

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public health guideline

Draft scope

1 Guideline title

Sexually harmful behaviour: helping health, education, children's services, youth services and the criminal justice system to identify when to take action to help young people who display this type of behaviour.

Short title

Sexually harmful behaviour: identifying and helping young people who display this type of behaviour.

2 Background

- a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop a public health guideline aimed at helping those working in health, youth justice, education and social care services to identify and support young people who display sexually harmful behaviour.
- b) There has been significant debate about how to describe children displaying sexually harmful behaviour without labelling them as sex offenders or paedophiles, as often these children have been victims of child sex abuse themselves. A range of definitions have been used including the following:
 - The National Society for the Prevention of Cruelty to Children (NSPCC) uses the term 'harmful sexual behaviour' and is defined as: 'one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of

development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults' ([Harmful sexual behaviour](#) NSPCC 2013¹).

- In [The needs and effective treatment of young people who sexually abuse](#) the Department of Health (2006)² uses the term 'sexually abusive behaviour'. This is defined as: 'any sexual interaction with a person(s) of any age that is perpetrated (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative or threatening manner'.
- The Department for Education's [Working together to safeguard children](#) (2013)³ defines the term 'sexual abuse' in its glossary as: 'Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'

c) This guideline will support a number of related policy documents including:

- [Convention on the rights of the child](#) (UNICEF 1991)
- [Examining multiagency responses to children and young people who sexually offend](#) (Criminal Justice Joint Inspection 2013)

¹ [Harmful sexual behaviour](#) p7.

² [The needs and effective treatment of young people who sexually abuse](#) p9

³ [Working together to safeguard children](#) p86.

- [Keeping children safe in education](#) (Department for Education 2014)
- [Multiagency working and information sharing approaches](#) (Home Office 2013)
- [The Bradley Report: review of people with mental health problems or learning disabilities in the criminal justice system](#) (Department for Health 2009)
- [The needs and effective treatment of young people who sexually abuse: current evidence](#) (Department for Health 2006)
- [The treatment and risk management of sexual offenders in custody and in the community](#) (Home Office 2002)
- [Working together to safeguard children](#) (Department for Education 2013).

d) This guideline will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and practitioners with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at:

- family nurse partnerships, GPs, health visitors and midwives
- school nurses and teachers
- neighbourhood policing teams, police community support officers and youth offending teams
- child and adolescent harmful behaviour services, child and adolescent mental health services and social workers
- The NSPCC's National Clinical Assessment and Treatment Service and national adolescent forensic services.

It may also be of interest to people who have experienced, or are experiencing, sexually harmful behaviour and other members of the public.

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

3 The need for guidance

- a) It is difficult to determine how many children and young people are involved in sexually harmful behaviour – or how often. However, there is a broad consensus that between 23 and 40% of children and young people who sexually harm others have suffered abuse and neglect themselves ([Provision for people who have displayed harmful sexual behaviour](#) NSPCC 2013⁴).
- b) Difficulties in defining harmful sexual behaviours displayed by children and young people are compounded by a general lack of knowledge of childhood sexuality and what constitutes normal sexual development (Lovell, 2002). In the UK, Brook has launched an online ‘traffic light’ tool on sexual behaviours for professionals working with young people. ‘Green’ behaviours reflect healthy sexual development; ‘amber’ behaviours could be a problem; and ‘red’ behaviours are not safe or healthy. See [A guide to identifying sexual behaviours](#) (Brook 2012).
- c) Research found that two-thirds (65.9%) of sexual abuse experienced by children and young people aged 0–17 and involving physical contact was perpetrated by someone under 18; 4 out of 5 children and young people aged 11–17 (82.7%) who experienced this from a peer did not tell anyone (‘Provision for young people who have displayed harmful sexual behaviour’). Adolescent white boys are the largest group to exhibit sexually

⁴ [Provision for people who have displayed harmful sexual behaviour](#) p5.

harmful behaviour ('Provision for young people who have displayed harmful sexual behaviour'.)

- d) Research has focused on young people who have committed serious sexual crimes. Little is known about those who display sexually problematic behaviours that have not reached this level ([The needs and effective treatment of young people who sexually abuse: current evidence](#) Department for Health 2006⁵). What is known is that many children and young people charged with criminal offences related to sexually harmful behaviour had previously been referred to children's services. But the significance of their sexual behaviour on referral was either not recognised or dismissed – and this is thought to be a major barrier to the provision of effective interventions ([Examining multi-agency responses to children and young people who sexually offend](#) Criminal Justice Joint Inspection 2013).
- e) Evidence suggests children and young people can be rehabilitated before sexually harmful behaviour becomes an entrenched pattern of behaviour ('Examining multiagency responses to children and young people who sexually offend' and Jones et al 2011.) Those who display such behaviour often have many psychosocial problems and educational needs ('The needs and effective treatment of young people who sexually abuse: current evidence'.) Assessments of needs are recommended as early as possible in the offender pathway, particularly for those with mental health problems or learning difficulties ([The Bradley report: review of people with mental health problems or learning disabilities in the criminal justice system](#) Department for Health 2009). Data indicate that children and young people with learning difficulties are over-represented among those who display sexually harmful behaviour. But this may be due to the repetitive nature of their offending, which means they are more likely to be caught. See [Examining](#)

⁵ [The needs and effective treatment of young people who sexually abuse: current evidence](#) p4.

[multiagency responses to children and young people who sexually offend](#) (Criminal Justice Joint Inspection 2013) and ‘The needs and effective treatment of young people who sexually abuse: current evidence’.

- f) Services for children and young people who display sexually harmful behaviour remain patchy. The Criminal Justice Joint Inspection report acknowledged that there is ‘a general lack of understanding as to where these children and young people “fitted” into the system.’ There is also ‘confusion about how to effectively respond to their needs and risks’ (‘Examining multi-agency responses to children and young people who sexually offend’.)
- g) The ‘Report of the Committee of Enquiry into Children and Young People who Sexually Abuse Other Children’ (National Children’s Home 1992) recommended that children and young people who display sexually harmful behaviour should not be assessed using the methods used for adult sex offenders.

The guideline

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

3.1 Who is the focus?

3.1.1 Groups that will be covered

- a) Children and young people (under 18) who display sexually harmful behaviour and who:
- are living in the community and have not been prosecuted
 - have been prosecuted and are serving community sentences

- have been remanded in custody (that is, they remain in prison until a trial or sentencing hearing can take place) or are serving a prison sentence.

For the purpose of this guideline, sexually harmful behaviour is defined as: ‘one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults’ ([Hamful Sexual Behaviour](#), NSPCC 2013, p 7).

3.1.2 Groups that will not be covered

- a) Adults.

3.2 Activities

3.2.1 Activities and measures that will be covered

- a) Commissioning and partnership work (among statutory, voluntary and independent sectors) to identify and help children and young people who display sexually harmful behaviour. In particular, the provision of help for children and young people on ‘first disclosure’ that they are displaying such behaviour.
- b) Early intervention projects that support parents and families and challenges negative behaviours, including sexually harmful behaviour.
- c) Prevention programmes, including those run by youth offender teams such as youth inclusion and youth inclusion and support panels and the youth and criminal justice system.
- d) Interventions to manage sexually harmful behaviour among children and young people by: primary health care, children’s services, early years, education, neighbourhood policing teams,

youth offending teams, child and adolescent harmful behaviour services, child and adolescent mental health services, national adolescent forensic services and national clinical assessment and treatment services.

- e) Assessment tools to identify the level of risk posed by children and young people who display sexually harmful behaviours and to identify how to manage their needs.

3.2.2 Activities and measures that will not be covered

- a) Testing to determine the internal and external validity of instruments to assess sexually harmful behaviour among children and young people.

3.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness. Cost effectiveness will be considered where possible, in light of the evidence available and time constraints.

Question 1: What are the most effective and cost-effective multi-agency responses to a first disclosure that a child or young person is displaying sexually harmful behaviour?

Expected outcomes: Improved long-term quantitative and qualitative outcomes for vulnerable young people. Quantitative outcomes may include improved attendance at school and a reduction in offending. Qualitative outcomes may include improved behavioural, developmental, educational, emotional and mental health outcomes.

Question 2: What are the most effective and cost-effective types of intervention (universal and targeted) for identifying children and young people who display sexually harmful behaviour?

Expected outcomes: Improved multi-agency public protection arrangements (MAPPAs). This includes: identifying thresholds for action, improved

notification and referral procedures, better information sharing, and less reliance on exception reporting or serious incidents to highlight concerns.

Question 3: What types of targeted intervention are most effective and cost-effective when managing sexually harmful behaviour by young people?

Expected outcomes: Reduction in sexually harmful behaviour and prevention of future offending.

Question 4: How effective and cost-effective are assessments designed to identify the level of risk faced by, and manage the needs of, children and young people who display sexually harmful behaviour?

Expected outcome: Improved assessment to help inform subsequent decisions about treatment, public safety and the safety of the child or young person.

3.4 Status of this document

This is the draft scope, released for consultation from 24 September until 22 October. Following consultation, the final version of the scope will be available on the NICE website from December 2014.

4 Related NICE guidance

Published

- [Antisocial behaviour and conduct disorders in children and young people](#)
NICE quality standard 59 (2014)
- [Contraceptive services with a focus on young people up to the age of 25](#)
NICE public health guideline 51 (2014)
- [Domestic violence and abuse – how services can respond effectively](#) NICE
public health guideline 50 (2014)
- [Behaviour change: individual approaches](#) NICE public health guideline 49
(2014)
- [Antisocial behaviour and conduct disorders in children and young people](#)
NICE clinical guideline 158 (2013)

- [Health and wellbeing of looked after children and young people](#) NICE quality standard 31 (2013).
- [Social and emotional wellbeing - early years](#) NICE public health guideline 40 (2012)
- [Alcohol dependence and harmful alcohol use](#) NICE quality standard 11 (2011)
- [Common mental health disorders](#) NICE clinical guideline 123 (2011)
- [Looked-after children and young people](#) NICE public health guideline 28 (2010)
- [Pregnancy and complex social factors](#). NICE clinical guideline 110 (2010)
- [Antisocial personality disorder](#) NICE clinical guideline 77 (2009)
- [Social and emotional wellbeing in secondary education](#). NICE public health guideline 20 (2009)
- [When to suspect child maltreatment](#) NICE clinical guideline 89 (2009)
- [Antenatal care](#) NICE clinical guideline 62 (2008)
- [Social and emotional wellbeing in primary education](#). NICE public health guideline 12 (2008)
- [Antenatal and postnatal mental health](#) NICE clinical guideline 45 (2007)
- [Prevention of sexually transmitted infections and under 18 conceptions](#) NICE public health guideline 3 (2007)
- [Postnatal care](#) NICE clinical guideline 37 (2006)
- [Depression in children and young people](#) NICE clinical guideline 28 (2005)
- [Post-traumatic stress disorder \(PTSD\)](#) NICE clinical guideline 26 (2005)
- [Self harm](#) NICE clinical guideline 16 (2004).

Under development

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

Appendix A Referral from the Department of Health

The Department of Health asked NICE to produce:

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

Appendix B Potential considerations

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

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

Appendix C References

Children and young people exhibiting sexually harmful behaviour – what we have learned and what we need to know to propose effective intervention? By Jones V et al in Protecting Children from Sexual Violence: a comprehensive approach (Council of Europe Publishing 2010).

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

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