



Preventing Harmful Sexual Behaviour Involving Children and Young People with Intellectual Disability



@FnLead

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The Expert Group on Preventing Sexual Offending Involving Children and Young People

Commissioned by the Scottish Government

**Prevention of and Responses to
Harmful Sexual Behaviour by Children
and Young People**



January 2020



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Expert Group

- Established by the Cabinet Secretary for Justice and the Solicitor General in order to bring together expertise from across education, health, justice, and service providers in the third sector in Scotland

Background

- Research commissioned by Scottish Government and published in September 2017, highlighted that sexual crimes had **increased by five per cent** from the previous year.
- Around **half** of the growth in all sexual crime reported to the police between 2013-14 and 2016-17 was due to growth in **sexual crimes** that had been committed **online**
- Such crimes are much more likely to have **younger victims** (mainly female) and **younger perpetrators** (mainly male).

Background

- Three quarters of victims were under 16 in 2016-17 (with an average age of 14)
- In a **quarter** of cases both the victim and perpetrator were **under 16**.

Background

- Much of the research in the UK and in other jurisdictions suggests that at least around **one third** of all harmful sexual behaviour towards children and young people is committed by children and young people (Hackett et al 2017)

Purpose of Expert Group

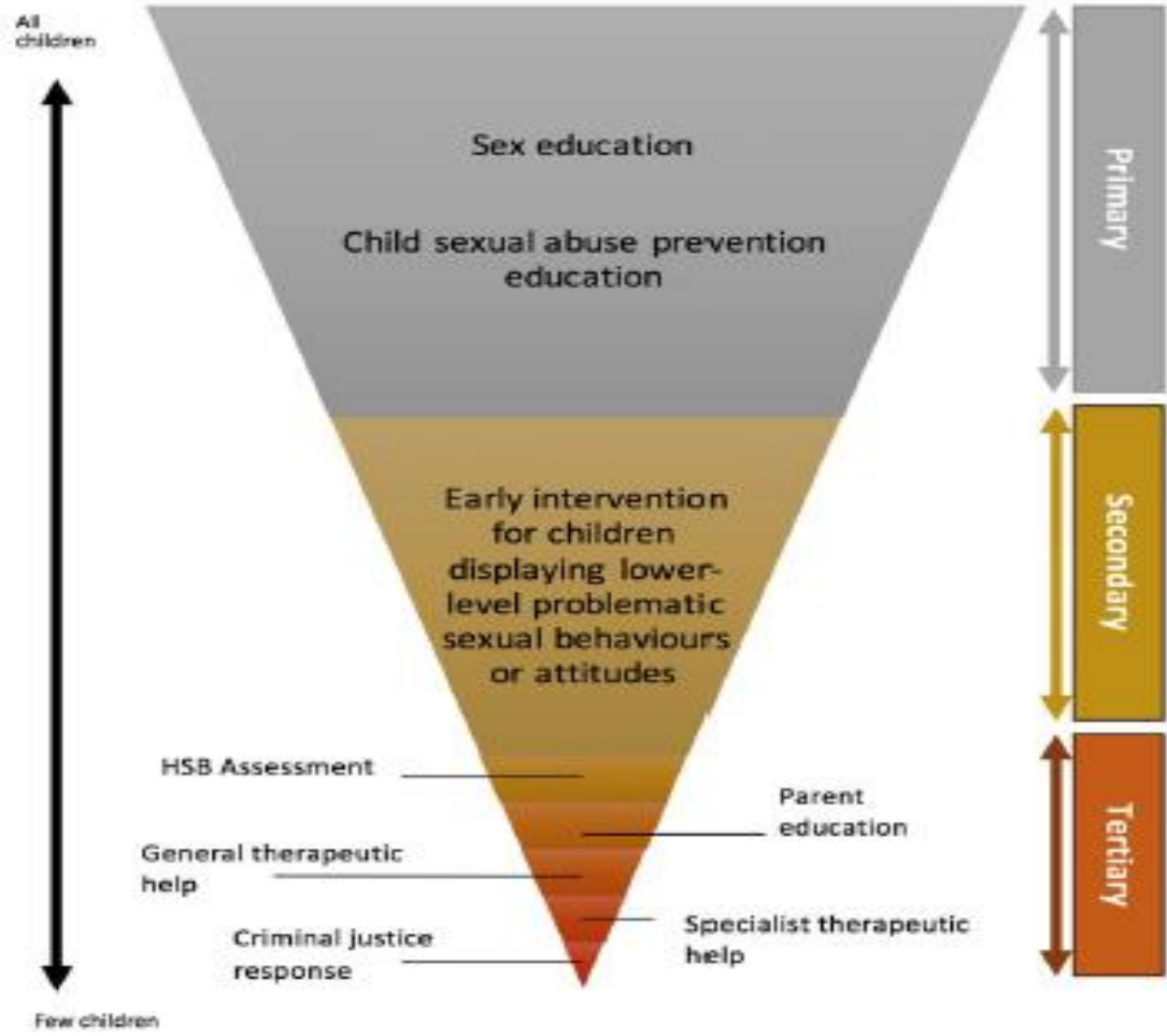
- Review evidence
- Review current responses
- Consider possible further actions to prevent and manage such behaviours

Harmful Sexual Behaviour

- ***Sexual behaviours*** expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be ***harmful*** towards self or others and/ or be abusive towards another child or young person (NSPCC and Prof Hackett).

Prevention

- **Primary prevention:** keeping children and young people from becoming involved in any form of harmful sexual behaviour
- **Secondary prevention** - supporting children and young people who are harmed, and those who cause that harm, but which is not of the most serious type; and focussed help to individuals and families where there appear to be factors suggesting risk of development of HSB
- **Tertiary prevention** - supporting and rehabilitating those children and young people who are harmed and cause harm by the most serious types of harmful sexual behaviours.



Continuum of Sexual Behaviour

Normal

Developmentally expected

Socially acceptable

Consensual, mutual, reciprocal

Shared decision-making

Inappropriate

Single instances of inappropriate sexual behaviour

Socially acceptable behaviour within peer group

Context for behaviour may be inappropriate

Generally consensual and reciprocal

Problematic

Problematic and concerning behaviours

Developmentally unusual and socially unexpected

No overt elements of victimisation

Consent issues may be unclear

May lack reciprocity or equal power

May include levels of compulsivity

Abusive

Victimising intent or outcome

Includes misuse of power

Coercion and force to ensure victim compliance

Intrusive

Informed consent lacking or not able to be freely given by victim

May include elements of expressive violence

Violent

Physically violent sexual abuse

Highly intrusive

Instrumental violence which is physiologically and/or sexually arousing to the perpetrator

Sadism

Brook Sexual Behaviours Traffic Light Tool

TRAFFIC LIGHT TOOL

SCENARIOS

0 to 5 years

5 to 9 years

9 to 13 years

13 to 17 years

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment

2012 UK study

- Most incidents of physical, sexual or emotional abuse are perpetrated by other children and young people
- 16% of individuals reported HSB in the previous year by siblings (31.8% at some time during childhood)

- Children with HSB differ from adolescents and adults who engage in HSB:
 - Upwards of 95% of adolescents and adults who sexually offend are male (OJDDP, Juvenile Justice Bulletin, December 2009; Greenfeld, 1997) but **65% of preschool children with HSB are female** (Silovsky and Niec, 2002).

- Studies of very young children exhibiting HSB suggest that a significant proportion have been sexually victimised
- The younger the child who engages in HSB, the more likely the child is to have experienced sexual abuse

Possible reasons for recent increase in HSB

- Early exposure to online pornography
- Sexualised media content
- Adverse Childhood Experiences
- Dysfunctional family environments
- Limited research to guide policy and intervention

NSPCC sponsored UK study

- More boys view online pornography through choice than girls
- At the **age of 11**, most children have not seen online pornography
- By the **age of 15**, children are more likely than not to have seen online pornography
- Children are as likely to stumble across pornography via a “pop up” as to search for it deliberately

NSPCC sponsored UK study

- The proportions wishing to emulate pornography increase with age (21% for 11-12 year olds, 39% for 13-14 year olds, and 42% for 15-16 year olds)
- Some 44% of males, compared with 29% of females, reported that the online pornography they had seen had given them ideas about the types of sex they wanted to try out.

- Many front line professionals still usually assume that the person causing harm will be an adult
- The current criminal justice responses therefore are largely predicated on the requirements of dealing with an adult
- Lack of developmentally appropriate services/responses

- Provided there is detection and effective intervention, children exhibiting HSB are at a relatively **low risk for future behaviours**
- Individualised, developmentally appropriate interventions are required

Subgroups considered the following:

- **Children and Young People with Intellectual Disabilities**
- Collaborative Working
- Data and intelligence
- Interfamilial Behaviours
- Internet Pornography
- Involvement of Younger Children
- Use of the NSPCC Audit Tool
- Peer on Peer Abuse
- Risk Assessments and Responses

Intellectual Disability and HSB

- Child Abuse Review by Hackett et al 2013:
 - 700 children and young people referred to nine UK services over a nine year period as a result of sexually abusive behaviours
 - **38%** of the sample was identified as having an **intellectual disability** (compared to 1-2% of the general population having an intellectual disability).

Members of Sub-groups

Children and Young People with Intellectual Disabilities – Chair Dr Jana de Villiers

Prof Ethel Quayle CBE	Professor of Forensic Clinical Psychology, COPINE Research, Clinical & Health Psychology, School of Health in Social Science, University of Edinburgh
Dr Keith Bowden	Programme Director – Learning Disabilities Psychology, NHS Education for Scotland and Honorary Senior Lecturer, School of Psychology and Neuroscience, University of St Andrews
Dr Helen Smith	Consultant Forensic Child and Adolescent Psychiatrist, Forensic CAMHS, NHS GGC, and West of Scotland Clinical Lead for CAMHS
Stephen Barry	Clinical Team Manager/Lead Clinician, Avon and Wiltshire Mental Health Partnership NHS Trust, Be Safe Service, Bristol
Stephanie Rose	Constable, Safer Communities, Equality and Diversity, Scottish Crime Campus
Monica McGeever	HM Inspector, Education Scotland
Emma Hanley	Child Protection Health Consultant, CELCIS

Fyson 2007

- Survey of forty schools for children with 'special needs' found that 88% identified pupils behaving in sexually inappropriate ways (19% reporting incidents on a weekly basis).

Secure Care Census 2018

- 87 young people in secure care on census date
- 23% diagnosis of ASD
- 16% Social Learning and Communication Needs
- 28% Trauma
- **No FASD or intellectual disability identified**

ID Subgroup Key points

- It is relatively common for young people with ID to display inappropriate sexual behaviour, but the majority of individuals with ID do not engage in HSB.
- The benefits of the internet and social media to young people with additional support needs, who otherwise often struggle with social engagement, can be very significant (Caton & Chapman 2016).

ID Subgroup Key Points

- Note the benefits of healthy relationships for this group, and initiatives to promote healthy relationships should be supported
- Further research is required in young people with additional support needs across the lifespan to clarify when to intervene and how to intervene

Primary Prevention

- High quality healthy relationship information in Additional Support Needs settings
- Easily accessible **evaluated** online resources for young people, families and professionals
- Culture that HSB is not tolerated and is effectively managed in ASN settings
 - High frequency of sexually harmful acts occurred in school/residential settings (Hackett et al 2017)

Illustrative case study

- A 14 year old boy with mild ID and recently diagnosed autism is noted to be masturbating in class. It subsequently comes to light that he is part of a Facebook group with peers at his 'additional support needs' school that has been sharing inappropriate images. It appears that he is considered a leader within this group, and that others within the group have higher levels of vulnerability. Limited guidance is available to agencies to manage the situation described.

Secondary Prevention

- Information sharing between agencies
- Consider a range of adapted interventions (eg Keep Safe Treatment Manual)
- Identify unmet needs and vulnerabilities
- Multiagency management plans to facilitate diversion from prosecution

Case study

- An 11 year old boy with intellectual disability and ADHD is currently resident in a children's home, subject to 24 hour supervision due to concerning behaviours. He has a history of severe physical and sexual abuse from a very young age. He has a strong drive to access online pornography, making determined efforts to evade supervision. He has committed penetrative sexual assaults against three other boys in primary school. He is due to transition to secondary school and is increasingly resentful of his supervision levels. He wants to have a mobile phone to fit in with his peers. He has been assessed as having a very slow processing speed and expressive language difficulties, hampering interventions. The risk he poses to other children remains high and should he evade supervision a further sexual assault on another child is highly likely.

Tertiary prevention

- Diversion from prosecution may not be in either the offender's or the victim's interest
- NICE guidelines (Sept 2016): range of recommendations for effective multi-agency working and communication
- Specialist intervention as soon as possible
- Propose a national expert advice and consultancy service

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The Overarching Expert Group Proposal

- **A multi-agency Group** should be established to oversee the **implementation** of the Expert Group proposals and to **ensure continuous improvement across all statutory**
- It should report on progress to the National Child Protection Leadership Group and the Minister for Children and Young People.

All relevant guidance published for use by parents and carers should make reference to the Hackett Continuum and Brook Traffic Light Tool.

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision-making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

TRAFFIC LIGHT TOOL			SCENARIOS
0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Green behaviours</p> <ul style="list-style-type: none"> solitary masturbation sexually explicit conversations with peers obscenities and jokes within the current cultural norm interest in erotica/pornography use of internet/e-media to chat online having sexual or non-sexual relationships sexual activity including hugging, kissing, holding hands 	<p>Amber behaviours</p> <ul style="list-style-type: none"> accessing exploitative or violent pornography uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing concern about body image taking and sending naked or sexually provocative images of self or others 	<p>Red behaviours</p> <ul style="list-style-type: none"> exposing genitals or masturbating in public preoccupation with sex, which interferes with daily function sexual degradation/humiliation of self or others attempting/forcing others to expose genitals sexually aggressive/exploitative behaviour sexually explicit talk with younger children sexual harassment 	

Research in Scotland should be commissioned into potential causes of HSB involving children and young people causing harm to other children and young people; and all current preventative responses and other interventions should be evaluated.

In particular there should be focus on **aspects of HSB which are specific to experiences of those children and young people with Intellectual Disabilities and other neurodevelopmental disorders** (including Autism, Attention Deficit Hyperactivity Disorder and Foetal Alcohol Spectrum Disorder)

A matrix should be developed (similar to those available in other public health scenarios) to guide all front line practitioners regarding the **evaluated services** available for children and young people, and **how to access qualified professionals** who can facilitate contact for early assessment and referral to suitable services.

Care and Risk Management (CARM)

processes provide a framework for professionals in relation to the management of risk for young people who present a risk of harm.

CARM should be used to manage the risk of HSB consistently across Scotland.



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