Public Health Guidelines

Sexually Harmful Behaviour among young people - Consultation on Draft Scope
Stakeholder Comments Table

24 September – 22 October 2014

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BASHH Adolescent Specialist group	General		The document is geared towards managing and identifying young people / children with sexually harmful behaviour. Without the widespread promotion of what constitutes a healthy sexual behaviour in young people, normalisation of harmful behaviours among young people has become a disturbing trend. The draft scope should consider in the evidence base, questions on universal prevention strategies to promote healthy sexual behaviours through PSHE / SRE in schools and targeted interventions for those most at risk before they display or are identified with harmful sexual behaviours ie children with a history of sexual abuse, mental health and learning difficulties, youth offenders.	Thank you for your comment. The referral for and thus focus of this work is for children and young people who may already be displaying HSB and the need for secondary and tertiary prevention measures.
BASHH Adolescent Specialist group			Other areas to consider within this document are the impact of alcohol and recreational drug in young people displaying sexually harmful behaviour	Thank you for your comment, health services are included thus substance misuse services where appropriate will be covered implicitly, we are unable to list exhaustively who this will include.
BASHH Adolescent Specialist group			Also the risk of STIs in this group of clients and use of models for behavioural change to reduce sexual risk	Thank you for your comment – we have published guidance available on behaviour change and sexual health.

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BASHH Adolescent Specialist group			Also the impact of social media (Sexting) and the internet on young people's ability to perpetrate this behaviour and being a risk from other perpetrators	Thank you for your comment. This is acknowledged in the updated scope.
British Association for Adoption and Fostering (BAAF)	General		This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.	Thank you for your comment
British Association for Adoption and Fostering (BAAF)	2b	1	It should be made explicit that grooming and exploitative behaviours are included in the definition.	Thank you for your comment – the Centre for Health and Social Care at NICE are developing a guideline on child sex abuse, we need to ensure we do not duplicate their work, sexual exploitation will be covered in the guideline being

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				developed by the Centre for Health and Social Care.
British Association for Adoption and Fostering (BAAF)	2a and 2b	1	The title refers to 'young people' but other places refer to 'children and young people'. It would be sensible to include children of all ages, not just young people, but it should be made clear which group is being addressed. If it is 'young people' then this should be clearly defined.	Thank you for your comment, this is an important issue and will be clarified in the final version of the scope
British Association for Adoption and Fostering (BAAF)	2d	3	In keeping with the next comment, work with parents and carers should be explicitly mentioned here.	Thank you for your comment. 3.2.1 b covers parents and families, we will add carers
British Association for Adoption and Fostering (BAAF)	3. 1.1.a	6	Given the definition used here, there will be significant numbers of young children who have been sexually abused, exhibiting inappropriate sexualised behaviour which may not involve or be harmful to other children, but is harmful to their own development. Many of these children will be looked after or adopted. These children should be identified and offered support and interventions at a much earlier stage, on a preventative basis, before their behaviour escalates and becomes harmful to others. Unfortunately, our members have noted that there is a serious lack of services aimed at addressing the needs of children identified as having experienced sexual abuse, either shortly after recognition (often at times of safeguarding interventions), or as is quite common, when disclosure is made at a later date. This group will need to be addressed, although this may be within the context of family relationships, often with foster carers or adoptive parents, as well as professional support or intervention.	Thank you for your comment – the Centre for Health and Social Care at NICE is developing a guideline on child sex abuse and we need to ensure we do not duplicate their work.

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			However, parents and carers are not among the groups this guidance is directed towards, and it may be more appropriate to develop guidance which specifically addresses the needs of children who have experienced sexual abuse, as at present there are no existing or pending NICE guidelines in this area. If this guidance is to address the needs of sexually abused children, then it should be made clear that CAMHS services will often be involved and will include work within the family context.	
British Association for Adoption and Fostering (BAAF)	3.2.1.c	7	Preventative programmes aimed at earlier points in time (e.g. prior to youth justice involvement), such as through schools, clubs, etc should be developed.	Thank you for your comment. Youth services and education will be included in this guideline
Brook and FPA	2.	1.	The document explicitly says that is it has been designed for those working in a number of areas, but fails to mention housing agencies and workers who will be in touch with young people displaying the behaviours this document seeks to help address. Importantly, youth services are also key to identifying and engaging with young people displaying such behaviours. It is also important to acknowledge that youth services can and should have a specific role in prevention of sexually harmful behaviours. Youth services can empower young people and provide them with the skills and emotional competence to avoid influences that might otherwise attract them, and to make informed decisions about their sexual health and relationships. The nature of the youth service means it can often be a space where young people have the opportunity to discuss, explore and challenge values and attitudes on	Thank you for your comment. Youth services will be included in this guideline, we are unable to list exhaustively all relevant agencies within the scope.

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			gender, equality, power and relationships. In collaboration with the National Youth Agency, FPA has developed a training course on the Core Competencies in Sexual Health for Youth Workers (http://www.fpa.org.uk/course/core-competencies-sexual-health-youth-workers). The seven-day course is accredited by Staffordshire University at Level 3, 30 credits. It is aimed at equipping youth workers to engage in sexual health promotion and sex and relationships work with young people. It ensures that those working with young people are aware of, can access and can work within the latest policy and guidance.	
Brook and FPA	2.	3.	Under sub point d), Brook and FPA would add that the guideline must be aimed at sexual health services, including GUM and contraceptive services. Brook sees over 250,000 young people every year, and we know that although some young people may come to see us for what may seem at first like a routine contraception or STI appointment, disclosures made during consultations may often point to experience of sexually harmful behaviours. Therefore it is imperative that these guidelines are aimed at both staff working in sexual health (including HIV) services, as well as the commissioners of such services. We would add that these guidelines should also be aimed at staff working in drug and alcohol treatment services as well as the commissioners of such services, for similar reasons.	Thank you for your comment. Health services are included thus GUM services where appropriate will be included, we are unable to list exhaustively who this guideline will include.
Brook and FPA	3.	4.	Brook would like to acknowledge the inclusion of our 'traffic light tool', which has been widely supported during its diffusion.	Thank you for your comment
Brook and FPA	3.	4.	Under point c), the document makes reference to NSPCC research that found that two-thirds of sexual abuse experienced by children and young people	Thank you for your comment

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			aged 0-17 and involving physical contact was perpetrated by someone under 18. It is important to acknowledge that research and figures in this respect are varied and this should also be acknowledged.	
Brook and FPA	3.	5.	Under point e), the draft scope is right to refer to evidence contained within the Bradley report with regards to mental health and learning disabilities. Further to this, the Department of Health's 2013 Framework for Sexual Health Improvement in England recommends that there be more accessible information and support for young people with learning disabilities and for their parents, and that this needs to include information about sexuality, abuse and consent alongside practical information about contraception and safer sex where appropriate. However, to FPA and Brook's knowledge there are at best a handful of services which actually help people with learning disabilities in this respect, and we would encourage NICE to build on the Department of Health's recognition of the need for such services.	Thank you for your comment.
Brook and FPA	3.1.1.	7.	Under point a), the draft scope states that for the purposes of the guideline it uses the NSPCC definition for sexually harmful behaviour. Brook and FPA would like to emphasise that as per NSPCC's definition, consideration of age appropriateness is very important, particularly taking into account what is ordinary sexual behaviour between young people, and we strongly advise referring to Brook's position statement on consent in this respect- http://www.brook.org.uk/about-brook/single/brook-position-statement-consent	Thank you for your comment – we have included a reference to this in the scope. NICE will be issuing a call for evidence to

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			We would add that the use of sexually explicit words should equally be considered carefully in the age context, especially given modern norms, not least with regards to access to online pornography. For example Brook held focus groups of young people to respond to last year's DCMS Committee Inquiry into Online Safety. Findings from the focus groups include that: • 28.6% of young people said they have used porn to try to find out more about sex. • Only 2.1% of the sample group of young people we asked had never seen any porn. • 58% of young people in our group had seen porn online by accident when they were looking for something else. • 60% felt that pornography could change the way people think about relationships. Continued in next box….	support the production of this guidance. We will retain this reference and include it in that evidence.
Brook and FPA	3.1.1.	7.	Continued… In this context, it is also worth highlighting that: <u>Relationships, Safety and Risks booklet</u> Brook has developed a booklet, which offers insight, signposting and support around the everyday risks young people face as they navigate the worlds of	Thank you for your comment NICE will be issuing a call for evidence to support the production of

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			social media, the internet and their own social lives; at home, in education, and when out and about. The booklet gives an overview of a wide range of potential issues; including "sexting", sexual bullying, pornography and unhealthy relationships. Crucially, it offers relevant information and tips for staying safe as well as details of where young people can go if they need help, support and advice. Further information can be found here: http://www.brook.org.uk/shop/product/ask-brook-about-relationships-safety-and-risks Continued in next box…	this guidance. We will retain this reference and include it in that evidence.
Brook and FPA	3.1.1.	7.	Continued… In this context, it is also worth highlighting that: Fantasy vs Reality course and training resource FPA has developed a course and booklet which supports teachers to deliver a series of lessons exploring the influence and impact of the media, the internet and pornography on the sexual attitudes and behaviour of young people. These resources help teachers to plan lessons on the very sensitive subject of the sexualisation of young people, including the role of pornography. It also provides objective, safe and creative ways to tackle the issue.	Thank you for your comment NICE will be issuing a call for evidence to support the production of this guidance. We will retain this reference and include it in that evidence.

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			These resources meet official guidance for students at Key stages 3 and 4 with, and include different lesson plans and training options for each stage. The booklet also includes a CD-ROM with video clips, images and PowerPoint presentations suitable for use with Key stage 3 and 4 students, and was produced by the Brighton & Hove Healthy Schools Team and developed in partnership with PSHE (Personal, Social, Health and Economic) education teachers with guidance from the Metropolitan police and FPA staff. Further information can be found here: http://www.fpa.org.uk/course/fantasy-vs-reality-impact-and-influence-pornography-young-people-0	
Brook and FPA	3.1.2	7	Under section a), it is mentioned that adults will not be covered by this guideline. Taking into consideration our previous points with regards to learning disabilities and the fact that mental ages of 'adults' with learning disabilities are very often around that of a child, we would urge that the guideline is made appropriate for older people with learning disabilities, particularly during transition years up to age 25.	Thank you for your comment we will make this clear in the final scope
Brook and FPA	3.2.1	7	Under section a), and in light of our comments about the need to incorporate sexual health services within the scope of this guideline, we would urge that sexual health services are again specifically mentioned here, not least as sexual health commissioning and partnership work involves statutory, voluntary and independent sectors as highlighted under this section.	Thank you for your comment. We are covering all health services that are relevant we are unable to provide an exhaustive list
Brook and FPA	3.2.1	7	Under section b), re early intervention projects that support parents and families challenge negative behaviours including sexually harmful behaviour,	Thank you for your comment

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			FPA would like to highlight our Speakeasy model. Speakeasy is a FPA course for parents and carers to better enable them to engage with the children for which they are responsible, on often tricky issues surrounding sex and relationships. FPA knows that many parents and carers want to talk with their children about issues associated with growing up, including sex and relationships, but many are embarrassed or unsure about where to start and what to say. FPA has developed the Speakeasy programme to enable parents and carers to develop the skills, knowledge and confidence to have these sometimes difficult conversations. The community-based project runs over eight weeks and covers factual information including how to keep children and young people safe; the pressures young people may be under; and strategies for proactively starting discussions on growing up, sex and relationships. The course is accredited by the Open College Network, which gives parents the opportunity to receive credits for the work they do, which they can then apply in further learning or in employment. Evaluations of the project have demonstrated the positive impact it has on parents' knowledge, confidence and their relationships with their children. A Social Return on Investment (SROI) analysis of the programme has estimated the total value of benefits to children and parents and to the state to be £21 million. The value to the state represents a return of £5.29 for every pound of public money invested in the project. Further information can be found here: http://www.fpa.org.uk/communityprojects/parentsandcarers	NICE will be issuing a call for evidence to support the production of this guidance. We will retain this reference and include it in that evidence.

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Brook and FPA	3.2.1	7	Under section d), the guideline recommends interventions to manage sexually harmful behaviour among children and young people, but again fails to mention community health and youth work. Please refer to our earlier comments with regards to the necessity for youth services, sexual health services, drugs and alcohol services- and we would also emphasise mental health services- to provide interventions to pick up and help manage sexually harmful behaviours, all of which should be covered by this draft scope. With regards to mental health specifically, it is worth noting that emotional abuse is implicit in sexual exploitation. Emotional abuse resulting from sexual exploitation can be detrimental for an individual's abilities for social interaction, particularly for persons who have suffered sexual exploitation an early, or developmental, age. (Whiffin, V. and MacIntosh, H. (2005) in Trauma, Violence and Abuse 6(1): 24–39.)	Thank you for your comment. Sexual exploitation will be included in the work covered by the Health and Social Care guideline on abuse. We are unable to include an exhaustive list of all services covered but we will be covering, health, youth and education services among others.
Brook and FPA	3.3	8	Under expected outcomes with regards to Question 1, Brook and FPA would add that we would also expect improved sexual health and substance misuse outcomes, especially given the strong inter-relation between all of the outcomes mentioned in the draft scope, sexual health and drug and alcohol recovery.	Thank you for your comment.
Brook and FPA	General		**Education 1** The guideline recognises the role of education and teachers to identify and take action with regards to sexually harmful behaviours. Brook and FPA would add that education, and specifically Sex and Relationships Education within the context of PSHE education classes, also has a preventative role to play, which this draft scope should seek to acknowledge.	Thank you for your comment. The focus of the referral and thus this scope is on secondary and tertiary prevention.

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			Indeed, Brook and FPA believe that sex and relationships education (SRE) should be a statutory entitlement for all children and young people within the broader personal, social, health and economic (PSHE) education. A high-quality SRE programme would cover issues like sexual consent and key relationship skills such as communication, respect and negotiation. Specifically SRE could be used to teach young people as follows: **1**- To address sexual consent and sexual coercion. **2**- To manage situations where they are feeling pressured into sex. **3**- What is acceptable and unacceptable in terms of sexual advances. **4**- What is not only acceptable and unacceptable, but also legal and illegal in terms of 'sexting' (the act of sending sexually explicit messages and/or photographs, primarily between mobile phones). **5**- To be respectful, particularly in the context of widespread availability of pornography, which raises unrealistic expectations. **6**- How unacceptable it is to engage in violence against women who refuse sex. Cont..	
Brook and FPA			**<u>Education 2</u>** It is also important to recognise the whole range of people working with young people, not least teachers, who do not currently have the skills or the confidence to deliver comprehensive PSHE education and SRE including discussions around emotions and relationships. Indeed, a 2010 report on parents, teachers' and governors' views of SRE found that 80 per cent of schools' leaders did not feel trained and confident to deliver SRE (*Sex and Relationships Education; views from parents, teachers and governors*, October 2010). As the 2010 Ofsted report into PSHE	Thank you for your comment

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			education also found; teachers often felt uncomfortable in delivering SRE (*Personal, social, health and economic education in schools*, Ofsted (July 2010)). Cont…	
Brook and FPA			**Education 2 Cont:** This training should give teachers the skills to address issues around abusive relationships in a safe way within the classroom and the knowledge of how to deal with any disclosures young people may make about themselves or their families, including being able to signpost them to suitable support agencies. The accreditation scheme for PSHE education for teachers and school nurses will have an important role to play in this but the training must be available to all teachers who may be delivering or supporting this work as young people may not necessarily discuss this issue only with the teacher who taught the class. Both Brook and FPA deliver such courses.	Thank you for your comment
Department of Health, Social Services and Public Safety, Northern Ireland	Paragraph 3 (e)	5 of 13	The language makes a subtle shift from "**children and young people who have displayed sexually harmful behaviour**" to "**children and young people who sexually offend**" (citing Jones et al 2011) and later comments that "Assessments of need are recommended as early as possible in **the offender pathway** . . ." [our emphasis] and further refers to "**the repetitive nature of their offending**"	Noted. Thank you.

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			We query that this use of language should actually be used as it confuses two concepts – children and young people who display sexually harmful behaviour with the concept of offender – we have experience through Judicial Reviews of describing an individual as ***an offender*** if he/she is not (i.e. has not been convicted of a criminal offence in a court). Some children and young people who display sexually harmful behaviour(s) may never have been convicted of an offence therefore ***should not be described as offender or have an offender pathway***. This will always be the case in respect of the very small (but growing) number of children under 10 years of age who are recorded as displaying sexually harmful behaviour but cannot be convicted of a criminal offence (as our age of criminal responsibility is 10 years of age). Our own extant Child Protection Policy and Procedures require such presentations to be dealt with as **Child Protection issues** in respect of **both** the child displaying the sexually harmful behaviour as well as in respect of any child who may be victim of that sexually harmful behaviour.	
Department of Health, Social Services and Public Safety, Northern Ireland	Paragraph 3.1.1 (a)	Page 6/7 of 13	Sexually harmful behaviour is defined [as per NSPCC 2013, p.7] 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 or phrases to full penetrative sex with other children or adults" We think this is more helpful as there is no reference to the commissioning of a criminal offence by the child/young person displaying the sexually harmful behaviour. It also acknowledges that such sexually harmful behaviour may be with an adult but unfortunately has not gone further to say that engagement by an adult in any such behaviour sexually harmful to a child will also fit the definition	Thank you for your comment. As the focus of this guidance is the child or young person we have not defined adult offences.

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			of Child Sexual Abuse and will also constitute a criminal offence committed by that adult in respect of the child.	
Doncaster Council	2d)	3	This should include education provision. Behaviours could be displayed at a very early age. Most children will be in education and the team around children often work in areas around a school/academy.	The purpose of the guideline as outlined in the background section 2a (p.2) is to support educational services this would include provision
Doncaster Council	3b)	4	Other identification / tools are required. There may be some linkage to the sexual exploitation indicators and this needs to be considered.	Thank you for your comment. Sexual exploitation will be covered in a sexual abuse guideline currently in development by NICE Health and Social care team.
Doncaster Council	3.2.1	7	Pastoral staff, designated safeguarding leads, learning mentors, parent support workers. Education needs to be included	Thank you for your comment. As noted above education is covered. We are unable to provide an exhaustive list of all staff or volunteers this may include.
Faculty of Sexual and Reproductive Healthcare	general	P3	Health professionals working in sexual health services are not listed as a group for whom the document is particularly aimed. This is an important omission.	Thank you for your comment. Health services are covered we

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				have not been prescriptive and will include all relevant services
Faculty of Sexual and Reproductive Healthcare	GENERAL		There needs to be a reference to the sexual exploitation assessment toolkit. We have a link to it on FSRH website	Thank you for your comment. Sexual exploitation will be covered in a sexual abuse guideline currently in development by NICE Health and Social care team
Faculty of Sexual and Reproductive Healthcare	General		body of the text mentions young people with learning disabilities, but when they are detailing the scope of the guidance, it doesn't mention this group specifically and nor does it say they are excluded. Think there should be a separate work stream with regards to these young people	Thank you for your comment. We have addressed this in the latest version of the scope.
Faculty of Sexual and Reproductive Healthcare	ONE	P1 and 2 P 18	In the second bullet under part B, the range of 'harmful sexual behaviour ' should be listed, as it is not clear throughout the whole document what these are . For instance, we know that exposure to looking and downloading sexually explicit photos of adults and children, by children can lead to other manifestation of sexually harmful behaviour in the medium and longer term. The 4th bullet of part B refers to 'involving children in looking at sexually explicit photos, which comes under sexual abuse, so is not cited there as sexually harmful behaviour being exhibited by the child him/herself who may have developed a habit/addition to this. Part E on page 18 talks about rehabilitation before harmful behaviour becomes entrenched. With reference to the above issue of children looking at and downloading sexually explicit	Thank you for your comment, although we will be unable to include an exhaustive list of behaviours we do make reference to Brook traffic light system which does specify these types of behaviours, will attempt to clarify this issue in the final scope

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			photos, this is a very important aspect regarding need to counsel children and families where the young children (under 14) have developed an entrenched habit of looking and downloading sexually explicit and prohibited photos.	
Family Education Trust	General		Section 4 of the document indicates that the proposed guidance will be influenced by previous guidance, including the guideline on *Contraceptive services with a focus on young people up to the age of 25*. We are not persuaded that the provision of contraception to those under the age of consent is an effective or responsible policy. Providing contraceptives to young people under the age of 16 effectively condones underage sex and deprives them of the protection that the law on the age of consent is intended to give. We note that two recent reports published by the **Rochdale Borough Safeguarding Children Board** have revealed that professionals in Rochdale had become complacent about underage sexual activity and had been so focussed on a damage limitation exercise aimed at reducing teenage conception and sexually transmitted infection rates that they had failed to protect young people from abuse and sexual exploitation. The first report found that agencies such as Children's Social Care, health services and the police failed to protect six teenagers because they 'simply assumed that the young people were making a "lifestyle choice"'. In the words of the father of one of the girls, 'It's what they expected of our children', and so the fact that the teenagers frequently accessed health services in relation to sexual activity, sexually transmitted infections and pregnancy, failed to trigger	Thank you for your comment

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			any consideration that they might be suffering abuse.(1) The report states: 'The drive to reduce teenage pregnancy, whilst commendable in itself, is believed to have contributed to a culture whereby professionals may have become inured to early sexual activity in young teenagers. The culture from the top of organisations	
Family Education Trust			concerned with teenage pregnancy focused on meeting targets for the reduction of teenage conception and sexually transmitted diseases sometimes to the detriment of an alternative focus - the possibility that a young person has been or is at risk of harm and action other than clinical responses are required.' (para 4.3.46)	Thank you for your comment

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			Even when two of the teenagers requested an abortion there is no evidence that professionals enquired further into the nature of the sexual relationships they were engaged in. One of the girls, aged 14, asked the school nurse for a pregnancy test. When the test proved positive, she was referred to the crisis intervention team (CIT), an NHS body offering confidential specialist sexual health advice for young people, including those aged under 16. The report relates: '[The girl] told CIT that she had had sex two weeks previously with a 21 year old man, that she had not seen him since and that she did not want her mother to know. The option of termination was discussed with her, but there is no evidence that the fact that this 14 year old girl had had sex with a man considerably older than her was pursued any further. '[She] subsequently attended at the hospital for a termination. It is of concern that the focus appears to have been purely on the clinical need. There is no evidence that consideration was given to safeguarding concerns despite [her] age, the stated age of the father and her known home circumstances.' (paras 4.3.29,30)	

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			The report refers to 'widely held and deep rooted attitudes' on the part of professionals whose assumption that the teenagers were making meaningful choices about how they lived their lives was 'fundamentally misconceived'. It also notes that the six instances of child sexual exploitation it covers were not isolated cases:	
Family Education Trust			'[T]he experiences of these 6 young people whilst fundamentally important in their own right are accepted by agencies within Rochdale as being indicative of the experience of other young people at the time.' (para 4.9.6) A separate report documented the failure of child protection agencies in Rochdale to protect a seventh child, even though they were aware that she had had a number of sexual partners at the age of 13. She informed staff at the sexual health clinic that she had been forced to engage in sexual activity against her wishes and that the men had hit her if she refused, and yet no report was made to the police or Children's Social Care.(2) As with the six teenage girls covered in the first report, agencies felt that they	Thank you for your comment

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			were not in a position to take action to protect 'Young Person 7' (YP7) due to 'the perception that she placed herself in these settings by choice'. The report records: 'One of the agencies, Rochdale Borough Housing has identified that staff…have to some degree become desensitised to what risks are viewed as "normal", seeing them as something that their client group may not be able to avoid. This once again linked with a tendency to refer to YP7's lifestyle, or making choices, which is a fundamental misunderstanding of the response of victims of sexual exploitation.' (para 4.4.17) More recently, Professor Alexis Jay's **Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013** has also highlighted the damaging consequences of viewing sexual activity among minors as a normal part of growing up. Her report indicates that the authorities in Rotherham displayed the same complacency towards underage sex that had previously characterised agencies in Rochdale.(3) The Rotherham Inquiry found that 'children as young as 11 were deemed to be having consensual sexual intercourse	
Family Education Trust			when in fact they were being raped and abused by adults'. The Inquiry was	Thank you for your

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			told that: '[T]he attitude of the Police at that time seemed to be that [the young women] were all "undesirables" and…not worthy of police protection.' Ignoring the law on the age of consent blinded child protection agencies to the enormity of the abuse that was being perpetrated and exposed children to the risk of sexual exploitation. As Kay Kelly of the Barnardo's Turnaround Service in Bradford noted: 'The reality wasn't recognised. These young people weren't seen as victims. They were very much seen as perpetrators themselves and treated as adult prostitutes. Of course they weren't, because they were all under the legal age for consent.' (p.132) These findings highlight the need for an urgent review of professional attitudes towards underage sexual activity. In Rochdale, Rotherham and elsewhere, giving young people free access to 'sexual health services' on the assumption that 'they are going to have sex anyway' has proved to be anything but compassionate. Serious questions need to be raised about the unintended consequences of the confidential provision of contraception, abortion and treatment for sexually transmitted infections. We recommend that such questions be factored into the scope of the present guideline. We would also recommend that a review of the guideline on *Contraceptive services with a focus on young people up to the age of 25* be undertaken in the light of the findings in Rochdale and Rotherham.	comment. The identification of sexually harmful behaviour is part of the scope of this work to support a range of professionals. Sexual abuse and exploitation are included in a guideline in development by the NICE Health and Social Care team.

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Family Education Trust			**References** 1. Rochdale Borough Safeguarding Children Board, The Overview Report of the Serious Case Review in respect of Young People 1,2,3,4,5 & 6, December 2013. 2. Rochdale Borough Safeguarding Children Board, The Overview Report of the Serious Case Review in respect of Young Person 7, December 2013. 3. Alexis Jay, Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013, August 2014.	Thank you for these references. We will be issuing a call for evidence, these references will be retained for consideration in the evidence reviews for this guidance.
Glebe House	Key questions and Outcomes	8 + 9	How will effectiveness and cost effectiveness be measured? Over what timescales and what outcomes	Thank you for your comment.

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				Please see our methods and process manuals available on the NICE website.
Glebe House	Key questions and Outcomes	8 + 9	Question 2 Outcomes- What about young people with harmful behaviour that do not meet criteria for MAPPA discussion?	Thank you for your comment.
Glebe House	Key questions and Outcomes	8 + 9	Question 3 Outcomes- reduction in offending should also include non-sexual offending as re-offending statistics of juveniles who display harmful sexual behaviour indicates that where there is re-offending often this is broad ranging criminality rather than being of a sexual nature	Thank you for your comment
Glebe House	Key questions and Outcomes	8 + 9	Question 4- what assessments are being used and by which professionals, how are they understood, interpreted and acted upon. Does the professional body (and assessment tool used) impact of the direction taken.	Thank you for your comment. All of these issue will be considered when the reviews for this guideline are produced
Glebe House	Key questions and Outcomes	8 + 9	Question 4 Outcomes- ideally there should be a clear link and guidance on how assessments lead to a formulated risk management plan.	Thank you for your comment. Whilst we list expected outcomes this is not an exhaustive list and all relevant evidence is considered.
Glebe House		general	Where is the focus of victim experience for these young people? Early intervention for many will be at the point of their victimisation rather than seeing them purely as someone with problematic behaviour. Contextualising the behaviour is important.	Thank you for your comment
Glebe House		general	Whilst the document focuses on children and young people, outcomes and effectiveness may be best understood when looked at after transition to	Thank you for your comment

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			adulthood where long term recidivism rates can be assessed.	
Glebe House		general	There are few longitudinal studies into intervention outcomes for this client group and even less with a control group. Glebe House are in the process of publishing the results of a 10 year outcome study with control group.	Thank you for your comment. NICE will be issuing a call for evidence we are happy to receive published, unpublished and academic in confidence materials we ask that you submit a reference for this work during this process so that it can be considered for inclusion in the evidence reviews.
HYPERMOBILITY SYNDROMES ASSOCIATION	General		Think much more emphasis should be on role of voluntary organisations who are increasingly being expected to take on more complex cases in a supportive capacity. These organisations would benefit from this guideline on direction but also in understanding what the professionals are expected to work within. The draft mentions (and rightly so) NSPCC but mentions VO's maybe once in passing. With regards to the expected percentages of children affected 23-40% is suggestive that more awareness needs to be done to address this which again brings in VO's.	Thank you for your comment. NICE recognises the importance of voluntary sector organisations.
HYPERMOBILITY SYNDROMES ASSOCIATION				

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Institute of Child Health	2. Background	1-4	1 The discussion of terminology and definitions *lacks a child developmental perspective.* The types of over-sexualised or sexually coercive behaviour seen in young children under 10 years old, may be very different from those seen in late adolescents who have established patterns of sexual offending. There should be an acknowledgment at the outset of the Draft Scope that '*one size (of definition/ACRONYM) does not fit al*l' in relation to the terminology used to describe a very wide range of behaviours across the whole of childhood development (see next point). Rather, descriptions of children's behaviours should include some reference to their chronological age and developmental status.	Thank you for your comment. We will provide more detail in the final scope, we do make reference to the Brook traffic lights as one example which takes a developmental perspective.
Institute of Child Health			2. Reviews of the literature over the last three decades show a large number of descriptive terms and acronyms which have been devised to describe these sexually abusive behaviours. These include: abuse reactive behaviour; sexually inappropriate behaviour; sexually abusive behaviour (SAB); sexually harmful behaviour (SHB); harmful sexual behaviour (HSB); problem sexual behaviour (PSB); sexual offending; juvenile sexual offenders/abusers, and many more. The situation in relation to terminology is even more complex with children and young people who have learning difficulties, a developmental disorder, who sexually abuse (For reviews of some of these issues see: Vizard, E. (2007). Adolescent Sexual Offenders. *Psychiatry.* Chapter 1., Forensic Psychiatry. 6:10. October, 433-437; Vizard, E. (2014). Sexually harmful behaviours in children and young people with learning difficulties. In: M Lovell & Udwin (Eds*), Intellectual disabilities and challenging behaviour*. ACAMH Occasional Paper 32, Chapter 9, pps 67-78. Association for Child and Adolescent Mental Health (ACAMH), London. Available from: http://www.acamh.org/publications/occasional-papers/op32-intellectual-disabilities-and-challenging-behaviour	Thank you for your comment NICE recognises the complexity of the issue including that as a result of age and learning disabilities. The final guidance is reliant upon the evidence available. NICE are issuing a call for evidence we will retain the references for this purpose.

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			3. The draft scoping document and final NICE guideline should make it clear that *there may need to be a range of descriptions & acronyms used to refer to children and young people undertaking very different sexual behaviours at different stages of their development*. The guideline should also be mindful of *the effect upon victims of juveniles perpetrators if the terminology is perceived to be inappropriate* – for instance a teenage victim who has been gang raped by juvenile males may be distressed and rightly feel that her experience has been devalued if she hears this behaviour described as merely 'sexually harmful'. Equally descriptions of very young children with sexually inappropriate behaviour as 'sex offenders/sexual abusers' raises concerns about labelling.	
Institute of Child Health			4.However, the argument that there should be no labelling of children and young people but instead only label the behaviour, for instance, no young sexual abusers but young people who sexually abuse, does not hold for older adolescents who have entrenched patterns of sexual perpetration and who may have criminal records (with their own labels – sexual offender, rapist etc). Professionals may often set 'Labellling' (of the offence or risk level - a bad thing) against 'identification' (of need – a good thing). *This failure to spell out the nature of the sexually harmful or abusive behaviour has led, in my experience over many years to dithering and prevarication about referral of these young people for services.* Research from my clinical service (NCATS) has shown that *children waited 4.5 years after sexually harmful behaviours were noted, before they were referred for a service* (See: Vizard, E., Hickey, N., French, L. & McCrory, E. (2007). Children and Adolescents who present with Sexually Abusive Behaviour: A U.K. Descriptive Study. *Journal Of Forensic Psychology and Psychiatry*. 17. 3. March).	Thank you for this comment
Institute of Child Health	3. The need for	4	*The NICE guideline should also address the impact of digital images upon our*	Thank you for your

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	guidance		*understanding of 'normal' sexual development in the light of 'pornification' of childhood.* (See: Byron, T. (2010). Do we have safer children in a digital world? A review of progress since the 2008 Byron review. DCSF-00290). For instance, does the rapidly increasingly use by children, of pornographic images of adults having sex, run the risk of 're-wiring' their brains into believing that this is 'normal' sexuality. This is of concern because the adults in those images are usually shaved of body hair, have enhanced breasts and genitalia and the actions performed often involve violence towards the female partner during the sex act. In addition, children themselves now see no problem in 'sexting' graphic pictures of their own body parts to others as part of 'normal' sexual exploration or as a preliminary to sexual intimacy.	comment and the references as noted above we will retain this information.
Institute of Child Health			*If the exchange of such sexually explicit images is now becoming the 'norm' in teenage relationships, this raises major questions about what sexual behaviours, if any, are considered 'normal' during childhood and at what stages and also how we envisage 'normal' childhood sexual development.* Discussion of this point needs to be included in many of the sections in the NICE guideline, including those addressing assessment and treatment. By the time the NICE guideline is published in 2016, it is likely that this issue will be a central part of our thinking, as a society, in relation to normal sexual development.	Thank you. We have made reference to the potential harms associated with the downloading of sexually explicit material in the scope.
Institute of Child Health		5., d)	It is not correct to say that research has focused on serious sexual crimes by young people – many studies cover a range of age groups from very young children with oversexualised behaviours through to convicted adolescent sex offenders (for a review see: Vizard, E. (2013). Practitioner Review: The victims and juvenile perpetrators of child sexual abuse-assessment and intervention. *Journal of Child Psychology and Psychiatry*. 54:5, 503-515). However, it is correct to say that these behaviours are often not recognised or dismissed, particularly the likelihood of escalation without intervention (See my earlier	Thank you for your comment as noted above we will retain this reference

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			response to Section 2., my point 4. in relation to the long delay (4.5 years) on average from onset to referral for specialist services).	
Institute of Child Health		5., e)	It is correct that the evidence suggests that many children in the younger age groups can be rehabilitated before the sexual behaviour becomes entrenched. Our research described a population of 280 children and young people, aged from 5.5 years to 21 years old with sexually harmful behaviour over a period of nine years. The results showed that a small sub-group of children at higher risk of recidivist sexual offending could be identified well under age 10 years old. This study also confirmed the findings of the Bradley review that these young people had many serious psychosocial, educational and mental health needs (See: Vizard, E., Hickey, N. & McCrory, E. (2007). Developmental Trajectories towards Sexually Abusive Behaviour and Emerging Severe Personality Disorder in Childhood: The results of a three year U.K. study. *British Journal of Psychiatry Special Supplement on Personality Disorder.* Peter Tyrer & Savas Hadjipavlou (Eds). May.	Thank you for your comment as noted above we will retain all references.
Institute of Child Health		5. & 6., e)	It is correct that children and young people with learning disabilities are over-represented amongst those with sexually harmful behaviour. However this is probably not because they are more likely to be caught due to recidivism, rather they have so many obvious mental health, physical and developmental needs that they may, eventually, trigger a referral for services. The problem which then arises is that there are not nearly enough specialist mental health services with trained and supervised staff, to deal with these needy young people (See: Vizard, E. (2014). Sexually harmful behaviours in children and young people with learning difficulties. In: M Lovell & Udwin (Eds*), Intellectual disabilities and challenging behaviour*. ACAMH Occasional Paper 32, Chapter 9, pps 67-78. Association for Child and Adolescent Mental Health (ACAMH),	Thank you for your comment the reference will be retained.

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			London. Available from: http://www.acamh.org/publications/occasional-papers/op32-intellectual-disabilities-and-challenging-behaviour)	
Institute of Child Health	The Guideline	6. & 7.	*Groups that will/will not be covered:* The NICE guideline will need to grasp the nettle of the upper age limit for this consultation and guidance. In CAMH services, there is already a widening gap between services available for children and those for adults. For instance, some CAMH services will not take any children between ages 16-18 years, very few indeed take children and young people up to age 21 years (The NCATS service which I founded in 1988 does take this age range). Since learning disabled children and young people may have several developmental disorders which require specialist CAMHS intervention, this gap in service provision is particularly worrying in relation to more complex, co-morbid cases. The NICE guideline will not be effective unless this service gap from 18-21 years is addressed and practitioners are advised that they have a duty to provide specialist services for young people showing sexually harmful behaviour in this age group.	Thank you for your comment NICE recognise this as an important area, there is currently a guideline on the transition from child to adult services in development in the Centre for Health and Social Care.
Institute of Child Health	Key Questions and Outcomes	8. & 9.	Please note that, in line with objections raised about this term in the recent Experts Scoping meeting, I suggest *replacing the generic and uninformative term 'intervention' with something appropriate to the task,* e.g. Consultation, Assessment, Treatment etc. More detail on my responses to this section can be drawn from a recent practitioner review I did on victims and juvenile perpetrators of sexual abuse: Vizard, E. (2013). Practitioner Review: The victims and juvenile perpetrators of child sexual abuse-assessment and intervention. *Journal of Child Psychology and Psychiatry*. 54:5, 503-515 (Key Points, page 512) and from another review on LD and SHB: Vizard, E. (2014). Sexually harmful behaviours in children and young people with learning difficulties. In: M Lovell & Udwin	Thank you for your comment, the suggestion is noted. All references will be retained as noted above.

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			(Eds), *Intellectual disabilities and challenging behaviour*. ACAMH Occasional Paper 32, Chapter 9, pps 67-78. Association for Child and Adolescent Mental Health (ACAMH), London. Available from: http://www.acamh.org/publications/occasional-papers/op32-intellectual-disabilities-and-challenging-behaviour (Key Points, pages 67 & 68)	
Institute of Child Health		8.	Q.1. '*A systemic, interagency approach is needed, for safeguarding reasons, and to handle the new disclosures of abuse that regularly occur with this client group';* *'Refer as early as possible for a full assessment of the young person's complex assessment, psychological (cognitive) assessment, mental state examination a supervised clinicians.'* *'A detailed, developmental family history should be taken early on in the asses professional to elicit all relevant indicators of co-morbidity. The family and deve closely in mind during the assessment process with the young person';* *'A different, more 'forensic' mindset is needed when working with juvenile perpetrators, as opposed to victims. Difficult questions about sexually abusive behavior, criminal responsibility, empathy, insight, and remorse will need to be asked of young people in full or partial denial.* *'The case has probably been sent to the team for these questions to be asked,*	Thank you for this comment.

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			so training and support for practitioners will be needed.'	
Institute of Child Health		8.	Q2. Use of existing, evidence based government funded research to inform identification of children at risk of SHB, eg: Vizard, E., Hickey, N. & McCrory, E. (2007). Developmental Trajectories towards Sexually Abusive Behaviour and Emerging Severe Personality Disorder in Childhood: The results of a three year U.K. study. *British Journal of Psychiatry Special Supplement on Personality Disorder.* Peter Tyrer & Savas Hadjipavlou (Eds). May. McCrory, E., Hickey, N., Farmer, E. & Vizard, E. (2008). Early-onset sexually harmful behavior in childhood: a marker for life course persistent antisocial behavior? *The Journal of Forensic Psychiatry and Psychology.*19.3. September. 382-395. Vizard, E. (2014). The Nature and the Status of the Evidence on the Prevention of Child Sexual Abuse by Men and Boys. Podcast of presentation given to Denver Thinking Space, Henry Kempe National Center for the Prevention and Treatment of Child Abuse, 13th March 2013. *ISPCAN and Augeo Academy*. Available from: https://augeoacademythenextpage.wetransfer.com/downloads/f24a8bc794ff6f0cfca6d23feb632a8520140513142513/31c22a4776129b6b899a6b38430d4dae20140513142513/4f56dd	Thank you for your comment, all references will be retained.
Institute of Child Health		9.	Q3. '*Manualized treatment programs can be a great thing. However, individual children's needs may vary slightly or very considerably from what is recommended in the manual. Some children may need specially adapted programs to cater for their complex impairments.'*	Thank you for your comment

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			'Posttreatment review meetings should help the client and carers reinforce learning from treatment, reduce psychiatric symptoms, and recidivism. Importantly, these reviews will show that someone cares.' *'Multisystemic therapy (MST) is effective for general delinquency. Cognitive behavioral treatment (CBT) is effective for victimized children and for sexually harmful behavior.'* *'Future research should investigate whether MST-Problem Sexual Behavior (PSB) or CBT-PSB is more effective with SHB.'*	
Institute of Child Health		9.	Q4. MST has been shown to be effective with adolescents with SHB/PSB (See*: Sawyer, A.M., & Borduin, C.M. (2011). Effects of Multisystemic therapy through midlife: A 21.9 year follow-up to a randomized clinical trial with serious and violent juvenile offenders. Journal of Consulting and Clinical Psychology, 79, 643–652).* Perpetrating sexual abuse is associated with increased psychopathology and involvement in the criminal justice system, which means that significant costs for the public purse are incurred across the life span of both victims and perpetrators. By preventing these patterns of abusive behavior, significant savings can be made *(See: Utting, D., Monteiro, H., & Ghate, D. (2007). Interventions for children at risk of developing antisocial personality disorder. Report to the Department of Health and Prime Minister's Strategy Unit. Policy Research Bureau. ISBN 978-0-9555313-0-9*	Thank you for your comment all references will be retained.

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Mencap	General		As the 'need for the guidance' section in the draft scope says, data indicate that children and young people with learning difficulties are over-represented among those who display sexually harmful behaviour. It is important that the guidance includes a specific focus on the needs of children and young people with a learning disability – and this needs to be reflected in the scope (this is not the case at the moment). 'The needs and effective treatment of young people who sexually abuse: current evidence' (DH, 2006) recognises that there is a need to identify and clarify different needs between sub-groups of young people displaying sexually harmful behaviours. Young people with a learning disability are specifically referred to as one of the sub-groups. 'Examining Multi-Agency responses to children and young people who sexually offend' (Criminal Justice Joint Inspection, Feb 2013) highlights the need for a thorough cognitive assessment prior to specialist sexual behaviour assessments. It is important that a) children and young people who have a learning disability are identified to ensure they get access to appropriate support, assessments and interventions b) there are assessments and interventions available that are appropriate for their needs. It is important that organisations with specific expertise in working with children and young people with a learning disability in this area eg. Respond, are involved in developing this guidance, to ensure that it addresses the specific needs of children and young people with a learning disability.	Thank you for your comment. We have amended the scope to try and reflect the needs of this group.

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Mencap	3. 1 Who is the focus		We would like to see specific reference to children and young people with a learning disability.	Thank you for your comment.
Mencap	3.2 Activities		We would like to see specific reference to commissioning and partnership work, early intervention projects, prevention programmes, interventions, assessment tools which meet the needs of children and young people with a learning disability.	Thank you for your comment, all children and young people are included including those with learning disabilities. The final scope will try to reflect the needs of this specific group.
MsUnderstood Partnership	2 (point d)	3	We suggest adding a bullet point to the list of agencies the scope is aimed at, to include child and adolescent youth services, including services focused on child sexual exploitation, gangs and/or teenage relationship abuse – it is important that the links are made with other forms of peer on peer abuse as children and young people may be affected by multiple forms of abuse. For example, while a young person may have been referred to one service after being identified as displaying harmful sexual behaviour, another service may be more aware of their peer network dynamics and the impact of peer group influence on their behaviour. All youth services should be aware and informed of how to respond to sexually harmful behaviour and how this may be linking with other experiences of abuse. This should help to ensure that work is not siloed, that youth services are able to identify all issues of peer on peer abuse and can effectively safeguard and support children and young people.	Noted thank you.
MsUnderstood Partnership	3.2.1 (point c)	7	It would be useful to also measure prevention programmes outside of the justice system, such as programmes delivered in education, to capture prevention work that is taking place before a young person has entered the	Thank you for your comment education is included in the guideline

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			justice system.	scope. The focus of the referral and thus scope of this work is secondary and tertiary prevention, however, interventions in any settings relevant to the scope will be included
MsUnderstood Partnership	3.2.1 (point e)	8	Measurement of assessment tools should explore how they link with assessment tools for other forms of peer on peer abuse, and whether they provide an accurate/useful picture of risk based on each young person's totality of experiences and multiple, changing environments.	Thank you for your comment
MsUnderstood Partnership	3.3	8	In answering the key questions, it would be useful to assess: - Whether interventions are effectively linking with work on other forms of peer on peer abuse - Whether interventions are age and gender specific - Whether environments are being made safe for young people in order for outcomes to be achieved. For example, if the outcome for a vulnerable young person is 'improved attendance at school', has any risk that the school poses been assessed and responded to, in order for a young person to feel safe and supported to increase attendance.	Thank you for your comment; all relevant evidence to meet the referral and scope of the work will be included.
NHS England	General		NHS England has no substantive comments to make regarding this consultation	Thank you.
North Bristol NHS Trust Be Safe Service, Bristol	1, 2		Clarity on terminology would be helpful. NOTA prefers the term harmful sexual behaviour which is my preference.	Thank you for your comment

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North Bristol NHS Trust Be Safe Service, Bristol	General		No reference is made to work with parents/carers and families and systemic approaches. The evidence and literature supports such approaches with children and yp and is often missing from UK service provision particularly within the youth offending teams where the focus is often on the young person solely.	Early intervention projects that support parents and families are noted in section 3.2.1 b; as well as interventions aimed at addressing SHB that also include parents and families
North Bristol NHS Trust Be Safe Service, Bristol	General		The Be Safe Service is replicating a CBT/Psycho-Educational Group and family intervention for children who have engaged in problematic sexual behaviour and their parents/carers. This programme has a strong evidence base and has been developed by Dr Jane Silovsky and others from Oklahoma University Health Sciences Centre. The programme is funded until 2016 by the Big Lottery Realising Ambition fund with outcomes being closely monitored. This includes work on unit costing.	Thank you for your comment. NICE will be issuing a call for evidence if you have any suitable evaluations NICE would welcome you submitting them at this time
North Bristol NHS Trust Be Safe Service, Bristol	General		Specific consideration needs to be given to applying an EOP framework and consider differences in terms of aetiology as well as assessment and intervention. For example work with females, children and young people with learning disabilities, and the BME community. The Be Safe Service is involved in a feasibility pilot alongside Kent University Tizard Centre & Y-SOTSEC-ID focused on young people with mild/moderate learning disabilities.	Thank you for this comment as noted above NICE would welcome submission of evaluations (published and unpublished) at this time.
North Bristol NHS Trust Be Safe Service, Bristol	General		Consideration needs to be given to working with children/young people with co-morbid presentations e.g. HSB and trauma, HSB and mental health diagnosis.	Thank you for your comment

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North Bristol NHS Trust Be Safe Service, Bristol	General		Consideration needs to be given to differences in intervention responses in terms of types of offence. There are some useful typologies evolving.	Thank you for your comment, if you have any suitable evidence please submit this during the call for evidence.
North Bristol NHS Trust Be Safe Service, Bristol	General		Advice on the most appropriate assessment measures/questionnaires/psychometrics would be useful. Also evaluation measures and processes.	Thank you for your comment
North Bristol NHS Trust Be Safe Service, Bristol	General		Distinctions of approach need to be considered in terms of intra/extra familial abuse and appropriateness in the former of systemic family interventions.	Thank you for your comment. The NICE Social Care team are developing a guideline on abuse.
North Bristol NHS Trust Be Safe Service, Bristol	General		I would welcome some comment as to the use of Restorative Justice Approaches for this population particularly from a therapeutic framework in working with "victims" and those who harm.	Thank you. All relevant approaches will be considered in the evidence reviews.
North Bristol NHS Trust Be Safe Service, Bristol	General		Consideration of the professional backgrounds of staff delivering services would be useful.	Thank you for your comment
North Bristol NHS Trust Be Safe Service, Bristol	General		Consideration of consultation and supervision models for staff delivering services would be valuable alongside identifying training and relevant knowledge.	Thank you for your comment
North Bristol NHS Trust Be Safe Service, Bristol	General		Some good practice examples would be useful.	Thank you for your comment.
North Bristol NHS Trust Be Safe	General		Consideration of care/placement options would be valuable- "continuum of	Thank you for your

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Service, Bristol			care" and "intervention".	comment
North Bristol NHS Trust Be Safe Service, Bristol	General		The need to address Internet Harmful Sexual Behaviour by young people	Thank you for your comment; we have included this in the updated scope.
NSPCC	General		The document needs consistency throughout regarding terminology i.e. sexually harmful behaviour or harmful sexual behaviour later in the document, We would advocate the use of **Harmful Sexual Behaviour** (HSB) as per page 1 section 2b – NSPCC uses harmful sexual behaviour – as does the new Hackett research in Practice – research review – children and young people with harmful sexual behaviour. - As does the new national operational framework for harmful sexual behaviour being developed across the country Suggest entire document is checked for consistency of terminology – and you use **Harmful sexual behaviour** (as per the definitions you use on page 1 and 7)	Thank you for your comment. We have addressed this in the updated document.
NSPCC	Section 2 d	Page 3	It is aimed at commissioners, managers and practitioners with [add **Social care and**] public health as part of their working remit etc…	Noted thank you
NSPCC	Section 2 d	Page 3	Add bullet – Social workers and social care practitioners	Noted thank you
NSPCC	Section 3.1.1	Page 7	Final bullet – change "prison" to "custodial"	Thank you for your comment
NSPCC	Section 3.1.1	Page 7	Final para – talks about definitions for the guideline and using our NSPCC definition of HSB – then you use call it sexually harmful behaviour (confusing) – see first general point above.	Noted thank you
NSPCC	Section 3.3	Page 8	Question 2: suggest you mark the word ***"identifying"*** in italics for clarity	Thank you for your

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				comment
NSPCC	Section 3.3	Page 9	Question 4: this should ideally come before the intervention question (i.e. before question 3)	Thank you for your comment
Office of the South Wales Police and Crime Commissioner	General		• We welcome the intention to provide guidance on this important area and the opportunity this will provide for encouraging earlier intervention. • It is important this guidance has credibility with criminal justice agencies and the third sector as well as health and social care. • It is important that scoping of current processes/systems for early identification and intervention to ensure this guidance is not separate to other related areas such as child sexual exploitation and domestic abuse.	Thank you for your comment, all appropriate agencies are of importance to the guidance. The NICE Health and Social Care team are developing guidance on child abuse that includes child sexual exploitation and trafficking amongst other things
Oxford Health NHS FT	General		Some reference to CSE (child sexual exploitation) and gang related initiatives would be useful as these are often falsely seen as separate issues	Thank you for your comment The NICE Health and Social Care team are developing guidance on child abuse that includes child sexual exploitation and trafficking amongst other things
Oxford Health NHS FT	General		It would be important to outline that historically some difficulties exist in the	Thank you for your

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			commissioning of services for the young people who commit sexual harmful behaviour. Services may be NHS, Youth Justice, Third Sector etc depending on area.	comment.
Oxford Health NHS FT	General		I think it would be useful to have some contextual mention that there is a tension between the justice system and the services that provide assessment and intervention for sexually harmful behaviour. E.g. the justice system is very black-white in terms of process and law and this can have an impact on how assessment and intervention services function.	Thank you for you comment, it is not within NICE's remit to comment on this area.
Oxford Health NHS FT	General		It is essential that 'inappropriate sexual behaviour' is defined as well, and that throughout the guideline this is considered as well. Prevention must include services which can advise or assess regarding 'inappropriate' behaviour rather than only accepting referrals for 'harmful'. We have found in our service that we have appropriate referrals of younger young people with behaviours of this kind, which if not intervened with, could well have led to harm. It is often not clear until consultation or assessment what may be 'harmful' or 'inappropriate'. Furthermore, if you decide on the basis of referral what is and isn't harmful behaviour then you may well have significant numbers of false positives and negatives. The guidelines could be focused around the different 'levels' of concern (e.g. Brook or Hackett) and what is recommended for each type.	Noted thank you. NICE will be issuing a call for evidence we would welcome a submission including your suggested reference during this time
Oxford Health NHS FT	General		It is important to note that many sources of referral are from family or professional concerns about sexualised or harmful behaviour in young people. Guidelines which allow these concerns to be considered are important so that	Noted thank you

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			artificial/arbitrary barriers to access are not introduced	
Oxford Health NHS FT	General		It is essential that internet offending is defined and considered throughout the guidelines as a specific and separate area of concern. Assessment and intervention for this issue is likely to be different to other sexually inappropriate or harmful behaviours	Noted thank you
Oxford Health NHS FT	3a	4	Please also mention the categories outlined by Simon Hackett relating to sexual behaviour	Thank you for your comment
Oxford Health NHS FT	3.1.1	6	Include internet/sexting within this	Noted thank you
Oxford Health NHS FT	3.1.1	6	Include inappropriate sexual behaviour within this.	Noted thank you
Oxford Health NHS FT	3.2.1	7	It may be useful to cross reference the Liaison and Diversion project roll out as this may be a source of 'first contact' for youth in the criminal justice system.	Thank you for your comment. NICE will be issuing a call for evidence we would welcome a submission at that time if you have any relevant evaluations - they can be published or unpublished or grey literature
Oxford Health NHS FT	3.2.1 (a)	7	Use the term 'first contact with services' rather than disclosure.	Noted thank you

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Oxford Health NHS FT	3.3	8	Each of the key questions and outcomes should refer to: • Inappropriate sexual behaviour • Sexually harmful behaviour • Internet offences	Thank you for your comment
Portsmouth City Council			A further scope is needed to see if the sexually harmful behaviour does reproduce itself in adulthood. I believe that not looking at longitudinal data in response adult behaviour is a missed opportunity.	Thank you for your comment, the referral for this work is focussed on children and young people.
Portsmouth City Council			Another influencing factor which may also be contributing is pornography. The under 18's population is now seeing graphic porn from a very early age this is an extraneous variable which could be more cohort related on sexual behaviour and expectations along with less social skills to understand sexual negotiation.	Noted thank you
Portsmouth City Council			We should also be looking at perpetrators and young adults with mental health issues and see, 1. if they were abused and 2. if this led to overt displays of sexual harmful behaviour versus thoughts (disorder).	Thank you for your comment
Public Health Warwickshire	General		We have reviewed the scope for this guidance and feel it is heading very much in the right direction and have no major revisions at this stage	Thank you for your comment
Research in Practice, www.rip.or.uk	General		We welcome the development of NICE's guideline on this important issue. Children and young people with harmful sexual behaviour is a concern, and despite the full prevalence not being known, existing figures indicate that this is a substantial problem. We consciously use the term 'harmful sexual behaviour' (HSB) and would suggest that this is more appropriate than the term 'sexually harmful behaviour' partly because this aligns better with the existing literature, but also because it places appropriate emphasis – i.e. it is the harmfulness of such sexual behaviour that we must address, not that it is	Thank you for your comment

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sexual. The issue of HSB presents a challenge for the health, education and social care sector and we see a NICE guideline in this issue as a way to help promote a coordinated service response between services and professionals. Knowledge of effective interventions and approaches (i.e. ways of working, beyond the research-based interventions / programmes) is essential to ensure the best decisions are made by professionals, that limited resources are effectively allocated and the best outcomes for people are achieved.	
Research in Practice, www.rip.or.uk	General		We note that the referral from the Department of Health for this guideline states that the guidance should be aimed for those working in the health, but also the education and social care sectors. As it stands, the document could be seen as written primarily for the health sector, both in terms of content and language. It risks pathologising HSB, whereas research shows that there are many factors to consider when assessing risk and intervening to address HSB. These include biological and psychological factors but also, importantly, social factors, previous abuse, family and economic factors (Vosmer et al 2009, Hackett 2014). Furthermore, research shows that few of these children and young people come to the attention of health services or the criminal justice system (which would provide a route to specialist health services) (Hackett, 2014). As such, it is essential to ensure that the guideline harnesses the views, evidence and experience of the social care sector and youth offending services as well as those of health professionals. In addition to the wealth of evidence the social sector can provide on this issue, buy-in from social workers, commissioners and others in the social care sector is essential if the recommendations of the guideline are to be implemented in practice. Studies looking at the background of children and young people with sexually	Thank you for your comment. NICE will be issuing a call for evidence we would welcome a submission listing full references at that time.

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			harmful behaviour found that a high proportion had extensive prior involvement with health but more notably with social care services, the latter including contact with safeguarding services (children who were under a care order, voluntary accommodation, living in kinship care or under secure accommodation), family support services or educational statementing (e.g. Vizard et al 2007; Hackett et al 2013 and Richardson et al 1995). Given the high prevalence of young people with harmful sexual behaviours from highly problematic family backgrounds, experience with discontinuity of care and insecure attachments, it is likely that these children come to the attention of professionals in social services possibly even before health professionals are involved.	
Research in Practice, www.rip.or.uk	Section 2: (d)	3	As above, we would suggest that the guideline needs to be aimed at commissioners, managers and practitioners in *social care* as well as those in public health. Though social workers are mentioned briefly we would argue that professionals in social care need to be given more prominence in terms of the audience for the guideline and also recognised as sources of evidence and instrumental in delivery the early help and interventions that will support children and young people. To illustrate our point, a social worker is more likely to encounter or receive a referral for a child with HSB than a midwife. Given the cross-over between those exhibiting HSB and those involved in the care system, the guideline also needs to include others in the social care sector, particularly foster carers and other carers (such as residential care practitioners) who can be not only the first to identify concerns but also support children and potentially partly deliver the interventions put in place to manage and prevent HSB.	Noted thank you
Research in Practice,	Section 3.1.1 (a)	6	We note that the guideline will cover children and young people under 18 and	Thank you for your

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www.rip.or.uk	and section 3.1.2 (a)	7	will not cover adults. Increasingly the importance of social and health services working towards a smooth transition for young people to adulthood has been recognised and has been made clear in many policy and legislative texts (see below for examples). These requirements aim to ensure a transition to adulthood that is based on need rather than age alone. In the social and health sector there are many examples of the age for assessment, planning and delivery of services to be based less on the legal age but more on ensuring an integrated offer of a continuum of services that will support the young person through to adulthood. A few examples include: - The Children and Families Act 2014 and the Care Act 2014 have introduced the 0-25 SEND code of practice, under which CCG must commission services jointly for CYP up to age 25 with SEND including those with EHC plans - Children and Families Act 2014 sets a 'staying put framework' in which arrangements are made for young people aged 18 and older who were previously looked after to remain living with their former foster carer facilitated and supported (including financial support) by the local authority. It is unclear how guidelines on HSB as proposed would fit in with the last two plans, particularly as the new SEND of practice extends to the age of 25. In addition, in the last decade there has been an increase in the number of young people with learning disabilities identified and referred for intervention due to sexually harmful behaviour (Hackett 2014). Given their particular needs and vulnerabilities, a strategy may be needed that relates to these	comment. NICE Health and Social Care team are currently developing a guideline on transition between children and adult services. We will clarify this and issues around learning disabilities in the final scope document.

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			children's functional age and developmental stage rather than legal age.	
Research in Practice, www.rip.or.uk	Section 3.3	8	Most local areas already have inter-agency area procedures in place (Smith et al 2013) but these vary in content. Multi-agency work will require agreement and the same understanding of thresholds by all agencies involved (particularly for those cases involving early onset of concerning behaviour), ability to learn from evidence from research and audits, joining-up of information and very importantly information sharing (ensuring information is passed on to all agencies in a timely manner).	Thank you for your comment
Research in Practice, www.rip.or.uk	Section 3.3	9	In question 3, when considering what types of intervention are most effective and cost effective when managing sexually harmful behaviour; we would have presumed the expected outcomes to take a more holistic view than just ability to reduce SHB. Evidence suggests that interventions that address a young person's HSB as well as other aspects of the child's life such as communication and relationship skills may be more effective (see Hackett 2014 for a review).	Thank you for your comment, all appropriate outcomes will be considered.
Research in Practice, www.rip.or.uk	General		The need for treatment to target parents and other key partners (such as carers) as well as young people has been recognised by research (Thornton et al 2008). Building up families' strengths and competences will be an essential component of management of sexually harmful behaviour by a child or young person (Hackett 2014). Activities that build on families' strengths need to be recognised at all stages, including early intervention projects but also in interventions to manage	Noted thank you

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			behaviour among children and young people. The role parents can play in delivering effective interventions also needs to be recognised in the 'key questions and outcomes' section in the guideline.	
Research in Practice, www.rip.or.uk	General (in particular with regard to key questions and outcomes)	8-9	One aspect that is missing in the 'expected outcomes' for each of the key questions is the role of the workforce in recognising and addressing sexually harmful behaviour. Professionals working with children will need to understand what can be considered normal sexual behaviour in children, understand the factors that may contribute to displaying harmful behaviour, knowledge of effective support services and the referral process. Support for the workforce is likely to be needed in a variety of ways including supervision and training. The lack of effective support for the workforce is likely to be a factor that prevent or support effective implementation and early access to help and support.	Thank you for your comment
Respond	General		As the 'need for the guidance' section in the draft scope says, data indicate that children and young people with learning difficulties are over-represented among those who display sexually harmful behaviour. It is important that the guidance includes a specific focus on the needs of children and young people with a learning disability – and this needs to be reflected in the scope (this is not the case at the moment). 'The needs and effective treatment of young people who sexually abuse: current evidence' (DH, 2006) recognises that there is a need to identify and clarify different needs between sub-groups of young people displaying sexually harmful behaviours. Young people with a learning disability are	Noted thank you NICE will be issuing a call for evidence we would welcome submission of full references during that time.

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			specifically referred to as one of the sub-groups. 'Examining Multi-Agency responses to children and young people who sexually offend' (Criminal Justice Joint Inspection, Feb 2013) highlights the need for a thorough cognitive assessment prior to specialist sexual behaviour assessments. It is important that a) children and young people who have a learning disability are identified to ensure they get access to appropriate support, assessments and interventions b) there are assessments and interventions available that are appropriate for their needs. As an organisation with specific expertise in working with children and young people with a learning disability in this area, we wish to be involved in ensuring the guidance properly addresses the needs of children and young people with a learning disability. We have seen children and young people with a learning disability having assessments and interventions which do not meet their specific needs and we are very concerned about this. Whilst at the same time are recognised as a specialist provider of Risk Assessments and therapeutic interventions you children and Young people with learning disabilities who exhibit sexually harmful behaviour.	
Respond	2 d)	3	I would include parents of young people displaying sexually harmful behaviour	Thank you for your comment
Respond	2 d)	3	I do not understand why the 5th bullet point specifically mentions the NSPCC's NCATS service. Surely it is one of the national adolescent forensic services just as Respond is for people with learning disabilities, autism and /or ADHD.	Noted thank you
Respond	3. 1 Who is the		We would like to see specific reference to children and young people with a	Thank you for your

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	focus		learning disability.	comment, this will be clarified in the final scope
Respond	3.2 Activities		We would like to see specific reference to commissioning and partnership work, early intervention projects, prevention programmes, therapeutic interventions, assessment tools and appropriate training for networks which meet the needs of children and young people with a learning disability.	Thank you for your comment
Respond	3 e)	5	I would suggest that the reason many young people with learning disabilities display sexually harmful behaviour or sexually offend of may be to do with having less impulse control, less access to appropriate sex education, more likely to be discovered and less likely to be able to cover their tracks.	Thank you for your comment
Respond	3 e)	5	I think a separate section on young people with learning disabilities and/or autism should be considered. Under such a bullet should be the argument made in the point above and also a comment on the high incidence of young people with autism and sexually harmful behaviours due to some deficits in theory of mind, in sometimes being able to recognise emotions in others and in sometimes being able to think about consequences of actions.	Thank you for your comment
Royal College of General Practitioners	General		This guidance is welcome as none currently exists. Will the final document differentiate between lone offenders who tend to be younger and are often children with learning difficulties who may themselves have been abused and neglected, gang offenders where the abuse is part of gang culture, and asylum seeking and refugee youths pretending to be younger than their chronological age with the purpose of seeking admission to children's homes because each category demonstrates a different pattern of abuse? Also will the final guidance differentiate between sexual harm and sexual exploitation- again the former likely to be lone perpetrator while the latter may be gang related? (NT)	Thank you for your comment. NICE Health and Social Care team are currently developing a guideline on abuse which will include sexual exploitation amongst other issues.

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Royal College of General Practitioners	2d	3	This will be aimed at family nurse partnerships which disengage with the family when the child is aged 2, is there a special reason for this? (NT)	Thank you for your comment, the Brook traffic lights which we include in the scope as one example of identifying developmentally appropriate and inappropriate behaviours includes an age grouping 0-5 years therefore the family nurse partnership would seem appropriate, however, we have updated the scope to reflect your comment.
Royal College of General Practitioners	3d	4	Is there enough evidence that this is of highest incidence in white adolescent males? Because SCRs and research from the Children's Commissioners Office may indicate other ethnicities are just as likely/more likely to be perpetrators. (NT)	Noted thank you. NICE will be issuing a call for evidence we would welcome a submission at that time.
Royal College of General Practitioners	3.1.1	6	Will this guidance cover sexually harmful behaviour in gangs? Suggest there needs to be careful consideration of the relationship between such behaviour and gang related sexual harm, also relationship with neglect and other forms of abuse, and incidence in children with learning difficulties (NT)	Thank you for your comment. The NICE Health and Social Care team are developing two

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				guidelines on abuse which includes exploitation
Royal College of General Practitioners	3.2.1	11	Need careful definition/consideration of what will be covered here e.g. will first discovered incidence of 'sexting' be considered for immediate intervention- and what advice will be given on setting of thresholds for intervention given that local authority thresholds for child protection intervention are already set very high? (NT)	Noted thank you for your comment
Royal College of General Practitioners	Appendix C	13	Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG) http://www.childrenscommissioner.gov.uk/info/csegg (NT)	Thank you, we will retain this reference for inclusion in the call for evidence submissions.
Royal College of General Practitioners	Appendix C	13	University of Bedfordshire- many studies including http://www.beds.ac.uk/__data/assets/pdf_file/0004/121873/wgoreport2011-121011.pdf (NT)	Thank you we will retain this reference for inclusion in the call for evidence submissions
Royal College of General Practitioners	2a	1	Should include youth services and the voluntary sector (including charities) (JA)	Thank you for your comment this will be clarified in the final document
Royal College of General Practitioners	2d	3	This guidance is for parents and carers as well as the vulnerable young people themselves – especially Looked after children and those with intellectual difficulties who are most at risk. Please may we have a service users' guide? (JA)	Thank you for your suggestion this is not within NICE's remit.
Royal College of General Practitioners	3.1.1	6-7	Definition should definitely include the "power differential" which the Brook definition in the Red section (see 3b p4) includes. Please use the Brook definition which is more specific. (JA)	Thank you for your comment
Royal College of General	3.2.1	7	Charities such as the Lucy Faithful foundation, Barnados, HTV Circles,	Thank you for your

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Practitioners			CCPAS and Respond, have already done a lot of work. (JA)	comment
Royal College of General Practitioners	4		The reference to the "AN/PN mental health care – clinical management and service guidance" has just undergone an excellent revision and publication must be imminent? (JA)	Noted thank you. NICE will be issuing a call for evidence, we would welcome a submission including this reference at that time.
Royal College of Nursing	General		The feedback I have received from nurses working in this area of health suggests that there are no comments to submit on behalf of the Royal College of Nursing to inform on the consultation of the draft scope of Sexually harmful behaviour among young people	Thank you for your comment
Royal College of Paediatrics and Child Health	General		Delighted you're tackling this as I think the response to these alleged child perpetrators is very poor yet they put others and themselves at risk. I've just completed an audit on the multiagency management of the 'alleged perpetrators' and there was poor documented evidence that there had been any child protection investigation and ongoing response. Therefore this particular aspect for me which requires clarity	Thank you for your comment
Royal College of Paediatrics and Child Health	General		In Wales we do have Child Protection procedures in relation to children with sexually harmful behaviour which could both contribute to the evidence but also be updated depending on outcome of the work	Thank you for your comment NICE will be issuing a call for evidence, we would welcome submission of any evaluations of this work (published or unpublished)

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Royal College of Paediatrics and Child Health	3.2.2		I think assessment of when behaviour is harmful is important and I'm only aware of the Brooks traffic light tool so it would be helpful to include this. I think it may have been in 3.2.1(e)	Thank you for your comment
Royal College of Paediatrics and Child Health	General		Need to acknowledge the overlap with sexual exploitation protocols and children who are sexually active. All these protocols overlap but have different focus which needs clarifying!	Thank you for your comment. The NICE Health and Social care team are developing guidelines on abuse including sexual exploitation we will ensure we do not duplicate work but recognise the relevant crossovers
Royal College of Physicians	General		The RCP is grateful for the opportunity to comment on the draft scope. We would like to make the following comments.	
Royal College of Physicians	General		We must help young people identify that their behaviour is not acceptable. We must also help them access advice and support if they are concerned about their behaviour. This would involve sex education within schools.	Thank you for your comment
Royal College of Physicians	General		Within gang culture, the young people may be aware that their sexual aggression is inappropriate. It may be something they do not wish to do, but in order to protect themselves and to become part of the gang they participate. We need to consider how we can support these young people.	Thank you for your comment
Royal College of Physicians	General		There also needs to be consideration of girls who recruit other girls into gangs or group exploitation, or participate in sexually harmful behaviour.	Thank you for your comment. The NICE Health and

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				Social Care team are developing guidelines on abuse which will include sexual exploitation
Royal College of Physicians	General		Young people who are involved in same sex relationships need particular consideration within this consultation.	Thank you for your comment
Royal College of Physicians	General		Understanding of consent needs to be explored for young people with regards to alcohol and drug consumption and partners who have learning difficulties.	Thank you for your comment
Royal College of Physicians	General		Within the context of harmful sexual behaviour it would be helpful to consider transmission of sexually transmitted infections and disclosure with particular respect to HIV and Herpes genitalis. There is no clarity about potential for prosecution for reckless transmission for young people, at a time where there are successful prosecutions in adults.	Thank you for your comment, this is outside the scope of the referral and the work of NICE.
South Gloucestershire Council	1, 2		NOTA prefers the term 'harmful sexual behaviour' which is also our preference.	Thank you for your comment
South Gloucestershire Council	General		No reference is made to work with parents/carers and families and systemic approaches.	Noted thank you
South Gloucestershire Council	2 d		It says it is aimed at professionals within public health, but the list of those it is particularly aimed at includes teachers. Could the important role of education settings (in particular the child protection and pastoral leads) be reflected in this section?	Thank you for your comment the list was not designed to be exhaustive this will be clarified in the final scope
South Gloucestershire Council	2 e	8	Assessment tools – will this include tools tailored to particular needs such as children and young people with learning disabilities?	Noted thank you
South Gloucestershire Council	3.3 question 2	8	Expected outcomes listed here imply work at a level which might qualify as an offence, perhaps it could include some wording to include the earlier intervention levels?	Noted thank you

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South Gloucestershire Council	General		The language seems to be very much about offending, perhaps more than prevention	Thank you for your comment
South Gloucestershire Council	General		Online activity is such a major context for both the start of and indeed the full infliction of harmful sexual behaviour that it merits a more explicit section to explore evidence of effective interventions.	Noted thank you
South Gloucestershire Council	General		Consideration of the professional backgrounds of staff delivering services would be useful.	Thank you for your comment
South Gloucestershire Council	General		Consideration of consultation and supervision models for staff delivering services would be valuable alongside identifying training and relevant knowledge.	Thank you for your comment
South Gloucestershire Council	General		Some good practice examples would be useful in the final draft	Thank y for your comment
South Gloucestershire Council	Appendix B	12	It would be helpful to clarify that this list refers to consideration of recommended interventions. Might it be helpful to point out any gaps in research?	Thank you for your comment. NICE public health guidance lists gaps in the research and research recommendations in the final guideline
South West Yorkshire Partnership NHS Foundation Trust	1	1	The guideline title states it will support various agencies to identify “when to take action”, however throughout the document it is clear that this is not the only focus of the guideline. it would appear that the guidelines are actually about not only when to act, but also what is the most appropriate course of action to take when a young person displays harmful sexual behaviour.	Thank you for the comment
South West Yorkshire Partnership NHS Foundation Trust	2b	1-2	The NSPCC definition provided highlights the range of sexual activity which could be considered harmful, however states that this would have taken place with “other children or adults”. Has the overlap with harm to animals been considered in relation to children displaying harmful sexual behaviour towards	Thank you for your comment any relevant sexual behaviour is included implicitly and

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			animals (bestiality)? As this is a factor considered within risk assessment tools designed for the 12-18 age range, yet is not included within the definition?	will be considered in the evidence reviews.
South West Yorkshire Partnership NHS Foundation Trust	2b	1-2	Debate between terms "sexually harmful behaviour" versus "harmful sexual behaviour". The term harmful sexual behaviour seems more appropriate, on the basis that: • Harmful sexual behaviour clearly identifies the nature of young people's sexual behaviour being *harmful* as opposed to problematic or healthy. • The term sexually harmful behaviour, suggests that this type of behaviour is only sexually harmful to victims, when in fact this behaviour is also emotionally and physically harmful. There needs to be consistent use of the agreed term throughout the document, as currently it fluctuates between the two terms.	Noted thank you.
South West Yorkshire Partnership NHS Foundation Trust	2b	3-4	In the bullet point list of practitioners / agencies the guideline will be aimed at, this should include "Local Authority Children's Services", it does not feel satisfactory to tag "and social workers" on to the CAMHS bullet point, given that in a number of cases, Local Authority Children's Services teams will be the first agency to respond to concerns regarding harmful sexual behaviour in relation to coordinating support and safeguarding and will ultimately be greatly responsible for the placements of these young people should their home environment be deemed unsuitable. It would also seem appropriate for Education providers (including post -16) to be identified as a distinct agency, as opposed to having "school nurses and teachers" within the same point, when the two disciplines / agencies are vastly different.	Thank you for your comment
South West Yorkshire	3.2.1 (a)	7	Within this paragraph, the wording "first disclosure" does not seem	Noted thank you

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Partnership NHS Foundation Trust			appropriate, as this suggests that this type of behaviour would only come to light via disclosure from young person or victim, when in fact in a number of cases, this type of behaviour is "uncovered" during assessments or investigations by agencies or by parents / carers themselves. Possibly the wording "first detection" or initial identification" may be more appropriate.	
South West Yorkshire Partnership NHS Foundation Trust	3.2.1 (b)	7	This point discusses early intervention projects which support parents and families, however has consideration been given to how parents / families will be supported beyond "early intervention" and when a young person is displaying / has displayed harmful sexual behaviour.	Thank you for your comment, this will be clarified in the final scope
South West Yorkshire Partnership NHS Foundation Trust	3.2.1(d)	7	This point talks about "interventions" to manage harmful sexual behaviour, consideration should be given to different types of intervention by agencies – "consultation" "assessment" and "intervention / therapy" are all forms of intervention in themselves, intervention can be direct with the young person or indirect (systemically) with agencies involved.	Noted thank you
South West Yorkshire Partnership NHS Foundation Trust	3.2.1(e)	8	Will consideration be given to the range of tools available to practitioners to assess harmful sexual behaviour? With emphasis being placed on practitioners selecting the most appropriate tool based upon individual cases (i.e. AIM2 / ERASOR / J-SOAP II)	Thank you. All relevant interventions and approaches will be considered based on the evidence
South West Yorkshire Partnership NHS Foundation Trust	General		Has any consideration been given to the training needs of professionals working with young people displaying harmful sexual behaviour?	Thank you for your comment
South West Yorkshire Partnership NHS Foundation Trust	General		Has any consideration been given to suitable timeframes from a young person displaying harmful sexual behaviour to any intervention being delivered (whether this be consultation, assessment, direct / indirect intervention) given that there seems to currently be significant delays in interventions being delivered to young people.	Thank you. All relevant evidence will be considered in production of the guidance

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Tees Esk Wear Valley NHS Trust		Page 8 3.2.3 3.3	By not reviewing Sexually harmful behaviour assessment tools / models, young people are being left open to the individual subjective opinions of more often than not un/ill-trained assessors with little experience in working with young people who sexually harm. This is identified in the Needs and Effective treatment of Young People who Sexually Abuse: Current Evidence document and is echoed in the Ministry of Justice report which talks about poor communication between relevant agencies, both of which are referenced in the Draft scope. I am not sure how it is possible to explore what constitutes an effective/ cost effective multi-agency responses or cost effective interventions without attending to the validity of the instruments being used.	Thank you. Assessment tools are included at 3.2.1 e as an activity covered. However it is expected that attending to the validity of instruments would be the responsibility of researchers and/or practitioners carrying out the intervention and/or research.
The Lucy Faithfull Foundation	General and 3.2.1 c)		Prevention: The only mention of prevention in the draft scope is in relation to prevention programmes run by YOTs. Sexual abuse prevention is a public health issue and should be central to the scope of the guidance given that it is key in addressing harmful or inappropriate sexual behaviour by young people and preventing and reducing the harm caused by sexual abuse. We recommend that prevention is included more broadly within the scope of the guidance. A recent report by Nat Cen, the National Centre for Social Research (*Call to keep children safe from sexual abuse: A study of the use and effects of the Stop It Now! UK and Ireland Helpline, Nat Cen Social Research Crime and Justice Team, June 2014*) presented findings from research conducted on a project run by the Lucy Faithfull Foundation (LFF) which takes a public health approach to preventing child sexual abuse. The report commented 'the	Noted thank you. In the context of the referral from DH the focus of this guideline will be on secondary and tertiary prevention. NICE Health and Social Care team are undertaking guidance in the area of abuse and we must be careful not to duplicate this work.

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			economic analysis conducted as part of the wider study involved costs benefit modelling and showed that the financial benefits to the taxpayer of the Helpline and Stop service outweighed its costs - even without considering the wider cost of child abuse to society'. This report has been sent to NICE. The Helpline provides information, help, advice, guidance and support to people concerned about child sexual abuse including adults concerned about their own sexual thoughts, feelings and behaviour towards children. Parents and others concerned about the behaviour of children and young people are also able to call. The Helpline links to a range of other services provided by LFF including InformYP for young people who engage in inappropriate sexual behaviour on line or in the 'real world', Hedgehogs, part of an EU DAPHNE funded programme for 9-11 year olds aimed at raising awareness about child sexual abuse among family and teachers, teaching child sexual abuse prevention rules and principles to school children, Internet Safety Seminars for children and Parents Protect, child sexual abuse prevention awareness seminars supported by a website.	NICE will be issuing a call for evidence we will retain any references you have submitted.
The Lucy Faithfull Foundation	3.3	Page 8	NICE may wish to consider the framework for prevention adopted by LFF from the work of Stephen Smallbone (Stephen Smallbone, Preventing Child Sexual Abuse: Evidence, Policy and Practice, 2008) which suggests that there are 3 levels of prevention, primary, secondary and tertiary which target groups including children and young people, abusers, communities and families. This framework would seem to fit with the Key Questions and Outcomes at 3.3 in the scoping document	Thank you for your comment. References will be retained and included in the call for evidence.

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The Lucy Faithfull Foundation	General		Definitions. LFF consider that the terms 'harmful' sexual behaviour' and 'inappropriate' sexual behaviour should be used to describe behaviour by children and young people. Care should be taken not to describe sexually inappropriate behaviour by children as 'sexual abuse'. The needs of female children and young people with learning and behavioural difficulties should also be included within the draft scope.	Thank you for your comment
The Lucy Faithfull Foundation	General		The age range covered by the guidance is limited and consideration should be given to an upper age range of 21 or 25. This would enable 'older' young people with learning difficulties to come within scope and for the needs of young people making the transition from children and young people's services to adult services to be addressed.	Noted thank you NICE Health and Social Care team are currently developing a guideline on children to adult service transitions.
The Lucy Faithfull Foundation	General		Definitions of sexual abuse within the draft scope should include harmful and inappropriate sexual behaviour through the internet/new media.	Noted thank you Thank you for your comment
The Lucy Faithfull Foundation	3.2.1 d)		The draft scope should include services to address the needs of young people in custody as an activity as well as a group to be covered in the scope	Noted thank you
The Lucy Faithfull Foundation	General		The needs of young people making the transition from services for young people to services for adults should be an activity within the draft scope.	Thank you for your comment. NICE Health and Social Care team are currently developing a guideline on children to adult service transitions.
The Lucy Faithfull Foundation	3.3 Question 1		See the comments made above in relation to prevention and primary	Noted thank you

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			prevention in particular	
The Lucy Faithfull Foundation	3.3 Question 2		Consideration could be given to adopting a tiered approach to provision following the prevention framework described above. Multi-agency public protection arrangements are not interventions but we agree that this process should be included within the scope of the guidance and that the guidance could include the adoption of a developmentally appropriate approach to risk management.	Noted thank you
The Lucy Faithfull Foundation	3.3 General		Reference is made to multi-agency responses, intervention for identifying children and young people who display harmful sexual behaviour, intervention directed at managing harmful sexual behaviour and assessments designed to identify the level of risk and manage the needs of children and young people who display harmful sexual behaviour. There is no clear focus on interventions delivered with young people targeted at reducing rather than managing the harmful sexual behaviour. Such interventions should be included within the draft scope	Noted thank you
The Royal College of Psychiatrists	2b	1-2	It might be helpful to clarify what behaviour constitutes normative sexual behaviour (maybe assess the appropriateness of tools like the Brooks tool, which has been referred to in the document)	Thank you for your comment Assessing internal and external validity of tools is out of scope for this work
The Royal College of Psychiatrists	2b	1-2	Adopting the NSPCC definition does not take into account the whole range of harmful sexual deviancy, e.g. sexual activity with animals or other sexual behaviours that could be harmful to the individual himself or others (paraphilic disorders)	Thank you for your comment, any relevant sexual behaviour is included implicitly and will be considered in the

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				evidence reviews.
The Royal College of Psychiatrists	2b	1-2	The term "harmful sexual behaviour" as opposed to "sexually harmful behaviour" would emphasise the difference between harmful and healthy sexual behaviour, which is key for the definition. "Sexually harmful behaviour" might infer that a particular behaviour is sexually harmful rather than emotionally and physically. For the above reasons we would prefer the term "harmful sexual behaviour". Whatever term is chosen in the end it should be used consistently across the whole document (which is not the case at the moment)	Thank you for your comment
The Royal College of Psychiatrists	2d	3-4	The fourth bullet point states "child and adolescent harmful behaviour services". Should this be "child and adolescent harmful **sexual** behaviour services"?	Noted thank you
The Royal College of Psychiatrists	2d	3-4	While describing the various agencies from a whole range of sectors (NHS, Local authority, other public and private sectors) the fifth bullet point specifically refers to NSPCC's National Clinical Assessment and Treatment Service. What is the rational for choosing/endorsing this particular agency? There are a variety of agencies with a national remit that provide similar and more wide ranging services that also include the secure estate, e.g. Lucy Faithful Foundation, G-MAP, the Child and Adolescent Forensic Service at the Maudsley and others? We suggest rephrasing this particular bullet point: "**National adolescent forensic services and services providing for such young people in the voluntary sector"**	Noted thank you. Use of this example was not intended to signify an endorsement.
	3.2.1 a)	7	The term "first disclosure" is somewhat ambiguous and in clinical settings	Thank you for your

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The Royal College of Psychiatrists			often used when a young person "discloses" that they have been sexually or otherwise abused. It might be more helpful to rephrase the sentence: "In particular, the provision of help **at the earliest opportunity** for children and young people, who are displaying such behaviour.	comment
The Royal College of Psychiatrists	3.2.2 a)	8	Given that "Assessment tools to identify the level of risk posed by children and young people who display sexually harmful behaviours" are part of the remit of the scope (preceding para 3.2.1 e)) it feels as if an important opportunity would be missed by not examining the quality of the current instruments available which should include an attempt to determine their validity. This is particularly important because the decisions as to which instrument is currently used are determined mostly by familiarity rather than suitability. Furthermore the literature about which of the instruments has a stronger evidence base seems contradictory. It will be difficult to answer confidently the 4 key questions and outcomes if the validity of the risk assessment instruments used are unknown.	Examining the validity of assessment tools is outside the remit of NICE's work. It is the responsibility of the researcher or practitioner to use/select the most appropriate tool based on the available documentation including documentation of the tools development in this area.
The Royal College of Psychiatrists	General		Sexual behaviour could be viewed as being on a continuum from healthy/normative-inappropriate- problematic- harmful. Early identification of (inappropriate/problematic) behaviour that could lead to harmful behaviour without expert advice and intervention should be an important consideration when looking at service models. For example, a consultative model which is flexible enough to respond to families' and professionals' concerns without creating barriers to early detection and prevention. The Wakefield Forensic CAMH Service and the Thames Valley Regional Forensic CAMH Service are examples of effective implementation of a consultative model.	Thank you for your comment. NICE will be issuing a call for evidence, we would welcome submissions of any evaluations of effective service models oir implementation of such.

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The Royal College of Psychiatrists	General		It is important that the lack of integrated commissioning of harmful sexual behaviour services is addressed. The current situation means that young people in some parts of the country have no access to developmentally appropriate treatment and assessment services regardless of whether they are in the community or the secure estate for under 18s.	Thank you for your comment, one of the aims of NICE guidance is to reduce variability.
The Tavistock and Portman	General		The Portman Clinic offers specialised long-term psychodynamic psychotherapeutic help to adults, adolescent and children who suffer from problems arising from delinquent, criminal or violent behaviour or from disturbing and damaging sexual behaviours or experiences. We saw our first patient in 1933 and since then have developed particular expertise in this area. As a clinic dedicated to the assessment and treatment of both adults and young people we are in a position to comment on the differences between the two populations and how this impacts both assessment and treatment. Although our referral criteria are selective, we do see a varied clinical population presenting with very different difficulties. Adults and young adults are treated mostly in groups whilst children and adolescents are provided with individual treatment combined with work with their parents/carers and consulting to the wide professional network. We use our clinical experience in providing risk assessments, consultations, teaching and supervision to other professionals and organisations.	Thank you for this comment
The Tavistock and Portman	3 (g)	6	In general, it is impossible to assess and treat children and adolescent without taking into account their environment, developmental history and potential future developmental pathway. A study into the characteristics of youths who sexually harm showed that 71% could be classified as exhibiting a dominantly abusive, impaired or delinquent background (Almond et al,	Thank you for your comment

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			2006), suggesting that existing difficulties in the young person's environment (family, peer groups, education setting) would need to be addressed as well as clear pathways created to specialist services who could provide individual treatment. Our assessment model reflects this idea; we start each assessment with a consultation to (and with) the referring professional network. This is followed by meeting the referred patient with parents/carers, a few individual assessment sessions and in parallel seeing the cacrers/parents once or twice. By the end of this process we usually have an initial understanding of the index offence in its various contexts, a measure of risk and its management, and an opinion whether psychotherapy could be helpful and viable. If **treatment** is then taken on we usually provide long term individual treatment and regular work with parent/carers. Links to the professional network is maintained and periodical consultations are provided.	
The Tavistock and Portman	General		**Risk**: The public perception of sexual abuse and perpetrators of such acts is extremely sensitive, provocative and powerful. Unlike other forms of offending in which some level of risk can be tolerated, the risk of future sexual harm is perceived differently; in our experience networks of professionals, carers and individuals perceive risk only within the context of managing it (i.e. both "high risk" and "low risk" will be tolerated within a mindful & contained environment but almost equally terrifying if a situation is perceived as unmanaged). A study by Michael Caldwell (2002) showed that "the most carefully developed and thoroughly studied methods for predicting juvenile recidivism have shown very limited accuracy". For example, only about 12% of youths that were identified as high risk went on to commit further sexual offences,	Thank you for your comment

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			whilst 17% of youths classified as low risk ended up offending again. A recent meta-analysis conducted by Inge Hemple (2013) revealed that none of the six most well-known and best-researched instruments for appraising risk among juvenile sex offenders showed consistently accurate results. At the Portman Clinic we base our assessment of risk on our longstanding clinical experience in working with young people who sexually harm others. We recognise the limitations of trying to predict such risk, which in Caldwell's words equals to trying to predict "a rare event".	
The Tavistock and Portman	1.2.1	8	**Response to Item e**: Our risk assessments are structured as a consultation to a network of professionals and a young person's carers. The network's and the overall environment's perception of risk are crucial; we assess a young person individually and in parallel interview parents, carers and others in order to create a wide picture of their development, psychological makeup and potential support. Assessing the risk is combined with the way it might be managed and contained. Addressing the network's needs to manage this risk is an integral part of the assessment. Instead of providing just a measure of risk (high/medium/low) we provide an understanding of it in the context of past & present relationships and development. We then consult the network about the best way to manage it. This allows a young person to feel less risky and therefore potentially available for treatment. It helps to tailor-make the right "package" of risk management and treatment to suit individual needs and circumstances. It is our view and experience that the public perception of sexually harming a child creates pressure to act and adopt "tools" that promise certainty. We believe that this should be resisted. Instead, we advocate an attitude that takes into account a variety of perspective in trying to reduce risk whilst creating the necessary conditions that facilitate potential treatment and	Thank you for your comment

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			foster future development.	
Youth Justice Board	General		The Youth Justice Board (YJB) welcomes the consultation and the opportunity to submit written comments on the scope of your planned guidance document. Following the evidence obtained in the 2013 Criminal Justice Joint Inspection 'Examining multiagency responses to children and young people who sexually offend', we recognise that multiagency working involving non-criminal justice organisations like schools, healthcare providers and social care bodies is vital if problematic sexual behaviour is to be identified and addressed before it reaches the threshold of criminal justice. The guideline you are developing will be very informative for services working with children and we are therefore in strong support of its aims.	Thank you for your comment
Youth Justice Board	General		The Youth Justice Board for England and Wales (YJB) is a non-departmental public body established by the Crime and Disorder Act 1998 to oversee the youth justice system in England and Wales. Our vision is for an effective youth justice system where young people receive the support they need to live successful, crime-free lives, and where more offenders are caught and held to account for their actions. We also seek to protect the public and provide better support for victims. The YJB's responsibilities include: • advising Ministers on the operation of, and standards for, the youth justice system; • monitoring the performance of the youth justice system;	Thank you for this information

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			• identifying and promoting effective practice; • making grants to local authorities and other bodies to support the development of effective practice; • commissioning research and publishing information; and • purchasing secure accommodation places for, and placing, children and young people remanded or sentenced by the courts to custody.	
Youth Justice Board	General		Until early 2014, the YJB also had responsibility for commissioning services for children who were convicted of sexual offences held in youth custody. In this capacity we have historically commissioned research in this area but recognise that the publications and projects noted in the consultation document provide up-to-date evidence and so do not seek to reference our publications here. You may wish to note that NHS England now has commissioning responsibility for services to support children convicted of sexual offences in youth custody.	Thank you for your comment
Youth Justice Board	2b	1 - 2	The YJB supports the need for careful definition of children and young people who display sexually harmful behaviours. Not criminalising young people by treating them in the same way as adult offenders is particularly important especially given the evidence[1] available to suggest that with the appropriate interventions at an early stage these young people can be rehabilitated.	Thank you for your comment
Youth Justice Board	3.(The Need for Guidance)	4-6	Another need for guidance is demonstrated within YJB data[2] shows that although the number of sexual offences committed by children aged 10 -17	Thank you for this information

[1] Hacket S., Masson, H. and Phillips, S. (2005) *Services for Young People Who Sexually Abuse*
London: NSPCC, Youth Justice Board and National Organisation for the Treatment of Abusers

[2] See annual youth justice statistics for the period 2009-2013 at https://www.gov.uk/government/statistics/youth-justice-statistics

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			has fallen over the last 4 years, sexual offences as a percentage of total offences committed by the same cohort has increased.	
Youth Justice Board	3.1.1 a	6 -7	Research[3] has indicated that children and young people with learning difficulties seem to be over represented within this cohort and that their numbers are increasing. We would therefore suggest that this group of young people would benefit from being considered as a specific group who may require a specialist response.	Noted thank you. We will clarify this in the final scope document
Youth Justice Board	3.1.1 a	6-7	We agree with the definition you have developed for the guideline, but would stress the importance of setting it within a document which identifies that sexually harmful behaviour will and should not always result in criminalisation, and which recognises that a health and welfare-based approach will often be the most effective way to address such behaviour before it escalates. We think that this is particularly important if behaviour identified in children under the age of criminal responsibility is to be effectively addressed and welcome the support the NICE guideline will provide to service providers and practitioners on this issue.	Thank you for your comment, the final scope will attempt to address this.
Youth Justice Board	3.1.2 a	7-8	Although the proposed scope of this guideline does not consider adults displaying harmful sexual behaviour we think it is important that you do look at the role of adults who are complicit with young people who display sexually harmful behaviours in their communities. Here we are primarily referring to sexually harmful behaviour occurring amongst gangs or groups of young people, which may include adults. The complex dynamic and prevalence of sexual exploitation and abuse within gangs and groups has recently been described by the work of the Office of the Children's Commissioner, and addressing behaviour that occurs in this context will often necessarily involve	Thank you for your comment. The NICE Health and Social Care team are developing guidance on abuse which includes child sexual exploitation.

[3] Smith, C., Bradbury-Jones, C., Lazenbatt, A., and Taylor, K. (2013) *Final Project Report – Provision for young people who have displayed harmful sexual behaviour*. Edinburgh: University of Edinburgh and NSPCC

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			work with adults.	
Youth Justice Board	3.1.2 a	7-8	The guideline should also make specific provision for young people who are transitioning to adulthood, as this is a peak period of personal vulnerability and risk of offending.	Thank you for your comment. The NICE Health and Social care team are currently developing a guideline to inform child to adult services transition
Youth Justice Board	3.2.1	7	We wish to highlight here an important recommendation arising from the 2013 Criminal Justice Joint Inspection 'Examining multiagency responses to children and young people who sexually offend' which identified gaps and key learning in the way services meet the needs of this particular cohort. The recommendation may be of some use when considering the activities and measures that will be covered by your guideline. It stated that *'from disclosure to the end of sentence, [services should] actively contribute to timely information sharing and assessments to both inform decision making and, where appropriate, deliver interventions so that further incidents of sexually harmful behaviour/offending can be prevented at the earliest possible stage'*	Thank you for this information
Youth Justice Board	3.2.1 a	7	The NSPCC is currently leading a national cross agency/government project looking at developing a local problem sexual behaviour commissioning framework. You may wish to align with this work to benefit from its findings.	Thank you for your comment.

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				NICE will be issuing a call for evidence, to inform this guidance we would welcome submission of any evaluations of relevance this includes published, unpublished and academic in confidence materials
Youth Justice Board	3.2.1 c	7	Some examples of Youth Offending Team practice relating to sexually harmful behaviour are published on the YJB Effective Practice Library, which can be accessed here. These include a Harmful Sexual Behaviour Project[4] and ERASOR - Estimate of Risk of Adolescent Sexual Offence Recidivism[5]. It should be noted that these practice examples are currently considered to be 'Emerging', which means that we do not currently have evidence regarding their effectiveness. In addition, you may wish to note the publication in 2012 of an All Wales protocol for the management of young people engaging in sexually harmful	Thank you for your comment. These references will be retained as part of the call for evidence information. We would welcome any additional submissions during the call for evidence.

[4] SHB project: http://www.justice.gov.uk/youth-justice/effective-practice-library/harmful-sexual-behaviour-project

[5] ERASOR: http://www.justice.gov.uk/youth-justice/effective-practice-library/erasor

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			behaviour.[6]	
Youth Justice Board	3.2.1 e	8	Some specialist assessment tools do exist for children who display harmful sexual behaviour. However, as the Criminal Justice Joint Inspection (2013) noted, none is currently validated. The most commonly used tool AIM2 is specified for use with boys aged between 12-18, which leaves a deficit in relation to younger aged children.	Thank you for your comment
Youth Justice Board	3.2.1 e	8	As you are likely to be aware, the roll-out of a new youth justice assessment framework, AssetPlus, will begin in 2015 and we would be keen to work with you to ensure that relevant references to AssetPlus are contained within your guideline.	Thank you for your comment. Any evidence you have on this process can be submitted via the call for evidence.
Youth Justice Board	3.3 – Question 1	8	As identified by the Criminal Justice Joint Inspection (2013) we would consider that the role of the Local Safeguarding Children Board is fundamental to ensuring the effective multi agency response from local Children's Services. It was recommended that they should ensure that the tools to improve the identification of young people displaying sexually harmful behaviour are built into relevant 'Early Help' strategies to support the outcomes outlined in this question.	Thank you for this comment
Youth Justice Board	3.3 – Question 2	8	We have recently undertaken work with Youth Offending Teams and MAPPA to try to do more to adapt the approach of MAPPA meetings to support the needs of children and young people who are subject to MAPPA procedures;	Thank you for this information.

[6] http://www.vamt.net/documents/safeguarding-protocols/all-wales-sexually-harmful-behaviour-october-2012(endorsed-may-13-ctscb).pdf

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			making them more child centred and providing a common language and a clear process for ensuring the right participants are in attendance. We would be happy to share some of the details of this work with you if it would be of interest.	We would welcome any evidence you have on relevant work during the call for evidence
Youth Justice Board	3.3 – Question 2	8	The comment above notwithstanding, we do not agree that improved MAPPAs should or will be the only expected outcome to question 2. Though we recognise that you may be referring to broad multi-agency working, the term 'MAPPA' has specific meaning amongst service providers, and in that context, MAPPAs are only in place for children convicted of specific serious sexual offences. Focusing only on this outcome will limit the potential of the guideline to address the intervention needs of a large number of children displaying harmful sexual behaviour.	Thank you for this comment. It was not our intention to suggest these were the only outcomes of interest
Youth Justice Board	General		The impact of the media through a number of mediums including the social media and the internet are known to have influenced the sexual attitudes of children and young people. In preparing this guideline we would suggest that some consideration is given to how a child's gradual and evolving sexual development may be impacted on by the access to this new media and influence their sexual behaviours and alter ideas about sexual relationships.	Thank you for your comment
Youth Justice Board	General		Any guidelines to support the identification and help for young people displaying sexually harmful behaviours should consider how the impact of gender, race and faith will be addressed within these and the specific needs that may be encountered within differing cohorts of young people.	Thank you for your comment, all relevant subgroups are considered and included implicitly in the evidence reviews, where appropriate sub-group issues will be identified in the evidence reviews.

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Document processed	Stakeholder organisation	Number of comments extracted	Comments
BASHH Adolescent Specialist group.doc	BASHH Adolescent Specialist group	4	
British Association for Adoption and Fostering.doc	British Association for Adoption and Fostering (BAAF)	6	
Brook and FPA.doc	Brook and FPA	16	
Department of Health.DOCX	Department of Health, Social Services and Public Safety, Northern Ireland	2	
Doncaster Council.doc	Doncaster Council	3	
Faculty of Sexual and Reproductive Healthcare.doc	Faculty of Sexual and Reproductive Healthcare	4	
Family Education Trust.doc	Family Education Trust	5	
Glebe House.doc	Glebe House	8	
HYPERMOBILITY SYNDROMES ASSOCIATION.doc	HYPERMOBILITY SYNDROMES ASSOCIATION	2	
Institute of Child Health.doc	Institute of Child Health	14	
Mencap.doc	Mencap	3	
MsUnderstood Partnership.doc	MsUnderstood Partnership	4	
NHS England	NHS England	1	
North Bristol NHS Trust Be Safe Service, Bristol.doc	North Bristol NHS Trust Be Safe Service, Bristol	13	

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NSPCC.doc	NSPCC	7	
Office of the South Wales Police and Crime Commissioner.doc	Office of the South Wales Police and Crime Commissioner	1	
Oxford Health NHS FT.doc	Oxford Health NHS FT	12	
Portsmouth City Council.doc	Portsmouth City Council	3	
Public Health Warwickshire.doc	Public Health Warwickshire	1	
Research in Practice.doc	Research in Practice, www.rip.or.uk	8	
Respond.doc	Respond	7	
Royal College of General Practitioners.doc	Royal College of General Practitioners	12	
Royal College of Nursing.doc	Royal College of Nursing	1	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	4	
Royal College of Physicians.doc	Royal College of Physicians	7	
South Gloucestershire Council.doc	South Gloucestershire Council	11	
South West Yorkshire Partnership NHS Foundation Trust.doc	South West Yorkshire Partnership NHS Foundation Trust	10	
Tees Esk Wear Valley NHS Trust.doc	Tees Esk Wear Valley NHS Trust	1	
The Lucy Faithfull Foundation.doc	The Lucy Faithfull Foundation	10	
The Royal College of Psychiatrists.doc	The Royal College of Psychiatrists	9	

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The Tavistock and Portman.doc	The Tavistock and Portman	4	
Youth Justice Board.doc	Youth Justice Board	19	