

## **NSPCC Policy Summary**

### **Children and Young People Who Display Sexually Harmful Behaviour**

#### **Case study from NSPCC services**

Linda, aged 13 years, was referred to the NSPCC by the local Social Services Department. Linda had been rejected by her mother and stepfather, when they accused her of sexually assaulting her six-year-old brother. Previous allegations had been made that Linda had behaved in a sexual way with children in the neighbourhood; the allegations stretched back over three years. Investigations had proved inconclusive and the family strongly denied that the behaviours occurred. Recent reports had been received from school that some children were complaining about Linda's sexual behaviour.

Linda had grown up in a family where there were concerns about the physical and emotional neglect of all four children. The relationship between Linda and her mother was poor and her mother tended to scapegoat her; in addition, Linda was used by the family to care for her younger siblings. When Linda was five, an investigation into alleged sexual and physical abuse of Linda took place. Linda's father left the family home as a result of the investigation, however no criminal charges were brought.

Linda was then living in a small children's home, where she was the eldest, and there were two boys of 10 and 11 years of age.

The first work undertaken by NSPCC with this referral was to meet with the social worker, Linda's class teacher and the care worker from the children's home. Discussion took place to identify what safeguards were in place for the children who came into contact with Linda. A plan was drawn up with all concerned, outlining the agreed strategy for managing Linda's behaviour. Included in the plan was the proposed management of Linda's contact with her family, which was to be supervised.

An assessment of Linda was undertaken, including a meeting with Linda, her mother and stepfather. The records held at Social Services were read and it became clear that there had been a number of investigations into incidents where it was thought that Linda had been physically abused. On one occasion, Linda alleged that a neighbour had sexually abused her, but she was not believed. Linda admitted that she had sexually assaulted her brother and was willing to work on her behaviour as she was desperate to return home. Linda's mother and stepfather made a statement that they would not have Linda at home under any circumstances and wanted infrequent contact with her.

Linda worked with the NSPCC on identifying feelings and thoughts which she experienced when she wanted to assault a child, using incidents which were known and where there were details which could be examined. Identifying these feelings helped her to gain awareness of when she was at risk of sexually harming a child. Work was undertaken with Linda on identifying actions she could take to protect the child and herself.

Alongside this work, Linda started to work on recalling important events in her childhood which she remembered; play materials were used to help her in this activity. The purpose of this approach was to help Linda to relax and work with less anxiety. Important memories about relationships which had been unhappy for Linda were recalled and explored.

As the work with Linda progressed, it was acknowledged by all concerned how important Linda's relationship with her mother was, even though it appeared very negative. Linda's mother was asked to do some work on her relationship with Linda and some meetings were held with the social worker and the NSPCC worker. Linda's mother had experienced a very difficult childhood when she had been abused over many years within her family. Some help was offered to Linda's mother by another agency and this seemed to have a big impact on her feelings about Linda. The relationship between Linda's mother and her stepfather broke down, but there was a better experience for Linda when she saw her mother and her brothers.

Work with Linda continued, looking at her own experiences of abuse and her own abusive behaviour; progress was slow and there were some setbacks. The NSPCC worker asked a colleague to work with the residential staff at the children's home where Linda lived. There were opportunities to assist Linda through positive activities and encouragement towards social activities which had been slow to develop at the children's home. Progress with this group of staff was very slow and it was decided that it would be helpful for Linda if she were to move to another unit which could provide her with better all-round care and stimulation.

The move took place and within a few months there were significant improvements in Linda's appearance and self-esteem; she took up athletics and started to have a more active and purposeful life. Safeguards remained in place for other children, but it became clear that Linda was moving away from being an angry and stuck young person. Importantly, the relationship between mother and daughter was improving and Linda's mother could provide Linda with positive responses to the progress she had made.

Linda has worked with the NSPCC project for almost two years; she is more able to manage her behaviours on many levels and has made a great deal of progress in understanding of how upsetting her behaviour had been for the children she sexually assaulted. There is further progress to be made, but there is a positive sense that Linda will move towards safe behaviour in relation to children.

### **Objective**

To highlight the NSPCC's concerns about the current response to young people who are sexually harming. Sexually harmful behaviour is sexual behaviour which is perpetrated against the other person's will in an aggressive, manipulative, exploitative or threatening way.

To propose changes to policy and practice which would help to ensure that work in this field is child-centred.

## **Protection of Children's Rights**

Children and young people who display sexually harmful behaviour pose a risk to other children but are also children themselves. As such, a children's rights approach includes the right to protection from all forms of violence (Article 19, 1989 UN Convention the Rights of the Child), and from sexual exploitation (Article 34), but also underlines the importance of the welfare and rehabilitation of child offenders, and identifies basic guarantees for such children. Crucially, many such children will themselves have been victims of abuse.

Article 16, for instance, outlines their rights to privacy. And Articles 37, 39 and 40 set out the key UNCRC provisions in relation to torture, degrading treatment, and deprivation of liberty (37) and treatment and rehabilitation of child victims (39).

Article 40 on the administration of youth justice sets out (among other things) that:

*'States Parties recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society...'*

Article 40 goes on to state that:

*'A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their wellbeing and proportionate both to their circumstances and the offence.'*

These Articles are supplemented by the general principles of the Convention elaborated in Articles 2 (non-discrimination), 3 (best interests of the child), 6 (right to life), and 12 (respect for the child's views)

## **Facts about sexually harmful behaviour exhibited by children and young people**

- Research shows that between 25-40 per cent of all alleged sexual abuse involves young perpetrators<sup>i</sup>; approximately one third of sexual offenders in contact with the Criminal Justice System annually are adolescents (Whittle, Bailey & Kurtz, 2006).
- In the early 1990s the main focus of intervention was on white, male adolescents aged between 14 and 17 years as the most common type of adolescent sexual offender. Recent research indicates that while such young people may still be predominant in reported cases of sexual abuse, other sub-groups have distinct needs. These include pre-adolescent children with sexual behaviour problems, adolescent

females, young people from ethnic minorities and those with learning difficulties.

- A significant proportion of service users across programmes are described as having a learning disability<sup>ii</sup>. However, those with learning difficulties may not be more likely to abuse but simply more likely to be identified due to being more repetitive in their pattern of offending and more naïve when challenged (Hackett & Masson, 2003).
- The majority of these children and young people have been or are being sexually, physically and/or emotionally abused themselves. For young children to display problematic/harmful sexual behaviour it is likely that their natural healthy sexual development has been disrupted in some way, for example they may have been sexually abused or have lived in highly sexualised environments (Pithers & Gray, 1998).
- The characteristics of the abuse committed by young abusers are similar to that perpetrated by adult sex offenders, for example they engage in both contact (including penetrative acts) and non-contact behaviours. Likewise, some 'groom' their victims while others are more opportunistic and may use verbal or physical coercion. They abuse a variety of victims including much younger children as well as peers or adults.
- Comparisons with adolescent delinquents who do not sexually abuse reveal many similarities between the groups (e.g. dysfunctional family backgrounds, childhood abuse and neglect, low academic achievement). However some differences are also apparent. For example young sexual abusers appear to exhibit more problematic peer relationships, are less likely to engage in delinquent activities such as gang behaviour or drug/alcohol misuse, and some exhibit serious mental health problems such as depression and anxiety.
- Findings consistently indicate that the majority of children who display sexually harmful behaviour do not go on to commit sexual offences as adults<sup>iii</sup>. However they are at greater risk of committing non-sexual offences in adulthood and interventions during adolescence should address general difficulties and not just address treatment for sexually abusive behaviour<sup>iv</sup>.
- NSPCC services have found that the number of children under 10 reported as exhibiting sexually harmful behaviour is increasing, with more referrals being received annually (Gibbs, 2004). Forensic paediatricians are also reporting that they are working with younger children (Goveas, 2004).
- There are no studies on which to base population estimates of the prevalence of sexually abusive behaviour, although estimates of officially known cases over a year suggest that one in 1000 12-17 year olds is identified as displaying abusive behaviour. There is no accepted system of classification and diagnosis and the literature indicates that abusive behaviour is under-reported (Grimshaw & Salmon, 2000).

There are currently difficulties in defining sexually harmful behaviour by children and young people due to the lack of research about childhood sexuality and 'normal' sexual development. However, Ryan and Lane (1997)

have developed a useful definition of sexually abusive behaviour as any sexual interaction that is perpetrated:

- Against the victim's will
- Without consent, or
- In an aggressive, exploitative, manipulative or threatening manner.

### **What is the way forward in addressing the needs of this group?**

It is now fifteen years since *The Report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children*<sup>V</sup> first brought this issue to public notice. While there has been some progress in practice over this period, there continues to be no joined-up strategic approach from governments in the UK. Inevitably this has resulted in poor co-ordination and inadequate service provision on the ground.

Research by the NSPCC in 2001 found that the response to this problem is often inadequate, typically comprising an inaccurate initial assessment of risk and the provision of inappropriate treatment as a result.<sup>1</sup> The research showed that the decision about whether a child or young person is directed towards the child protection or criminal justice system was highly variable, with children of similar sexual behaviour profiles being as likely to go down one pathway as the other. Clearly, the consequences are vastly different: a child or young person in the criminal justice system may have to register on the Sex Offender Register, while there may be no record of a child or young person's sexually harmful behaviour if they are seen by children's services and do not come into contact with the criminal justice system.

The NSPCC's 2001 report identified a range of specific concerns, which are set out below:

- There is little monitoring and evaluation of services, or knowledge about what activities are being undertaken and by whom;
- Developmentally-appropriate assessments which balance both children's needs and the risks they pose are not consistently undertaken;
- Disposals for children and young people who display sexually harmful behaviour vary across England;
- There is poor access to specialist treatment provision;
- Many children and young people are placed in substitute care based on the availability of accommodation rather than their needs. There are concerns regarding the ability of some placements to respond effectively to this group;
- There is a lack of rigorous record-keeping for this group. It is difficult for agencies to share this information with other agencies working in the field;
- Children are dealt with inappropriately by adult systems, including the Multi-Agency Public Protection Arrangements (MAPPAs). Children need to be assessed using a developmentally-appropriate assessment

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<sup>1</sup> Lovell, E. 'I think I might need some help with this problem', *Responding to children and young people who display sexually harmful behaviour*, London: NSPCC

tool and practitioners require training about this group and the relevant professional duties within child care legislation.

A multi-agency response is strongly recommended in government guidance<sup>2</sup> for those children over the age of criminal responsibility (ten years) who sexually harm. These are children and young people in need whose behaviour is harmful and illegal and the response to them must balance their 'best interests' and the risks they pose to others. Research by Hackett and Mason (2004) identified an urgent need to improve the quality of local interagency policy and guidance about how to manage and respond to cases of sexual abuse by children and young people.

### **Developing a consistent response**

The NSPCC supports a model like the AIM model. AIM stands for Assessment, Intervention and Moving on and its strength lies in ensuring consistency of practice in a local authority in terms of how children are assessed and referred. Following AIM guidance ensures that there is time to gather sufficient information and evidence about each individual young person presenting with sexually harmful behaviour, including evidence from their family, school, peer group and community. In Greater Manchester young people arrested for their first sexual offences are bailed for 20 days to allow for an in-depth assessment to take place. The NSPCC has found that the using AIM model has helped to orientate practitioners towards a range of key factors which provide a broad-based assessment of a child's circumstances.

The use of the AIM model ensures that an assessment is discussed and agreed with social services and all other potential stakeholders. An appropriate response to the child is then mutually agreed and owned by the local services that undertake to support and provide treatment interventions for the child. The NSPCC considers that there should be a legal requirement to establish common, multi-agency, arrangements to assess the risk and needs of those children who display sexually harmful behaviour.

### **Treatment approaches**

There is an increasing body of evidence that treatment work with children who are sexually harming is effective in reducing sexual risk to others (Edwards, 2003).<sup>3,4</sup> and that other anti-social and offending behaviours can also be reduced.<sup>5,6,7,8</sup> In our experience the most effective interventions are

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<sup>2</sup> Working Together to Safeguard Children

<sup>3</sup> Bentovim, A. (2002) 'Preventing sexually abused young people from becoming abusers and treating the victimization experiences of young people who offend sexually', *Child Abuse and Neglect* Vol, 26 pp. 661-678.

<sup>4</sup> Hawkes, C., Jenkins, J.A. and Vizard, E. *Roots of Sexual Violence in Children and Adolescents* in Ved Varma (Ed) 1997. *Violence in Children and Adolescents*. Jessica Kingsley Publishers. London.

<sup>5</sup> Bentovim, A. (2002) Preventing sexually abused young people from becoming abusers and treating the victimization experiences of young people who offend sexually. *Child Abuse and Neglect* 26 pg661-678.

programmes that engage with the perpetrator, the family, with education, with foster carers, with residential carers and with peers whenever relevant or possible. However, the NSPCC would like to see long-term and properly resourced evaluations of treatment work that can then be used to plan further interventions. The success of services should be evaluated not only in relation to sex offending recidivism but also in relation to how successful the intervention is in meeting the child's broader developmental needs.

Recent research shows that services for this group are often fragmented, geographically patchy in coverage and hidden within more generic services<sup>9</sup>. In 2003 Mason and Hackett published the results of a two-year investigation into the current state of provision for this group of young people across the UK and the Republic of Ireland. Their research found that there are nearly 200 services or projects offering intervention to sexually harming young people but that many are generic rather than specialist. While effective intervention for young people does not necessarily need to come from a specialist service the researchers were concerned that specialist projects tend to be poorly resourced and overstretched.

### **Concerns about the current criminal justice response**

The NSPCC considers that the current response to young people who sexually harm is often incoherent and unhelpful. The NSPCC is particularly concerned about the response of the criminal justice system to those who have been identified and convicted. Young people are unlikely to receive treatment within the criminal justice system as there is currently a lack of treatment programmes in young offender institutions. The recent Home Office Child Sex Offender Review (June 2007) admitted that, whilst in custody, *'young offenders who commit sexual crimes also do not all receive treatment at present, as there are no treatment programmes specifically aimed at young people'*. Despite this admission, there is no sign that the UK Government have prioritised the issue of treatment for children and young people.

There are a number of children in prison custody who have been convicted of offences under s.90/91 of the Powers of Criminal Courts (Sentencing) Act 2000 and this has expanded rapidly in recent years.<sup>10</sup> We recognise that

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<sup>6</sup> Hawkes, C., Jenkins, J.A. and Vizard, E. *Roots of Sexual Violence in Children and Adolescents* in Ved Varma (Ed) 1997. *Violence in Children and Adolescents*. Jessica Kingsley Publishers. London.

<sup>7</sup> Jonson-Reid, M. and Way, I. (2001) *Adolescent sexual offenders: incidence of childhood maltreatment, serious emotional disturbance and prior offences*, *American Journal of Orthopsychiatry*, Vol. 71, No. 1, pp. 120–30

<sup>8</sup> Hickey, N., Vizard, E., McCrory, E., French, L. (2006) *Links between juvenile sexually abusive behaviour and emerging severe personality disorder traits in childhood*. Department of Health, Home Office, London.

<sup>9</sup> Hackett, S. & Mason, H. (2004) 'The needs of young people who display sexually harmful behaviour and the effectiveness of interventions and service approaches to meet these needs and to prevent sexually abusive and criminal behaviour', response to paper from N Whittle and Z Kurtz on behalf of the National Organisation for the Treatment of Abusers.

<sup>10</sup> These include where a person under 18 has been convicted of: murder; an offence punishable in the case of a person aged 21 or over with imprisonment for 14 years or more; indecent sexual assault on a woman or a man; if over 14, causing death by dangerous driving or causing death by careless driving while under influence of drink or drugs

there is a case for these individuals to be held in secure settings if there is a demonstrable risk of serious harm to the public. However, we support the Standing Committee on Youth Justice recommendation that all children who need to be detained should be placed in child-focused provision, designed to meet their needs for the purposes of therapy and rehabilitation. Currently children and young people who enter the criminal justice system usually fail to receive treatment.

### **The lack of an effective UK national strategy**

While there has been some progress in policy and practice with regard to children and young people who display sexually harmful behaviour, there is still no effective or visible national strategy; UK government policy and that of devolved administrations in the UK, policy remains unclear and services on the ground are sporadic. Recent programmes within the Department of Health brought together research and practice knowledge and produced a useful review of work in this area.<sup>11</sup> However, whilst Department of Health guidelines, research and commissioning frameworks provide useful tools to better understand this problem there has been no meaningful UK Government drive to improve local response to this group.

**The lack of a joined-up, strategic approach by governments described above has resulted in poor co-ordination and inadequate service provision. Meanwhile there is no doubt that the majority of this group of children and young people are not receiving the type of support they require to address their own needs and to ensure that the risk they pose to other children, and potentially, in the future, to other adults, is minimised.**

### **Recommendations**

- There needs to be a joined-up government approach to this issue by the Treasury, Home Office, Department of Health, Department for Children, Schools and Families and the Ministry of Justice. The UK Government should also ensure that the Department for Children, Schools and Families is involved and takes the lead responsibility for taking this forward as the department responsible for safeguarding children. In NI the DHSSPS and NIO should jointly lead policy development in this area.
- Funding for services for children and young people who display sexually harmful behaviour must be co-ordinated across government departments and we recommend setting up a cross-departmental group to ensure a common approach at a regional and national level. This group would be responsible for implementing a strategy and identifying the resources required

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<sup>11</sup> The needs of young people who display sexually harmful behaviours and the effectiveness of interventions and service approaches to meet these needs and to prevent sexually abusive and criminal behaviour.

for developing and implementing a common assessment process as well as improving training, treatment programmes, data collection and the development of guidelines for this group. There should be a legal requirement to establish common, multi-agency, arrangements to assess the risk and needs of those children who display sexually harmful behaviour;

- A national strategy across the UK for young people who sexually harm is urgently needed. This should look at the development of treatment provision, and ensure that it is comprehensive. A broad range of services should be developed based on the evidence of gaps in provision to ensure wide access to appropriate treatment.

### **Related policy summaries**

*Controlled access to information on sex offenders*

*Sex offenders*

### **Supporting documents/ research**

Department of Health, 1999. *Working Together to Safeguard Children*. London: Department of Health.

Lovell, E., 2002. *"I think I might need some more help with this problem...": responding to children and young people who display sexually harmful behaviour*. London: NSPCC.

NCH, 1992. *The report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children*. London: HMSO.

Home Office, 1998. *Criminal Statistics for England and Wales 1997*. London: Home Office, (Cmd. 4162).

Home Office, 2000. *Setting the Boundaries: Reforming the law on sex offences*, London: Home Office.

Home Office (2007) *Child Sex Offender Review*, London: Home Office.

Morrison, T., 1999. Is there a strategy out there? Policy and management perspectives on young people who sexually abuse others. *In: Erooga and Masson, eds. Children and Young People Who Sexually Abuse Others*. London: Routledge.

Office of the High Commissioner for Human Rights, 1998. *United Nations Convention on the Rights of the Child*. Geneva: OHCHR.

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<sup>i</sup> Morrison T., 'Is there a strategy out there? Policy and management perspectives on young people who sexually abuse others', in Erooga and Masson, (eds.) (1999) *Children and Young People Who Sexually Abuse Others*. London: Routledge

<sup>ii</sup> Hackett S., Masson H., Phillips S. (2003) *Mapping and Exploring Services for Young People who have Sexually Abused Others*, University of Durham/University of Huddersfield

<sup>iii</sup> Sipe, R., Jensen, E.L., & Everett, R.S. (1998) *Adolescent sexual offenders grown up: Recidivism in young adulthood*, *Criminal Justice and Behaviour*, 25; Worling, J.R., & Curwen, T. (2000) *Adolescent sexual offender recidivism: Success of specialised treatment and implications for risk prediction*, *Child Abuse and Neglect*, 24; Gretton, H.M., McBride, M., Hare, R.D., O'Shaughnessy, R., & Kumka, G. (2001) *Psychopathy and recidivism in adolescent sex offenders*. *Criminal Justice and Behaviour*, Volume 28

<sup>iv</sup> See website of the National Organisation for the Treatment of Abusers, [www.nota.co.uk](http://www.nota.co.uk)

<sup>v</sup> NCH (1992) *The report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children*. London: HMSO.