

National Institute for Health and Care Excellence

Public health guideline

Scope

1 Guideline title

Harmful sexual behaviour: identifying and helping children and young people who display harmful sexual behaviour

1.1 Short title

Harmful sexual behaviour among children and young people

2 Background

For this guideline, harmful sexual behaviour is defined as: ‘One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.’ ([Harmful sexual behaviour](#) National Society for the Prevention of Cruelty to Children).

- a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop a guideline on identifying and supporting children and young people who display harmful sexual behaviour. The DH referral used the term ‘sexually harmful behaviour’. But for this guideline we will use the term ‘harmful sexual behaviour’.
- b) There has been significant debate about how to describe children and young people displaying harmful sexual behaviour without labelling them as sex offenders. Difficulties in defining such behaviour is compounded by a general lack of knowledge of childhood sexuality and what constitutes normal sexual development (Lovell 2002). A report by Research in Practice

suggests that a range of definitions is needed because children and young people's sexual behaviour problems are diverse ([Children and young people with harmful sexual behaviours](#)). It also suggests distinguishing between abusive and problematic behaviour. Abusive behaviour often indicates an element of manipulation or coercion, whereas problematic behaviour may interfere with the development of the child and result in stigmatisation and victimisation.

- c) Different organisations have used various definitions to describe harmful or abusive sexual behaviour. In particular, see: [Harmful sexual behaviour](#) The National Society for the Prevention of Cruelty to Children (NSPCC); [The needs and effective treatment of young people who sexually abuse: current evidence](#) Department of Health; and [Working together to safeguard children](#) Department for Education.
- d) It is now recognised that over-sexualised behaviour among children under 10 may be very different from the type of behaviour displayed by those in late adolescence. (The latter may have established patterns of sexual behaviour, including sexual offending.) So it is important that descriptions of harmful sexual behaviour should include chronological age and developmental status – and what constitutes healthy sexual behaviour among children and young people. This is particularly true when discussing children and young people with a learning difficulty or developmental disorder.
- e) This guideline will support a number of related policy documents including:
- [Convention on the rights of the child](#) (UNICEF)
 - [Examining multiagency responses to children and young people who sexually offend](#) (Criminal Justice Joint Inspection)
 - [Keeping children safe in education](#) (Department for Education)

- [Multiagency working and information sharing approaches](#) (Home Office)
- [The Bradley Report: review of people with mental health problems or learning disabilities in the criminal justice system](#) (Department for Health)
- [The needs and effective treatment of young people who sexually abuse: current evidence](#) (Department for Health)
- [The treatment and risk management of sexual offenders in custody and in the community](#) (Home Office)
- [Working together to safeguard children](#) (Department for Education).

f) This guideline will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and practitioners with social care, health and wellbeing and public health as part of their remit. It is particularly aimed at:

- social workers, social care practitioners, residential care practitioners and foster carers
- child and adolescent harmful behaviour and mental health services.
- neighbourhood policing teams, community support police officers and youth offending teams
- youth services including youth and community workers
- head teachers, all teachers and pastoral leads in primary and secondary schools
- national adolescent forensic services and specialist harmful behaviour services provided by the wider public, private, voluntary and community sectors
- sexual health services, drug and alcohol services and mental health services
- primary care services, including family nurse partnerships, GPs, school nurses and health visitors.

It may also be of interest to people who have been affected by, or are experiencing, harmful sexual behaviour, and other members of the public.

This guideline will be developed using the NICE guideline [development process and methods](#).

3 The need for guidance

- a) There are no national data on harmful sexual behaviour among children and young people. But service provider reports indicate that the average age for a child to be referred is falling – and a significant minority include pre-adolescent children (Hackett et al. 2003). It is estimated that between 23 and 40% of children and young people who sexually harm others have suffered abuse and neglect themselves ([Provision for people who have displayed harmful sexual behaviour](#) NSPCC). There is relatively little research on children and young people who get involved in harmful sexual behaviours using modern technology. This includes, for example, ‘sexting’ (sending or receiving sexually explicit texts, images or videos on a mobile device). It also includes those who are exploited as a result of their own online behaviour ([Children and young people with harmful sexual behaviours](#) Research in Practice).
- b) In the UK, the charity Brook has launched [A guide to identifying sexual behaviours](#). This is an online ‘traffic light’ tool on sexual behaviours for professionals working with children and young people. ‘Green’ behaviours reflect healthy sexual development; ‘amber’ behaviours could be a problem; and ‘red’ behaviours are not safe or healthy.
- c) Many children and young people charged with criminal offences related to harmful sexual behaviour had previously been referred to

children's services but the significance of their sexual behaviour on referral was either not recognised or dismissed. This is thought to be a major barrier to providing effective interventions ([Examining multi-agency responses to children and young people who sexually offend](#) Criminal Justice Joint Inspection). But evidence suggests children and young people can be rehabilitated before harmful sexual behaviour becomes an entrenched pattern ('Examining multiagency responses to children and young people who sexually offend') Those who display such behaviour often have many psychosocial problems and educational needs ([The needs and effective treatment of young people who sexually abuse: current evidence](#) Department of Health).

- d) Data indicate that children and young people with a learning difficulty are over-represented among those who display harmful sexual behaviour. See 'Examining multiagency responses to children and young people who sexually offend'; and 'The needs and effective treatment of young people who sexually abuse: current evidence'.
- e) Service provision for children and young people who display harmful sexual behaviour remains variable and there are significant gaps in the service. Research by Vizard et al. showed that children waited 4.5 years after harmful sexual behaviours were noted before they were referred for help [Children and adolescents who present with sexually abusive behaviour: a UK descriptive study](#). There is also evidence that failure to intervene when a problem is first identified can result in the behaviour escalating. See the Centre for Disease Control's [Sexual violence prevention: beginning the dialogue](#) for different stages or categories of prevention activities.
- f) The Criminal Justice Joint Inspection report acknowledged that there is 'a general lack of understanding as to where these children and young people "fitted" into the system.' There is also 'confusion about how to effectively respond to their needs and risks'

(‘Examining multi-agency responses to children and young people who sexually offend’.) The ‘Report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children’ (National Children’s Home 1992) recommended that children and young people who display harmful sexual behaviour should not be assessed using the methods used for adult sex offenders.

4 The guideline

This document defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

- a) Children and young people aged under 18 who display harmful sexual behaviour. In this guideline, the term ‘children’ refers to children under 10 – the age of criminal responsibility in the UK. The term ‘young people’ refers to those aged 10 to 18 and includes those serving community sentences, those on remand and those serving custodial sentences.
- b) Children and young people up to the age of 25 who display harmful sexual behaviour and have special educational needs or a disability. This age extension is in light of the Children and Families Act 2014.

4.2 *Activities*

4.2.1 Activities and measures that will be covered

- a) Commissioning and partnership work (among the statutory, voluntary and private sectors) to identify, assess and help children and young people who display harmful sexual behaviour.

- b) Models or tools, including checklists that can distinguish between: normal behaviour, behaviour that needs to be assessed and monitored, and behaviour that needs a legal response and treatment.
- c) Programmes that help parents, carers and families to challenge negative behaviours before they reach a need for formal interventions such as 'early help' projects and support from family nurse partnerships or telephone helplines.
- d) Assessment tools to identify the specific level of risk posed by children and young people who display harmful sexual behaviour and to identify how to address their needs.
- e) Interventions with children, young people and their families and carers to address harmful sexual behaviour. This includes behavioural or cognitive behavioural approaches and clinical treatments such as the ['Turn the page'](#) or ['Good lives'](#) models.

4.2.2 Activities and measures that will not be covered

- a) Testing to determine the internal and external validity of instruments to assess harmful sexual behaviour among children and young people.
- b) Primary prevention programmes such as strategies to promote healthy sexual behaviours through personal, social and health education or sex and relationship education in schools.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness. Cost effectiveness will be considered if the evidence and time constraints allow.

Question 1: What are the most effective and cost-effective multi-agency approaches to identifying and helping children and young people whose sexual behaviour indicates the need for assessment.

Expected outcomes: Identified thresholds for action, improved notification and referral procedures, better information sharing and consultation, less reliance on exception reporting or serious incidents to highlight concerns. Improved professional support and working arrangements. Reduced victimisation and stigmatisation of parents and families with children and young people who display harmful sexual behaviour.

Question 2: How effective and cost effective are different models or tools in assessing the level of seriousness of children and young people's sexual behaviour?

Expected outcomes: Improved identification of potentially harmful sexual behaviour and prevention activities to stop it becoming an entrenched pattern of behaviour. Improved behavioural, developmental, educational, emotional, sexual and mental health outcomes for children and young people.

Question 3: How effective and cost effective are assessment tools designed to identify the level of risk posed by, and address the needs of, children and young people who display harmful sexual behaviour?

Expected outcome: Improved assessment to help inform subsequent decisions about treatment, public safety and the safety of children and young people displaying harmful sexual behaviour.

Question 4: What types of intervention, including family and carer interventions, are effective and cost effective for children and young people who display harmful sexual behaviour?

Expected outcomes: Stopping harmful sexual behaviour.

4.4 *Status of this document*

This is the final scope, incorporating comments from a 4-week consultation between 24 September and 22 October.

5 Related NICE guidance

Published

- [Antisocial behaviour and conduct disorders in children and young people](#)
NICE quality standard 59 (2014)
- [Contraceptive services with a focus on young people up to the age of 25](#)
NICE guideline PH51 (2014)
- [Domestic violence and abuse – how services can respond effectively](#) NICE
guideline PH50 (2014)
- [Behaviour change: individual approaches](#) NICE guideline PH49 (2014)
- [Antisocial behaviour and conduct disorders in children and young people](#)
NICE guideline CG158 (2013)
- [Health and wellbeing of looked after children and young people](#) NICE
quality standard 31 (2013).
- [Social and emotional wellbeing - early years](#) NICE guideline PH40 (2012)
- [Alcohol dependence and harmful alcohol use](#) NICE quality standard 11
(2011)
- [Common mental health disorders](#) NICE guideline CG123 (2011)
- [Looked-after children and young people](#) NICE guideline PH28 (2010)
- [Pregnancy and complex social factors](#). NICE clinical guideline 110 (2010)
- [Antisocial personality disorder](#) NICE guideline CG77 (2009)
- [Social and emotional wellbeing in secondary education](#). NICE guideline
PH20 (2009)
- [When to suspect child maltreatment](#) NICE guideline CG89 (2009)
- [Antenatal care](#) NICE guideline CG62 (2008)
- [Social and emotional wellbeing in primary education](#). NICE guideline PH12
(2008)
- [Antenatal and postnatal mental health](#) NICE guideline CG45 (2007)
- [Prevention of sexually transmitted infections and under 18 conceptions](#)
NICE guideline PH3 (2007)
- [Postnatal care](#) NICE guideline CG37 (2006)
- [Depression in children and young people](#) NICE guideline CG28 (2005)
- [Post-traumatic stress disorder \(PTSD\)](#) NICE guideline CG26 (2005)

- [Self harm](#) NICE guideline CG16 (2004).

Under development

- [Children's attachment](#) NICE guideline. Publication expected October 2015.
- [Community engagement: approaches to improve health and reduce health inequalities](#) NICE guideline. Publication expected January 2016
- [Child abuse and neglect](#) NICE guideline. Publication expected June 2016

Appendix A Referral from the Department of Health

The Department of Health asked NICE to produce:

‘Public health guidance for those working in health, youth and criminal justice, education and social care sectors on the early identification and management of young people who display sexually harmful behaviour.’

Appendix B Potential considerations

It is anticipated that the Public Health Advisory Committee (PHAC) will consider the following issues:

- The target audience, actions taken and by whom, context, frequency and duration.
- Whether the intervention is based on an underlying theory or conceptual model.
- Whether it is effective and cost effective.
- Critical elements. For example, whether effectiveness and cost effectiveness varies according to:
 - the diversity of the population (for example, in terms of the user's age, gender or ethnicity)
 - the status of the person delivering it and the way it is delivered
 - its frequency, length and duration, where it takes place and whether it is transferable to other settings
 - its intensity.
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different groups.

Appendix C References

Hackett S, Masson H, Phillips S (2003) Mapping and exploring services for young people who have sexually abused others: final report. Durham: University of Durham.

Lovell E (2002) I think I might need some more help with this problem ... Responding to children and young people who display sexually harmful behaviour. London: NSPCC

National Children's Home (1992) The report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children. London: National Children's Home