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PART ONE

1 Introduction

1.1 The management of children and young people with problem sexual behaviours who present a risk to others is a major concern and an area of priority for the Scottish Government and Local Authorities. The SWIA/ HMIC report following the tragic killing of Karen Dewar highlights that effective risk management measures must be put in place. This includes a coordinated approach on the part of youth justice, child welfare, education and health.

1.2 Approaching problem sexual behaviours and their inherent risks can invoke a real anxiety in professionals across disciplines. This can result in a lack of clarity about roles and can leave workers feeling powerless to respond to their responsibilities in the management of risk. The Risk Management Framework and Protocol assists in making risk more tangible and thus enables professionals to employ strategies for effective risk management.

1.3 The Risk Management Protocol is a multi-agency means to manage risk more effectively. It requires the key agencies involved in risk management to meet regularly on a case by case basis to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. It also provides a structure to improve the identification, risk assessment, planning for and management of children and young people who present a risk.

1.4 The Risk Management Protocol identifies those children and young people who are most likely to commit further sexually abusive behaviours and who require high levels of supervision. It provides a robust mechanism through which concerns about a young person's problematic behaviours can be shared with relevant agencies in order that appropriate measures in risk management can be taken. This is in accordance with work undertaken by the Youth Justice Improvement Group to develop the existing Concordat: 'Sharing Information on Sex Offenders'.

1.5 Every child or young person to whom the protocol applies will have a risk management plan as set out in 'Getting it right for every child'. This plan will be subject to close scrutiny through the risk management review process and will be revised accordingly to reflect the dynamic nature of risk.

1.6 Adolescents make up a significant proportion of those convicted for sexual offending. Estimates vary: England and Wales ¼ (Kelly et al 1991); Northern Ireland ⅓ (Northern Ireland Research team 1991). 50% of adult sex offenders disclosing behaviours starting in adolescence (Abel, 1984). In addition, there is a growing awareness of the number of younger children with sexual behaviour problems who also require interventions from a risk management perspective. The protocol recognises the need to respond to both children and adolescents and takes into account age, level of functioning and nature of behaviour.

1.7 Working Together (DoH, 1991) recommends that where abuse of a child is alleged to have been carried out by another child or young person such behaviours should always be treated seriously and should be subject of a referral to child protection agencies both in respect of the victim and the perpetrator. This protocol should therefore be read in conjunction with the Child Protection Committee's inter agency child protection guidance.

2 Messages from research

2.1 Children and young people with problem sexual behaviours are not a homogenous group. There are distinct sub groups, each with their own treatment needs (Worling, 2001, Johnson, 2004).

The diversity should be seen a key organising theme that can help support effective approaches to all children and young people who present with problem or abusing sexual behaviours (Hackett, 2005).

This diversity applies to:

The wide range of sexual behaviours that children and young people can display, include the nature of behaviours, degree of force, motivation, level of intent, level of sexual arousal, age and gender of victims. Also there are broader developmental issues relating to the age of the young person, their family and background experiences, their intellectual capacities and their stage of development. Young people with learning difficulties are a particularly vulnerable and often neglected group who may need specific types of interventions.

2.2 Many of these children and young people who present with problem sexual behaviours have histories characterised by multiple abuse and disadvantage (Friedrich, 1995, Hudson & Marshall, 1995, Ryan, 1999).

2.3 Interventions with this group of children need to be holistic, systemic and goal specific (Hackett, 2004). The overall aim of intervention is risk management and psychological well being and this is most effective when children and adolescents learn to manage their sexual behaviours within the broader aim of learning to meet their needs in a socially acceptable and personally satisfying way (Ward (2004).

2.4 Interventions that are focused appropriately are likely to succeed in preventing further abuse. More recent studies show recidivism rates at between 3 – 14% (Prentky, 2000). Another study showed a 5% recidivism following treatment within a six year follow up period (Worling and Curven, 2002). These figures are low and important to consider as there can be a tendency for professionals to over-emphasise risk of recidivism concerning children and young people with problem sexual behaviours.

2.5 Specialist programmes designed for young people with problem sexual behaviours should be subject to robust external quality control measures that ensure that they are designed and delivered effectively (Scottish Executive, 2005).

3 Special considerations

3.1 Over the past twenty years, the assessment and treatment of young people with problematic or abusive sexual behaviours has largely been influenced by research and philosophy governing work with adult sex offenders. This has skewed our thinking about how sexual behaviour problems develop and what motivates them in children and young people. It has also contributed to a tendency to define all sexual behaviours that are considered out with the norm as being abusive.

3.2 When planning services to children and young people there are a number of factors to consider:

Level of intent to cause hurt and harm

This protocol recognises the range of behaviours that children and young people can display. While sexual behaviours can be harmful in their effects on others, sometimes there is no intention on the part of the young person to hurt others. Many children do not coerce others into sexual behaviours but act out their confusion on them. These children may have no insight into their own and others' rights to privacy. On the other hand, some young people may have committed serious sexual offences and will continue to present a risk to others. Consideration of the level of intent to cause hurt or harm can assist in the process of behaviour analysis.

Understanding behaviour and the child's inner world

Most children and young people with problematic sexual behaviours have lived in confusing and hostile environments since birth. Their inner worlds have been corrupted in terms of how they view relationships and sex. While sex offender work challenges cognitive distortions, it will be internal working models that will inform problematic beliefs and resultant difficulties in cognitions those children and young people may have developed. Each child's internal working model will incorporate a sense of values and beliefs about themselves and others that informs their behaviours. It is therefore essential to explore and work on the child's internal working model to be effective in the longer term on risk reduction.

Victim or perpetrator

While understanding the etiological factors for a wide range of children is still developing, emerging research is presenting multiple pathways to the development of problem sexual behaviours. Knight and Sims-Knight's study (2001) of several hundred sexually abusive young people shows all of them to have experienced some form of trauma. Friedrich (2003) in his study using the child sexual behaviour inventory identified the following four factors as being predominant features in the lives of children with sexual behaviour problems:

- Family adversity
- Modeling of coercion
- Modeling of sexuality
- Vulnerable/predisposed child trait

Trauma

The relationship that can exist between the young person's trauma experiences and their behaviours can be very complex and both may share a variety of similar trauma/anxiety cues.

Motivation and meaning

Young people may display a range of behaviours to meet a variety of needs. To be effective we have to intervene on the underlying needs being met by the behaviours. Establishing meaning to behaviours not only identifies an intervention strategy it also helps to determine ongoing risk by being able to predict ongoing motivational factors that may continue to be around for a young person at any given time. It is therefore essential that assessment and treatment programmes reflect both the diversities of young people and their behaviours.

Sexual deviance

Some children and young people with problem sexual behaviours will have distorted views about children and sexuality but many will not. Sexual behaviours may change as the young person develops into adolescence. Sexual gratification, for example, will become a more dominant feature. A thorough assessment should identify if this is a matter of concern as this has implications in determining future risk.

16 – 18 year olds

16 – 18 year olds with problem sexual behaviours can present additional risk management challenges and can often fall between services. A significant number of young people who have been accommodated by local authorities choose to disengage from social work support. In addition there is a growing awareness of the number of supervision requirements that are terminated on the grounds that young people are not co-operating with these requirements. It is possible that for these young people their past experiences continue to have a profound effect on their psychological development contributing to the presence of a number of risk factors, e.g. poor impulse control and problem solving skills and deficits in intimacy skills.

Child Protection Case Discussions should be held for those 16 – 18 year olds identified as having problem sexual behaviours but without existing supervision requirements to ensure their inclusion in the risk management reviewing system. In identifying those young people most at risk of further offending, the protocol will ensure that supervision requirements are not terminated on the grounds of failure to comply and that appropriate transition plans are made as young people move from children's to adult services. On the basis of risk, consideration may also need to be given to the inclusion of some young people as Non – registered Sex Offenders after the age of 18.

Risk assessments

There are critical and important differences between adult and child populations. Given the rapid developmental changes during childhood and adolescence, any risk tools used should be re-evaluated after a period of, at most, a year or following significant social, environmental, familial, sexual, affective, physical or psychological change (Worling, 2001).

4 Definitions

4.1 The boundaries between what is abusive, what is inappropriate, and what is part of normal childhood or adolescent experimentation can often feel blurred. Professionals' ability to determine if a child's sexual behaviours are developmentally normal, inappropriate or abusive will be based on issues around knowledge about healthy and problematic behaviours and about issues in relation to informed consent, power imbalance and exploitation. To assist in identifying behaviours as normal or problematic see appendix one.

4.2 There are current discrepancies in terminology, definitions of sexual behaviours and models of intervention. Confusion and disagreement over definitions and approaches can severely weaken the ability of the systems working with children and young people to intervene and can seriously undermine referral, assessment and treatment processes (Morrison, 2004). It is therefore crucial that agencies coming together to plan and implement services for children and young people with problem sexual behaviour recognise the need to develop multi-agency operational definitions of problem sexual behaviours.

4.3 In considering the type of sexual behaviour, it is important to consider what negative effects it has on any of the parties involved and the concerns it raises about the child or young person. It should be recognised that some behaviours may be motivated by information seeking but still cause significant upset or damage to others. It may also be that the behaviour is a re-enactment of sexual situations that a child has been exposed to. Generally the younger the child who is displaying problematic sexual behaviours the more likely it is that they have or are being exposed to some form of sexual behaviours. (Pithers and Gray 1993).

4.4 While the term problematic is clearly too vague, it encourages consideration about treatment for a wide range of sexual behaviours and thus promotes early interventions and more effective outcomes. After behaviours are agreed to be problematic it is then essential to explore the particular type of behaviours being exhibited and to label this more accurately to ensure the right kind of treatment intervention.

4.5 Several leading experts in this field have developed frameworks to help to identify different types of problematic sexual behaviours. (See appendix two.)

4.6 Categorising behaviour has significant benefits in helping workers understand routes in to, and the meanings of different behaviours. It therefore helps to target interventions more effectively. For example victim awareness and victim empathy would not be major components to working with children and young people with reactive behaviours but would be essential for children with abusive behaviours. Anger management may be crucial to a young person with abusive behaviours while attachment repair work might form a significant part of work with a young person with extensive mutual behaviours.

5 Risk management framework

5.1 This risk management framework which underpins the protocol provides clarity when considering:

- Factors impacting on risk
- Responsibility and roles for managing risk
- Processes involved in making risk more manageable

5.2 **Risk**

It is recognised that the level of risk will vary considerably within the population of children and young people with problem sexual behaviours. Some may present a serious risk requiring long term interventions and high levels of supervision, while the behaviour of others may be easily redirected and changed over a shorter period of time. This protocol identifies a formal risk management process for monitoring and managing risk while assessments and interventions are underway. Any interventions with children and young people should start with a thorough risk assessment. The information required to complete a comprehensive risk assessment includes:

Behaviours: nature of behaviours; processes involved; duration of behaviour; previous behaviours; (sexual and non sexual) ability and motivation to address the behaviours; victim awareness; victim empathy; attitude towards behaviours; risk awareness; and ability to utilise risk management strategies.

Developmental: past experiences particularly in relation to adversity e.g. experiences of physical/sexual/ emotional abuse or neglect; witnessing domestic violence; health issues; resilience factors; sexual development; emotional capacity; and social/coping/problem solving skills

Family/Carers: level of functioning; attitudes towards behaviours; insight into behaviours; risk awareness; general attitudes and beliefs; sexual boundaries and capacity to manage risk, meet needs and promote behaviour change in child/young person.

Other professional systems: insight into behaviours; risk awareness and ability to contribute to risk management plan.

Environment: young person's access to actual/potential victims; opportunity for further offending; child/ young person's safety in the community and wider supervisory and support network.

There are a number of tools to assist in assessing risk of future sexual offending and it is recommended that a tool is used as part of the overall comprehensive risk assessment. AIM2 is a clinically adjusted actuarial tool for males of 12 to 18 years convicted of a sexual offence or where it is believed that the young person has been involved in problematic sexual behaviours. This tool embraces both dynamic and static elements. It is based on current research about young people who sexually abuse and is the most up to date risk tool currently available in the UK. While tools are scarce for younger children, AIM also offers models for younger children and for young people with learning disabilities to determine the level of concern about their behaviours. These explore strengths and concerns continuums.

As part of the ongoing assessment of risk, any tool used should be repeated approximately every six months to a year, or when it is known that there has been, or is likely to be, a significant change in risk.

It has long been acknowledged by professionals working with children and young people with problematic and abusive behaviour that risk has to be viewed as fluid and dynamic in nature (Ryan). It is therefore

essential to consider the ongoing internal and external influences that are continually acting upon it. While it is sometimes necessary to describe risk as very high/serious, the risk management framework largely denotes risk as being more or less manageable. This leads to an exploration and consideration of the different factors that impact on it, naturally exploring the systems around the young person alongside considering their internal resources. This results in risk becoming a more tangible concept, with workers feeling less anxious about it and more able to effect change.

5.3 Responsibility

Responsibility, within a risk management context, is the role of the systems and the child/young person taking responsibility for managing the risk. The overall aim of intervention is for the young person to be able to take responsibility for managing their own risk. In the early stages of interventions, and based on what is known about the impact of trauma on child development (Lyons-Ruth, 1996), this would not be the case. It is highly unlikely that a child or young person would have the capacity or internal resources to be able to take responsibility for managing their own risk. They have to learn this through a process of work that will involve gaining insights and learning new skills, all of which have to be evidenced in a range of settings. It may also include working with them on their own victimisation. The main responsibility for managing risk during the early stages of involvement has therefore to lie with the adult systems. This stance on risk and responsibility necessitates a joining with all the adults involved leading to a shared consensus of viewing risk and responsibility in this way.

5.4 The systems

The framework considers how all the systems, including the family, impact on the young person making risk more or less manageable. In practice this means considering how these systems interact with each other and with the child/ young person on a day to day basis. By being this explicit about the impact that the systems have on risk, it naturally increases the demands and the responsibility being placed on the systems. It also recognises the enormous impact that the systems can have on assisting in the skills development of the young people. This requires an assessment of the systems and their capacity to both manage risk and facilitate change.

5.5 The process

The framework helps to reflect the complex and dynamic nature of risk as the child/young person goes through the process of being able to take responsibility for managing their own risk effectively. This process is most usefully considered in four phases:

Phase one

Risk reduction is largely via the systems and responsibility is owned by the systems and not the young person.

Aims:

- Engage the young person and the systems in the assessment process to determine needs, level of risk and capacity for risk management.
- Identify and assess how the different parts of the systems are impacting on risk, making it more or less manageable.

- Identify specific areas for interventions within the relevant systems to impact positively on the management of risk.
- Within the assessment identify and formulate specific goals for individual work with the young person and the systems.
- Utilise formal risk tool (e.g. AIM2).

Phase two

In this phase, the young person is engaging in specific work on their problem sexual behaviours in order allow a more meaningful discussion to take place about risk. Individual risk management strategies are introduced and rehearsed by the child and the system. The system moves from a learning stage to proactively working with the young person to meet their needs and assist them in skills development.

Aims:

- To assist the young person to take responsibility for past behaviours.
- To explore the processes involved in problem sexual behaviours and meaning of behaviours for the young person, and to reach a shared understanding about this within the systems.
- To develop and rehearse strategies for managing risk with the young person and the environment.
- To maximise the levels of support and intervention provided by the systems.

The young person's progress in this phase would determine their ability to move to phase three. By the end of this phase it would be anticipated that the young person is becoming more responsive to interventions. The concept of risk becomes more meaningful. The explicit way in which risk is being discussed and managed means that the young person is ready for stage three where risk management becomes a shared ownership between the young person and the systems. This explicitness and the ability to move on to phase three can have a real motivational impact on the young person.

Phase three

Risk is now being reduced by the ongoing work with the young person and the system's engagement in risk management. Responsibility for managing the risk is now a shared ownership between the young person and the systems.

Aims:

- Inform what factors impact on the ongoing manageability of the risk.
- Engaging the child in work towards achieving all of their treatment goals.
- Informed increasing and decreasing of external controls.

This is a period of intensive ongoing work with the child through individual work and interventions being undertaken by the systems. By this stage the specific treatment goals are becoming achievable.

Within the living environment in particular there will be a joining with the child in negotiating and making decisions about risk on a day-to-day basis from an informed perspective. This would include:

- Anticipating situations or stresses in the child's daily life and formulating opinions about the child's ability to cope.
- Formulating an opinion about how manageable the child's risk is, based on the above.
- Being inclusive with the child in discussing the above and reaching a decision about risk.
- Being confident in decisions about increasing and decreasing external controls.
- Helping the child learn through reflective practice and coaching using actual situations (reactive) or through anticipating situations (proactive).

The expectations of the young person are equally different from phase one and two. In phase three it is anticipated that they are much more able to demonstrate in their day to day living that they are attempting to apply their learning to a more pro-social lifestyle. In particular it is anticipated that they are able to do the following:

- Engage in discussions about their emotions and feelings and how this might impact on risk.
- Accept the fluid nature of the increase and decrease of external controls and their own internal processes.
- Use the environment proactively to help them deal with challenging situations and emotions.
- Continue to use situations as learning processes.
- Accept the guidance and controls of their environment.

Phase four

In this phase it is important to use the identified individual goals to determine whether or not a young person can take responsibility for managing their risk. It would be expected that the achievement of these goals (skills and insights) would be evidenced in different settings. Where this is the case, risk is now reduced and the young person has the ability and increased awareness to manage their own risk where developmentally appropriate.

Aims:

- Systems to monitor and evaluate young person's ability to manage risk.
- Systems provide additional short term supports as needed.
- Preparation for ending and disengagement from any focussed intervention.

The framework clearly places expectations on the systems both in terms of embracing responsibility for managing risk and taking a clear role in progressing a young person through a process of change. However there will be circumstances where this is not possible. For example, a young person living with their birth family where there are enmeshed, unhealthy relationships, or a young person who has exhibited sexually abusive behaviours and is residing in their own tenancy. In these cases there are fewer opportunities to influence living environments and they are not necessarily able to accept responsibility for managing risk to the same extent. In these circumstances it would not be possible to use the systems, in particular the living environment, as intensively. In such circumstances the framework can be used to:

- Consider the extent and be specific about how they are helpful or unhelpful in managing risk.
- Identify what parts of the system can be targeted for change.
- Identify realistic areas for intervention.

- Identify additional resources that would be useful/necessary to assist in managing risk.

The advantages of the framework, particularly when applied to the risk management protocol includes the following:

- It highlights specific factors that impact on risk, thus making it becomes easier to implement strategies to manage it.
- It recognises and utilises the crucial role that meeting needs has in relation to managing risk.
- It offers realistic expectations of the child/ young person and the risk they present dependant on where they are in the intervention process.
- It highlights the accountability and responsibility for managing risk promoting a shared responsibility amongst the agencies.

6 Risk management protocol

The protocol applies to children and young people who are exhibiting behaviours identified under reactive, extensive mutual and abusive in appendix two.

Social work has the lead responsibility for the implementation of the risk management protocol. The effectiveness of the protocol will however be determined by the ability of agencies coming together to share the responsibility for risk management.

The protocol offers a multi-agency means to manage risk more effectively. It requires the key agencies involved in risk management to come together for an initial risk management meeting where a risk management team is identified. This team meet regularly thereafter on a case by case basis to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. These meetings are called risk management reviews.

The risk management protocol is applied within both child protection procedures and children in need.

While the identification of problem sexual behaviours is a difficult task facing all professionals with child care responsibilities, Appendices one and two can assist professionals in determining the need to refer to social work as well as assisting duty workers and managers within social work determine the relevant processes thereafter.

6.1 Philosophy underpinning risk management protocol

- The responsibility for risk management has to be held within a multi-agency perspective.
- Children and young people need to be recognised as significantly different to adult sex offenders.
- Research indicates positive outcomes.
- The nature of risk is fluid and dynamic.
- Responsibility is a process, starting with the adults.
- The environment has a huge influence on the young person and on making risk more or less manageable.
- Viewing risk in terms of its manageability offers a tangible means for responding to it.

6.2 For procedural guidance refer to flow chart appendices six, seven and eight.

6.3 Child protection inquiries

When social work services are first notified of problem sexual behaviours by a child or young person the need to proceed under child protection procedures should always be considered.

It should be noted that the young person involved in the behaviours should be dealt with separately from the victim(s).

In understanding the assessment of risk, it is important to consider the probability of the event or concern in question and its likely or actual consequences. In consultation with other key agencies, decisions should be reached on the basis of:

- The seriousness of the behaviours.
- The vulnerability of the child/young person.

- The accumulation of information.
- The source of concerns.
- The context in which the child/young person is living.
- Any predisposing factors in the family that would suggest unmanageability of risk.

6.4 Where a case discussion is convened consideration should be given to:

- The initial risk assessment and respective roles and tasks (guidance on how to complete an initial risk assessment is contained in appendix three).
- Immediate risk management requirements.
- The need for continued child protection procedures.

6.5 Where the child in question is required to be subject to an initial child protection case conference and placed on the child protection register, the risk management process will be conducted through the core group system. (See appendix nine for guidance to case conference chairs).

6.6 Where the decision is not to proceed to conference or not to register, the risk management protocol should be applied under children in need procedures.

6.7 **The initial risk management meeting**

Whilst social work has the lead responsibility for convening and chairing risk management meetings and reviews, it is of vital importance that key professionals from other agencies prioritise attendance at these meetings. A typical risk management would include the relevant social work manager and allocated worker(s), parents/alternative carers, education staff, police and a member of the CAMHS team if involved.

This meeting will identify the following:

- A worker/s to undertake the initial risk assessment (for guidance on initial risk assessment see appendix three).
- Accommodation and educational requirements. Decisions in terms of current school placement will be made separately by senior managers (schools services).
- Immediate risk factors.
- Agreed immediate risk management strategies.
- A risk management team.
- A date and time for the first risk management review.

6.8 **Risk management reviews**

The first risk management review will:

- Act on information provided by the initial assessment. This will include reviewing and revising immediate risk management strategies.
- Plan a comprehensive risk assessment, identifying the respective roles and tasks of the risk management team.
- Begin the process of a developing a team understanding of the pathways to the young person's behaviours, their needs and risk.

In addition the chair will:

- Revisit and reaffirm the purpose of the risk management protocol and the principles underpinning the effective management of risk.
- Determine the frequency of risk management reviews.

Where a comprehensive assessment is being undertaken there should be a risk management review both during and at the end of the assessment to assist in the short term management and monitoring of risk.

Meetings thereafter will be convened at regular intervals dependant on risk and stage of intervention. There needs to be some degree of flexibility. Meetings should be considered when it is anticipated that risk will become higher, e.g. Christmas, other holidays, birthdays, children's hearings. Additional meetings may have to be convened at short notice where there are unforeseen escalations in risk.

6.9 **Ongoing structure of risk management reviews**

The child/young person

- Identify, where possible, a behaviour and risk analysis.

  E.g. Thomas has been involved in behaviours that indicate that they are abusive. His victim was substantially younger than him. He followed her to a secluded place and used force and intimidation. Thomas has witnessed years of domestic violence and has been physically abused. In the absence of being able to develop close relationships with both peers and adults, Thomas seems to use violence and aggression as a means of trying to connect with people. He has a history of aggressive sexual behaviours and uses aggressive and sexually threatening language to adult females. At present, until he can engage in work and evidence skills and insights, he needs to be considered a risk to anyone he perceives as more vulnerable than he is – in particular children of both sexes and adult females.

- Identify current access to victim/s or potential victims.
- Identify strengths and concerns and explore how this will impact on risk on a day to day basis making risk more or less manageable.
- Identify strategies to manage risk clearly identifying roles and tasks of those present.
- Identify specific long term aims for the child/young person and current progress.

E.g. Aims for Thomas:

Behaviour specific	**Behaviour related**
• *Engagement in work.* • *Ability to discuss behaviours with significant others.* • *Taking responsibility for past actions.* • *Insight into behaviour processes.* • *Risk awareness.* • *Skills in risk management/ relapse prevention.* • *Develop skills in empathy.*	• *Ability to identify and express feelings.* • *Increased coping/ problem solving skills* • *Ability to cope with anger in particular.* • *Reduced antipathy towards females.* • *Processing of some life experiences.* • *Development of healthy relationships.* • *Increased confidence and self esteem.* • *Positive sexuality.* • *Positive aspirations.*

The systems

- Identify all the systems and the core skills and insights that they require to effectively manage risk.

E.g. Aims for systems:

Behaviour specific	Behaviour related
• *Insight into problem sexual behaviours.* • *Ability to discuss the behaviours with the child or young person.* • *Adequate levels of risk awareness.* • *Risk management strategies.* • *Behaviour management plans.* • *Structure consistency, supervision, rules, clear boundaries.*	• *Insight into young person's needs.* • *Ability to view the child/ young person holistically and meet needs.* • *Safety.* • *Coaching, reflective role.*

- Identify how the systems can enhance their own skills in relation to the above and how they assist the young person in meeting aims. Identify core tasks and agree on how best these can be evaluated.
- Identify and assess present and ongoing factors in the environment that will impact on the manageability of risk and identify specific areas for intervention to manage risk.
- Explore and develop an integrated behaviour management strategy.
- Identify and agree on communication systems.
- Summarise and agree immediate risk management strategies in terms of roles, tasks and responsibilities.
- Agree next risk management review date.

Decisions and responsibility for managing risk is a shared process. Disagreements should be explored in terms of how they will impact on the manageability of risk. Strategies should be identified to minimise this. From all risk management reviews a multi-agency risk management plan will be identified and this will include roles, tasks and responsibilities of all those attending the meetings.

Further meetings should commence with a risk analysis:

E.g. *Thomas's risk since our last meeting has become more manageable on the basis that we have been able to provide increased levels of supervision and have reduced his opportunities to have any unsupervised access to other children. His aggression and anger levels have not however diminished and he has a LAC review next week. It is likely that his mother will fail to attend and this will have a detrimental impact on him. It is likely that for a period before and after his panel his risk will increase. We will need to look at any additional support that can be offered to Thomas during this period. Maybe we need to look at the team's role in preparing Thomas' Mum and ensuring her attendance. Thomas is less resistant to engaging in work. This is a positive sign and it is possible that if his review is a positive experience for him he will say he will participate in work.*

All risk management reviews should be clearly recorded. Copies of the minute should be sent to all the participants and should be retained alongside the overall plan for the child (see pro forma – appendix five).

PART TWO

Risk management in school settings

Schools can be particularly important environments for children who have stressful and difficult home lives and can aid significantly in fostering resilience in children. The majority of children and young people with problem sexual behaviours can be educated and managed within a schools setting. Effective management of risk should not be separated from identifying and meeting the individual child's needs particularly in relation to skills deficits. The education setting has a crucial role to play in promoting the development of skills to improve these deficits and thus can greatly assist in making risk more manageable. Poor peer relationships can be a significant factor for young people with problem sexual behaviours and teachers can work to ensure that children have the opportunity to have positive interactions with peers. Schools can also provide accomplishments at meaningful tasks, this being important to a child's self esteem. They can also help children and young people learn social skills and problem solving skills. Extracurricular activities can provide these experiences as well as academic achievements. This can all contribute greatly to a child's sense of self. Rutter et al in their extensive study of schools and resilience found teacher behaviour to be important. Children needed to feel that they could approach teachers with their personal problems (Rutter, Maughan, Mortimore, Ouston, Smith, 1979).

The management of problem sexual behaviours in school needs to be considered on a whole school basis as well as on an individual level with the child or young person (adapted from Carol Carson and the Aim Project).

Whole school basis

To assist in the effective management of risk the following should be considered on a whole school basis:

- The culture and ethos of the school should reinforce positive behaviours and respect for others and create an environment that encourages children to tell if someone is doing anything to them that makes them feel uncomfortable.

- Incorporation of problem sexual behaviours into other school policies such as bullying, equal opportunities, child protection. This aspect of behaviour would not then be seen as something separate from the overall work of the school.

- Training for staff increasing their understanding in: the development of problem sexual behaviours; different types of behaviours; risk; risk management; and needs of children and young people with these behaviours.

- Contact points for advice and support for staff. This may be from a named person in the social work team, school child protection co-ordinator or the senior child protection officer.

- Ensuring a clear knowledge of procedures.

- The regular reviewing of the physical structure of the school to identify areas where sexual behaviours may occur and strategies put in place to make them safer. Often it is the same areas where children bully other children.

- The identification of children and young people with problem sexual behaviours to key personnel within the establishment. This will often include ancillary staff.

Protection of children targeted

Specific arrangements need to be made to ensure that any children who have been targeted feel safe. This should be done in conjunction with their families. Their views on how to feel safe should be sought and considered. Arrangements may need to be made to move a child to a different class or year group. Individual work and support needs to be offered to the child.

Communicating with parents

Discussions should take place between education staff and social work as to the best methods of communication with parents.

Multi–agency meeting / education management decisions

In exceptional circumstances there may be a need to convene a multi-agency meeting. This meeting would be normally be convened under the following circumstances:

- Where the education authority deem it likely that the child will require an immediate exclusion or transfer to another education establishment due to the extent of their problem sexual behaviours.
- Where specific decisions cannot wait for timescales within child protection procedures.
- Where a child or young person has transferred from another authority with a previous history of problem sexual behaviours but no current child protection procedures are required.

In considering the need for exclusion or transfer it is important to take account of the following:

- Whether the sexually problematic behaviours occurred in the school setting.
- Where the behaviours did not occur in the school setting, but the victim attends the same school.
- The views of the victim and his or her family.
- The known risks of further occurrences happening in the school.
- Whether complaints have been made previously against this child by parents or other children.
- The school's ability to provide adequate supervision and support to manage risk while enabling the child to continue with his/her education. This would be informed through ongoing risk management meetings either through child in need or child protection systems.

Individual level: managing risk and meeting needs

Effective management of risk cannot be separated from identifying and meeting the individual child's needs particularly in relation to skills deficits. The education setting has a crucial role to play in promoting the development of skills to improve these deficits and can greatly assist in making risk more manageable.

Managing risk

Every young person's behaviour and risk needs to be considered separately and informed by a risk assessment. It is possible to identify some general strategies that can be used for managing risk:

- Discussing the behaviours in a meaningful way with the child.
- Articulating clearly the behaviours that are not acceptable.
- Being clear about the times and places where behaviours have happened and targeting resources in an attempt to reduce risk.
- Employing behaviour management strategies that include boundaries and consequences.
- Observation and analysis of the child to inform ongoing assessment of risk.
- Supervision and monitoring. Agree with the child the areas that he or she is allowed to go, for example, at break and lunch times. This may need to start with close supervision.
- Using positive behaviour strategies.
- Liaison with other agencies and family on a regular basis.

Meeting needs

Specific strategies that schools can use to meet needs are as follows:

- The development of individual programmes, for example, on problem solving, communication, social skills and sex education. Most children and young people with problem sexual behaviours have significant deficits in these areas. A young person's level of skills and insights into these areas can offer part of an overall risk prediction.
- The development of safe boundaries. Many young people with problem sexual behaviours need adults to take control of managing their risk until they are able to do so themselves. The setting of clear and safe boundaries can be both supportive and helpful for them.
- Dedicating the time and attention of a significant adult in the school. This could be a class teacher or someone from guidance/pastoral care.
- Identifying specific activities to help children develop new skills.
- Giving assistance to help them integrate with other pupils and form healthy relationships.

Guidance notes: identifying problem sexual behaviours

Defining normal, problematic or abusive behaviours in children and young people can present difficulties for professionals with responsibility for protecting children. The uncertainty created can sometimes leave workers feeling powerless to respond to behaviours that concern them. This can then result in a failure to respond to the needs of both children displaying the behaviours and their actual or potential victims.

In considering the behaviours of younger children, American psychologist and leading expert in her field, Toni Cavanagh Johnson, has developed sexual behaviour checklists to assist in determining the nature of behaviours. This list describes behaviours indicating concern:

- A child showing an interest in, and knowledge of, sex outwith the developmental norm.
- The sexual behaviours exhibited being significantly different from other children of the same age.
- The child being unable to stop the behaviours after being told to do so.
- The sexual behaviours eliciting complaints from others.
- The sexual behaviors making adults uncomfortable.
- Sexual behaviours that increase in frequency, intensity or intrusiveness.
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours.
- Children who are engaging animals in sexual behaviours.
- Sexual behaviours that are causing physical/emotional pain/discomfort to self or others.
- Children who use sex to hurt others.
- Anger preceding or following or accompanying sexual behaviour.
- Children who use force, bribery, manipulation and threats.

While Johnson's work concerns younger children, the above may be useful in considering the sexual behaviours of teenagers. However an additional aspect to teenage years is the onset of puberty. This is a stage of major social, emotional and physical change. These include physical maturation, experiences of sexual arousal and awareness of orientation, more complex peer interaction and a greater autonomy around decision making. During this time adolescents need to synthesise a variety of experiences in order to establish a healthy sexual identity.

Because there is a wider range of sexual behaviours on display in adolescence it can be more difficult to determine what is normal and healthy and what is problematic. The following has been adapted from Ryan and Lane (1991).

Normal adolescent behaviours:

- Explicit sexual discussion amongst peers, use of swear words, obscene jokes.
- Interest in erotic material and its use in masturbation.
- Expression through sexual innuendo, flirtation and courtship behaviours.
- Mutually consenting non coital sexual behaviour (kissing, fondling etc).
- Mutually consenting masturbation.
- Mutually consenting sexual intercourse.

Behaviours that cause concern:
(Showing escalation in seriousness)

- Sexual preoccupation/anxiety.
- Use of hard core pornography.

- Indiscriminate sexual activity/intercourse.
- Twinning of sexual behaviours with aggression.
- Sexual graffiti relating to individuals or which have disturbing content.
- Single occurrences of exposure, peeping, frottage or obscene telephone calls.
- Compulsive masturbation.
- Persistent or aggressive attempts to expose other's genitals.
- Chronic use of pornography with sadistic or violent themes.
- Sexually explicit conversations with significantly younger children.
- Touching another's genitals without permission.
- Sexually explicit threats.
- Persistent obscene telephone calls, voyeurism, exhibitionism, and frottage.
- Sexual contact with significantly younger children.
- Forced sexual assault or rape.
- Inflicting genital injury.

APPENDIX 2

Framework to assist in defining behaviours (adapted from Johnson 2000, and Worling, 2001)

Healthy sexual behaviour

Sexual exploration occurs alongside the healthy integration of emotional, social and physical development. It is a healthy and natural part of the whole repertoire of child and adolescent development. Where behaviours involve others they would be between children or young people of similar ages and by mutual agreement of those involved. The specific nature of the behaviours would vary and be dependant on age and stage of development. There would be no significant negative emotions involved with the behaviours. Should this not be the case or should the behaviours continue to be displayed in the presence of adults this may indicate that the child is developing more problematic sexual behaviour.

Inappropriate sexual behaviours

Not all children and adolescents with problem sexual behaviours will require the implementation of the risk management protocol. For some their sexual behaviour problems may be less serious. While this might include trying to engage others in adult type sexual behaviours or making lewd remarks to the discomfort of others there would be no intention to cause hurt or harm and, significantly, the behaviours cease when met with resistance.

For these children and adolescents there will be no significant trauma in their backgrounds and they may have secure attachments. However their living environments may not have provided them with the social learning experiences required to help them develop healthy and acceptable sexual and social behaviours. They may have a learning difficulty that has contributed to difficulties in assimilating information and responding to social cues. When challenged about the behaviours there may be some embarrassment but no acute experiences of negative emotions.

Often these children do not require specialist intervention. They do however respond well to clear instruction, guidance and coaching in relation to acceptable behaviours. In such cases a significant adult should be identified to undertake this work. This may be a parent, teacher or key worker along with support from the other systems involved such as social work and/or educational psychologist.

Behaviour indicating both the need for the protocol and more focused interventions

The work of Toni Cavanagh Johnson and James Worling is helpful in thinking about behaviour typologies and definitions that cover both children and adolescents with more serious behaviour problems.

Toni Cavanagh Johnson has written extensively about her work and research on under 12's with problem sexual behaviours. From this she has developed a clinically derived continuum of sexual behaviours providing a template for understanding the presentation of different types of behaviours of young children. This continuum categorises the more problematic behaviours into three groups: 1) sexually reactive; 2) extensive mutual; 3) children who sexually abuse.

Research (Friedrich, 2003) points us to the parents and the child's environment as being important in the etiology of a child's sexual behaviour problems. Because the home environment is often a significant factor in precipitating and sustaining the behaviours, working with the child parents or carers is essential. Generally children with sexual behaviour problems are trying to solve feelings of perhaps, confusion, anxiety, shame, or anger. These children need adults who will understand them and help them solve their problems.

Sexually reactive behaviour

These sexual behaviours can be abusive in their affect on others. However, it is important to note that for the child displaying them there is no intent to cause hurt or harm. These behaviours can be done in the full view of others. There is no targeting or planning to the behaviours and recipients may be other children, adults or self directed. Sometimes these behaviours are outwith the conscious awareness of the child. They may be frequent but are easily stopped when the child is distracted. However, without further interventions, they are likely to re-emerge when the child feels anxious or under stress. The child may have been sexually abused or have been exposed to sexual behaviours at an age and stage when they have been unable to process this. The behaviours are often the child's way of trying to understand and work through what has happened to them. When the behaviours are brought to light feelings of shame, guilt and anxiety are often present but anger is not.

Extensive mutual sexual behaviours

These children's behaviours are extensive and can include the full spectrum of adult sexual behaviours. The children tend to have been severely hurt by adults and often chronic neglect features strongly in their backgrounds. They have major attachment difficulties and are the most difficult group to engage with. They tend to be the least motivated to change their behaviours. Any coercion they may use with other children will be subtle, as they tend to engage with other children who are similar. The sexual behaviours are a means of meeting a whole host of unmet needs and are not linked with aggression or retaliation. These children can be blasé about discussing the behaviours as sex and sexuality have pervaded their thinking, and therefore many aspects of it have been normalized by them.

Abusive

There are a small number of young children who engage in sexually abusive behaviours. Usually a growing pattern of sexual behaviour problems is evident in their histories. In the homes of children who abuse it is likely that they will have been exposed to boundary violations on a sexual, physical and emotional level. In our experience many of these children have witnessed domestic violence. Intense sexual confusion is a hall mark to their thinking and behaviour. Sexuality and aggression can also be closely linked. These children may use force, fear, intimidation, trickery to coerce another into the behaviour. The child's motivation for engaging in the sexual behaviours is to act out negative emotions towards a third person (parent/sibling) or to act out generalised negative emotions (Johnson, 2006). It is not until adolescence that the issue of being able to control others becomes a further motivational factor.

Adolescents

While Toni Cavanagh Johnson's descriptions of behaviours are associated with younger children, the categories help to consider motivation for the behaviour and the needs being met by some adolescents, in particular those for whom puberty has resulted in considerable confusion and distress in relation to processing past experiences.

James Worling (2001) identifies personality subgroups within adolescents who abuse. These subgroups are useful in identifying different pathways and motivational factors involved in the behaviours that in turn identify appropriate treatment approaches.

- Antisocial/impulsive.
- Over controlled/reserved.
- Unusual/isolated.
- Confident/aggressive.

In Worling's study (2001) the largest group represented young people who were antisocial and impulsive. It is important to note a high prevalence of childhood physical abuse within this group. Domestic violence also features highly in these children's lives. These young people tend to have high levels of delinquency and impulsivity. They are more likely to have a propensity for rule breaking and their behaviours tend to manifest higher levels of anger and aggression. Their sexual offending, at least initially and in part, may be more as a result of this propensity for rule violation rather than from a deviant sexual arousal. Therefore traditional relapse prevention models would not work terribly well without work on those treatment targets that have shown to be essential in the treatment of general delinquency. With repeated sexual offending deviant sexual arousal could become an important factor to work on in addition to the more general antisocial behaviours and attitudes. Within their intervention plan it is important to address their physical maltreatment. Presently is appears that trauma - specific cognitive – behavioural interventions are the most effective for this purpose.

Over controlled/reserved

Worling describes over controlled / reserved young people as endorsing of pro social attitudes but who are cautious about their interactions with others and have a tendency to keep their feelings to themselves. Their sexually abusive behaviours are often therefore developed within the context of an overall shy and rigid interpersonal style which makes it difficult for these young people to access more normative intimate relationships with peers. In contrast to the anti social group these young people are not likely to require an emphasis within treatment on general delinquency issues such as impulsivity or attitudes supportive of criminality. Rather they need to develop ways of emotional expression and appropriate social relationships.

Unusual/isolated

An important feature for adolescents within the unusual / isolated group may be their peculiar presentation and social isolation. The development and maintenance of a healthy and intimate sexual relationship with a consenting peer may be particularly problematic for these young people given their awkward personality features. Perhaps in addition to more traditional sexual offence specific treatment these young people need instruction in a number of basic social skills.

Confident/aggressive

In direct contrast the confident and aggressive group tend to have a much healthier interpersonal presentation and they can be described as confident, friendly and optimistic. They would not particularly benefit from intensive remedial work in basic social skills. On the other hand this group can also be described as aggressive and narcissistic: therefore the initiation of their sexual behaviours may at least in part be related to these issues. Successful interventions with this group may require that their aggressive and self centred orientation be targeted specifically in addition to sexual offence specific work.

APPENDIX 3

Guidance notes: initial assessment

Martin Calder has written extensively about assessment and the following has been adapted from Calder and Goulding (2000).

Planning

The following are important considerations when planning an initial assessment:

- Philosophy of intervention.
- Purpose of assessment.
- Who is appropriate to undertake the assessment.
- What is the timescale for the assessment.
- What information is required.
- What will be the sources for obtaining the information.
- Potential impact on the child/young person.
- Potential impact on family.

Purpose

The purpose of the initial assessment is to:

- Collate relevant information to assist in decision making processes about immediate risk and risk. management. This includes consideration of risk in the home, community, school and extended family.
- Collect details about the presenting problem behaviours and situational contexts.
- Consider any predisposing factors for behaviours e.g. family background, parental attitudes.
- Consider opportunities for repeat behaviours.
- Identify immediate needs of the young person and other family members.
- Consider level of co-operation from the family.
- Consider need for legal mandate.
- Consider needs for third party disclosures.
- Identify areas and planning for a more comprehensive assessment.

It is important that as early on in the process as possible the following key factors are considered:

- Access to victims and potential victims.
- Developmental factors (history and stage of development).
- The family's level of co-operation with the assessment.
- Family's views about behaviours and risk.
- Family functioning and attitudes.
- Exact nature of sexual behaviours (act, use of force evidence of planning, level of aggression).
- History of sexual behaviours (when they started, frequency, type and past responses).
- Level of stability in living environment.
- Presence of any immediate risk factors (other behaviours).

During this investigation/initial assessment period it is important to be aware of the following:

- It is likely that the family will be experiencing intense feelings that may include, anger, shock, disbelief, fear. An assessment of their responses should take this into account. Often families are unable to engage meaningfully until they have processed and come to terms with information concerning their child. Initial contact with families has to be supportive as well as conducive to fact finding.

- In the early stages of contact with young people and their families they seldom offer more information about the nature and type of sexual behaviours. Contact with other systems e.g. schools can often be helpful sources of information.

APPENDIX 4

Guidance notes to assist in decision making processes (adapted from Calder 2000)

Legal mandate

The need for a legal mandate may be considered where:

- There is no support for interventions or there is collusion with the young person by the parents.
- When there are indications of other behaviours particularly evidencing poor impulse control.
- Where there is no stable home base.
- Where drugs and alcohol are also involved.
- Where the behaviours are of a serious nature and this needs to be reflected by formal proceedings.
- Where violence and aggression is involved in the behaviours.
- Where attitudes continue to support aggression and violence and problematic sexual behaviours.

Staying at home or being accommodated

Placement decisions about a young person staying at home should take account of the following:

- Victims and potential victims living in household.
- Level of co-operation by parents.
- Level of sharing concern by parents.
- Ability to work alongside agencies (openness, honesty).
- Level of culpability/ability to protect.
- Risk awareness.
- Ability to identify and meet needs.
- Ability to employ risk management strategies.
- Level of alienation of young person in family home.
- Threats of retribution to young person.
- Known history of abuse in family home.

It is important to recognise that shock, denial anger and fear can all be normal initial responses to allegations of problem sexual behaviours. Usually decision making about the viability of a young person remaining at home would be informed by a longer and more comprehensive period of assessment where it is important to observe and assess change in family responses particularly in relation to the above.

Specialist residential considerations

- Community safety issues and nature of behaviours e.g. use of violence or weapons.
- Compulsive patterns in offending history.
- Degree and nature of substance misuse.
- Degree and nature of previous delinquent/aggressive behaviours.
- History of unsuccessful community programmes.
- Potential risk to others.

APPENDIX 5

Risk management review minute

This meeting was convened in accordance with the multi-agency framework and protocol for children and young people with problem sexual behaviours.

Purpose:

- To share information to inform an ongoing risk management strategy.
- To devise a risk management plan.
- To clarify respective roles, tasks and responsibilities.
- To set times for next risk management review.

Name of child/young person	
Date of birth	
Present address	
School/ Further Information/ Work	
Date of risk management review	
Chairperson	
Risk management team membership (name and designations)	
Apologies	
Exclusions from meeting (name and reason for exclusion)	
Past behaviours resulting in implementation of protocol	
Brief description of current behaviour	
List internal and external factors impacting on current behaviours and risk	
List risk management strategies and action plan to decrease risk	

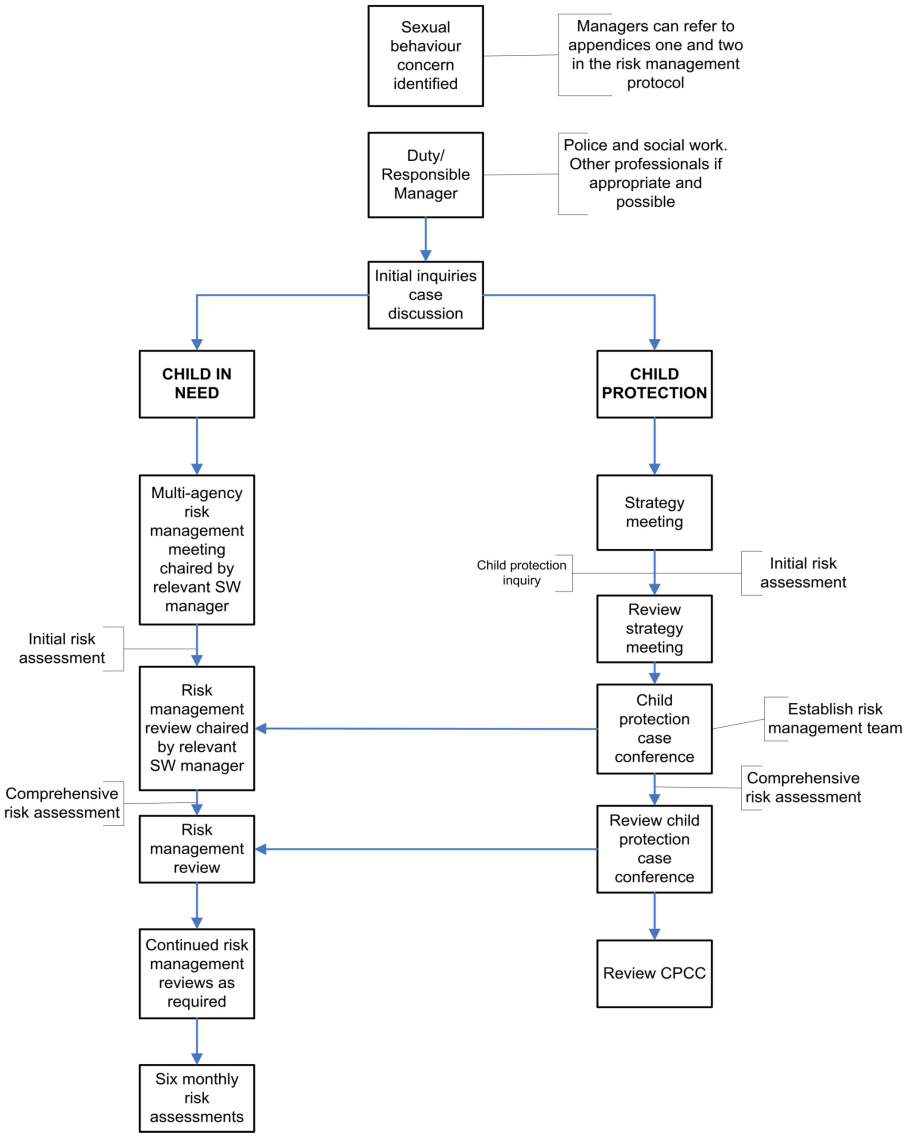
Dissent or disagreement with review discussions or decisions

Name	Nature of disagreement	Consequence

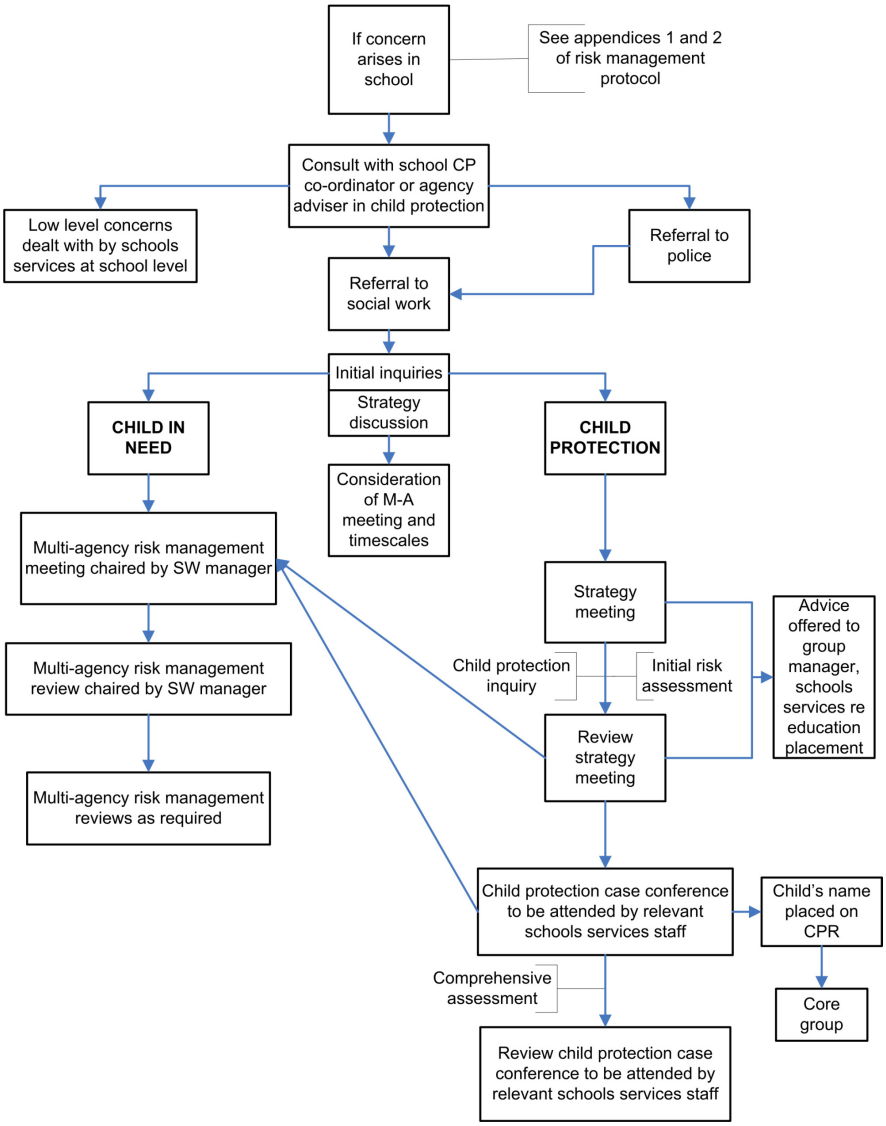
Chairperson's signature:

Date:

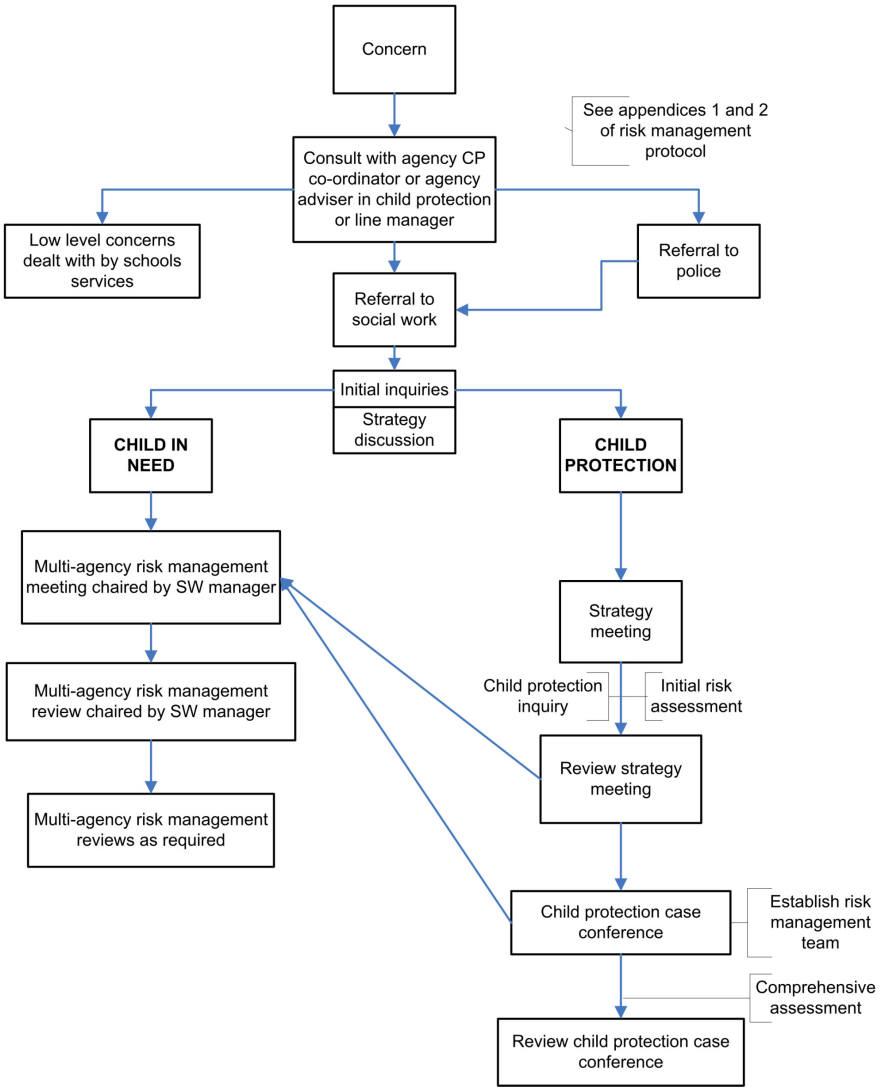
APPENDIX 6: CHILDREN AND FAMILIES SOCIAL WORK



APPENDIX 7: SCHOOLS SERVICES



APPENDIX 8: AGENCIES DEALING WITH PROBLEM SEXUAL BEHAVIOURS



APPENDIX 9

Child protection guidance for the chair

The social work child protection procedures should be followed where an initial child protection case conference is convened. However in relation to young people with problem sexual behaviours the chair should pay particular attention to the following:

- An initial analysis of the problem sexual behaviours.
- Possible routes into the behaviours (child's history of any adversities).
- The child/young person's needs.
- The immediate risk to others.
- Family response.
- Community response.

This will assist in the process of determining:

- Short term risk management requirements.
- The need for a mandate and placement considerations (appendix four).
- Referrals to other agencies, for example, mental health assessment.
- The roles and responsibilities of those involved.
- The need for third party disclosures. It should be noted that unless the child goes through the court system it is the responsibility of social work if third party disclosures should be made, unlike with adult sex offenders where it is the responsibility of the police.
- Social work should alert police in respect of the intention to make a third party disclosure in order to manage any potential impact issues.

The chair will establish membership of the risk management team. Where child protection proceedings continue to be required, this risk management team will continue to meet through the core group system.

The need for a more comprehensive assessment will be identified. At the first core group meeting one of the responsibilities will be to plan the comprehensive assessment.

Subsequent core group meetings should follow the structure identified under risk management reviews.

The situation will be subject to periodic review by review child protection conferencing.

APPENDIX 10

About the author and the implementation of the protocol

Christine McCarlie is an independent social worker. She previously established and managed the Halt Project, a community resource in Glasgow for children and young people with problem sexual behaviours. She provides a range of services including consultation, training, and direct work with children and families. Her current work includes providing consultancy to Dumfries and Galloway Child Protection Committee in its development of multi-agency services for children and young people with problem sexual behaviours. She also provides consultancy to three specialist projects, delivers training to a range of services as well as undertaking direct work with children and young people.

About the implementation of the risk management protocol

This protocol has been launched and adopted by North and South Lanarkshire Councils through a multi-agency training programme provided by Christine McCarlie. The training has assisted the councils in raising awareness and increasing knowledge across the disciplines. It has promoted the development of shared language, terminology and understanding in order to maximise the effectiveness of the protocol's application to practice.

This training has been undertaken on three levels:

Level one: attended by all staff across the councils with responsibility for looking after children.

Areas covered:

Overall philosophy of interventions; the development of problem sexual behaviours in children and young people; different types of behaviours exhibited by children and young people; risk management.

Level two: attended by staff undertaking assessments and direct work.

Areas covered:

Engagement; assessment; long term interventions; working with families; working with other systems; impact issues.

Level three: attended by managers responsible for supervising staff working with children and young people with problem sexual behaviours.

Areas covered:

Supervision; risk management; impact issues; risk management protocol.

Recommended reading

Review of the Management Arrangements of Colyn Evans by Fife Constabulary and Fife Council
Scottish Executive (2005)

Children and young people who sexually abuse: New theory, research and practice developments
Edited by Martin C. Calder (2005)

Facing The Future: A guide for parents of young people who have sexually abused
by Simon Hackett (2001)

Understanding your child's sexual behaviour
by **Toni Cavanagh Johnson (1999)**

The handbook of clinical interventions with juvenile sex offenders
Edited by Gary O'Reilly, William L. Marshall, Alan Carr & Richard Beckett (2004)

What works for children and young people with harmful sexual behaviours
by Simon Hackett (2004)

Attachment and sexual offending: understanding and applying attachment theory to the treatment of juvenile sex offenders
by Phil Rich (2005)

Young people who sexually abuse: Building the evidence base for your practice
Edited by Martin C. Calder (2002)

The complete guide to sexual abuse assessments
by Martin C. Calder (2000)

Working with young people who sexually abuse: New pieces of the jigsaw puzzle
Edited by Martin C. Calder (1999)

AIM2: An initial assessment model for young people who display sexually harmful behaviour
A Greater Manchester initiative working with children and young people who sexually harm

Aim: An initial assessment and intervention for children under 12 years who display sexually harmful behaviour
A Greater Manchester initiative working with children and young people who sexually harm