



Barndale House School

What I learn today, prepares me for tomorrow

Guidance on Harmful Sexual Behaviour and Assessment Tool 2023 - 2024

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Harmful Sexual Behaviours

The following document has been produced using the guidance provided by Safeguarding First and the assessment framework from The Aim Project. The document is to support the process of assessing and supporting students who may present with or be subjected to harmful sexualised behaviours. It is to be read alongside the school's safeguarding policies.

Please note children refers to any student or learner across the school.

Risk assessing sexualised behaviours

Explorative play

Any behaviour that involves inappropriate language or touching can be extremely worrying for both professionals and parents and so it is important to contextualise any situation when explaining what might have occurred. It is necessary to give clarity and facts on the situation and always give consideration as to whether deliberate or significant harm has occurred.

Points to consider:

What is the age of the child involved?

How old are the children that are involved in the incident and is there any age difference between them? Children under the age of 5, in particular 1-4 year olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however should not be overlooked if other issues arise (see following)

Where did the incident take place?

If the incident was in an open area, easily visible, it could be considered less concerning than an incident that may have been contrived e.g. out of view of adults, where another child or children may or could have been coerced.

What was the explanation from the children involved of what occurred?

Can each of the children provide the same explanation of the incident and how has it effected the other involved children? Whether the incident was exploratory or not, it may still cause some upset or distress to any of the students involved which may need to be dealt with separately.

What is each of the children's own understanding of what occurred?

Do the children know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is it possible that the children's explanation is in relation to something they may have heard or been learning about that has prompted the behaviour?

In dealing with an incident of this nature the answers are not always clear cut. All incidents of this nature need to be recorded on CPOMS under the appropriate category of Harmful Sexual Behaviours and then subcategorised; normal, inappropriate, problematic, abusive/violent (See Appendix 2) On either completion of CPOMS or from direct contact with the DSL the Aim Project Checklist will be completed by the class team supported by the DSL.

If there are any further concerns advice will be sought from Children's Services.

All information will be shared as appropriate with parents/carers.

Harmful Sexual Behaviour

Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. The umbrella term is 'Harmful Sexual Behaviour' (HSB). Harmful Sexual Behaviour can occur online and/or face to face and can also occur simultaneously between the two.

When considering Harmful Sexual Behaviour, ages and stages of development of children are critical factors. Sexual behaviour between children can be considered harmful 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. However, a younger child can abuse an older child, particularly if they have power over them, e.g. the child is disabled, or smaller in stature.

Harmful Sexual Behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in Harmful Sexual Behaviour and it may be just as distressing to the young person who instigates it as well as the young person it is intended towards. Harmful Sexual Behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another, sexual assault, rape or abuse.

Consider (as above)

How/when did the incident occur?

Was there an element of power/control/coercion?

Has an incident like this occurred before?

Is there any current/previous involvement with Social Care or other interventions?

Dealing with the incident

When an incident of this nature occurs regardless of whether it is exploration or intended harm, it may often cause staff who are dealing with it to panic. It is important that staff remain calm and do not attempt to question/prompt the children in any way but report directly to the Designated Safeguarding Lead/ Headteacher once it has been established that an incident of concern has occurred.

It is important to deal with a situation like this immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts around what has occurred as soon as possible after the event to ensure facts are as accurate as possible. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. For example; do not use the word perpetrator, this can quickly create a 'blame' culture and leave a child labelled.

Points to consider:

Gather the facts

In cases specifically relating to sexual violence and sexual harassment, part 5 of Keeping Children Safe in Education 2021 states that two members of staff (preferably one being the Designated Safeguarding Lead) should be present to manage the report, *where possible*. Staff should not view

or forward illegal images of the student, but instead confiscate any devices to preserve any evidence and hand them to police for inspection.

The most appropriate member of staff with the best relationship with the child should be the person alongside the child who wishes to disclose wherever possible. However, staff should always be aware that children may choose to disclose to any member of staff that they feel most comfortable with and therefore all staff need basic training in managing disclosures. In any circumstance the member of staff must make clear to the student that they cannot maintain confidentiality if what is being shared has put or will put either them or another person at risk of harm. Staff must also be aware that an initial disclosure to a trusted adult may only be the first incident reported, rather than representative of a singular incident and that trauma can impact memory and so children may not be able to recall all details or timeline of abuse.

In all circumstances, staff need to speak to all the students involved separately, gain a statement of facts from them and use **consistent language** and **open questions** for each account. The easiest way to do this is not to have a line of questioning but to ask them to tell you what happened. This involves listening carefully to the student, reflecting back, using their language, being non-judgemental, being clear about boundaries and how the report will be progressed and not asking leading questions. This means only interrupting to gain clarity with open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?) Then, a full and clear record of exactly what the child has said in their own language should be made (and no individual interpretation of the facts made which could impact on the disclosure) after the student has finished the disclosure, so they feel listened to and recorded on CPOMS and the completion of the Aim Project Checklist (uploaded onto CPOMS after completion).

Consider the intent (begin to Risk Assess)

Has this been a deliberate or contrived situation for a young person to be able to harm another?

Language

Think carefully about the use of language and talk about the behaviours that have occurred, rather than giving the label to either student as 'victim' or 'perpetrator'. For example, 'a behaviour incident has occurred today in school involving your child and I would like to discuss this with you as soon as possible'.

Give the facts, talk through the process of your assessment, the actions you have taken (particularly any calls to Social Care, Police or other experts), the actions you wish to take (e.g. further referral for support), what will happen next and how both children will be supported/protected furthermore.

Give the parents an opportunity to ask questions, to be upset/angry if they need to and ask them if there is anything else they need or want.

Give parents the opportunity to see or speak to you again and the means of contacting you, e.g. phone number, further appointment.

Give parents reassurance, irrespective of whether their child was the one who inappropriately touched or who was touched. Advise them of how to manage the children following this, e.g. not to 're-question them', behave angrily or anything that will be of further detriment to either child.

If you are unsure of anything, seek further clarity and inform the parents of this e.g. if police or social care are going to take any action?

The wishes and feelings of the victim

It is important to understand how the victim wants to proceed to allow as much control as is reasonably possible over the decisions regarding how any investigation will be progressed.

The nature of the alleged incident

This includes consideration as to whether a crime may have been committed and/or whether Harmful Sexual Behaviour has been displayed.

What is the age and development of the students Involved?

How old are the children involved in the incident and is there any age difference between those involved? (In relation to sexual exploration, children under the age of 5, in particular 1-4 year olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however should not be overlooked if other issues arise (see following). Any imbalance of power and control must be considered.

Are there any additional vulnerabilities?

Children with Special Educational Needs and Disabilities (SEND) are three times more likely to be abused than their peers. Therefore, care must be taken to ascertain any changes in mood or behaviour without attributing that to the child's condition. Every effort must be made to overcome barriers to communication and ensure the voice of the child is heard.

Where did the incident or incidents take place?

Was the incident in an open, visible place to others? If so, was it observed? If not, is more supervision required within this particular area?

What was the explanation by all children involved of what occurred?

Can each of the young people give the same explanation of the incident and also what is the effect on the young people involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one young person different from another and why?

What is each of the children's own understanding of what occurred?

Do the young people know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person understand the impact of their behaviour on the other person?

In dealing with an incident of this nature the answers are not always clear cut. If you are concerned or unsure as to whether or not there is any risk involved, please seek advice from those involved with the student eg CYPS, Children's Services Social Care.

Repetition

Has the behaviour been repeated to an individual on more than one occasion? In the same way it must be considered has the behaviour persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?

Ongoing risks

Are there any ongoing risks to the victim, other children, or academy/Trust staff?

Contextual Safeguarding/Extra Familial Harm

Is there any other related or wider context involving the children, including any links to child sexual exploitation or child criminal exploitation?

The Script

Some useful words/phrases and language to use when discussing such incidents:

- A behaviour incident has occurred in school.
- Exploration
- Age-appropriate
- I/We have had to seek advice and make a referral in order to ensure that your child is safe and supported
- Inappropriate touching
- Steps have been taken to safeguard your child
- The following....has been reviewed (supervision, breaks, lunchtime etc)
- Your child will not be labelled
- This is an incident that occurred and was managed as quickly and sensitively as possible
- Please do not question your child but if your child wishes to talk about the incident, let them
- It is now about supporting the child(ren) and ensuring additional support or services is implemented
- Please come back and ask questions/seek support or clarity
- Please refrain from sharing such sensitive information on social media although you may feel angry/upset/frustrated come and speak to us in school rather than share information online which is open to the public/internet site

Decide on your next course of action

If from the information that you gather you believe a child or children to be at risk of significant harm you must contact the DSL who will make a Safeguarding referral to social care immediately (where a crime has been committed the police should be involved also). If this is the case, once Social Care has been contacted and a decision made on what will happen next then you will be informed on your next steps.

If Social Care and the Police intend to pursue this further they may ask to interview the children in school or they may ask for parents/carers to come to school to be spoken to also. It is important to be prepared for every situation and the potential time it may take.

It may also be that Social Care feel that it does not meet their criteria in which case the DSL will consider the need to challenge that decision, with that individual or their line manager. If on discussion however, you agree with the decision, either the DSL or the class teacher will inform parents/carers.

Informing parents

If, once appropriate advice has been sought from police/social care you have agreement to inform parents/carers or have been allocated that role from the other services involved then the DSL or class teacher will need to inform the parents as soon as possible. If services are not going to be involved then equally, this information may need to be shared with parents/carers. Parents/carers would not be informed if by doing so the child was put at further risk of significant harm.

If a young person is deemed to be 'Gillick Competent' following the 'Fraser' guidelines and does not wish you to share the information with parents/carers, then the DSL must consider this especially for example if the young person is pregnant and this is why they are being bullied (unless this has occurred through significant harm in which case a criminal/social care case is likely or the young person is under the age of 13).

In all circumstances where the risk of harm to the young person is evident then the school should encourage the young person to share the information with their parent/carer or even with them (they may be scared to tell parents/carers that they are being harmed in any way). Where the school can evidence they are acting in the best interests of the young person they would not be criticised, however this would be the case if they actively breached the rights and choices of the young person. The best way to inform parents/carers is face to face. Although this may be time consuming, the nature of the incident and the type of harm/abuse a young person may be suffering can cause fear and anxiety to parents/carers whether their child is the child who was harmed or who harmed another.

Moving Forward

Whatever the outcome may be from external intervention or not, support for the young person will continue within the school. It may be that the incident was considered a 'one off' and support such as speaking to all the students involved, or having a class discussion/assembly on appropriate and acceptable behaviour is enough. However, you may need to implement risk assessments as part of the pastoral plan for the students involved. This may be for a short or longer period of time but should consider the triggers of the behaviour, how to keep the young person safe, areas that may require more adult supervision and individual support for the young person to be able to seek help when required.

The Child Protection and Peer on Peer/Child on Child Abuse Policy provides further information.



The AIM Project Children Under 12 Years Old Checklist

Sexual Behaviour Continuum of Potential Harm to Self and/or Others



Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour Younger Children 0 -7 years old			
<p>Disinhibition, they enjoy being naked or semi naked</p> <p>Games like mummies & daddies/doctors & nurses</p> <p>Touching their genitals as a way of soothing themselves and regulating their emotions</p> <p>Enjoying saying 'rude' words e.g. bum & willie, particularly to get reactions from adults</p> <p>NB: The ability and developmental level of the child is important, not all children will engage in these behaviours</p>	<p><i>Location</i> – the behaviour is healthy but is done in a public space, for example a child touching themselves on the school stage at assembly</p> <p>Copying adult sexual language without understanding meaning, but knowing it is 'rude'</p> <p>Pushing boundaries, eg. Touching a female adult's breast when they know the social rules about private parts, but do it for a reaction</p>	<p>Trying to touch or expose other children's genitals</p> <p>Touching their genitals frequently, particularly if this is the only way they comfort themselves and regulate strong emotions</p> <p>Not easily distracted from the behaviour even when advised by adults</p> <p>They are deriving pleasure from the sexual behaviour, which makes it more difficult for them to stop</p> <p>Siblings are engaged in the behaviour together</p>	<p>Engaging in or simulating adult sexual activity e.g. intercourse, oral sex.</p> <p>Touching/rubbing their genitals persistently, causing pain or injury; continuing even when advised to stop</p> <p>Forcibly touching other children's genitals or forcing them into sexual play, particularly with siblings</p> <p>Trying to touch adults' genitals</p> <p>Sexual activity with objects, toys, furniture and in more serious cases, animals</p> <p>Seeking inappropriate material online</p>



Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour Older Children 8 – 12 years old (More cognitively able, but some may be functioning at a lower age level)			
<p>Kissing and flirting, mimicking relationship behaviours</p> <p>Dirty words/jokes with their peer group</p> <p>Occasional masturbation</p> <p>Seeking sexual imagery/words online</p> <p>NB: The ability and developmental level of the child is important, not all children will engage in these behaviours</p>	<p>One off behaviours, e.g touching over clothing, that are due to peer pressure, rather than a particular interest of the child</p> <p>Sending or requesting nude/semi clothed or sexual texts/pictures</p>	<p>Sexual bullying through social media</p> <p>Preoccupation with masturbation, which may be causing them some anxiety</p> <p>Siblings mutually engaged in sexual behaviours with each other</p> <p>Mutual masturbation or group masturbation</p> <p>Increasing preoccupation with accessing pornography</p> <p>Sending or requesting sexual texts/ pictures, where there are elements of pressure, but the child does not persist if the recipient does not comply</p>	<p>Engaging in or simulating adult sexual activity e.g. intercourse, oral sex.</p> <p>Deliberate exposure of their genitals</p> <p>Sexual abuse of siblings or extended family members</p> <p>Persistent online sexual bullying, alone or in a group</p> <p>Blackmailing, making sexual threats on or offline</p> <p>Making sexual threats, electronically, written or verbal</p> <p>Fixation on pornography</p>



Normal	Inappropriate	Problematic	Abusive/Violent
2. Context of behaviour			
<p>Characterised by curiosity, mutuality and is exploratory in nature</p> <p>Open, not hidden</p> <p>Emotions around the behaviour are fun and light hearted</p> <p>The behaviour is spontaneous There is no intent to cause harm</p>	<p>The children approached seem uncomfortable with the behaviour</p> <p>The child may be aware that their behaviour is not appropriate, but not really understand why</p>	<p>The child is focused on the behaviour but not to the exclusion of everything else in their life</p> <p>The child is aware that their behaviour is not acceptable and understand why but continue to engage in it, even when advised to stop</p> <p>There may be some elements of planning, but this is not well developed, or it is at early stages of developing their methodology</p> <p>Touching themselves and masturbation are increasing in frequency, but they do have some other methods of dealing with intense emotions</p>	<p>Behaviour is planned, secretive; there are elements of threat, force, coercion</p> <p>Touching themselves and masturbation is frequent and compulsive and seem to be to resolve high levels of intense emotions for the child e.g. anger, sexual arousal, insecurity</p>
3. Child's emotional response when challenged about their behaviour			
<p>Younger children may be giggly and think it is funny because it is 'rude'</p> <p>Older children may be awkward and embarrassed as they may be aware of the social rules</p>	<p>Embarrassed because of awareness of the social rules and about what other people may think of them</p> <p>Dependent on age & understanding, able to understand and take responsibility for their behaviour and its effects on others</p>	<p>Child ashamed</p> <p>They may initially struggle to take responsibility for their behaviour</p> <p>When given information about why their behaviour is a problem, the child is able to demonstrate some remorse and empathy for those children targeted</p>	<p>Child angry, fearful, aggressive, distressed</p> <p>Or passive, lacking in understanding why anyone would be worried</p> <p>Struggles to take responsibility for their behaviour, blames/threatens others verbally, physically; does not show empathy</p>



Normal	Inappropriate	Problematic	Abusive/Violent
4. Impact on other children/ adults			
<p>Children engaging freely, happy</p> <p>Between children, behaviour is mutual, the children are free to engage or disengage as they choose</p>	<p>The other child is able to tell the child to stop and to go and find an adult to help</p> <p>If directed at adults, they feel able to manage the behaviour and be clear with the child that it is inappropriate</p>	<p>Uncomfortable, unhappy with behaviour, may not feel able to tell an adult so demonstrate it by their behaviour</p> <p>If directed at adults, they may feel physically uncomfortable; may not be keen to have the child near them</p>	<p>Withdrawn, fearful, shamed, actively avoiding the other child. May not tell an adult</p> <p>If deliberately directed at adults they feel physically uncomfortable or intimidated and disempowered in the situation</p>
5. Power Dynamics			
<p>Similar age and ability</p> <p>Would normally play/ socialise together</p> <p>There are no factors to suggest a power imbalance</p>	<p>The children would not normally play/ socialise together, so this is unusual</p> <p>There is no real power imbalance between them</p>	<p>Some factors/dynamics which suggest one child is more in control than the other eg size, status, ability, strength, personality</p>	<p>There are clear power differences e.g. due to age, size, status, ability, strength, personality etc</p> <p>Bullying, coercion and blackmail through the use of technology/ social media which is directed at those perceived to be more vulnerable</p>
6. Frequency of the behaviour			
<p>Behaviour is age appropriate and sporadic or a one off</p>	<p>Behaviour is not appropriate for the child's age. It may be a one off or sporadic</p> <p>The behaviour is not the main focus for the child</p>	<p>Behaviour has happened on more than one occasion but there may be long gaps between incidents, meaning that the behaviour is not the main focus for the child, but may be triggered by events or linked to opportunity</p>	<p>Frequent incidents increasing in intensity or intrusiveness</p> <p>Main way they seem to seek comfort/ reassurance or control.</p> <p>It is disproportionate to other aspects of their life</p>

Normal	Inappropriate	Problematic	Abusive/Violent
7. Persistence of the behaviour			
<p>Healthy behaviours are unlikely to be persistent as they are not a significant part of the child's life</p>	<p>Behaviour is not appropriate for the child's age. It may be a one off or sporadic</p> <p>The child is interested in other things</p>	<p>Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour</p> <p>Child responsive to intervention but sometimes needs to be reminded</p>	<p>Child cannot be distracted from the behaviour easily and returns to the behaviour</p> <p>Focus on the behaviour is disproportionate to other aspects of their life</p> <p>It appears to be compulsive and the main way they seek comfort/attention and Control</p> <p>Continuing to try to gain access to the victim on or offline/ or to access technology despite parental / external controls</p>
8. Background information/ Family Response			
<p>Nothing known of concern</p> <p>Parents/carers are supportive of the child</p>	<p>Nothing known of concern</p> <p>Family struggle to accept their child has engaged in sexual behaviours, seek alternative explanations</p>	<p>Child has other difficult behaviours</p> <p>Little known about the family or there are some concerns about the family</p> <p>Family struggle to accept their child has engaged in sexual behaviours or are minimising the concern</p>	<p>Patterns of discontinuity of care/poor attachment</p> <p>High levels of trauma eg physical, emotional, sexual, neglect, domestic violence</p> <p>Child has other behavioural problems or conduct disorder/ ADHD/ PTSD</p> <p>Other significant concerns such as cruelty to animals or fire setting</p> <p>Family denial/minimization of the impact of the behaviour, especially with technology based sexual behaviours</p> <p>Blaming of the victim, threatening the victim and family Rejecting or harsh punishment of the child</p>

The AIM Project Adolescents With Learning Disabilities Checklist



Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behavior			
<p>Explicit sexual discussions, use of sexual swear words, sexual jokes</p> <p>Flirtatious behaviour, kisses/cuddles Online activity – seeking sexual imagery **Legally over 16 years old - mutually consenting masturbation/ sexual intercourse/ oral sex etc.</p> <p>** This is the legal limit but it is important to consider the young person's sexual activity in the context of their age and ability level, particularly the ability to understand their sexual behaviours and the consequences, both physically and emotionally</p> <p>Some adults may not wish them to be sexual until they are 18 years old, but sexual development is an important part of the young person's overall development</p>	<p>Single instances of inappropriate sexual behaviour (see examples below)</p> <p>Socially acceptable behaviour within the peer group even if adults would not approve or they are technically illegal, e.g. sharing of naked or semi naked or sexually provocative pictures of self with a 'boyfriend/girlfriend'</p> <p>Engaging in sexual conversations on line, with strangers, particularly in chat rooms</p>	<p>Their sexual development or feelings are confusing for them</p> <p>They may show sexual behaviours more appropriate for a younger child</p> <p>They may not understand the concept of private and public behaviours</p> <p>Use of adult sexual language without understanding meaning</p> <p>Touching their genitals frequently particularly if this is the only way they comfort themselves and regulate strong emotions</p> <p>Trying to touch other young people's bodies or genitals over clothing – behaviours are not hidden</p> <p>Concerning behaviours are displayed in two or more settings</p>	<p>Abusive Sexual behaviours involving misuse of power and with an intent to cause harm</p> <p>Use of coercion and force to ensure victim compliance</p> <p>Intrusive sexual behaviours including penetration or attempted penetration anal, vaginal or oral by penile, digital or objects</p> <p>Sexual preoccupation which interferes with daily function</p> <p>Evidence of high level of sexual compulsivity, e.g. masturbation, hoarding of sexually explicit images on or off line</p> <p>Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence</p>



Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour			
		<p>Pre-occupation with masturbation, particularly if having difficulties with ejaculation</p> <p>Pressurising others to send intimate/ embarrassing pictures</p> <p>Sharing intimate/ embarrassing pictures of others to embarrass them but not threaten or coerce them.</p>	<p>Chronic use of pornography and distorted concepts of what is real or inability to differentiate</p> <p>Use of hard-core pornography involving younger children</p> <p>Self-reported sexual interest in children, or abuse of younger children</p> <p>Self-reported predatory sexual fantasies concerning peers and adults</p> <p>Young person has offended against strangers (adult or child) in a public setting</p> <p>Unusual sexual activities such as fetishes / sexual activity with animals etc.</p> <p>Coercion of others to share intimate/embarrassing pictures</p> <p>Making sexually explicit threats, or blackmail through social media</p> <p>Involvement in sexual exploitation, including procuring for others</p> <p>Violent Physical, violent sexual assault or rape</p> <p>Violence which is physiologically and/or sexually arousing to the young person</p> <p>Use of hard-core porn with violent/aggressive themes</p>



Normal	Inappropriate	Problematic	Abusive/Violent
2. Context of behaviour			
<p>Developmentally expected Socially acceptable Consensual, mutual, reciprocal both parties are free to engage and disengage</p> <p>Shared decision making</p>	<p>Context for the behaviour may be inappropriate eg. location</p> <p>Generally consensual and reciprocal even if adults would not approve</p>	<p>No overt intent to cause harm but other person feels hurt or uncomfortable. Consent issues may be unclear May lack reciprocity or equal power</p> <p>May include levels of compulsivity</p> <p>Behaviour infrequent/ isolated incident</p> <p>Behaviour is self-directed</p> <p>Behaviour is restricted to a specific setting</p> <p>Behaviour in the context of 'romantic' relationship but where there may be pressure to please</p> <p>Recipients of the sexual behaviour are not equipped to describe their wants and desires and to give consent</p> <p>Behaviour appears influenced by peers</p>	<p>Behaviour, planned, manipulative, secretive, there are elements of violence, threat, force, coercion (to ensure victim compliance)</p> <p>Includes misuse of power</p> <p>Sexual preoccupation which interferes with daily function</p> <p>Young person has one or more previous convictions/ final warning/ reprimands for sexual behaviour</p> <p>Young person has a pattern of prior sexually aggressive behaviour</p> <p>The behaviour is a way for them to cope with negative emotions</p> <p>Recipients of the sexual behaviour are not equipped to describe their wants and desires and to give consent</p>



Normal	Inappropriate	Problematic	Abusive/Violent
3. Young Person's response when challenged about their behaviour			
<p>Happy, Comfortable</p> <p>May be embarrassed if spoken to by adults about their sexual behaviour</p>	<p>Embarrassed if spoken to by adults about the behaviour</p> <p>Challenging of the adults, saying this is what their age group do</p> <p>Accepting of the adult's perspective and changes behaviour</p>	<p>Embarrassed, ashamed, anxious; Self-harm</p> <p>Did not understand the possible impact (particularly re activity online/social media)</p> <p>Appears highly anxious or confused re sexual development or boundaries</p> <p>Can understand/retain reasons why others feel the behaviour is problematic</p> <p>Experiences consequences as significant/ has some awareness of the consequences</p>	<p>Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them</p> <p>Denial of responsibility/ minimization of harm/ blames the victim</p> <p>Young person states that they will continue with the behaviour even if they are aware of the consequences</p> <p>Self-harm or other risky behaviours</p>
4. Impact on recipients of the sexual behaviour, which may include adults			
<p>The other young person may be happy, comfortable or may be embarrassed if found by adults</p>	<p>The other young person may be embarrassed if spoken to by adults</p>	<p>The recipient of the sexual behaviour is a child or another young person with learning disabilities and the power difference makes them vulnerable</p> <p>The other young person is uncomfortable or irritated, but not fearful or anxious. They feel able to tell someone</p> <p>If adults are the recipients of the sexual behaviour, they may feel physically uncomfortable or disempowered</p>	<p>The recipient of the sexual behaviour may feel uncomfortable, fearful, anxious, suicidal if the abuse has been through social media</p> <p>The recipient of the sexual behaviour may be trying to avoid the young person e.g. stopping attending school, or going out socially</p> <p>Adults may feel disempowered, intimidated and unable to control the behaviour or protect themselves or others</p>



Normal	Inappropriate	Problematic	Abusive/Violent
5. Power Dynamics			
<p>Both parties are peer aged and equal ability levels</p> <p>There are no factors to suggest a power imbalance</p>	<p>Peer aged or equal ability levels but the behaviours are clearly led by the young person</p> <p>Relationships where there is an age or ability gap which may create a power imbalance and make the younger person or the other person vulnerable</p>	<p>May be a naïve attempt at developing a relationship</p> <p>Online and on social media, the young people involved may not know each other at all, but join in group behaviours</p> <p>Young person predominately associates with children 3 or more years younger but has reached puberty themselves</p> <p>Power imbalance due to age, physical strength and capacity, emotional development</p>	<p>There are clear power differences in the relationship which may be based on age, ability, gender, strengths, capacity, emotional development</p> <p>The young person has very poor social/ communication or intimacy skills</p> <p>Victims online and offline are selected for their vulnerability, and are intimidated and/or sexually exploited</p>
6. Persistence/ frequency of the behaviour			
<p>Healthy interest in sexual behaviour but not the sole focus of interest in the young person's life</p>	<p>Young person may have tested a few boundaries but is generally rule abiding</p>	<p>Interest in sexual behaviour is slightly out of balance with other aspects of the young person's life, but it is not all consuming</p> <p>Responds to complaints by stopping or changing behaviour</p> <p>Intervention has some impact but behaviours may resume</p>	<p>Young person is obsessed or preoccupied with sexual thoughts/ pornography which is out of balance with other aspects of their lives.</p> <p>Their focus is on sex which is violent, aggressive, sadistic or involves children</p> <p>Incidents are frequent or increasing in frequency</p> <p>The behaviour has been happening over a period of time and/or has been repeated against the same victim</p> <p>Evidence of a high level of sexual compulsivity</p> <p>Behaviours have persisted despite significant negative consequences</p> <p>Young person continues to seek access to the victim on or offline/ or accesses technology despite parental/ external controls</p>



Normal	Inappropriate	Problematic	Abusive/Violent
7. Other Behavioural problems			
<p>No other behavioural problems, healthy peer relationships</p>	<p>No other evident behavioural problems but if present would be minimal and manageable through normal processes in school</p>	<p>Poor sexual boundaries</p> <p>Young person isolated in the community or has a very restricted lifestyle</p> <p>Problems coping with difficult emotions or in making connections and relationships.</p> <p>They may already have been subject to some interventions through school but not to the extent of exclusion</p>	<p>Co-morbid diagnoses of depression or other significant mental health problems</p> <p>Co-morbid diagnoses of Conduct Disorders/ADHD</p> <p>Long standing history of severely problematic or challenging behaviours</p> <p>School exclusions</p> <p>Highly impulsive/ compulsive behaviour</p> <p>Other offending behaviours for which they received significant sanctions, eg fire setting</p> <p>History of cruelty to animals, including torture and killing</p> <p>Problems with drugs or alcohol</p>




Normal	Inappropriate	Problematic	Abusive/Violent
8. Background Information/ Family response			
<p>No significant family history</p> <p>Parents have a positive view of young person's developing sexuality</p> <p>Positive attachments with parents and carers</p> <p>At least one positive friendship</p> <p>Young person has access to social and leisure pursuits and to appropriate sex education</p>	<p>No significant concerning family history</p> <p>Parents respond appropriately and proportionately to behaviours, e.g. by setting boundaries and providing information about why the behaviour is inappropriate</p>	<p>Family anxious about young person's developing sexuality and have inappropriate concerns about this</p> <p>There may be some previous low-level concerns about the family functioning / stresses</p> <p>Family initially struggle to accept that their child has a problem</p> <p>Family have problems or cultural objections to discussing sexual behaviours</p> <p>Boundaries within the family on privacy, intimacy, sexual information and activity or they are not clear or not enforced.</p>	<p>Pattern of discontinuity of care/ poor attachments within the family</p> <p>High levels of trauma within the family e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence</p> <p>Family members have anti-social history including offences against children</p> <p>Family are minimizing the behaviour or are rejecting of the young person, harsh or punitive</p> <p>There are poor or no boundaries re privacy, intimacy, sexual information and activity or they are not clear or not enforced</p> <p>Viewed negatively in community due to sexual behaviours</p>

The AIM Project Checklist



Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Outcome – Mark on the continuum the overall outcome for this child		
		
Is further pattern mapping or a full AIM Assessment required?		
Pattern Mapping	Yes	No
AIM Assessment	Yes	No
What is the rationale for your decision?		

Appendix 2

