

# Research briefing

## Harmful sexual behaviour

December 2017

### About this briefing

This briefing aims to help professionals update their knowledge of the most recent research on [harmful sexual behaviour \(HSB\)](#). It highlights the key messages from articles published in academic journals, chapters in edited books and reports from specialist organisations, which were published in 2016 or 2017.

Research was identified in a search of the NSPCC's online library on 08 June 2017. The NSPCC's Knowledge and Information Service holds the UK's largest collection of information on protecting children from child abuse and neglect, but this briefing should not be considered a comprehensive review of the research on HSB. Please note that the references included in this briefing do not necessarily reflect the views or practice of the NSPCC, and we are not making a judgement on the robustness of research included.

It is not always advisable to make generalisations from research findings, as methodologies and samples can vary. Where possible we have given information about the size of each research study and the country it was carried out in for context.

Several of the research studies featured in this briefing focus on young people who have been convicted of sexual offences. Whilst the learning from these can be valuable, it's important to remember that sexual offending is only one aspect of HSB.

### Key messages

- Although most victims of abuse do not go on to display HSB, exposure to trauma is a key factor in the development of HSB.
- There is a continuum of sexual behaviours, so a continuum of responses to problematic behaviour is required. This should take into account each young person's age, stage of development, level of risk and need.
- Interventions to support children and young people who display HSB should consider each child's development, family background and any broader child protection concerns.

- Professionals need to be aware of the range of HSB that can be displayed by children and young people online or using technology, and how best to respond.
- Children and young people who display HSB should not be labelled, criminalised or stigmatised, because this makes it more difficult for them to regain a 'normal' life.
- Schools have an important role in challenging social and cultural messages that can reinforce harmful sexual behaviours.

## Factors associated with harmful sexual behaviour

### Characteristics of children and young people who display HSB

- The parliamentary inquiry into support and sanctions for children who display HSB highlighted evidence on the characteristics of children and young people who display HSB.
  - Research indicates young people who display HSB are most often male; however it's important to be aware that girls can also display HSB.
  - Society lacks understanding that girls can behave in a sexually harmful way, and this may impact on identifying, reporting and responding to HSB amongst girls.
  - Children from lower socio-economic backgrounds seem to be over represented in samples of young people who display HSB. However this could be because families from these groups are more likely to need wider support and be in contact with social services - meaning that the child's behaviour is more likely to come to professionals' attention.
  - Significant proportions of children who display HSB have learning difficulties or are on the autistic spectrum. However, this may be because this group of young people is overrepresented in the data rather than being because they are more likely to sexually abuse than their peers (Barnardo's, 2016).
- In a study of 198 children and young people accessing an NSPCC service for HSB, Hollis found differences in the children and young people's relationships with those their HSB was displayed towards. The 101 boys with a learning disability in the sample (aged 5-18) were more likely to have displayed HSB towards someone outside their family than towards a family member; the 28 girls in the sample (aged 5-18) were more likely to display HSB towards multiple people, both inside and outside their family (Hollis, 2017).
- Belton highlights research evidence to suggest that children and young people who display HSB may lack sexual knowledge. The evaluation of the Change for Good manual, which is used by practitioners delivering the NSPCC's therapeutic service for 12-18-year-olds who display HSB, supports

this. It found that 48 per cent of the 64 young people in the sample had low sexual knowledge at the start of the programme (Belton, 2017).

- Walker and Laugharne suggest children and young people who display HSB may:
  - be upset or worried about change
  - be dealing with early onset puberty
  - have seen inappropriate sexual material, sometimes accidentally, and want to try things out for themselves
  - be encouraged to engage in certain activities by others (Walker and Laugharne, 2016).

### **Abuse and neglect**

- Hackett's evidence scope exploring the relationship between neglect and HSB finds that, although most victims of abuse do not go on to display HSB, exposure to trauma is a key factor in the development of HSB (Hackett, [2016]).
- In a study of 76 children displaying sexual behaviour problems and their parents, Tougas et al found that those who have experienced psychological abuse or neglect may display greater sexualised behaviour than those who have not (Tougas et al, 2016).
- Lawrence-Mahrra suggests that experience of abuse can impact on a child's development, resulting in a lack of personal boundaries, loss of identity, and confusion between the need to be close and sexual feelings (Lawrence-Mahrra, 2017).

### **Wider behavioural problems**

- Hollis suggests that the emotional, behavioural and peer related difficulties which may be experienced by children who display HSB could stem from the same source as the HSB itself (Hollis, 2017).
- A longitudinal study of 217 young people convicted of juvenile sex offences in Australia found that those who offended regularly and over a long period of time seemed to have first been involved in an escalating sequence of non-sexual offences. This suggests HSB may not be primarily sexually motivated (Cale et al, 2016).
- Leibowitz, Akakpo and Burton found that, in a study of 606 adolescents who had been convicted of juvenile sex offences in the USA, a large number had also committed serious non-sexual crimes (Leibowitz, Akakpo and Burton, 2016).
- Joyal, Carpentier and Martin's study of 351 young males assessed for hands-on sexual offences in Canada indicated that HSB directed towards peers is related to general delinquency whilst HSB displayed towards younger children is more likely to be linked to poor social skills (Joyal, Carpentier and Martin, 2016).

- A study of 64,329 young people referred to the Florida Department of Juvenile Justice between 2007 and 2012 found that being male, becoming involved in criminal activity at an early age and having been arrested multiple times increased a young person's risk of offending sexually (Fox, 2017).

### **Links between online and offline HSB**

- In their review of research on children and young people who display HSB online, Belton and Hollis found evidence suggesting that young people's sexual behaviour and attitudes can be influenced by the developmentally inappropriate viewing of online pornography. In particular, there seems to be a relationship between viewing developmentally inappropriate online pornography and beginning to display HSB offline (Belton and Hollis, 2016).
- Hollis and Belton's study of 91 young males who took part in the NSPCC's Turn the page service for HSB found:
  - The developmentally inappropriate use of pornography was identified as a trigger for offline HSB in more than half of the cases where young males displayed both offline and online HSB.
  - It was rare for young people to engage in HSB online without displaying any HSB offline. However the evidence they identified in their literature review finds little overlap between young people displaying offline HSB and online HSB, or adults who sexually offend offline and view indecent images of children. They suggest this mismatch could be because they included the full spectrum of HSB in their study, rather than focussing solely on the use of indecent images of children. It may also be because their sample came from young people who take part in a therapeutic service for HSB, and the thresholds for accessing the service may make it more difficult for young people whose HSB is only displayed online to be accepted for assessment.
  - The young males who displayed online HSB without any offline HSB seemed to be older than those who displayed some form of HSB offline. They were less likely to have recorded mental health problems, or have problems with impulsivity, emotional regulation, anger and aggression. They were more likely to have stable backgrounds; be involved with the police and youth offending service; and be excluded from school because of their HSB (Hollis and Belton, 2017).

## **Working with children who display harmful sexual behaviour and their families**

### **The continuum of sexual behaviour**

- To respond effectively to the range of sexualised behaviour that can be displayed by children and young people, Hackett, Holmes and Branigan recommend that professionals should employ a range of responses.



- This should take into account each young person's age, stage of development, level of risk and need. For example, some children and young people's needs can be met through parental monitoring and work on positive social behaviour; others need limited therapeutic support; and some benefit from more specialist services.
- Professionals should use the least intrusive level of intervention possible (Hackett, Holmes and Branigan, 2016).

### **Responding to children and young people who display HSB**

- The parliamentary inquiry into support and sanctions for children who display HSB found:
  - Young people who display HSB are not always offered appropriate support because referral systems differ across sectors; for example, if a young person is arrested for a sexual offence but is dismissed from the police due to lack of evidence, they are not always referred for therapeutic support.
  - The most successful therapeutic approaches make young people confront the negative consequences of their behaviours without being judgmental.
  - Successful approaches recognise that, despite young people's behaviour, they may be naïve about some or all aspects of sexuality (Barnardo's, 2017).
- Children and young people who display HSB are a complex group with diverse needs. There is no "one size fits all" approach to working with them, and support should be tailored to the specific needs of each child. Hackett, Holmes and Branigan suggest that successful interventions for HSB should aim to promote stable and supportive relationships, helping young people develop self-awareness, self-management and a healthy lifestyle. Interventions should be:
  - evidence-based
  - holistic
  - strengths-based
  - supportive
  - proportionate to each young person's risks and needs
  - multi-modal - addressing issues within the whole context of the young person's life as well as working individually with them
  - focused on resilience - with an emphasis on identifying factors that improve a young person's strengths and enabling them to understand what influences their behaviours
  - collaborative - using professional networks to make best use of different people's expertise (Hackett, Holmes and Branigan, 2016).
- Leibowitz, Akakpo and Burton studied the criminal behaviour of adolescents in residential treatment facilities in the USA. They focussed on the differences and similarities between adolescents who committed both sexual and non-

sexual crimes and those who only committed non-sexual crimes. They suggest that treatment for young people who display HSB should address both their non-sexual and sexual behaviours (Leibowitz, Akakpo and Burton, 2016).

- Hollis and Belton recommend that professionals need to be made aware of the range of HSB that can be displayed by children and young people online or using technology, and how to respond to it (Hollis and Belton, 2017).
- Of the young males in Hollis and Belton's study of 91 young males who took part in the NSPCC's Turn the page service for HSB, those who displayed offline HSB received more therapeutic support than those who only displayed HSB online or using technology.
  - This could be because therapeutic services are largely targeted at offline HSB.
  - However the group of young males who displayed offline HSB had also experienced higher levels of trauma and family disruption, which could mean they were more likely to already be receiving support from children's social care services. This may have meant that professionals were more likely to identify their sexual behaviour as harmful and refer them for therapeutic support (Hollis and Belton, 2017).

## Stigma

- The parliamentary inquiry into support and sanctions for children who display HSB found:
  - Stigmatising young people who have displayed HSB as 'mini sex offenders' makes it more difficult for them to regain a 'normal' life, and this increases the likelihood of them reoffending.
  - It's not always appropriate to use legal definitions when talking about a young person's sexual behaviour. Sometimes, a young person may display sexual behaviour which is illegal, but would not be considered harmful: for example it is against the law for two 15-year-olds to send explicit messages to each other, but if they are in a consensual sexual relationship their behaviour may not be inappropriate to their age and level of development.
  - Whilst boys and young men who display HSB can be perceived as 'perpetrators' of abuse, society is more accepting of the idea that girls and young women who display HSB may be victims of abuse themselves. This has an impact on boys' ability to move forward and regain a 'normal' lifestyle (Barnardo's, 2016).
- Lenkiewicz and Gallagher emphasise the importance of professionals recognising that young people who display HSB are "persons in development" and not yet adults (Lenkiewicz and Gallagher, 2016).

## Risk assessment

- Hackett, Holmes and Branigan suggest that professionals should use specialist risk assessment tools for HSB, as well as more generic assessment models to help them consider each child's development, family background and any broader child protection concerns (Hackett, Holmes and Branigan, 2016).
- Miccio-Fonseca recommends that risk assessment, treatment planning, treatment and management should be gender specific, as girls who display HSB often have different characteristics to boys who display HSB (Miccio-Fonseca, 2016).
- Ralston, Epperson, and Edwards suggest that, when working with children and young people who display HSB, professionals should assess dynamic risk factors such as personal characteristics and sexual attitudes, as well as static indicators of risk such as past history of displaying certain behaviours. Whilst it can be more difficult to identify and measure dynamic factors, recording them at the beginning and end of treatment helps to indicate whether an intervention has made a difference to a child's behaviour. It also allows practitioners to focus treatment on a child's specific psychological needs (Ralston, Epperson, and Edwards, 2016).
- Hollis and Belton emphasise the importance of exploring both offline and online behaviours when assessing children and young people who display HSB, rather than treating these behaviours separately. They recommend that, as interventions and assessment tools for HSB are not always suitable for or easy to adapt to HSB that is displayed online or using technology, tools which focus specifically on technology-assisted HSB should be developed (Hollis and Belton, 2017).

## Engaging children and young people who display HSB in a therapeutic programme

- Belton highlights the importance of keeping young people engaged in a therapeutic programme.
  - Young people need to feel able to trust the practitioner they are working with and talk to them in detail about things they have been bottling up. Having a good relationship enables practitioners to help young people understand the causes and consequences of their HSB.
  - As each young person has individual circumstances, their level of engagement in a therapeutic programme may be influenced by other factors going on in their lives (Belton, 2017).
- Lawrence-Mahrra reminds professionals that children who display HSB often experience uncertainty in their lives, so it's important to create a safe space for them to talk (Lawrence-Mahrra, 2017).

## Direct work techniques

- Walker and Laugharne (2016) emphasise that, although children and young people may come to a professional's attention accompanied by a label such as "dangerous", "concerning" or "predatory", they will also have strengths, resources, passions, interests, skills and a capacity for demonstrating safe behaviours which can be harnessed.
  - They advise that narrative techniques can allow children who display HSB to create space between themselves and the problem, and evaluate their position. (Walker and Laugharne, 2016).
- Mickshik and Sam suggest that metaphor and visual techniques can be used to help children understand complex ideas relating to sex and sexuality whilst minimising feelings of shame and embarrassment (Mickshik and Sam, 2016).
- Rogers describes how some children who have displayed HSB may need to be taught how to apply the concepts of socially acceptable behaviour in practice, for example learning when it is appropriate to have physical contact by hugging someone (Rogers, 2016).
- Belton reports that young people who display HSB have said they found it helpful being given practical strategies which they can use to manage their behaviour (Belton, 2017).
- Birgersson and Wassberg describe a dialectic behaviour therapy (DBT) approach which they modified to suit the needs of young people with learning disabilities. This has an emphasis on practical skills which can be used in 'real life' as well as therapy sessions, using mindfulness, distress tolerance, emotion regulation and interpersonal relationship techniques. Although more research into the effectiveness of DBT is needed, they have found evidence that it can help young people regulate their emotions; recognise and control risky urges; and express their sexuality in a healthy way (Birgersson and Wassberg, 2017).

## Working with parents

- Belton's evaluation of the Change for Good manual, which is used by practitioners delivering the NSPCC's therapeutic service for 12-18-year-olds who display HSB, found a clear need for work to take place with parents and carers alongside the work being carried out with young people (Belton, 2017).
- In a study of 19 service providers, Yoder and Ruch identified that the stigma associated with having a child who displays HSB can cause difficulties for parents. They suggest that forming a therapeutic relationship as a family can help develop problem solving and communication skills, to help restructure and unite families (Yoder and Ruch, 2016).
- McDonald and Beverley propose that parents of children and young people who display HSB can benefit from being taught supervision and behaviour management techniques. It can be helpful to give them activities to do at home, so they can practice these new skills (McDonald and Beverley, 2016).



## Practitioners

- In a study of eight practitioners working with adolescents who display HSB, Russell and Harvey note the importance of practitioners looking after their own wellbeing. They highlight that some practitioners working with young people who display HSB have also to deal with society's misconceptions, and may even be stigmatised by other professionals because they are perceived to be lenient towards adolescent offenders (Russell and Harvey, 2016).

## Effects of harmful sexual behaviour

### Involvement with the legal system

- Janes finds that becoming involved with the legal system as a result of displaying HSB can have a negative impact on children and young people:
  - Being labelled as an offender can limit their opportunities in the future, inhibit their capacity for change and increase their risk of delinquency in adulthood.
  - If a young person is being prosecuted for their behaviour, they may be asked not to talk about any incidents of HSB until after the criminal trial. This means that they may not be able to receive therapeutic treatment until after the trial has finished.
  - Being put on the sex offenders register can disadvantage young people. It can affect a young person's chances of securing jobs, places in education and housing, and have an effect on future relationships (Janes, 2016).
- Masson highlights that the process of having to sign the sex offenders register at regular intervals can stop young people from being able to fully move on (Masson, 2016).

## Preventing harmful sexual behaviour

### Early intervention

- Early intervention has a role in preventing children from displaying HSB. The parliamentary inquiry into support and sanctions for children who display HSB suggests:
  - Decision-makers should take a holistic view of how to foster healthy sexual development amongst children and young people.
  - It's important to empower parents to teach their children to be safe online rather than solely relying on restricting online activity. This will enable young people to engage constructively online and give them opportunities to build their own resilience.
  - As part of the inquiry, Dr Eileen Vizard commented that there are a small number of very high-risk children whose sexual offending begins

in childhood and develops to sexual offending in adulthood. These children often show patterns of behaviour which could be identified by professionals early on so that prevention measures could be put in place. However this depends on resources being available (Barnardo's, 2016).

### **Preventing recurrence and re-offending**

- The parliamentary inquiry into support and sanctions for children who display HSB found:
  - It's important for professionals to know how to respond to low-level HSB which is displayed in early childhood - this can help stop the behaviour from becoming more serious later in adolescence
  - Therapeutic support for HSB is successful at preventing recurrence - Professor Simon Hackett shared analysis suggesting that only 3-12 per cent of children who are treated for HSB go on to sexually reoffend (Barnardo's, 2017).
- Belton found that some young people who display HSB can find it difficult to continue the techniques they have been taught after their therapeutic support finishes. To prevent young people from displaying HSB again, it's important to put post-programme support in place (Belton, 2017).

### **Preventive work in schools**

- Both Sarah Champion MP and the House of Commons Women and Equalities Committee highlight the social and cultural behaviours and media messages, which can contribute to children and young people becoming sexualised early on in their lives and normalise non-consensual sexual activities.
  - They advise that schools have an important role in challenging this and improving young people's resilience through sex and relationships education.
  - They recommend that teachers need to be trained so that they are able to have sensitive discussions with pupils of all ages, and respond effectively to any issues they may raise (Champion, 2016; House of Commons Women and Equalities Committee, 2016).
- Hollis and Belton also suggest that schools are in a good position to educate children and young people about the reality behind pornography and the way it misrepresents sexual relationships (Hollis and Belton, 2017).
- The parliamentary inquiry into support and sanctions for children who display HSB presented a successful emerging model of prevention, where police officers work in schools - for example in the Norfolk Constabulary. This enables them to interact with children and deliver messages about topics including online safety and sexual abuse (Barnardo's, 2016).

- Programmes such as Rock and Water, which was trialled by de Graaf in schools in the Netherlands, can address issues including as regulating aggression, sexual coercion, group pressure and communication skills in order to prevent sexually aggressive behaviour and challenge the thoughts and beliefs that may lead to sexual aggression. A study of 521 boys aged 14–17 from nine pre-vocational education schools who participated in the programme found it was effective in decreasing verbal manipulation and improving self-regulation (de Graaf et al, 2016).
- Letourneau et al suggest several factors which should be considered when developing a school-based prevention programme that focuses on adolescent sexual behaviour towards younger children:
  - the programme should be targeted at children aged 11-13
  - groups should be mixed gender
  - there should be multiple sessions
  - information should be presented in multiple formats
  - it should include opportunities for young people to practice new skills
  - the messaging about sexual behaviour should be clear and relevant
  - parents should be engaged in the programme (Letourneau et al, 2017).
- The school environment could help young people who display HSB to complete their treatment programme and prevent them from reoffending. In a study of the probation files of 85 young people who were sentenced following a sexual crime, Yoder et al found that young people who took part in extracurricular activities were more likely to successfully complete treatment than others. Young people who had changed schools had lower odds of completing their treatment (Yoder et al, 2016).

## Key messages from other research and resources

This briefing highlights key findings from research published in 2016 and the early part of 2017. Some findings from older research and information from other sources still provide important contributions to the evidence base for HSB. Key messages from these include:

- Research and crime statistics suggest that anywhere from one-fifth to two-thirds of sexual abuse is committed by other children and young people. Hackett (2014) gives an overview of some of the key studies<sup>1</sup>.
- A freedom of information (FOI) request made to police forces in England and Wales found that the number of police recorded sexual offences against

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<sup>1</sup> The NSPCC uses the statistic “around a third of sexual abuse is committed by other children and young people” as a mid-way point between the lower end and the higher end of these estimates.

under-18 year olds, that were perpetrated by under-18 year olds, rose from 5,215 in 2013 to 9,290 in 2016. The true figure is likely to be higher than this as 7 of the 43 police forces did not respond to the FOI request (Barnardo's, 2017).

- The proven reoffending rate for juveniles who were convicted of or cautioned for a sexual offence in England and Wales in 2014/15 was 14.9 per cent. This compares with an overall juvenile reoffending rate of 37.8 per cent. The offence type with the highest juvenile reoffending rate was public order offences (45 per cent) (Ministry of Justice, 2017a).
- Research indicates there could be a relationship between a child experiencing sexual abuse and going on to sexually offend later in their childhood or in adulthood. However the strength of this relationship is unknown. Most individuals who are sexually abused as children do not become perpetrators of child sexual abuse (Whitaker, 2008).
- Hackett et al (2013) investigated the characteristics of 700 children and young people who had been referred to nine UK services for HSB over a nine year period. They found two-thirds were known to have experienced at least one form of abuse or trauma, including physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown and conflict, domestic violence or parental drug and alcohol abuse.
- Reicher (2013) highlights the importance of recognising denial in children and young people who display HSB. She suggests that practitioners need to listen to the child or young person's account of their behaviour in order to build trust and understand the child's cognitive and emotional processes. This can help inform decisions about the most appropriate form of intervention.

## Further reading

Cardiff University et al. (2016) [AGENDA: a young people's guide to making positive relationships matter](#). [Accessed 19/05/2017].

College of Policing (2016) [Briefing note: police action in response to youth produced sexual imagery \('sexting'\) \(PDF\)](#). College of Policing.

National Institute for Health and Care Excellence (NICE) (2016) [Harmful sexual behaviour among children and young people](#). [Accessed 19/05/2017].

NSPCC (2017a) [Harmful sexual behaviour framework](#). [Accessed 19/05/2017].

NSPCC (2017b) [Harmful sexual behaviour: keeping children safe](#). [Accessed 25/11/2017].



NSPCC (2017c) [Harmful sexual behaviour: learning from case reviews](#). [Accessed 19/05/2017].

NSPCC (2017d) [Managing sexualised behaviour in primary schools: online course](#). [Accessed 25/11/2017].

NSPCC (2017e) [Technology-assisted harmful sexual behaviour: a practice resource](#). [Accessed 01/08/2017].

University of Bedfordshire (2017) [The contextual safeguarding audit toolkit](#) [Accessed 17/05/2017].

## Bibliography

Barnardo's (2016) [Now I know it was wrong: report of the Parliamentary inquiry into support and sanctions for children who display harmful sexual behaviour \(PDF\)](#). Barkingside, Essex: Barnardo's.

Barnardo's (2017) [Police figures reveal rise of almost 80% in reports of child-on-child sex offences](#). [Accessed 19/05/2017].

Belton, E. (2017) [Turn the Page: manualised treatment programme: final evaluation report \(PDF\)](#). [London]: NSPCC.

Belton, E. and Hollis, V. (2016) [A review of the research on children and young people who display harmful sexual behaviour online: what is developmentally appropriate online sexual behaviour, do children and young people with online versus offline harmful sexual behaviours \(HSB\) differ, and is there an association between online and offline HSB? \(PDF\)](#) [London]: NSPCC.

Birgersson, A. and Wassberg, M. (2017) Using a dialectic behaviour therapy based approach in work with young people with intellectual disabilities who display harmful sexual behaviours. *NOTA news*, 81: 17-18.

Cale, J. et al. (2016) [Offense trajectories, the unfolding of sexual and non-sexual criminal activity, and sex offense characteristics of adolescent sex offenders](#). *Sexual abuse*, 28 (8): 791-812.

Champion, S. (2016) [National action plan for preventing child abuse and violence in teenage relationships \(PDF\)](#). [London]: Sarah Champion MP.

de Graaf, I. et al. (2016) [Effects of rock and water: an intervention to prevent sexual aggression](#). *Journal of sexual aggression*, 22 (1): 4-19.

Fox, B. (2017) What makes a difference: evaluating the key distinctions and predictors of sexual and non-sexual offending among male and female juvenile offenders. *Journal of criminal psychology*, 7 (2): 134-150.

Grossi, L.M. et al. (2016) [Sexualized behaviours in cohorts of children in the child welfare system](#). *Child abuse and neglect*, 52; 49-61.

Hackett, S. (2014) Children and young people with harmful sexual behaviours. London: Research in Practice. (Research in practice research reviews, 15).

Hackett, S. ([2016]) [Exploring the relationship between neglect and harmful sexual behaviours in children and young people: evidence scope 3 \(PDF\)](#). Totnes: Research in Practice.

Hackett, S. et al (2013) [Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers](#). *Child Abuse Review*, 22 (4): 232-245.

Hackett, S. (2014) Children and young people with harmful sexual behaviours. London: Research in Practice. (Research in practice research reviews, 15).

Hackett, S, Holmes, D and Branigan, P (2016) [Operational framework for children and young people displaying harmful sexual behaviours \(PDF\)](#). London: NSPCC.

Hollis, V. (2017) [The profile of the children and young people accessing an NSPCC service for harmful sexual behaviour: summary report \(PDF\)](#). [London]: NSPCC.

Hollis, V and Belton, E (2017) [Children and young people who engage in technology-assisted harmful sexual behaviour: a study of their behaviours, backgrounds and characteristics \(PDF\)](#). [London]: NSPCC.

House of Commons Women and Equalities Committee (2016) [Sexual harassment and sexual violence in schools: third report of session 2016-17 \(PDF\)](#). [London]: House of Commons.

Janes, L. (2016) Is criminalising children's sexual behaviour counterproductive? *Child and family law quarterly*, 28 (3): 239-260.

Joyal, C.C., Carpentier, J. and Martin, C. (2016) [Discriminant factors for adolescent sexual offending: on the usefulness of considering both victim age and sibling incest](#). *Child abuse and neglect*, 54: 10-22.

Lawrence-Mahrre, T. (2017) Working with sexually inappropriate behaviour and incest: a case study. In Guishard-Pine, J., Coleman-Oluwabusola, G. and McCall, S. (eds.) *Supporting the mental health of children in care: evidence-based practice*. London: Jessica Kingsley. pp. 73-87.

- Leibowitz, G.S., Akakpo, T. and Burton, D.L. (2016) [Comparison of non-sexual crimes committed by juvenile sexual offenders and delinquent youth in residential treatment in the USA](#). *Journal of sexual aggression*, 22 (1): 66-81.
- Lenkiewicz, J. and Gallagher, K. (2016) Working as a therapist in a residential facility for young males with inappropriate or harmful sexual behaviours: the challenges and opportunities. *NOTA news*, 79: 10-11.
- Letourneau, E.J. et al. (2017) [Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming \(PDF\)](#). *Child maltreatment*, 22 (2): 100-111.
- Masson, H. (2016) Service users' voices - Steve's story: an interview with Helen Masson. *NOTA news*, 79: 13-15.
- McDonald, S. and Beverley, H. (2016) Be safe stay safe: replicating a cognitive behavioural therapy programme for children with problematic sexual behaviour and their parents/careers. *NOTA news*, 78: 14-15.
- Miccio-Fonseca, L.C. (2016) [MEGA: cross-validation findings on sexually abusive females: implications for risk assessment and clinical practice](#). *Journal of family violence*, 31 (7): 903-911.
- Mickshik, J. and Sam, H. (2016) The gift: a guide to treating children and young people with problematic sexual behaviour. *NOTA news*, 78: 11-12.
- Ministry of Justice (2017a) [Proven reoffending statistics quarterly bulletin, October 2014 to September 2015 \(PDF\)](#) London: Ministry of Justice.
- Ralston, C.A., Epperson, D.L. and Edwards, S.R. (2016) [Cross-validation of the JSORRAT-II in Iowa](#). *Sexual abuse*, 28 (6): 534-554.
- Reicher, B. (2013) [Denying denial in children with sexual behaviour problems](#). (*Journal of child sexual abuse*, 22 (1): 32-51.
- Rogers, E. (2016) A serene setting to address harmful sexual behaviour. *Children and young people now*, 19 July-1 August 2016: 20-22.
- Russell, H. and Harvey, J. (2016) [Working with adolescents who display sexually harmful behaviour](#). *Journal of children's services*, 11 (3): 191-203.
- Tougas, A. et al. (2016) [Psychosocial profile of children having participated in an intervention program for their sexual behaviour problems: the predictor role of maltreatment](#). *Journal of child sexual abuse*, 25 (2): 127-141.

Walker, L. and Laugharne, C. (2016) Helping children to learn about safer sexual behaviour: taking steps to safety: a guide book. London: Speechmark.

Whitaker, D.J. et al (2008) [Risk factors for the perpetration of child sexual abuse: a review and meta-analysis](#) Child Abuse and Neglect 32 (5): 529-548.

Yoder, J.R. et al. (2016) [Effects of school-based risk and protective factors on treatment success among youth adjudicated of a sexual crime](#). Journal of child sexual abuse, 25 (3): 310-325.

Yoder, J. and Ruch, D. (2016) [A qualitative investigation of treatment components for families of youth who have sexually offended](#). Journal of sexual aggression, 22 (2): 192-205.

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