



**Calderdale
Safeguarding
Children Board**

Calderdale Safeguarding Children Board

Sexually Harmful Behaviour (SHB)

**Initial Identification and Assessment
Tool for professionals**

Sexually Harmful Behaviour (SHB) Initial Identification and Assessment Tool for professionals

The following tool has been developed by the Calderdale Safeguarding Children Board (CSCB), Learning and Development Sub Group to assist the identification and assessment of children and young people who display sexually harmful behaviour (SHB). It has been produced by a multi-agency group of professionals for use by all agencies working with children and young people and supports the development of a multi-agency intervention pathway.¹

The most serious safeguarding concerns occur when there is an imbalance of power between the child or young person displaying SHB (e.g. which may arise as a result of age, learning or physical disability, size, perceived status, or a more able or more sexualised child) and the person harmed. The Sexual Offences Act 2003 states that no child or young person under the age of 13 can give consent to penetrative sex (this includes vagina, anus or mouth). Between the ages of the 13 and 16 there needs to be an assessment based on the ability (particularly where there are issues relating to disability or special educational needs) to give “informed consent”.

In assessing SHB it is important that we separate out those unacceptable, but developmentally appropriate behaviour from SHB and the tool is designed to support your professional judgement as to the level of risk (to the child and others) and is coterminous with the Calderdale Continuum of Need (CoN). Each agency has a designated safeguarding lead and you should consult with them when you are concerned about SHB.

All professionals have a responsibility to respond appropriately and at different levels when they have a concern relating to SHB and

- Identify if this is developmentally appropriate or it is SHB using the tool below
- manage the incident to ensure the safety of all concerned but ensuring that the needs of children and young people remain foremost
- liaise with parent or carers to develop a joined up and consistent approach. Take into account the response of parents or carers when informed of the SHB. What are their views? Is there a history of discontinuity of care/poor attachments, abuse or domestic violence, long standing problems?
- ensure that all the children and young people are safe from harm
- decide if a safeguarding referral is appropriate and if a referral is made, that you share all your available evidence and a chronology of significant events
- take into account the response of both the person displaying SHB and the other child or young person involved

¹ Some of this work has been based on the work of the Brook - Sexual Behaviours Traffic Light tool and Wakefield MBC - Checklist of Sexual Behaviour in Children and Response

The CSCB is committed to supporting professionals to identify, assess and support children and young people who exhibit SHB by:

- training in excess of 50 staff across a range of services in the Aim2 assessment model – a special assessment tool in respect of SHB
- continuing to offer ongoing training in the identification and assessment of SHB and interventions
- Developed an e-learning model in relation to SHB
- Produced specific practice guidance available on the CSCB website: www.calderdale-scb.org.uk

The tool is not exhaustive and has been designed to assist and guide professionals in identifying when behaviour is such that it requires intervention at level 2 and above of the CoN. It cannot replace or direct action by professionals as it is important that we exercise our professional judgement at all levels of the CoN and seek appropriate guidance and support from designated safeguarding leads.

Professionals can also seek advice from the Multi-agency Screening and Tasking Team (MAST) on 01422 393336

Notes of explanation:

1. The tool kit is coterminous with the Calderdale Continuum of Need
Level 1 is universal services
Level 2 is targeted services
Level 3 is Early Intervention Assessment and Planning
Level 4 is intensive multi-agency support
Level 5 is specialist, safeguarding/child protection services
2. SHB is always on a continuum of presenting behaviours and therefore the tool works across and within the CoN levels
Level 1 is healthy behaviours that are normal and age appropriate
Level 2 is targeted services i.e. the behaviour is within acceptable developmental boundaries but may require some normalisation i.e. children and young people need to understand social norms and what is acceptable behaviour. A referral to the Early Intervention Panel may be considered at this point
Level 3 is where more worrying and problematic behaviour is developing or identified, which require Early Intervention Assessment and Planning if consent is given and/or a referral to the Early Intervention Panel
Level 4 & 5 the SHB requires more intensive, multi-agency support and may be serious, problematic and sexually deviant which requires a referral into MAST and multi-agency specialist assessment based on Aim 2, undertaken in accordance with West Yorkshire safeguarding procedures and Calderdale Sexually Harmful Behaviour Practice Guidance

Age of Child	<div style="display: flex; justify-content: space-between; align-items: center;"> 1 ↔ 2 </div> Healthy Behaviours		<div style="display: flex; justify-content: space-between; align-items: center;"> 3 ↔ 4 </div> Some Worrying and Problematic Behaviours		<div style="display: flex; justify-content: space-between; align-items: center;"> ↔ 5 </div> Harmful Behaviours
Nursery and Primary 0 to 5 years old	These behaviours reflect safe and healthy sexual development. They are: Displayed between children or young people of similar age or developmental ability reflective of natural curiosity, Experimentation These behaviours are not the main focus or preoccupation of the child and the child is interested in other things.		These behaviours have the potential to be outside of safe and healthy behaviour. They may be: Of potential concern due to age, or developmental differences; Due to the type of activity, frequency, duration or context in which they occur. These behaviours are intermittent. There are some difficulties in distracting and redirecting behaviour. However the child is responsive to some intervention. The child usually has an interest in other things		These behaviours are outside of safe and healthy behaviour. They may be: Excessive, secretive, compulsive, coercive, degrading or threatening and involve a significant age, developmental, or power difference Of concern due to the activity type, frequency, duration or the context in which they occur. The child seems focused on the behaviour. It is disproportionate to other aspects of their life. It appears to be the main way they seek comfort/ reassurance/ or control from the behaviour. The child easily and returns to the behaviour.
Examples of Behaviour 0 to 5 years old	<ul style="list-style-type: none"> • holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games e.g. mummies and daddies, doctors and nurses • enjoying nakedness • interest in body parts and what they do • curiosity about the differences between boys and girls 		<ul style="list-style-type: none"> • preoccupation with adult sexual behaviour • pulling other children's pants down/skirts up/trousers down against their will • talking about sex using adult slang or age inappropriate language • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online 		<ul style="list-style-type: none"> • persistently touching the genitals of other children or adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play • isolation to groom and abuse
CoN	<div style="display: flex; justify-content: space-between; align-items: center;"> 1 ↔ 2 </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> 3 ↔ 4 </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> ↔ 5 </div>
What Needs to Happen? 0 – 5 years old	<p>Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.</p> <p>Involve parents and staff in managing the situation.</p>	<p>Apply evidence based methods of managing behaviour e.g. rewarding wanted behaviours.</p> <p>Record incidents if behaviour reoccurs and start to compile a chronology.</p> <p>Involve parents and staff in managing the situation.</p> <p>If more than one or two incidents noted, or child does not respond to intervention, seek advice from your designated safeguarding lead and consider referral to Early Intervention Panel. Consider</p>	<p>Recognising that this behaviour may be unhealthy is the first step in a process.</p> <p>Follow your own procedures and discuss your concerns with your agency's safeguarding lead or another member of staff.</p> <p>These behaviours cannot be ignored, and it is important to think through the options available to you.</p> <p>Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour.</p> <p>Compile chronology of incidents.</p>	<p>Consider the need for urgent action.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Consult with MAST (Multi-Agency Screening Team).</p>	<p>These behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully.</p> <p>When determining the appropriate action, identify the behaviour; consider the context and the identified risks or needs of the young person, the immediate potential or real risks to others.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Follow West Yorkshire safeguarding procedures and Calderdale Sexually Harmful Behaviour Practice Guidance</p> <p>Refer both the person displaying sexually harmful behaviour and the person harmed to MAST.</p>

		need for a Early Intervention Assessment and Planning	Refer to Early Intervention Panel with consent of parents. If more than one agency involved, undertake Early Intervention Assessment and Planning		
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Age of Child	1  2 Healthy Behaviours Healthy Behaviours		3  4 Some Worrying and Problematic Behaviours		5  Harmful Behaviours
Primary Ages 5 to 9 years old	<p>These behaviours reflect safe and healthy sexual development. They are: Displayed between children or young people of similar age or developmental ability; Reflective of natural curiosity; experimentation, consensual activities and choice.</p> <p>These behaviours are not the main focus or preoccupation of the child and the child is interested in other things.</p>		<p>These behaviours have the potential to be outside of safe and healthy behaviour. They may be: Unusual for that particular child Of potential concern due to age, or developmental differences; Of potential concern due to activity type, frequency, duration or context in which they occur. These behaviours are intermittent. There are some difficulties in distracting and redirecting behaviour. However the child is responsive to some intervention. The child has an interest in other things</p>		<p>These behaviours are outside of safe and healthy behaviour. They may be: Excessive, secretive, compulsive, coercive, degrading or threatening and involve a significant age, developmental, or power difference Of concern due to the type of activity, frequency, duration or the context in which they occur. The child seems focused on the behaviour and it is disproportionate to other aspects of their life. It appears to be the main way they seek comfort/ reassurance/ or control from the behaviour. The child cannot be distracted from the behaviour easily and returns to the behaviour.</p>
Examples of Behaviour 5 to 9 years old	<ul style="list-style-type: none"> feeling and touching own genitals curiosity about other children's genitals curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships sense of privacy about bodies telling stories or asking questions using swear and slang words for parts of the body 		<ul style="list-style-type: none"> questions about sexual activity which persist or are repeated frequently, despite an answer having been given sexual bullying face to face or through texts or online messaging; engaging in mutual masturbation; persistent sexual images and ideas in talk, play and art use of adult slang language to discuss sex 		<ul style="list-style-type: none"> frequent masturbation in front of others; sexual behaviour engaging significantly younger or less able children; forcing other children to take part in sexual activities; simulation of oral or penetrative sex; accessing pornographic material online.
CoN	1  2		3  4		5 
What Needs to Happen? 5 – 9 years old	<p>Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.</p> <p>Involve parents and staff in managing the situation.</p>	<p>Apply evidence based methods of managing behaviour e.g. rewarding wanted behaviours.</p> <p>Record incidents if behaviour reoccurs and start to compile a chronology.</p> <p>Involve parents and staff in managing the situation.</p> <p>If child does not respond to single agency intervention, seek advice from your designated safeguarding</p>	<p>Recognising that this behaviour may be unhealthy is the first step in a process.</p> <p>Follow your own procedures and discuss your concerns with your agency's safeguarding lead or another member of staff.</p> <p>These behaviours cannot be ignored, and it is important to think through the options available to you.</p>	<p>Consider need for urgent action.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Consult with MAST (Multi-Agency Screening Team).</p>	<p>These behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully.</p> <p>When determining the appropriate action, identify the behaviour, consider the context and the identified risks or needs of the young person, the immediate potential or real risks to others.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Follow West Yorkshire safeguarding procedures and</p>

		lead and consider referral to Early Intervention Panel. Consider need for a Early Intervention Assessment and Planning .	Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour. Compile chronology of incidents. Refer to Early Intervention Panel with consent of parents. If more than one agency involved, undertake Early Intervention Assessment and Planning.		Calderdale Sexually Harmful Behaviour Practice Guidance Refer both the person displaying sexually harmful behaviour and the person harmed to MAST.
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Age of Child	1 2 Healthy Behaviours		3 4 5 Some Worrying and Problematic Behaviours		5 Harmful Behaviours
10 to 13 years old	These behaviours reflect safe and healthy sexual development. They are: Displayed between children or young people of similar age or developmental ability; reflective of natural curiosity Age appropriate experimentation, consensual activities. There are no factors to suggest power imbalance. Child is happy to take responsibility for their behaviour and its effects on others. These behaviours are not the main focus of the child and the child is interested in other things.		These behaviours have the potential to be outside of safe and healthy behaviour. They may be: There are indications of a change in the child's behaviour and presentation Of potential concern due to age, or developmental differences Of potential concern due to activity type, frequency, duration or context in which they occur. There is no secrecy of force but the children/young people involved seem uncomfortable. The behaviour is intermittent. The child is unresponsive, ashamed and/or struggles to take responsibility for their behaviour or to show empathy.		These behaviours are outside of safe and healthy behaviour. They may be: Excessive, secretive, compulsive, coercive, degrading or threatening; involve a significant age, developmental, or power difference; Of concern due to the type of activity, frequency, duration or the context in which they occur. Behaviour is planned, secretive. The child is angry, fearful, aggressive, distressed or conversely passive, lacking in understanding about the level of concern.
At 10 years of age children, in law, are deemed to be criminally responsible and can be prosecuted for sexual offences, which can result in registration on the sex offenders register					
Examples of Behaviour 10 to 13 years old	<ul style="list-style-type: none"> solitary masturbation use of sexual language including swear and slang words having girl/boyfriends who are of the same, opposite or any gender interest in popular culture, e.g. fashion, music, media, online games, chatting online need for privacy consensual kissing, hugging, holding hands with peers 		<ul style="list-style-type: none"> uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing verbal, physical or cyber/virtual sexual bullying involving sexual aggression LGBT (lesbian, gay, bisexual, transgender) targeted bullying exhibitionism, e.g. flashing or mooning giving out contact details online viewing pornographic material 		<ul style="list-style-type: none"> exposing genitals or masturbating in public distributing naked or sexually provocative images of self or others - Sexting sexually explicit talk with younger children sexual harassment arranging to meet with an online acquaintance in secret genital injury to self or others forcing other children of same age, younger or less able to take part in sexual activities sexual activity e.g. oral sex or intercourse
CoN	1 2		3 4 5		
	Expressing sexuality through sexual behaviour	Apply evidence based methods of managing	Recognising that this behaviour may be unhealthy is the first step in a	Consider need for urgent action.	These behaviours indicate a need for immediate intervention and action, though it is important to

<p>What Needs to Happen?</p> <p>10 – 13 years old</p>	<p>is natural, healthy and a part of growing up.</p> <p>Provide opportunities for positive feedback and to give additional information.</p> <p>Involve parents and staff in managing the situation.</p>	<p>behaviour e.g. rewarding wanted behaviours.</p> <p>Record incidents if behaviour reoccurs and start to compile a chronology.</p> <p>Involve parents and staff in managing the situation.</p> <p>If more than one or two incidents noted, or child does not respond to intervention, seek advice from your designated safeguarding lead and consider referral to Early Intervention Panel. Consider need for a Early Intervention Assessment and Planning .</p>	<p>process.</p> <p>Follow your own procedures and discuss your concerns with your agency's safeguarding lead or another member of staff.</p> <p>These behaviours cannot be ignored, and it is important to think through the options available to you.</p> <p>Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour. Compile chronology of incidents.</p> <p>Refer to Early Intervention Panel with consent of parents. If more than one agency involved, undertake Early Intervention Assessment and Planning.</p>	<p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Consult with MAST (Multi-Agency Screening Team).</p>	<p>consider actions carefully.</p> <p>When determining the appropriate action, identify the behaviour, consider the context and the identified risks or needs of the young person, the immediate potential or real risks to others.</p> <p>Use of physical or emotional violence or aggression or history of cruelty to animals.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Follow West Yorkshire safeguarding procedures and Calderdale Sexually Harmful Behaviour Practice Guidance</p> <p>Refer both the person displaying sexually harmful behaviour and the person harmed to MAST.</p>
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Age of Child	1 Healthy Behaviours	2 Healthy Behaviours	3 Some Worrying and Problematic Behaviours	4	5 Harmful Behaviours
<p>At this age, a young person displaying sexually harmful behaviour is more likely to be criminalised and prosecuted, which could lead to inclusion on the sex offenders register and therefore the behaviour must be fully assessed using the West Yorkshire safeguarding procedures and Calderdale Sexually Harmful Behaviour Practice Guidance and an Aim2 assessment completed at Level 4 or 5</p>					
<p>14 to 17 years old</p>	<p>These behaviours reflect safe and healthy sexual development. They are: Displayed between young people of similar age or developmental ability; Reflective of natural curiosity, experimentation, consensual activities and a positive choice. Mutual, informed consent is given. There are no factors to suggest power imbalance. Young person is happy to take responsibility for their behaviour and its effects on others. These behaviours are not the main focus or preoccupation of the young person and the young person is interested in other things. Young person is happy, comfortable, may be embarrassed if found by adults</p>		<p>These behaviours have the potential to be outside of safe and healthy behaviour. They may be: Unusual for that particular young person and changes in their behaviour or demeanour are noted. Of potential concern due to age, or developmental differences Raises concern due to type of activity, frequency, duration or the context in which the activity occurs. There is no secrecy of force but the other child or young person involved seems uncomfortable or unaware. The behaviour is intermittent. The child is unresponsive, ashamed and/or struggles to take responsibility for their behaviour or to show empathy. Behaviour appears to be influenced by peers. Demonstrates remorse and empathy. Young person has poor sexual boundaries and may have difficulties coping with difficult emotions.</p>		<p>These behaviours are outside of safe and healthy behaviour. They may be of concern because of : Excessive, secretive, compulsive, coercive, degrading or threatening behaviour Involve a significant age difference, developmental, or power differentials; The type of activity, frequency, duration or the context in which they occur. The young person is angry, fearful, aggressive, distressed or conversely passive, lacking in understanding about the level of concern. Use of physical or emotional violence or aggression or history of cruelty to animals. Elements of threat or coercion. Lack of empathy, blames the victim. Little concern about being caught.</p>
<p>Examples of Behaviour</p>	<ul style="list-style-type: none"> solitary masturbation sexually explicit conversations with peers obscenities and jokes within the current cultural norm interest in erotica/pornography 		<ul style="list-style-type: none"> accessing exploitative or violent pornography concern about body image taking and sending naked or sexually provocative images of self or others 		<ul style="list-style-type: none"> exposing genitals or masturbating in public preoccupation with sex, which interferes with daily function, sexual degradation/humiliation of self or others attempting/forcing others to expose genitals sexually aggressive/exploitative behaviour sexually explicit talk with younger children

14 to 17 years old	<ul style="list-style-type: none"> • use of internet/e-media to chat online • having sexual or non-sexual relationships • sexual activity including hugging, kissing, holding hands • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability • choosing not to be sexually active 	<ul style="list-style-type: none"> • giving out contact details online • joining adult- only social networking sites and giving false personal information • single occurrence of peeping, exposing, mooning or obscene gestures – the response to this needs to be at Level 4 	<ul style="list-style-type: none"> • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there is a big difference in age or ability • involvement in sexual exploitation and/or trafficking of others and sexual contact with animals 		
CoN	1  2	3  4	 5		
What Needs to Happen? 14 – 17 years old	<p>Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.</p> <p>All young people have the right to relationships and sex education which equips them with the information and skills they need to form healthy and positive sexual relationships</p> <p>Provide opportunities to give positive feedback and additional information.</p> <p>Involve parents and staff in managing the situation.</p>	<p>Apply evidence based methods of managing behaviour e.g. rewarding wanted behaviours.</p> <p>Involve parents and staff in managing the situation.</p> <p>If single agency interventions are not working, discuss with your Designated Safeguarding Lead and refer to Early Intervention Panel with consent of parents, consider need for Early Intervention Assessment and Planning.</p>	<p>Recognising that this behaviour may be unhealthy is first step in a process.</p> <p>Refer to your own procedures to decide on the next steps to take.</p> <p>Record incidents if behaviour reoccurs and compile a chronology of incidents</p> <p>Refer to your internal guidance or safeguarding frameworks.</p> <p>Behaviours cannot be ignored, and it's important to think through options available to you.</p> <p>Consider why the behaviours may be displayed, and gather further information and continue to monitor behaviour. If consent from parents is not given to undertake Early Intervention Assessment and Planning or refer to Early Intervention Panel, seek advice from MAST.</p>	<p>Consider need for urgent action.</p> <p>Consult with MAST</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p>	<p>These behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully.</p> <p>When determining the appropriate action, identify the behaviour; consider the context and the identified risks or needs of the young person, the immediate potential or real risks to others.</p> <p>Refer to your own procedures and seek advice and support from your safeguarding lead</p> <p>Follow West Yorkshire safeguarding procedures and Calderdale Sexually Harmful Behaviour Practice Guidance</p> <p>Refer both the person displaying sexually harmful behaviour and the person harmed to MAST.</p>

Useful contacts

Early Intervention Panels

Upper Valley

Jeff Rafter, telephone: 01422 368279, email: eis.uppervalley@calderdale.gov.uk

Lower Valley

Parveen Akhtar, telephone: 01422 394094, email eis.lowervalley@calderdale.gov.uk

Halifax Central

Steve Woodhead, telephone: 01422 392510, email eis.halifaxcentral@calderdale.gov.uk

North and East Halifax

Carol Stone, telephone: 01422 288272, email eis.northandeast@calderdale.gov.uk

MAST (Multi Agency Screening Team) Telephone: 01422 393336

Youth Offending Team Telephone: 01422 368279

Children's Social Care Locality Teams

Halifax North and East Locality Team 01422 266186

Halifax West and Central Locality Team 01422 256053

Lower Valley Locality Team 01422 373491

Upper Valley Locality Team 01706 548176