
- Call **0800 1111**
- Visit [childline.org.uk](http://childline.org.uk)

### Developmentally typical

#### Normal

- Developmentally expected and socially acceptable behaviour
- Consensual, mutual and reciprocal
- Decision making is shared

#### How to respond

- Although green behaviours are not concerning, they still require a response
- Listen to what children and young people have to say and respond calmly and non-judgementally
- Talk to parents about developmentally typical sexualised behaviours
- Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse
- Signpost helpful resources like our 'Talk PANTS' activity pack: [nspcc.org.uk/pants](http://nspcc.org.uk/pants)
- Make sure young people know how to behave responsibly and safely

### Problematic

#### Inappropriate

- Single instances of developmentally inappropriate sexual behaviour
- Behaviour that may be socially acceptable within a peer group but not in wider society
- May involve an inappropriate context for behaviour that would otherwise be considered normal

#### Problematic

- Developmentally unusual and socially unexpected behaviour
- May be compulsive
- Consent may be unclear and the behaviour may not be reciprocal
- May involve an imbalance of power
- Doesn't have an overt element of victimisation

#### How to respond

- Amber behaviours should not be ignored
- Listen to what children and young people have to say and respond calmly and non-judgementally
- Consider the child's developmental age as well as their chronological age, alongside wider holistic needs and safeguarding concerns about the problematic sexualised behaviour
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection
- Your policy or procedure should guide you towards a nominated child protection lead who can be notified and will provide support
- Consider whether the child or young person needs therapeutic support and make referrals as appropriate

### Harmful

#### Abusive

- Intrusive behaviour
- May involve a misuse of power
- May have an element of victimisation
- May use coercion and force
- May include elements of expressive violence
- Informed consent has not been given (or the victim was not able to consent freely)

#### Violent

- Physically violent sexual abuse
- Highly intrusive
- May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- May involve sadism

#### How to respond

- Red behaviours indicate a need for immediate intervention and action
- If a child is in immediate danger, call the police on 999
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection
- Your policy or procedure should guide you towards a nominated child protection lead who should be notified and will provide support
- Typically referrals to children's social care and the police would be required. Referrals to therapeutic services should only be made once statutory services have been informed and followed due procedures

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## APPENDIX B

# Aim3 Adolescent Model Outline

### Role and Tasks

It is essential that only people trained in the use of the AIM3 model undertake assessments. Where staff act as the 'appropriate adult' in a PACE (Police and Criminal Evidence) interview of a child or young person, it may not be appropriate for that worker to subsequently undertake the AIM3 assessment.

### AIM3 Assessment Framework

The AIM3 Adolescent model of assessment is designed to provide practitioners with a structured framework to assist in the analysing the HSB in the overall contact of the young person.

It is designed to be used with those young people aged 12-18 years who have committed, or there is strong professional evidence or belief that they have committed, harmful sexual behaviour. The AIM3 model includes young women who present with HSB, as well as young people with learning and developmental disabilities and young people from minority ethnic backgrounds. The Domains and Factors which make up the core of the model are broad based and are of relevance to both young men and women presenting with HSB. However, when using the indicative items which are offered to help practitioners consider each of the factors, practitioners need to consider the specific issues of diversity and difference as they relate to the individual young person being assessed.

AIM3 is not an actuarial risk assessment tool but an assessment framework designed to assist practitioners in the task of assessing HSB within the context of multiple domains of a young person's life and identifying the needs it is meeting both sexual and non-sexual. The importance of continuing to review risks and needs cannot be over-stated, not least because young people are developmentally in flux.

### Structure of the AIM3 Assessment

AIM3 has identified 5 Domains:

1. Sexual Behaviour
2. Non-Sexual Behaviour
3. Developmental
4. Environmental/Family
5. Self-Regulation

Within each Domain there are 5 Factors for the practitioner to consider, which cover the key elements of each Domain. The Factors are scored numerically and the cumulation of the 5 scores gives an overall score for the relevant Domain. These are then plotted on a profile graph which gives a visual representation of the areas of concern and potential strength.

### Supervision and Review of AIM3

AIM3 has been designed to provide a profile of the young person and as such could be utilised within professional supervision to review the progress being made by the young person in the

intervention work. The review of the AIM3 scoring is a fundamental aspect of this model to ensure the areas of concern are current, interventions are targeted, and the young person is not subject to a static assessment of level of risk posed which fails to recognise their development, learning and ability to change. The AIM3 Model of Assessment graph profile should be a core agenda item in supervision with practitioners in their immediate and long-term intervention with the young person and their family.

### **Time frame**

Because the AIM3 assessment model is intended to provide guidance on immediate risk management as well as medium and longer-term interventions, the authors recommend that it is usually completed within a short 6-week timeframe. Any delay in completing the AIM3 must be defensible in delaying the young person's access to intervention when the outstanding information may not immediately influence the assessment.

### **Appropriateness of AIM3 on all cases of HSB**

In recognising, for the victim, that any HSB will have caused significant emotional distress and potential long-term impact, not all HSB committed by a young person will require a complete AIM3 assessment. It is important that managers/supervisors consider the referral and whether a full AIM3 Assessment is required. Using Hackett's (2010) continuum as a resource to assist in determining the nature of the referral behaviour is recommended. Other factors to consider in this decision making are:

- Was it age-appropriate sexual behaviour?
- There was no violence in the sexual behaviour
- There was an absence of behaviours to secure secrecy
- The behaviours did not cause serious harm to others/or self
- There was an absence of the behaviours continuing after adult intervention
- Was it a single occurrence?
- Was there one victim?
- Was the victim peer aged?
- Are the concerns centred on consent?
- Are the concerns centred on environment/location of where the sexual behaviour took place?
- Is the young person expressing regret for the sexual behaviour?
- Is the young person engaging with professionals?
- There are no other non-sexual, developmental family concerns
- The parent/carer has engaged with professionals
- The young person is admitting to the victim's account of the sexual behaviour

If the answers to these questions are generally in the positive, then it is not recommended that an AIM3 assessment is undertaken but a professional discussion takes place to agree what appropriate education/intervention the young person requires to reduce likelihood of sexual behaviour reoccurring (Leonard and Hackett, 2019).





Somerset Safeguarding  
**Children Partnership**

This publication has been produced by the  
Somerset Safeguarding Children Partnership