DERBYSHIRE County Council

Derbyshire Schools/Colleges/Education Settings

Guidance

Peer on Peer Abuse, Problematic / Harmful Sexual Behaviours in Children and Young People

Model Policy

Peer on Peer Abuse

Document name	Guidance & Model Policy Peer on Peer Abuse Non-Statutory
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Date approved	Oct 2019 V1
Review date	Oct 2020 V2

INTRODUCTION

This guidance and model policy template has been developed for Schools / Educational settings within Derbyshire, alongside consultation with the Derbyshire Youth Offending Service. It has been adopted from recognised models, resources and tools, which are currently available.

A child and young person as described in the guidance and model policy is a child and young person up until 18 years of age.

A school as described in the guidance and model policy can apply to a school, college, or any other educational setting.

This guidance should be read in conjunction with:

- **Keeping Children Safe in Education. Statutory Guidance for schools and colleges**
  All staff in a school should be familiar with the relevant sections dealing with Child on Child Sexual Violence and Harassment.

- **Sexual Violence and Sexual Harassment between Children in Schools and Colleges.**
  Dfe, May 2018; guidance for HeadTeacher, Principals, Senior Leadership teams and designated safeguarding leads.

- **Sexting in Schools and colleges: Responding to incidents and safeguarding young people.** UK Council for Internet Safety

- **Teaching Online Safety in Schools, DfE 2019**

- The Voyeurism Act, 2019 (Section Up skirting)

And the relevant

Procedures set out by the local Derby City & Derbyshire Safeguarding Childrens Partnership

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What is Peer on Peer Abuse?

 All children and young people are capable of abusing their peers. This can manifest itself in a whole spectrum of behaviours including:-

- Sexual violence and harassment;
- Physical abuse;
- On- line sexual offences (Technology assisted harmful sexual behaviour)
- Initiation /hazing type violence and rituals.

All schools need to include peer on peer abuse in their schools' policies and procedures and all school staff need to be aware of this guidance/policy, ensuring they are part of their practice.

These should include:

- Procedures to minimise the risk of peer on peer abuse;
- How allegations are recorded, investigated and dealt with;
- Clear processes as to how victims, perpetrators and any other children affected will be supported;

- That responses to sexual violence and sexual harassment between children of the same sex is equally robust as it is for sexual violence and sexual harassment between children of the opposite sex;

- Recognition of the gendered nature of peer on peer abuse but recognising that all forms of this behaviour is unacceptable and will be taken seriously;

- All schools should have strategies in place around wider behaviours including on- line sexual offences, sexual harassment and sexual violence.

Sexual Harassment

This can be defined as 'unwanted conduct of a sexual nature' that can occur either online and/or offline. Sexual harassment is likely to:

- Violate a child's dignity,
- Make them feel intimidated, degraded or humiliated
- Create a hostile, offensive or sexualised environment.

It can include

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual "jokes" or taunting;

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Sexual Violence

Sexual violence covers a spectrum of behaviour. It can refer to sexual offences under the Sexual Offences Act 2013. This includes:-

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

Other
Communications Act 2003

Contains offences relevant to the distribution and possession of images of children.

Voyeurism Offences Act 2019

A new Act under the umbrella of sexual offences. It creates 2 new offences criminalising someone who operates equipment or records an image under another person's clothing (without that person's consent or a reasonable belief in their consent) with the intention of viewing, or enabling another person to view, their genitals or buttocks (with or without underwear), where the purpose is to obtain sexual gratification or to cause humiliation, distress or alarm.

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Consent

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom.

Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

It is important to know that:-

- A child under the age of 13 can never consent to any sexual activity;
- The age of consent is 16;
- Sexual intercourse without consent is rape.

It is also important to differentiate between consensual sexual activity between children of a similar age and that which involves any power imbalance, coercion or exploitation.

It is important that schools consider sexual harassment in broad terms. Sexual harassment (as set out above) creates an atmosphere that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

Children and young people with Learning Disabilities

They are recognised to be more vulnerable to sexual abuse and to displaying problematic /harmful sexual behaviour. A higher proportion referred for harmful sexual behaviours were assessed as having a learning disability.

Children and young people with learning disabilities may:
- Have less understanding that some sexual behaviours are not acceptable;
- Receive less sex and relationship education than other children and young people;
- Have fewer opportunities to establish acceptable sexual relationships;
- Struggle with social skills generally;
- Relate more easily to children younger than themselves (which may contribute to potentially harmful relationships).

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Contextual Safeguarding

All staff in the school, should be also be considering the context within which incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means you need to consider whether wider environmental factors are present in a child's and YP's life that are a threat to their safety and/or welfare e.g. - Cyberbullying, unregulated access to the internet, extra familial abuse- sexual exploitation, county lines, gangs.

Media and Social Networking

Due to the social media and the internet compared to previous generations there is an increasing number of children and young people accessing sexual imagery, pornography and illegal pornography.

There is a more normalisation of casual sexual behaviours among peers. Younger children are exposed to older siblings. Other family members may be discussing or sharing sexual activity on line. Some children and young people live in highly sexualised environments.

For some children this will have an impact on developing sexual behaviours and using sexual language. These children may not fully understand that this might be unacceptable and that there would be consequences, for example, there is a link with this to the rise of problems around on-line sexual offences.

Sexual Behaviours

Sexual behaviours in children and young people can be seen on a continuum ranging from "healthy" and developmentally appropriate, through "inappropriate" and "problematic" to "abusive" and "harmful" (Hackett, 2010)

(Appendix A) Explains Hackett's Continuum and is a recommended **pre-screening tool** to consider, in order for you to help you think about the presenting behaviours of a child and young person in your school, that is causing you some concern.

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Recent Research:

Suggests that children and young people who abuse may have suffered considerable disruption in their lives, been exposed to trauma in 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 children/YP should be seen in the context of a child in need and some may be suffering or have suffered significant harm. They can be both problematic/harmful and also victims of abuse. These factors are not to be ruled out when identifying and assessing children/YP's causing you a concern in your school/setting.

Explaining and Understanding Normal Healthy Sexual Development

When considering problematic/ harmful sexual behaviour, ages and the stages of development of the children are critical factors to consider. Additionally, an understanding of a child's functioning level, (e.g. - chronological age, developmental age is required). A child may function at a much younger developmental age and would be acting out behaviours seen as healthy if they were younger, but which become inappropriate/ problematic due to their chronological age.

Key characteristics of healthy sexual behaviours (mainstream children, most will apply to special educational needs):

- Mutual & Consensual;
- Exploratory- age appropriate behaviour;
- No intent to cause harm:
- Light hearted, fun, humorous;
- No power imbalances;
- 0-4 yrs.- shed own clothing;
- The child's interest in sex is balanced by curiosity about other aspects of his or her life.
- Natural and healthy sexual exploration may result in embarrassment but does not usually leave children with deep feelings of anger, shame, fear or anxiety.
- If children are discovered in sexual exploration and instructed to stop the behaviour the behaviour generally diminishes, at least in view of the adults.

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Explaining and understanding Problematic Sexual Behaviours

Some indicators of problematic behaviours:

- Between children; if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not (the greater the age gap the greater the risk);
- A younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature;
- The child/YP has greater knowledge in comparison with other children of the same age;
- Some low level incidents over clothing;
- The child/YP is overtly interested in sex to the exclusion of other activities;
- Preoccupation with sexual words, body parts, and sexual activity;
- Repeated display of sexual body parts in public;
- Persistent secretive sex play with other children having been told not to;
- Other children complain about then child's sexual behaviours;
- The child/YP continues to exhibit sexual behaviours when told by an adult to stop;
- The child/YP exhibits unusual toilet behaviours;
- The child's/YP's drawings show genitals at the focal point;

Explaining and understanding harmful sexual behaviours

Some indicators of harmful behaviours:

- The child/YP manipulates other children to touch, hurt own their own genitals;
- The child/YP uses trickery, bribery, or force in sexual behaviours;
- Incidents are frequent and increasing in frequency, and the child's focus on them is disproportionate to other aspects of their life.
- A child/YP who has frequent erections or vaginal discharge;
- A child/YP does not take responsibility for their behaviours and blames others or feels strong sense of grievance or entitlement;
- There are often other difficult behaviours such as conduct disorder's, mental health issues, anger management, anxiety, being clingy, aggression, disruption, poor peer relationships
- A child/YP engages in sexual activities with animals.

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Your own experience and values

As an adult and a practitioner working with children and young people; you need to consider your own values and experiences. Having an understanding of what is "healthy, "problematic" or "harmful" from research should assist you to re-evaluate when thinking about the child/YP who is causing you the concern; this has to be regardless of your own and others culture, beliefs, faith and own experiences.

Using Tools

In order to assess a child's/YP's behaviour, schools need to identify who is the best practitioner to undertake a review.   This is likely to be the Designated Safeguarding Lead, who has also consulted with all other school practitioners involved with, and who best knows the child.

Using the Hackett Continuum as an initial checklist and prompt **(Appendix A**); we recommend that you go onto to complete the Brook Traffic Light Tool **(Appendices B).**

The Brook Traffic Light Tool, uses a traffic light system to categorize the sexual behaviour's of children. This is a nationally recognised tool which is available to help both parents/carers and practitioners to:

- Make decisions regarding safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from problematic/ harmful behaviour

By categorizing sexual behaviour's as green, amber or red, the Designated Safeguarding Lead can work to the same standardised criteria when making decisions; this can help protect a child/YP and other pupils using a unified approach within the school.

The Brook website provides all the information, guidance and resources on the acclaimed Traffic Light Tool.

A copy of the Brook Tool to download can be found here:

We have also provided a word version of the document **(Appendices B)**

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The Traffic Light Tool helps you indicate where the child/YP may sit on this spectrum. You must read the supporting guidance available which expands upon other factors, like the child's/YP's lived experience and what to consider when you have completed the tool and identified the child/YP to be in the green, amber, red spectrum.

As a practitioner, it is a document to share with parents/carers and other agencies if communicating levels of concern and reassurance.

You may decide to undertake further mapping, to give a more in depth understanding of a child's/YP's behaviours, why they are engaging in the sexual behaviours including in what context. For this we recommend, Carol Carson and AIM Model 2016 (Assessment, Identification and Moving On) **(Appendices C)** for children under 12 and adolescents. There are additional guidance's available for children and young people with LD, SEN and ASD.

Further checklists like these may assist where you are building a pattern of concern and want to be able to provide evidence to assist with early help, and or step up into statutory social care services. They can provide a framework for professional decision making, and can reduce the chances of minimising concerning behaviours or overreactions to behaviours that are healthy and or borderline problematic. Identifying patterns of their behaviours can help focus limited resources and time in a more targeted and effective way eg- targeting risk management and intervention in the most problem areas in the school or setting.

There are three main checklists:

- Checklist for understanding younger children under 12's; **(Appendices C)**
- Checklist for understanding adolescents and includes those with emotional and mental health needs **(Appendices C);**
- Guidance and Checklist for children and adolescents with learning disabilities. **(Appendices C.1 & C.2)**

And additional guidance for:
- SEN **(Appendices C.3)**
- ASD **(Appendices C.4)**

Guidance on how to use these checklists are provided in **(Appendices C.5)**. There is also a Checklist Outcome and Intervention guide **(Appendices C5)** Using this guide helps you think about responding to behaviours.

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Responding to behaviours/incidents

Having completed any of the tools which indicate low problematic-low indicators of medium problematic it is recommended that you develop an "in school" Safety and Support Plan for this child/young person. You may have a general risk assessment you can adapt. The plan needs to be child /Yp specific to their needs and behaviours of concern, and should also include any other difficulties whilst in school around their learning, wellbeing and development.

The plan should have:
- Has the agreement of parents/carers;
- Is seen as part of the holistic approach to the child/Yp in the school;
- Addresses monitoring in school both classroom and free time;
- Addresses any learnt behaviours;
- Addresses any early intervention- additional nurture, groups, tactile behaviours, time out etc-
- Identifies the need for other assessments eg- SEN/D, Educational psychology, unmet possible health needs;
- Looks at any available funding , or need for additional TA/pastoral support;
- Is regularly reviewed at intervals and with parents;
- Is proportionate to the concern/allegation.

Having completed any of the tools which indicate problematic medium- high / harmful sexual/violent behaviours; schools should in the first instance consider making a referral into Childrens Social Care Services and/or notify and liaise with the child's/YP's allocated principal worker. If there is evidence of significant harm, this is safeguarding and a referral must be made as prescribed under local safeguarding procedures. In addition schools must have regard to the statutory guidance, Keeping Children Safe in Education and the relevant sections outlining the responses to sexual violence, harassment and peer on peer abuse.

The recommendation is for problematic medium- high / harmful sexual/violent behaviours an "in school" HSB Risk Management Plan **(Appendices D)** (See section on Risk Management)

Schools should also:

- Work with the service open to that child/YP;
- Work in a multi-agency approach;
- Consider making a referral to CAHMS;

- Consult with a Senior School Advisor/senior point of contact in a trust, and Educational Psychology;
- Consider behavioural strategies and responses;
- Share the concerns with the parent/carers including them into any meetings, assessments, behavioural strategies and responses;
- Where possible share the concerns with the child and include them into any decision making in how they are to be manged in the school;
- Undertake either a support and safety plan or an In School HSB Risk Management Plan **(Appendices D)** which identifies how to supervise and manage the child/young person. This includes assessing any risk to other pupils.
- When your plan is drafted, arrange for a planning meeting with all the professionals involved, including the parent/carers in order that any relevant information can be shared, the plan is discussed and reviewed, giving opportunity for any other factors to also be considered.
- In some cases where the child/YP may not currently be in school arrange a planning meeting to discuss and plan for any return using the plan.
- You may need to take legal advice around the law with regard to rights to an education when thinking about study leave, off site or alternative teaching , suspension and/or exclusion;

For both low problematic-low indicators of medium problematic and problematic medium-high / harmful sexual/violent behaviours schools should also consider the following contextual concerns:

- The context of the potentially or actual harmful behaviours in relation to the child/YP in the school;
- Any siblings either at the school or another school, and any impact;
- The victim and any impact, especially if the victim/s is in the School;
- The safety of others within the school/Setting;
- Being able to provide a realistic level of supervision;
- A level of supervision with an aim to prevent repeat harmful behaviours;
- Motivation and capacity of the child or young person to engage, co- operate and comply;
- Motivation of a child to want to change;
- Managing confidentiality concerns- parents, the wider community, media, or complaints.

In addition schools should expect to have information shared with them from the relevant agencies e.g.- the police, youth offending, etc. If it is known that:

- A child/YP is exhibiting problematic/harmful behaviours;
- Has been subject to an allegation in a previous establishment ;
- Where there has been an incident in the home or community;
- A chid/YP is subject to an allegation and/or conviction and is been transferred to another school.

Risk Management

The "in School" HSB Risk Management Plan **(Appendices D)**

This plan is to be used once the behaviours have been identified to be medium- high / harmful sexual/violent behaviours and or where the school is aware of additional factors:

- The child/YP has an allegation or allegations made against him/her;
- The child/YP may be under police investigation and/or is facing sexual offence charges;
- The child/YP has been charged and/or convicted of sexual offences and/or have orders restricting contact to peers.
- The child/YP may have been given an Out of Court disposal such as a Youth Conditional Caution, or diversionary interventions.

The 'In School' Risk Management Plan, is a school based tool and should be used by a senior Designated Safeguarding Lead being a member of the Senior Management Team. It should be used as part of a multi-agency approach and involve any agency or worker who may be working with the child. The plan relies upon the child and parent/carer engaging with the process.

It is an additional tool to help manage any risks identified whilst the child is in the school and particularly where any alleged victim is also present in the school. It can act as a tool to help protect that child against any further allegations and help to keep other pupils safe.

It is a plan where the child needs to be made aware and participate in. It has to be shared with the parent and be subject to continuous and regular review.

The In School HSB Risk Management Plan is a confidential document and should be treated as a child protection record, retained on the child's file. The completed document must not be shared with third parties without permission and clarification on a needs to know basis.

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It is extremely important that this tool is aimed at harm reduction and must not be used in the context of managing a risk or monitoring for the whole duration for the child's/YP's schooling.

The risk management process should be proportionate to the risk, there must be regular reviews, with an aim in reduction of the harm & relaxed monitoring.

There should be an end date of actions with any harm reduction evidenced reaching a point of no harm or risk; therefore, ending the management plan, or ending the plan due to a change of circumstance. If you are unable to do this you must seek further advice as to why this has not been achievable.

If a child is convicted or receives a caution for a sexual offence, the risk management plan must be reviewed and updated ensuring all relevant protections are considered for this child/YP, any victim (if in the school), and all the other pupils/students. All courses of action must be considered in light of the information, actions should be within reason and proportionate.

Where incident/s are classified as no further action by the police and/or The Crown Prosecution Service; or where there is a not guilty verdict, you should continue to offer support to the victim/s and the alleged abuser for as long as is deemed necessary.

Where there is a not guilty verdict or a decision not to progress this will be traumatic for the victim/s and their parents/carers. If an allegation cannot be substantiated this does not necessary mean it is unfounded. A school will need to continue to support all parties, review the information, and where required, update the In School HSB Risk Management Tool and victim/s support plan.

If a decision is taken that a plan (management tool) is required, you must:
- Identify who is going to talk through the plan with the child/YP and assist the parent/carer in their understanding of this;
- Identify who is to oversee the plan within the school;
- Identify who is going to meet with the child/YP and carry out work on the behaviour's which present risks;
- Identify who is going to support the parent/carer;
- Identify who is going to monitor whether the child is following the agreed plan, and to understand that any behaviour's which break this will result in an urgent review.
- Ensure that the parents/carers have a right to information, respect and participation in matters that affect them.

You must also:

- Involve all those who are relevant and part of the child/YP's management and care;
- Establish regular reviews of the plan and related issues;
- Ensure that all of the requirements of the plan In School are being implemented and is consistent;
- Regularly assess the defined risks and any reduction or escalation of;
- Evaluate the effectiveness of any actions taken.

Victim Support Plans

Where there is a need for either a safety and support plan or the In School HSB Risk Management Tool **(Appendices D),** and where there is both the alleged victim and abuser, in the school, you should also complete a Schools own 'Victim Support Plan'

It is crucial to support the needs of the victim; listen to their concerns and that of the parents/carer, be prepared for emotions to run high if the alleged abuser is in the school or requesting to return to the school. The needs of the victim is paramount and will require careful management with regular communication and review.

A record of regular meetings must be kept along with a separate support plan. This needs to involve both the child, and their parent/carer. These records must then be shared with the parents/carers where possible.

Issues for the school to consider when devising a Support Plan:

- Are there any times when both would be in the same class or room together? – (house structures – all year assemblies or vertical tutor groups – do changes need to be made?) – If changes need to be made consider whether 'victim' may feel safer if no changes are made to their timetable, and consider why should they have to make changes;

- Are there any times which both may be in the same area of the school – (Comparison of timetables);

- Periods of free time in the school and how this is managed;

- If the 'victim' is feeling angry – how would they be able to leave the class without questions being asked,

- Who is the child's point of contact should they need to talk – who would be available if that staff member is not in school;

- If there is a joint friendship group – how to explain the need for no contact;

- If time off school is needed (for interviews etc) how to explain this to friendship groups;

- Are there siblings at the school who would also benefit from being in different forms/ house/hall and classroom structures;

- If no charges pursued how then will child/young person need support in school;

- There may be a sense of what is the point in getting this far when no one pursuing charges and therefore consider the feeling of not believed;

- A need to ensure that the 'victim' knows that someone believes them and they have someone to talk to and somewhere safe to go.

- If no charges pursued, does family need support – counseling;

- What help can school give – signposting, counselling etc.;

- The need to have a point of contact for parent(s) who will listen to them and know the story without the need to go through the story again and again;

- That the parents can complain if they feel the victim's needs are been ignored or not met.

Record Keeping

A Child Protection/Welfare file/online record should be started for an individual pupil as soon as the school is aware of any child protection/welfare concerns about them. This includes issues relating to peer on peer abuse.

All records of Child Protection/Welfare Concerns, disclosures or allegations must kept together and treated as sensitive confidential information.

Information on peer on peer abuse should be kept separately from the child's General School Records. The information should be shared only with those on a need to know basis (DSL, Pastoral team) and with the relevant parent/carer and young person whom the record or tools are held on.

Pupils should be informed that any disclosures they make will be treated sensitively but may need to be shared with other professionals if it is considered necessary to protect the child, another peer or someone else from harm.

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A chronology is a record of significant events for the individual pupil. The importance of understanding concerns for a pupil in the context of a concerning history, and incidents or other known information cannot be underestimated and should be used to help form decisions when considering levels of risk or when supporting a victim.

Preventative Approaches

As well as having strategies for dealing with incidents schools should consider what they can do to foster healthy and respectful relationships between peers, including through Relationship & Sex Education and Personal, Social Health & Economic education.

The most effective approaches are longer term and involve all the pupils. In schools, there needs to be a preventative education programme tackling issues from an early age like consent, and healthy relationships. The school should support this by having a behavioural policy which underpins this and the ethos of the school, with strong pastoral support.

Having a recognised sex and relationship curriculum embedded into the school, should aim to raise awareness in children and help reduce causing harm to others. Such an approach should be developmental to take into account all children, at their stage of development and at the cognitive level of the child in the school.

There are recognised effective external organisations that can assist to develop a safeguarding curriculum. The NSPCC, Safer Internet UK, UKFeminista are specific resources which can help reduce causing harm.

Ofsted have recognised this and will look for a broad and balanced curriculum and one with safeguarding embedded. Compulsory sex and relationship and healthy relations will help establish this in 2020.

Helpful links & information

NSPCC
The NSPCC website has a range of information and resources available to help you in school and in particular programmes in schools to help pupils keep safe.

Lucy Faithful Foundation
The Lucy Faithful Foundation is the only UK wide charity dedicated to tackling Child Sexual Abuse and offers a range of services for parents and professionals. They will provide advice and consultation, and where abuse has taken place they will work with all those affected by it, including abusers, young people with harmful sexual behaviours and victims

Stop It Now
Lucy faithful have an anonymous self-refer on line space to get help and advice about on line behaviour

ukfeminista.org.uk
An on line free education resource hub on how to tackle sexism in the classroom

Parents Protect
A helpful website for parents to gain a better understanding of their child's or young person behaviour and where to get advice and support

Child Net Step Up, Speak Up
Step Up, Speak Up! Childnet, a practical campaign toolkit to address issues of online sexual harassment amongst young people, 13-17 years, it includes a range of resources for young people and teaching professionals who work with them.

Aim Project
The Aim project. Understanding and managing problematic and harmful sexual behaviours

SWAAY
Holistic care for children who are affected by sexually harmful behaviour

Model Policy

Peer on Peer Abuse

School / College/ Educational Setting

Introduction

(Insert school) is committed to a whole school approach to identifying, tackling & responding to peer on peer abuse, sexual harm/violence and harassment.

This policy supports the guidance issued to Derbyshire schools, that helps understand, identify and provides tools to respond to problematic/harmful sexual behaviours in schools.

 A child/pupil as described in the policy is a child and young person up until 18 years.

The Context

This policy should be read in conjunction with:

- **Keeping Children Safe in Education. Statutory Guidance for schools and colleges**
  All staff in a school should be familiar with the relevant sections that deal with Child on Child Sexual Violence and Harassment.

- **Sexual Violence and Sexual Harassment between Children in Schools and Colleges.**
  Dfe, May 2018; guidance for HeadTeacher, Principals, Senior Leadership teams and designated safeguarding leads.

- **Sexting in Schools and colleges: Responding to incidents and safeguarding young people.**
  UK Council for Internet Safety

- **Teaching Online Safety in Schools, DfE 2019**

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We are committed to a whole school approach to ensure the prevention, early identification, and appropriate management of peer on peer abuse in our school and beyond.

In cases where peer on peer abuse is identified we will use the local safeguarding procedures as set out by the Derby and Derbyshire Safeguarding children partnership.

Some of these behaviours we will make reference to other policies in school:
- The Safeguarding and Child Protection Policy;
- The Behaviour Policy;
- The Anti- Bullying policy;
- The Online safety Policy;
- Responding to an online incident in school;
- The Acceptable Use of the Internet and Electronic Communication Policy.

We recognise that peer on peer abuse can manifest itself in many ways such as:
- Child Sexual Exploitation;
- Sexting (youth produced digital imagery);
- Bullying- name calling, physical,
- Prejudiced behaviour- homophobic, disabilities ;
- Cyber bullying & on line abusive behaviour;
- Radicalisation;
- Abuse in intimate relationships, including teenage relationship abuse ;
- Children who display sexually problematic/harmful behaviour, including sexual harassment;
- Gang association and serious violence- County Lines, initiation, hazing.

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Vulnerable Groups

We recognise that all children are at risk but that some groups are more vulnerable than others and includes:

- A child with additional needs and disabilities;
- A child living with domestic abuse;
- A child who is at risk of/suffering significant harm;
- A child who is at risk of/or is been exploited or at risk of exploited (CRE, CSE)
- A looked after child;
- A child who goes missing or is missing education;
- Children who identifies as or are perceived as LGBTQI+ and/or any of the protective characteristics;

Research tell us that girls are more frequently identified as been abused by their peers and more likely to experience unwanted sexual touching, and sexual harassment. They often are exploited into gangs, and are victims of sexual violence when in gangs. However, we are aware as a school that these are behaviours not just confined to girls.

Boys are less likely to report intimate relationship abuse, and may display other behaviour such as anti- social/criminal behaviours. Boys are more likely to be exploited /entrapped into gangs and subject to violence as a result of gang culture.

Bullying and Online bullying and behaviour

Peer on peer abuse, can happen on line and through social media. This school will respond to this form of abuse, cyber bullying and related behaviour.

This school has other policies **(insert here)** which relate to identifying, responding to and reporting this type of behaviour by pupils. We will take a robust approach and educate all our staff to help prevent and tackle this.

Responding to an incident/disclosure

Where abuse or violence, including sexual harm and/or sexual harassment, has taken place outside of school e.g. on school transport, off site during lunchtimes, or in the local community involving one or more of our pupils; we will investigate and take action around the conduct of the pupil/s. We will also consider if we should notify the police if we believe an offence may have been committed.

Where behaviour between peers is abusive or violent, including sexual harm or sexual harassment within the school; we will use our procedures as set out by the schools child protection and safeguarding policy, and the procedures as set out by the local Childrens Safeguarding Partnership. This will mean a referral to the police and a referral to Childrens' Social Care Services.

All staff understand that all concerns must be reported to the Designated Safeguarding Lead; however, we acknowledge that anyone can make a referral.

Understanding Sexual Harm, Violence and/or Sexual Harassment

Sexual harm, violence and sexual harassment can occur between two children of any age or gender;   this can either be a group of children sexually assaulting or sexually harassing a single child or group of children. We recognise that this behaviour can take place in a school or any setting where pupils are together.

The impact of this behaviour on children can be very distressing having an impact on academic achievement and their emotional health & wellbeing.

All behaviour takes place on a spectrum. Understanding where a pupil's behaviour falls on a spectrum is essential to being able to respond appropriately to it.

In this policy we recognise the importance of distinguishing between healthy, problematic and sexually harmful behaviour (HSB).

As a school therefore, we may use the Brook Traffic Tool, and Hackett's Continuum, and in some cases the AIM model 2016 (Carson). These are nationally recognised and acclaimed tools to assist in determining healthy, problematic and harmful sexual behaviours in children and young people.

We may also use a Safety and Support Plan, or an in School Risk HSB Management Plan depending on the outcomes of assessing risk in each individual case

Guidance & Model Policy Peer on Peer Abuse
V1 Oct 2019

Using tools like this will help us:

- Decide next steps and make decisions regarding safeguarding children;

- Assess and respond appropriately to sexual behaviour in pupils;

- Understand healthy sexual development and distinguish it from problematic/ harmful behaviour;

- Assist with communicating with parents/cares about the concerns we have about their child/children;

- Assist with communicating with our partners and agencies about the concerns we have regarding a pupil in the school.

Action following a report of Sexual Harm, Violence and/or Sexual Harassment

We will inform all staff that should they see or hear of any sexual behaviour they will stop the behaviour immediately; report the behaviour to the Designated Safeguarding Lead and make a written record of the incident.

We will speak to the pupil to establish their view about what happened and why, what understanding they have, what responsibility they take for their actions, and their willingness/ability to work on their behaviours.

We will speak to the pupil/s who has been targeted to establish the impact on them of the behaviour. How the other pupil/s managed to get in a position to carry out the behaviour, how they are feeling about the other pupil now, and what support they require.

This will only be to ascertain clarification; any further investigation may have to be undertaken by the statutory agencies.

We will contact the parents/carers of those involved and share the information.

Following an incident we will consider:

- The wishes of the victim in terms of how they want to proceed e.g. ask about whether they want to make a police complaint. This is especially important in the context of sexual violence and sexual harassment;

- The nature of the alleged incident(s) e.g. the intention, mitigating circumstances AND Including: whether a crime may have been committed and consideration of harmful sexual behaviour;

- The ages of the pupils involved;

- The developmental stages of the pupils involved;

- Any power imbalance between the pupils concerned. For example, is the alleged abuser significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?

- If the alleged incident is a one-off or a sustained pattern;

- Are there ongoing risks to the victim, other pupils, siblings, adult students or school staff; or other related issues in the wider context?

Whilst the school establishes the facts of the case:

- The alleged abuser will be removed from any classes or areas they share with the victim;

- We will consider any reasonable steps to ensure the safety and protection of the alleged abuser, victim and all other pupils we have a duty to safeguard;

- We will consider how best to keep the victim and alleged abuser/s at a reasonable distance apart on school premises, including transport to and from the school;

- We will use the recommended In School HSB Risk Management Plan if assessed as appropriate;

- We will use a Victim Support Plan.

These actions are in the best interests of the pupils involved and should not be perceived to be a judgment on the guilt of the alleged abuser/s.

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Reporting

Any incident of alleged or an actual incident of sexual harm, violence and/or sexual harassment will be reported to the police if it is believed an offence may have been committed. In all cases consideration is given to reporting the matter to Children Social Care Services.

There are circumstances in some cases of sexual harassment/touching which dependent upon age and understanding/age of criminal responsibility, (e.g. one-off incidents), which we may decide that the child/ren concerned are not in need of Early Help or statutory intervention.

In these situations it would be appropriate to handle the incident internally, for example by utilising the behaviour and bullying policies, providing pastoral intervention and support. We may also decide that some child/ren involved do not require Statutory Interventions; however, they may benefit from Early Help.

Early Help means providing support as soon as a problem emerges, this can be at any point in a child's life. We will decide if an early help approach will benefit a pupil following any outcome of assessment that we may use. This may mean the development of a safety and support plan as part of the early help process.

Providing Early Help is more effective in promoting the welfare of child/ren than reacting later. This school acknowledges that an Early Help Assessment can be useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence.

Sanctions

We will consider the sanctions available to use as school in reference to our Behaviour Policy and Disciplinary Policy.

We recognise disciplinary actions rarely resolve issues of peer on peer abuse and this school will consider all courses of action and intervention.

We recognise that emotions and feelings can run high, and we will endeavour to respond to concerns from any pupil, other pupils, parents and the local community.

We will ensure all necessary parties including the parents/carers are informed and kept up to date. We will listen to any concerns and will work to attempt to resolve these.

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The Role of Governor

The Chair of Governors/ Link Safeguarding Governor will need to be aware of the complexities when an incident or incidents come to light, and when staff in the school are trying to manage these behaviours. This includes the use of sanctions, exclusions, pressures from parents to exclude and dealing with the parents of the alleged abuser or any alleged victim/s.

We know that as a school, the Chair of Governors and Link Safeguarding Governor will also need to consider that they may be approached by members of staff who are angry or anxious about pupils with sexual behaviours. In addition we will also consider that there may be occasions where schools also feel pressures from external sources e.g. the local community and the media.

It is important that we as those governors are informed and can help with a consistent approach and policy on such matters, and we recognise governors should use any examples to help inform the schools future practice, ethos, reviewing any policy or procedure in light of this.

Multi-Agency Working

This school will work with our partners and agencies; Childrens Social Care, the Police, Youth Offending Service, Health and CAHMS.

We recognise that we will be invited to share information, being a part of local partnerships and local partnership groups to help identify risk and issues both within the school and in our local community.

Our local point of contact will be the chair of our local group and the Head of Service for our locality (Derbyshire)

Prevention and Training

(Insert School) is working hard at all times to create a culture where peer on peer abuse does not happen.

We are aiming to create an ethos of good and respectful behaviour, and this should extend to all areas of the school and at all times of the school day, including travelling to and from school.

We through curriculum teaching, learning and events and activities will provide:

(Insert here your PSHE topics etc- and any related programmes)

We will ensure that all our pupils know who to talk to, how to receive advice and help within the school. We will be able to signpost children to relevant local and national helplines and websites.

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Management of the Policy

We will ensure all our staff, governors, volunteers are trained in the awareness and response to all forms of bullying, all forms of peer on peer abuse, and including any local issues and concerns in the wider context (Contextual Safeguarding).

In addition we will ensure all our staff, governors and volunteers are aware of this policy and the supporting guidance, in order that they are clear regarding their role and responsibilities.

The School Designated Safeguarding Lead will take on a lead responsibility to ensure all staff are trained in the use of the available assessment tools, including Safety and Support Plans/the 'In School' Risk Management Plan and the 'Victim/s Support Plan.

The Link Safeguarding Governor in the school will act to oversee and audit any training activity which takes place and activities in relation to this policy.

We will ensure that parents/carers are made aware of this policy and it's availability on the school website.

Signed by: **Signed by:**

Head Teacher   **Chair of Governors**

Date: **Date:**

A Continuum of Behaviours	Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people from those that are normal, to those that are highly deviant:				
It is vital for professionals to distinguish normal from abnormal sexual behaviours. Chaffin et al (2002. P208) suggest a child's sexual behaviour should be considered abnormal if it: • Occurs at a frequency greater than would be developmentally expected • Interferes with the child's development • Occurs with coercion, intimidation, or force • Is associated with emotional distress • Occurs between children of divergent ages or developmental abilities • Repeatedly recurs in secrecy after intervention by care givers	**Normal** • Developmentally expected • Socially acceptable • Consensual, mutual, reciprocal • Shared decision making	**Inappropriate** • Single instances of inappropriate sexual behaviour • Socially acceptable behaviour within peer group • Context for behaviour may be inappropriate • Generally consensual and reciprocal	**Problematic** • Problematic and concerning behaviour • Developmentally unusual and socially unexpected • No overt elements of victimisation • Consent issues may be unclear • May lack reciprocity or equal power • May include levels of compulsivity	**Abusive** • Victimising intent or outcome • Includes misuse of power • Coercion and force to ensure victim compliance • Intrusive • Informed consent lacking, or not able to be freely given by victim • May include elements of expressive violence	**Violent** • Physically violent sexual abuse • Highly intrusive • Instrumental violence which is physiologically and / or sexually arousing to the perpetrator • Sadism

A continuum of TA-HSB based on the findings from the literature review, NSPCC research and practice experience.

TA - HSB is harmful for the child / young person and may directly or indirectly harm another person					The TA – HSB is likely to directly harm another person	
Developmentally Inappropriate use of adult pornography (DIP) **Harmful to self**	**Showing another young person developmentally inappropriate pornography**	**Sexting**	**Possessing, making and distributing Indecent images of children (IIOC)**	**Technology assisted sexual grooming**	**Sexual harassment and sexual solicitation**	**Sexual abuse of children online**
Intentional use of mainstream, legal pornography which is likely to be harmful for the child / young person given their age or developmental needs. This would be so for any child using pornography under the age of 13 or any child / young person who has come obsessed / preoccupied with the use of pornography It also encompasses the use of extreme / illegal pornography (excluding IIOC as these have been classified separately) including bestiality, fetishism and violence	The child / young person has intentionally exposed another child / young person to pornography which is inappropriate for their age or developmental stage, or would be classed as illegal / extreme pornography. This does not include the sharing of self-generated sexual imagery. This behaviour may form part of general grooming behaviours.	The sending and / or receiving of self-generated sexually explicit electronic written messages (through email, text, social media etc.) and / or the sending and possession of self-generated nude / sexual photographs taken by a child or young person (including the forwarding of self-taken images of other children / young people). Some of these images may have been incited or coerced	This includes the self-generation of an IIOC through a 'sext' and also the making of an original child abuse image or indecent image of a child. It also includes the searching for IIOC and trading / distributing IIOC with others, and inciting others to make child abuse images	Online / electronic contact between the child / young person and another child / young person for the purpose of preparing them for sexual activity. This may or may not involve the use of threats, coercion or blackmail. This includes potential grooming in cases where there was electronic contact between the child / young person and their victim prior to their perpetration of another form of HSB. This may be to facilitate online sexual contact, offline sexual contact and / or to gain a sexual image	Engaging or attempting to engage children and young people in discussions around sex. It may also include attempts to incite online and / or offline sexual activity with another child / young person through the sending of electronic messages	Engaging or attempting to engage a child to perform sexual acts on themselves and / or others online. These images may then be used to threaten, coerce, silence and blackmail the victim(s)
Other forms of TA – HSB	May include the writing of sexually explicit stories which are inappropriate for the child / young person's developmental stage and / or have been shared using technology. May include other developmentally inappropriate behaviours such as phoning adult sex lines, which may be harmful to self, rather than others					

Behaviours: age 0 to 5 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

🟢 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

What is green 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

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What is red behaviour?

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 the activity type, frequency, duration or the context in which they occur

What can you do?
Green behaviours provide opportunities to give positive feedback and additional information.

What can you do?
Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?
Red behaviours indicate a need for immediate intervention and action.

Behaviours: age 5 to 9 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

🟢 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

What is green 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

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What is red behaviour?

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 the activity type, frequency, duration or the context in which they occur

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What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Behaviours: age 9 to 13 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

🟢 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

What is green 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

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What is red behaviour?

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 the activity type, frequency, duration or the context in which they occur

What can you do?
Green behaviours provide opportunities to give positive feedback and additional information.

What can you do?
Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?
Red behaviours indicate a need for immediate intervention and action.

SEXUAL BEHAVIOURS
●●● TRAFFIC LIGHT TOOL

Behaviours: age 13 to 17 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

🟢 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
- aking 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

What is green 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

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What is red behaviour?

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What can you do?
Green behaviours provide opportunities to give positive feedback and additional information.

What can you do?
Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?
Red behaviours indicate a need for immediate intervention and action.

CARSON AIM Model 2016 - Checklist for Understanding Younger Children

	Healthy	**Problematic**	**Harmful**
1. **Type of Sexual Behaviour**	**For 0-7 year olds** Disinhibition, they enjoy being naked or semi naked Games like mummies & daddies / doctors & nurses Touching their genitals in as a way of soothing themselves and regular emotions Enjoying saying 'rude' words e.g. bum & willie, particularly to get reactions from adults	**For all ages** Location i.e. the behaviour is in public, but otherwise healthy Trying to touch or expose other children's genitals **For 0- 7 year olds** Use of adult sexual language without understanding or meaning Touching their genitals frequently, particularly if this is the only way they comfort themselves and regulate strong emotions	**For all ages** Engaging in or simulating adult sexual activity e.g. intercourse, oral sex etc. Touching / rubbing their genitals persistently, causing pain or injury Forcibly touching other children's genitals or forcing them into sexual play Trying to touch adults genitals Sexual activity with animals
	For 8 – 12 year olds Kissing and flirting Dirty words / jokes with their peer group Occasional masturbation	**For 8 – 12 year olds** Sexual bullying through social media Preoccupation with masturbation Mutual masturbation or group masturbation	**For 8 – 12 year olds** Deliberate exposure of their genitals Coercion of others to take and send naked pictures Blackmail of others through social media Making sexual threats, written or verbal Fixation on pornography

	Healthy	**Problematic**	**Harmful**
2. **Context of behaviour**	Characterised by curiosity, mutuality and is exploratory in nature; Open not hidden Emotions around the behaviour are fun and light hearted The behaviour is spontaneous There is no intent to cause harm	The children involved seem uncomfortable with the behaviour The child may be aware that the behaviour is not appropriate	Behaviour is planned, secretive there are elements of threat, force, coercion Self –directed behaviours to resolve high levels of intense emotions for the child e.g. Anger, sexual arousal, insecurity
3. **Child's emotional response when challenged about their behaviour**	Embarrassed Dependent on age & understanding, able to take responsibility for their behaviour and its effects on others	Child ashamed They may initially struggle to take responsibility for their behaviour Child able to demonstrate remorse and empathy	Child angry, fearful, aggressive, distressed Or passive, lacking in understanding why anyone would be worried Cannot take responsibility for their behaviour, blames/threatens others and does not show empathy
4. **Response of other children / adults targeted**	Children engaging freely, happily Between children, behaviour is mutual	Uncomfortable, unhappy with behaviour but not fearful or anxious If behaviour directed at adults, they feel uncomfortable	Unhappy, tearful, anxious, distressed, socially impacted Could be physically hurt Avoiding the child Adults can feel disempowered and intimidated
5. **Power Dynamics**	Similar age and ability, would normally play / socialise together There are no factors to suggest a power imbalance	Children would not normally play / socialise together Some factors / dynamics which suggest one child is more in control than the other If the sexual bullying has been over social media, there may be no relationship	There are clear power differences e.g. due to age, size, status, ability, strength, personality etc. Bullying, coercion and blackmail over social media is targeted at those perceived to be vulnerable
	Healthy	**Problematic**	**Harmful**

	Healthy	**Problematic**	**Harmful**
6. **Frequency of the behaviour**	Behaviour is age appropriate, ad hoc and not the main focus for the child. The child is interested in other things	Behaviour is intermittent The child also has interest in other things	Frequent incidents increasing in intensity or intrusiveness Main way they seem to seek comfort / reassurance / or control It is disproportionate to other aspects of their life
7. **Persistence of the behaviour**	Behaviour is age appropriate, ad hoc and not the main focus for the child. The child is interested in other things	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child responsive to intervention, but sometimes needs to be reminded	Child cannot be distracted from the behaviour easily and returns to the behaviour Focus on the behaviour is disproportionate to other aspects of their life It appears to be compulsive and the main way they seek comfort / attention and control
8. **Background information / Family Response**	Nothing known of concern Parents / carers are supportive of the child	Child has other difficult behaviours Little known about the family or there are some concerns about the family The family struggle to talk about sexual behaviours Family struggle to accept their child has engaged in sexual behaviours, seek alternative explanations	Patterns of discontinuity of care / poor attachments High levels of trauma e.g. physical, emotional, sexual, neglect, domestic violence Child has other behavioural problems or conduct disorder / PTSD Cruelty to animals Fire setting Poor peer relations Family denial / minimisation of the behaviour Blaming of the victim, threatening the victim and family Rejecting or harsh punishment of the child

CARSON AIM Model 2016 - Checklist for Understanding Adolescents

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of Sexual Activity	Explicit sexual discussion, use of sexual swear words, sexual jokes Flirtation behaviour kisses/cuddles Interest in pornography Mutually consenting masturbation / sexual intercourse / oral sex	Sexual preoccupation and anxiety Single occurrences of exposure, peeping, frottage or obscene telephone calls Engaging in sexual conversations on line Sharing of naked or semi naked or sexually provocative pictures of self Sharing intimate / embarrassing pictures of others to embarrass them	Sexual preoccupation which interferes with daily function Persistent obscene telephone calls, voyeurism, exhibitionism off or online, frottage Sexual activity with animals Chronic use of pornography and distorted concepts of what is real Use of hard core pornography with sadistic or violent themes, or involving younger children Use of aggression / violence in sexual relationships Sexual assault and rape Making sexually explicit threats or blackmail through social media Involvement in sexual exploitation, including procuring others
2. Context of Behaviour	Mutual informed consent given	Behaviour appears influenced by peers Touching behaviours (non-penetrative) Isolated incident They may have high levels of anxiety about sex	Behaviour, planned, manipulative, secretive, there are elements of threat, force or coercion Previous concerns or convictions for sexual behaviour The behaviour is a way for them to cope with negative emotions
3. Adolescent's response when challenged about their behaviour	Happy, comfortable May be embarrassed if spoken to by adults	Embarrassed, ashamed, anxious Didn't understand the possible impact (particularly re activity on social media Can demonstrate remorse and empathy	Anger, aggression, defensive, alternatively shows little emotion on being challenged. Denial of responsibility, blames the victim Lack of empathy

	HEALTHY	**PROBLEMATIC**	**HARMFUL**
4. Response of others targeted can include adults	Happy, comfortable, may be embarrassed if found by adults	Uncomfortable or irritated, but not fearful or anxious. They feel able to tell someone Adults, if targeted may feel uncomfortable	Uncomfortable, fearful, anxious suicidal if the abuse has been through social media Avoidant of the adolescent Adults may feel disempowered, intimidated and unable to control the behaviour or protect themselves or others
5. Power Dynamics	Within the same peer group and ability group Would normally socialise together There are no factors to suggest a power imbalance	Factors suggest one adolescent is more in control than the other May be a naïve attempt at developing a relationship On social media, the young people involved may not know each other at all, but join in group behaviours	There are clear power differences in the relationship The adolescent has very poor social skills / deficits in intimacy skills Victims on social media are selected for their vulnerability, or social media is used to intimidate and sexually exploit others
6. Persistence / frequency of the behaviour	Healthy interest in sexual behaviour but not the sole focus of interest in the adolescents life	Interest in sexual behaviour is slightly out of balance with other aspects of the adolescent's life, but it is not all consuming Behaviours are intermittent and the adolescent can control behaviours	Adolescent is obsessed or preoccupied with sexual thoughts / pornography, which may be sadistic and aggressive Incidents are frequent or increasing in frequency The focus on sex is out of balance with other aspects of their life
7. Other behavioural problems	No other problems, healthy peer relationships	Adolescent has poor sexual boundaries and may have difficulties coping with difficult emotions or in making connections and relationships	Adolescent has a diagnosis of depression or other significant mental health problems. Formal diagnosis of Conduct disorder History of cruelty to or sex with animals Fire setting Self-reported sexual interest in children

	HEALTHY	**PROBLEMATIC**	**HARMFUL**
8. Background Information / Family response	No Significant family history	Family initially struggle to accept that their young person is at fault Family have problems or cultural objections to discussing sexual behaviours Boundaries within the family on privacy, intimacy, sexual information and activity are not clear or not enforced	Pattern of discontinuity of care / poor attachments High levels of trauma e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence Family members have anti-social history including offences against children Family are minimising the behaviour or are rejecting of the adolescent, harsh or punitive

CARSON AIMS Model 2016
Children and Adolescents with Learning Disabilities

Healthy sexual behaviours

Children and adolescents with learning disabilities will be going through the same biological, developmental stages as others, at approximately the same chronological ages. As their bodies develop and mature, adolescents will have a natural interest in sex and sexual information and will have the same needs for love, sex, companionship and intimacy as everyone else.

Healthy sexual and relationship education is just as important for children and adolescents with learning disabilities as it is for others, perhaps even more so. It needs to be differentiated to their level of ability; it may need to be done at a slower pace and more repetitively for information to be able to be processed, understood and integrated into their ways of interacting with others.

Problematic Sexual Behaviours

Children and adolescents' cognitive level of functioning may be at a much younger level than their biological development, so they may have less understanding of what is happening to them and their bodies. This can lead to confusion, frustration and anxieties related to sex and relationships. They may also have deficits that can affect their sexual knowledge and activity, such as challenges with social skills, personal boundaries, impulse control and understanding what is hurtful or uncomfortable to others. (Kellogg 2009)

If a child or adolescent's biological and cognitive developmental stages are out of sync, their sexual desires and behaviours may be chronologically those of an adolescent but they may socialise with much younger children because of the age at which they function. If they attempt, on a younger child, what would otherwise be a healthy sexual behaviour, if they were with another consenting adolescent, their behaviour is likely to be seen as concerning. They may not understand why this would be inappropriate.

Some may be demonstrating sexual behaviours which are appropriate for their cognitive age, but considered inappropriate for their chronological age, for example, "an adolescent with the cognitive abilities of a 3 year old may exhibit self-stimulatory behaviour that is consistent with his or her development level and inability to determine what behaviour is appropriate in public" (Kellogg 2009)

Societal attitudes about the sexuality of children and adolescents with learning disabilities, i.e. that they are either non-sexual or should be denied a sexual life, can mean any sexual behaviour they engage in, even if it is healthy, is seen as inappropriate and may be labelled as deviant. Conversely, the view that they are exempt from the sexual boundaries and mores of general society, based on a lack of understanding about issues such as public masturbation, can lead to minimisation of their sexual behaviours and fewer consequences for them.

Some adolescents may experience difficulties achieving an erection or ejaculation which may cause anxiety and distress related to sexual activity. Causes of these problems could be some types of medication, limited motor skills/dexterity or some disabilities such as Downs Syndrome. (Thompson 2013)

Adolescents using and interacting with social media may be vulnerable to others encouraging them to behave in sexual ways and telling them it is normal; this may be to make fun of, or embarrass them, or in some case exploit them. They may have difficulties understanding the long-term consequences of posting sexually explicit messages and pictures.

They may also have difficulty in distinguishing the virtual world from the real world: a concept which is difficult enough for any adolescent, but with more limited cognitive functioning, they may struggle to keep a grasp on what is real. Sexual fantasy may play a smaller part in the sexual lives of adolescents with learning disabilities because fantasy is a cognitive activity. (Thompson 2013) However, if they are using pornography this can lead them to have distorted views about real-life sexual activity and relationships, which may then lead to them acting inappropriately or harmfully, without really understanding that their behaviour is not acceptable.

Harmful Sexual Behaviours

Younger children with learning disabilities are less likely to have harmful sexual behaviours than adolescents, because of their development and functioning levels. Their behaviour is often more self-directed and less deliberate in terms of intentional harm. However, if they are engaging in harmful sexual behaviours, then this is of significant concern in terms of the child's own mental health and possibly the trauma of their own experiences of emotional, physical or sexual abuse.

Some adolescents with learning disabilities have committed serious sexual offences and used threats, force, coercion, blackmail etc. therefore it is important not to minimise their behaviours simply because of the learning disabilities. Any indications of planning, targeting of victims, repetitive behaviours which are resistant to interventions increase the level of risk.

Checklists for children and adolescents with learning disabilities

The following checklists are all based on researched and practice experience and provide a framework for professional decision making, to aid education staff in understanding sexual behaviours and to begin to put them in perspective. They are a guide only and need to be used in conjunction with professional knowledge of the individual child or adolescent's level of functioning. Some individuals may function at a lower age then their chronological age, if so, it may be more appropriate to use the younger age checklist to evaluate the intention behind their behaviours. This may highlight that their behaviour is developmentally appropriate but remains problematic due to their age.

Checklist for Understanding Younger Children
with Learning Disabilities

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of Sexual Behaviour	Disinhibition, they enjoy being naked or semi naked Games like mummies & daddies / doctors & nurses Mutual exploratory touching of other children Touching their genitals as a way of soothing themselves and regulating their emotions Enjoying saying 'rude' words e.g. bum & willie, particularly to get reactions from adults	Children with learning disabilities may have healthy sexual feelings but feel confused due to functioning at a younger level Children with learning disabilities may show sexual behaviours more appropriate for a younger child Children with learning disabilities may not understand the concept of private and public behaviour Use of adult sexual language without understanding meaning Touching their genitals frequently particularly if this is the only way they have to comfort themselves and regulate strong emotions Trying to touch or expose other children's genitals Preoccupation with masturbation or group masturbation Mutual masturbation or group masturbation	Engaging in or simulating adult sexual activity e.g. intercourse, oral sex etc. Exposure of their genitals Touching / rubbing their genitals persistently causing pain or injury Forcibly touching other children's genitals or forcing them into sexual play Trying to touch adults' genitals Sexual activity with animals Exposing themselves on social media Coercion of others to take and send naked pictures Making sexual threats, written or verbal Fixation on pornography
2. Context of Behaviour	Characterised by curiosity mutuality and is exploratory in nature Open , not hidden Emotions around the behaviour are fun and light hearted The behaviour is spontaneous No intent to cause harm	The children involved seem uncomfortable with the behaviour The child may be unaware that the behaviour is not appropriate Child needs constant reinforcement about boundaries and appropriate sexual behaviours due to their learning disability	Behaviour is planned, secretive, there are elements if threat, force or coercion Self-directed behaviours to resolve high levels of intense emotions for the child e.g. Anger, sexual, arousal, insecurity Victim selection based on vulnerability, due to age or ability

	HEALTHY	PROBLEMATIC	HARMFUL
3. Child's emotional response when challenged about their behaviour	Embarrassed, Dependent on their ability level, they may be able to understand appropriate sexual behaviours	Child ashamed Child may struggle to understand what they have done wrong due to their ability level Child able to demonstrate remorse and empathy and make amends when directed	Child angry, fearful, aggressive, distressed Or passive, lacking in understanding why anyone would be worried Does not have the ability to take responsibility for their behaviour Child blames / threatens others and does not show empathy
4. Response of other children / adults targeted	Children engaging freely, happy Between children, behaviour is mutual	Uncomfortable, unhappy with behaviour but not fearful or anxious If behaviour directed at adults, they feel uncomfortable	Unhappy, fearful, anxious, distressed, socially impacted Could be physically hurt Avoiding the child Adults can feel disempowered / intimidated
5. Power Dynamics	Similar age and ability would normally play / socialise together There are no factors to suggest a power imbalance	Children would not normally play / socialise together Some factors / dynamics which suggest one child is more in control than others If the sexual bullying has been over social media, there may be no relationship	There are clear power differences e.g. due to age, size, status, ability, strength, personality etc. Bullying, coercion and blackmail over social media is targeted at those perceived to be more vulnerable
6. Frequency of the behaviour	Not frequent	Behaviour is intermittent The child also has interest in other things	Frequent incidents and child seems focused on behaviour, from which they seem to seek comfort / reassurance, / or control It is disproportionate to other aspects of their life

	HEALTHY	**PROBLEMATIC**	**HARMFUL**
7. Persistence of the behaviour	Behaviour is age appropriate, ad hoc, and not the main focus for the child. The child is interested in other things	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour Child is responsive to intervention but sometimes needs to be reminded	Child cannot be distracted from the behaviour easily and returns to the behaviour Focus on the behaviour is disproportionate to other aspects of their life It appears to be compulsive and the main way they seek comfort / attention and control
8. Background information / Family response	Nothing known of concern Parents / carers are supportive of the child	There are concerns about child displaying other difficult behaviours Little known about the family or there are some concerns about the family The family struggle to talk about sexual behaviours Family struggles to accept their child has engaged in sexual behaviours, seek alternative explanations	Patterns of discontinuity of care / poor attachments High levels of trauma e.g. physical, emotional, sexual, neglect, domestic violence Other behavioural problems or conduct disorder / PTSD / Fire setting Cruelty to animals Poor peer relations Family denial / minimisation of the behaviour Blaming of the victim, threatening the victim and family Rejecting or harsh punishment of the child

CARSON AIM Model 2016 Checklist for Understanding Adolescents with Learning Disabilities

	HEALTHY	PROBLEMATIC	HARMFUL
1. Type of sexual activity (based on work by O'Callaghan & GMap 2002)	Explicit sexual discussions, use of sexual swear words, sexual jokes Flirtatious behaviour, kisses / cuddles Interest in pornography / social media Mutually consenting masturbation / sexual intercourse / oral sex etc.	Their healthy sexual feelings are confusing for them They may show sexual behaviours more appropriate for a younger child They may not understand the concept of private and public behaviours Use of adult sexual language without understanding meaning Touching their genitals frequently particularly if this is the only way they comfort themselves and regulate strong emotions Trying to touch other adolescent's bodies or genitals over clothing Concerning behaviours are displayed in two or more settings Sexual bullying through social media Preoccupation with masturbation, particularly if having difficulties with erections or ejaculation Mutual masturbation or group masturbation	Sexual preoccupation which interferes with daily function Evidence of high level of sexual compulsivity e.g. Masturbation, hoarding of sexually explicit images; frequent use of pornography and distorted concepts of what is real Sexual assault and rape Adolescents has two or more identified targets Adolescent has offended against strangers (adult or child) in a public setting Use of threats of violence in sexual relationships Adolescent has made significant effort to gain access to a targeted child Self-reported sexual interest in children Self-reported predatory sexual fantasies concerning peers or adults Sexual contact with animals

	HEALTHY	PROBLEMATIC	HARMFUL
2. Context of behaviour	Mutual, both parties free to engage and disengage	Behaviour infrequent / isolated incident Behaviour self-directed Behaviour restricted to a specific setting Behaviour in the context of a 'romantic' relationship but where there may be pressure to please Those targeted are not equipped to describe their wants and desires or to give consent	Behaviour is planned , secretive, there are elements of force, threat or coercion Adolescent has one or more previous convictions / final warning / reprimands for sexual behaviour Adolescent has a pattern or prior sexually aggressive behaviour Those targeted are not equipped to describe their wants and desires and to give consent
3. Adolescent's response	Happy, comfortable, may be embarrassed if found by adults	Embarrassment or shame related to the behaviour They understand / retain the reasons why others feel the behaviour is problematic / harmful Experience consequences as significant / has some degree or awareness of consequences Appears highly anxious or confused re sexual development or boundaries	Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them Rejecting of concerns expressed Adolescent states that they will continue with the behaviour
4. Response of others / targeted adults	Happy, comfortable, may be embarrassed if found by adults	Uncomfortable or irritated, not fearful or anxious Feel able to tell someone Adults targeted, feel uncomfortable	Uncomfortable, fearful, anxious, avoids the adolescent Adults can fell disempowered, intimidated, deskilled or unable to control the behaviour and to protect others

	HEALTHY	PROBLEMATIC	HARMFUL
5. Power Dynamics	There should be no significant differences in age or development which would suggest there is a power imbalance	One or two particular adolescents targeted Adolescent predominately associate with children 3 or more years younger Power imbalance, due to age, physical strength and capacity, emotional development	Evidence of those thought to be vulnerable by the adolescent Significant power imbalance due to age physical strength and capacity, emotional development Poor social skills / deficits in intimacy skills
6. Persistence of the behaviour	Healthy interest but not the sole focus of interest in the adolescent's life	Responds to complaints by stopping or changing behaviour Intervention has some impact but behaviours may resume	Evidence of high level of sexual compulsivity Behaviours have persisted despite significant negative consequences
7. Other behavioural problems	No other behavioural problems Healthy, peer relationships	Adolescent isolated in the community or has a very restricted lifestyle Access to others is poorly supervised	Concurrent diagnosis of significant mental health problems Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence Viewed negativity in community due to sexual behaviours History of fire setting Long standing history of severely problematic or challenging behaviours
	HEALTHY	PROBLEMATIC	HARMFUL

	HEALTHY	PROBLEMATIC	HARMFUL
8. Background information / Family Response	No significant family history Parents have a positive view of adolescent's developing sexuality

Positive attachments with parents and carers

At least one positive friendship

Adolescents has access to social and leisure pursuits and to appropriate sex education | Family anxious about adolescent's developing sexuality and have inappropriate concerns

Family experiencing high levels of stress

Siblings have experienced sexual abuse | Adolescent has experienced abuse, sexual, physical, emotional or neglect

Violence in the household

Poor or distorted sexual boundaries in the family

Patterns of discontinuity of care / poor attachments

Family members including siblings have anti-social history including offences against children

Family are minimising the behaviour or are rejecting of the adolescent, harsh or punitive |

CARSON AIM Model 2016 Assessment Consultation Therapy

Checklist for evaluating sexual behaviour – children & young people with special needs

This checklist can help staff in educational settings make decisions about the sexual behaviour of a specific child or young person with special needs. It is adapted from the AIM Project guidance document produced by Carol Carson.

1. Type Of sexual behaviour

Healthy	Complex to define due to nature of learning difficulty and gap between chronological and developmental age / stage
Problematic	Behaviours that are self-directed e.g. self-stimulation, compulsive masturbation, indiscriminate arousal. Behaviour includes non-penetrative contact with young people targeted
Abusive	High level of compulsivity, fetish behaviour, frequent use of internet to obtain sexual images. Use of force / violence to secure compliance. Previous patterns of sexually aggressive behaviours

2. Context of behaviour

Healthy	Mutual, both parties free to engage and disengage
Problematic	Behaviour infrequent or isolated incident. Behaviour self-directed. Behaviour restricted to a specific setting
Abusive	Behaviour is planned or secretive; there are elements of threat, force or coercion. Previous concerns or convictions for sexual behaviour

3. Young Person's response

Healthy	Happy, comfortable, perhaps curious; may be embarrassed if found by adults
Problematic	Embarrassment or shame related behaviour. Is able to understand and retain the reasons why others feel the behaviour is problematic or abusive. Experiences consequences as significant or has some degree of awareness of consequences. Appears highly anxious or confused as to sexual development and/or sexual boundaries
Abusive	Unclear as to the consequences of sexual behaviour, or the consequences appear to have little meaning for them. Reject concerns expressed

4. Response of others

Healthy	Happy, comfortable, perhaps curious; may be embarrassed if found by adults
Problematic	Uncomfortable or irritated, but not fearful or anxious. Feel able to tell someone
Abusive	Uncomfortable, fearful, anxious, avoidant of the young person

5. Relationship between the young people

Healthy	There should be no significant differences in age or development which should suggest there is a power imbalance
Problematic	One or two particular young people targeted. Young person predominantly associates with children three or more years younger
Abusive	Evidence of targeting on the basis of perceived vulnerability. Clear power differences in the relationship. Young person has poor social skills or deficit in intimacy skills

6. Persistence of the behaviour

Healthy	Healthy interest in sexual behaviour, but it is not the sole focus of interest in the young person's life
Problematic	Responds to complaints by stopping or changing behaviour. Intervention has some impact by behaviours may continue
Abusive	Evidence of a high level of sexual compulsivity. Behaviours have persisted despite significant negative consequences

7. Other behavioural problems

Healthy	No other behavioural problems, healthy peer relationships
Problematic	No significant history of behavioural problems, generally positive relationships with peers. Access to others is well supervised. OR, young person is isolated in the community or has a very restricted lifestyle. Access to others is poorly supervised
Abusive	Concurrent diagnosis of significant mental health problems. Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence. Viewed negatively in community due to sexual behaviours. History of fire setting. Long standing history of severely problematic or challenging behaviours

8. Background information known

Healthy	No significant family history, Parents have a positive view of young person's developing sexuality. Positive attachments with parents and carers. Young person has at least one positive friendship. Young person has access to social and leisure pursuits. Young person has access to appropriate sex education
Problematic	Family anxious about young person's developing sexuality and have inappropriate concerns. Family experiencing high levels of stress. Siblings have experienced sexual abuse
Abusive	Yong person has experience sexual, physical or emotional abuse or neglect. Violence in the household. Members of the family, including siblings, have a history of sexual offending. Poor or distorted sexual boundaries in the family. Patterns of discontinuity of care / poor attachments.

CARSON AIM Model 2016

Guidance on a Continuum of Sexual Behaviours for Children & Adolescents

with Autistic Spectrum Condition (ASC)

This guidance has not been produced in the checklist format for several reasons

➢ The limitations of research and practice experience combining an understanding of sexually harmful behaviours / autistic spectrum conditions (Brown et al 2016, Carson 2016)
➢ The wide range of problematic and harmful sexual behaviours
➢ The very wide range of children / adolescents on the autistic spectrum and the consequently wide range of behaviours displayed

Because the autistic spectrum covers a wide range of ability levels and needs, the guidance in the adolescent checklist, may be more appropriate for some functioning adolescents with Asperger's. The following information is intended to be a broad guide, a starting point for education staff, to try to provide some perspective on the features of healthy, problematic or harmful behaviours. It is based primarily on Isabelle Hénault's work (2003, 2005, 2014 and Brown et al 2016).

Healthy Sexual Development

The physical sexual development processes of children / adolescents with ASC are exactly the same as the wider population. Their bodies physically develop and mature, and they have an interest in sex and have sexual needs like everyone else. "The human sexual drive is a primary drive; it is not optional" (Newton 2016).

Puberty and adolescence is a confusing, exciting and frightening time for any teenager: adolescence with ASC, many who have difficulties adapting to change, may struggle with the changes happening to their bodies. They may not have the normative coping skills and impulse control to deal with the rise in sexual urges they are experiencing. (Brown-Lavoie, Viecili & Weiss 2014)

They often need a longer period of time to adjust and understand any changes in their lives, "and to develop and explore their gender and sexual identity. Early evidence suggests a higher proportion of young people with ASC identify as trans or non gender-binary than the mainstream population" (Dorer 2016, deVries et al 2013)

Early preparation with them of the changes to come, is therefore important. (National Autistic Society 2003). They also need appropriate support to express themselves sexually and information about appropriate boundaries. "Just as children learn to eat, drink, sleep, and deal with fear, they can learn to express their sexuality" (Newton 2016)

Those with more severe autism may never desire to engage in sexual behaviours with another person, but they are likely to engage in self-masturbation. They may also have difficulty understanding their own body functions, for example when they are sexually aroused. This confusion could lead to them becoming frustrated or attributing sexual feelings to those of

discomfort and pain, which can be confusing and frightening for them. Impulsive reactions frequently become the only vehicle by which internal tensions are released. (Hénault 2005)

Those with less severe autism are likely to have desires to make relationships and to enage in sexual behaviours with others. They face four main difficulties in doing this.

➢ Children / adolescents often experience social difficulties, such as problems with communication, challenges in recognising boundaries and difficulties in being able to understand that other people think and feel differently to them. (Brown et al 2016) This can mean that they do not know how to approach or engage with other people, with whom they may wish to have a healthy romantic or sexual relationship. "Knowing that you want to relate to other people is not the same as knowing how to relate" (Sexuality Resource Centre for Parents 2016) They may be unclear as to concepts on consent and whether or not others are receptive to their sexual propositions. (Seviever, Roth & Gillis 2013)

➢ Flirting and sexual relationships contain many complex multi-layered meanings, for example innuendo and flirtatious body language. They have difficulty decoding the messages and understanding what is being said or asked. "Sexuality is filled with subtleties and small gestures and intentions that must be decoded in a second (non-verbal) level" (Hénault 2005; Atwood, Hénault, Dublin 2014)

➢ Sexual behaviours may be perceived by the child / adolescent just like any other behaviour, free of social rules and convention. "Gradually, the child with Asperger Syndrome learns the codes of social conduct, more by intellectual analysis and instruction than natural intuition. They have to think hard what to do". (Hénault 2005). Once the codes of conduct are learned they often rigorously enforce them. (Attwood 2001)

➢ Lack of opportunity is a problem. Most adolescents diagnosed on the autistic are male and finding an understanding female peer can be difficult. Parental concerns about their emerging sexuality may mean their access both to information and potential partners may be restricted. For those who are cared for away from home, in predominately male environments, they have few opportunities for heterosexual relationships and may also experience repression of their natural development.

CARSON AIMS Model 2016

How to use the Checklists

- Checklist for understanding younger children under 12's (Appendices C)
- Checklist for understanding adolescents and include those with emotional and mental health needs (Appendices C)
- Guidance and Checklist for children and adolescents with learning disabilities (Appendices C1 & C2)

And additional guidance for:

- SEN (Appendices C3
- ASD (Appendices C4)

The checklists are based on a continuum of sexual behaviours from healthy, through to problematic, to harmful. The checklists include 8 different factors which together give a holistic overview of the sexual behaviour and guide decision making about where they may fall on a continuum of concern. This can be seen as the defining tool to demonstrate level of concern.

Decide which type of checklist best describes the profile of the child you are working with. If the checklist is completed by one person there is a danger of bias. It is better to use it with others who know the child and including someone who has observed the child. Sometimes education staff don't have all the information and the checklist can act as a prompt to seek this information. Any evaluation of behaviour without all the information, needs to be viewed as a temporary initial outcome, which may be reviewed and revised when the information is available.

The checklist can be used to evaluate individual incidents or a series of incidents retrospectively. If using it with a series of incidents, then focus on the behaviour displayed in the most serious incident to answer the first question, type of sexual behaviour.

The Process

Decide on your checklist

Step 1

For each factor on the checklist there are examples of healthy, or problematic or harmful behaviours. Please note that the examples are not a definitive list. Take each of the eight factors separately and give each an outcome by deciding whether the sexual behaviour of concern is more like the healthy, problematic or harmful exercise.

Step 2

You will now have eight outcomes, put them all together to get an overall outcome for the behaviour/s. If all eight are in one part of the continuum, healthy, problematic or harmful, then this is the overall outcome, as laid out below.

If the eight outcomes are split over two parts of the continuum, then the examples on the next page, will indicate how the overall outcome should be decided.

**Cases which fall predominately within one part of the continuum**

> **Healthy -** If it appears all factors are healthy, then there is no cause for concern. The outcome would be placed at the healthy end of the continuum

X

| Healthy | Problematic Low | Problematic Medium | Harmful |
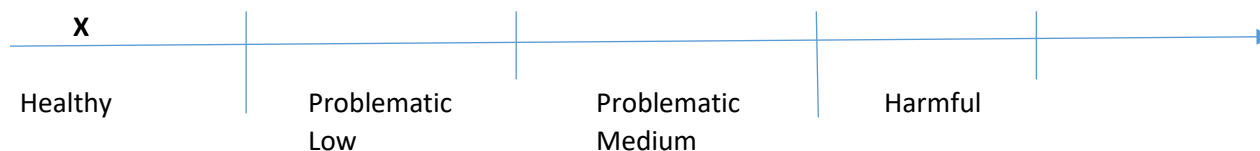
> **Problematic -** If it appears all factors are problematic, intervention is required as all factors are showing a cause for concern. These would fall at the top end of the problematic continuum

X

| Healthy | Problematic Low | Problematic Medium | Harmful |
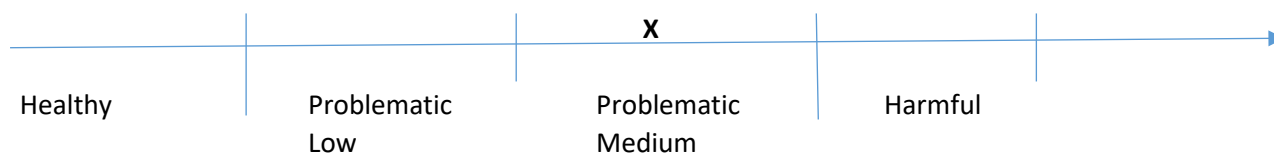
> **Harmful -** If it appears all factors are harmful, these are the most serious cases with the most concerning factors

X

| Healthy | Problematic Low | Problematic Medium | Harmful |
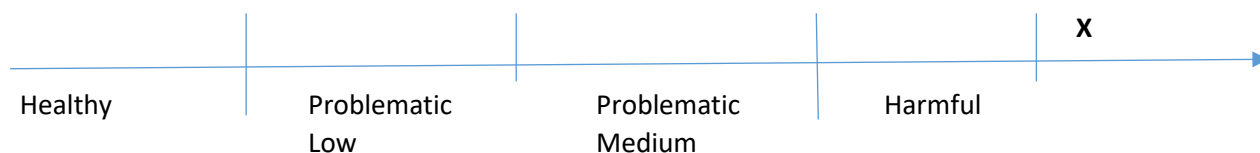
Behaviours which straddle two parts of the continuum

The overall picture may show the behaviour is borderline or has characteristics of more than one part pf the continuum. For example

➢   **Healthy / Problematic** - If it appears all factors are predominately healthy but there are a few factors in the problematic, then the behaviour would be plotted as at the low end of the problematic part of the continuum, to acknowledge the problematic factors

Healthy	Problematic Low	Problematic Medium	Harmful
	X		
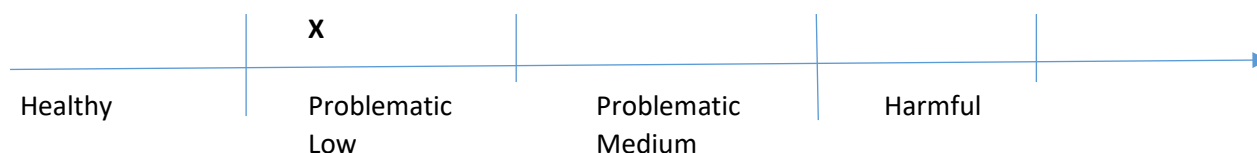
➢ **Problematic / Healthy -** If it appears the factors are predominately problematic but with some healthy factors, this would be plotted as midway in the problematic part of the continuum.

Healthy	Problematic Low	Problematic Medium	Harmful
		X	
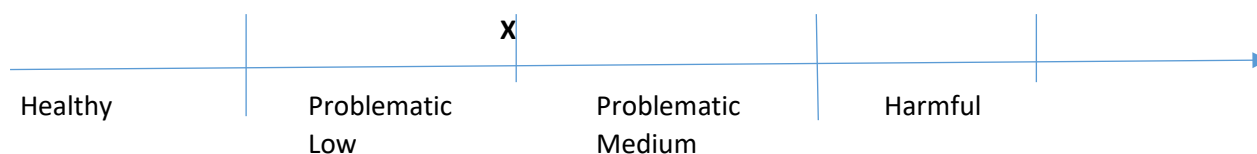
➢ **Problematic / Harmful -** If it appears all factors are predominately problematic but with some harmful factors, this would be plotted as at the lower end of harmful part of the continuum, to acknowledge the harmful factors.

Healthy	Problematic Low	Problematic Medium	Harmful
			X
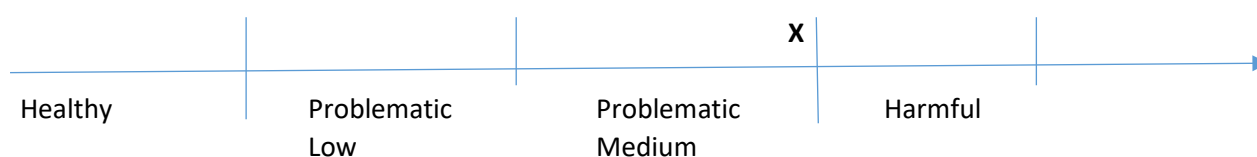
➢   **Harmful/ Problematic**   - If it appears predominately harmful with some problematic aspects this behaviour would be plotted midway to high in the harmful section

Healthy	Problematic Low	Problematic Medium	Harmful
			X
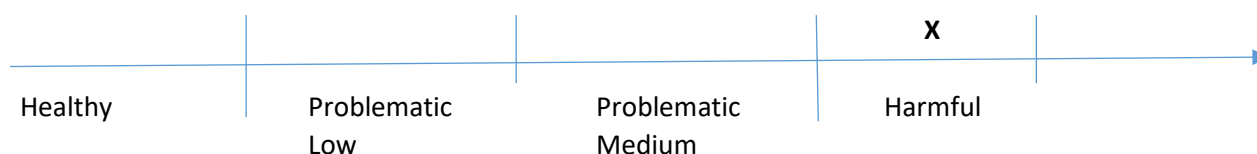
Using the Check Lists – Case examples

Younger Children

Fiona aged 9 years old and Jean aged 6 years old are found in the cloakrooms: Jean has her pants down and appears uncomfortable and anxious. It is known she is scared of Fiona and they would not normally socialise together. She tells the teacher who found them that Fiona has made her do it, because she had wanted to feel her 'rude bits'. Fiona denies doing anything and is angry that she is in trouble.

This case study would be plotted as towards the high end of the harmful section of the continuum.

|			X
Healthy	**Problematic Low**	**Problematic Medium**	**Harmful**
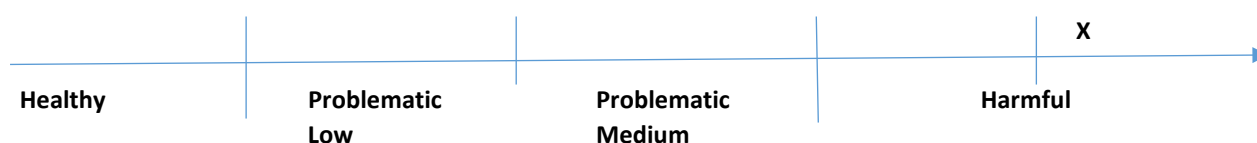
The outcome is based on the following factors – the behaviour is planned, secretive and there are elements of threat and coercion. Jean, the child targeted seems fearful and anxious. The girls would not normally play together and there is a power imbalance due to their age. The response of Fiona is anger and she takes no responsibility for her behaviour. Important unknowns whether there has been any previous incidents, how she has responded to any previous intervention and whether she is focused on sexual behaviours in a way that is disproportionate to other aspects of her life. Fiona would require a referral to Children Services and an In School risk management plan (Appendices D) and victim support plan for Jean.

Adolescents

Ben aged 15 has been reported for grabbing the breasts of Shelia a 15 year old pupil. This happened in a corridor and was witnessed by other pupils, who thought it was funny. Shelia was not particularly upset, and said she didn't want to get Ben into trouble. Initially, when asked, Ben said it was just a joke and seemed embarrassed: he then said he had done it as a dare and to make his friends laugh. He accepted that his behaviour was not appropriate and apologised to Shelia.

This case study would be plotted at the Problematic Low end of the continuum

	X		
Healthy	**Problematic Low**	**Problematic Medium**	**Harmful**
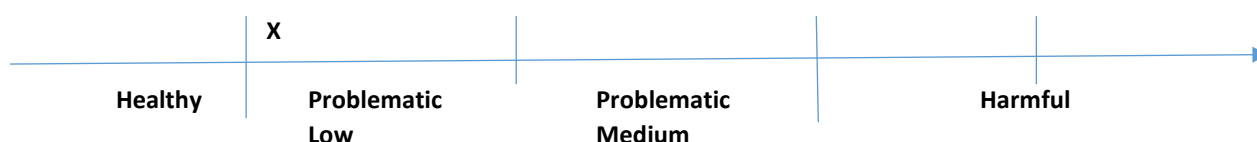
The outcome is based on the following factors – it was a one-off incident that appears to have been committed due to peer pressure and with no real intent to cause harm. Shelia's reaction is that she is not particularly upset. Ben has accepted his behaviour is unacceptable and apologised to her. This would not require an in school risk management plan for Ben, consideration needs to be given to supporting the victim, Sheila, and her wishes and feelings about any next steps. You would need to monitor Ben's behaviour for a period of time to ensure that it is not repeated.

Checklist Outcome and intervention required

Depending on where the child/YP falls these are the suggested levels of outcome and intervention

Problematic Low		Problematic Medium		Harmful	
Behaviours	Outcomes & Response	Behaviours	Outcomes & Response	Behaviours	Outcomes & Response
These behaviours are the least worrying. The child/adolescent requires a low key intervention Parents/carers are usually positive and supportive of the child/adolescent	Home/school liaison. Early Help Devise a safety & Support Plan only* Discussions with their parents so that appropriate behaviours and strategies for reinforcing these are undertaken at home and school/college *Setting up appropriate boundaries and expectations, time out, diversion etc *Education about appropriate behaviour, identifying tactile behaviours, putting school strategies in place, identifying a "Spotter" *Life skills work, self-esteem, nurture, rewards, focussed work *supervision & monitoring	These behaviours are of concern but may have moderating features of the child/adolescent taking responsibility for, or expressing remorse for their behaviours and being prepared to engage in work. The behaviours may be indications of the child/adolescent's own abuse Parents/carers may be struggling or ambivalent about the sexual behaviours	Safety & Support Plan or an In school HSB Risk Management Plan depending on outcome of risk assessment using the tools As problematic low along with: Possible discussions with / Referral to Childrens Services Following Safeguarding procedure guidance Consider need for an interim separation if an investigation with agencies is ongoing Levels of supervision and monitoring Grips/TA funding/TA assignment? Setting appropriate boundaries and expectations Individual work on understanding and controlling their behaviour	These behaviours are of significant concern, with little or no moderating factors They may have features of threat, force, coercion or harm to others The behaviours may be out of the child / adolescent's own abuse The behaviours may be out of the child / adolescent's control Parents may be dismissive of concerns or posing a threat to the individual and/or the victim	In school HSB Risk Management Plan required Referrals to Childrens Services and the Police, an offensive/s may have been committed Follow local Safeguarding procedure guidance As problematic medium along with: Supervision and restrictions initially until further assessment is completed. This must be kept under review. Pattern mapping to develop a focused effective HSB Risk Assessment An assessment of the sexual behaviours and child/adolescent family background required Good co-ordination of the professional network eg- multi agency meetings & if child is returning to school Individual work on understanding and controlling their behaviour

IN SCHOOL HSB RISK MANAGEMENT PLAN CONFIDENTIAL DOCUMENT

PROBLEMATIC MEDIUM-HIGH /HARMFUL/VIOLENT SEXUAL BEHAVIOUR-ALLEGATIONS /CONVICTIONS
THE SCHOOL DAY-INCLUDES TRAVEL TO & FROM SCHOOL

Pupil Name		
DOB		
Created by		
Date created		
Date shared with staff		
Date shared with governors		*anonymous copy provided- if appropriate & relevant to share (having a significant impact on the school)*
Review Frequency- Dates-		

THE FOLLOWING STAFF- HAVE LEVELS OF ACCESS TO READ & AGREED

STAFF NAME	POSITION	DATE	ACCESS LEVEL*	SIGNED

RESTRICTED WHEN COMPLETED

Guidance & Model Policy Peer on Peer Abuse Oct 2019. V 1.

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*Access level. 1- full access to records and the risk assessment 2- access to risk assessment only 3- access to enough information to assist & manage with monitoring and supervision and this may be verbal only eg the lunch time supervisor, the volunteer.

The Risk Management Plan needs to consider:
- The victim, especially their protection & support;
- The alleged abuser; and
- All other pupils (consider adult students & staff) at the school especially any actions that are appropriate to protect them.

Activity/Hazard (in the school day)	Risk Level *(high,med, low)*	Control *(strategy to be used)*	Reduction of risk/harm *(evidence of)*	Re-rated Risk Level	Risk Eliminated: E or Reduced: R	Additional Controls & include any strengths	Responsibility	Amendments after implementation	Review Agree frequency* Record outcomes

*when first implemented you should agree frequency of review as more frequent and this should be weekly to begin with and frequency is then reviewed regularly and when agreement is reached. There should be an end date of actions and any harm reduction put in place and you should reach a point of no harm or risk or due a change of circumstance & end this plan.

Peacock CPM Schools

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AMENDMENTS TO THE PHYSICAL ENVIRONMENT/OTHER CHANGES TO ACCOMMDATE RISK

Activity/Hazard (in the school day)	Risk Level (high,med, low)	Control (strategy to be used)	Reduction of risk/harm (evidence of)	Re-rated Risk Level	Risk Eliminated: E or Reduced: R	Additional Controls & include any strengths	Responsibility	Amendments after implementation	Review Agree frequency* Record outcomes