

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

Commissioned by the Scottish Government

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



Contents	1
Foreword	5
Acknowledgements	7
<u>EXECUTIVE SUMMARY</u>	9
Background to the report	
Who and what are involved in meeting the challenge?	
Our nation's progress	
The Expert Group's conclusions, findings and proposals	
Summary of Expert Group proposals	
List of Group members	
Members of Sub-groups	
Additional contributors and presenters	
<u>CHAPTER 1: GENERAL OBSERVATIONS</u>	22
Existing Scottish Frameworks	
Definitions and Descriptions	
Primary, Secondary and Tertiary Prevention	
Consideration of all three levels of preventative work	
<u>CHAPTER 2: METHODOLOGY OF THE REVIEW</u>	28
Sources of Evidence Considered	
<u>CHAPTER 3: THE NATURE OF HARMFUL SEXUAL BEHAVIOURS (HSB)</u>	30
A Continuum of Behaviours	
Findings and Conclusions	
Proposals	
<u>CHAPTER 4: THEORIES ABOUT CAUSES OF HARMFUL SEXUAL BEHAVIOURS</u>	33
International and UK Research; and Practice Evidence from the Expert Sub Groups	
Impact of Life Experiences	
Gender and Age Differences	
Use of the internet in HSB	
Impact of Use of Pornography	
Peer on Peer Abuse	
Intra-familial HSB	
Young People with Additional Needs	
Findings and Conclusions	

Proposals

**CHAPTER 5: EVIDENCE OF FREQUENCY OF HARMFUL SEXUAL BEHAVIOURS:
FURTHER DETAIL OF THE BACKGROUND TO SOME CASES** **45**

Further detail obtained from samples of COPFS and SCRA Data

COPFS data

SCRA data

Other Sources of information on Frequency

Findings and Conclusions

Proposals

CHAPTER 6: THEORIES AND PRACTICE OF PREVENTION **54**

Primary Prevention

Role of Family in Prevention

Role of Professional Educators in Prevention

Contribution to Primary Prevention in Early Learning and Childcare Provision,
Primary and Secondary School

Curriculum for Excellence

Role of Third Sector Organisations and Primary Prevention in Schools

Internet Safety Contributions to Primary Prevention

Scotland's National Action Plan on Internet Safety for Children and Young
People

Use of social marketing as a method of messaging

The Scale of the Messaging required

Interventions for Secondary and Tertiary Behaviours: Effective Response and
Prevention

Secondary and tertiary behaviours

Secondary Prevention

Tertiary Prevention

Interventions by the Reporter to the Children's Panel, Prosecutors and Courts

Legislation on Sexual Crimes

Children's Hearing System and Criminal Justice System Responses

Referrals to the Children's Reporter

Joint Reporting to the Children's Reporter and the Crown Office and the

Procurator Fiscal Service

Use of Adult Court Systems

Proportionality of Response

Interventions by Specialist Services

Risk Assessment

Contextual Approaches

Findings and Conclusions

Proposals

**CHAPTER 7: STATUTORY AUTHORITIES' KNOWLEDGE AND RESPONSES –
THE NSPCC AUDIT TOOL** **88**

Responses on policy and guidance
Responses on primary prevention
Responses on tertiary prevention
Survey of head teachers and safeguarding leads in schools in Scotland
Findings and Conclusions
Proposals

CHAPTER 8: THE VIEWS OF YOUNG PEOPLE **96**

The Questionnaires
 #WhatsYourTake
 Attitudes Towards Online Sexual Activities
 Focus Groups at HM YOI Polmont and Secure Care Centres
 Feedback from Young People to the Scottish Child Law Centre (SCLC)
Findings and Conclusions
Proposals

ANNEXES A-L

Annex A **104**
Existing Frameworks and Strategies in Scotland that Contribute to Prevention and Responses around HSB involving children and young people

Annex B **115**
Examples of Current Legislation on sexual crimes which require proof of age of the complainer or accused; and a map showing potential case routes

Annex C **117**
Some of the Reference Materials examined by the Expert Group

Annex D **136**
Fact-finding Visits and Conferences

Annex E **137**
Invitees to the Sounding Board

Annex F **139**
Information on numbers of callers to Helplines, nature of calls; and visits to website resources

Annex G **142**
Prevention and Intervention Programmes

Annex H **151**
Getting It Right For Every Child - GIRFEC

<u>Annex I</u>	153
Interventions for Vulnerable Youth - IVY	
<u>Annex J</u>	155
Framework for Risk Assessment, Management and Evaluation - FRAME; and Care and Risk Management - CARM	
<u>Annex K</u>	156
Self-Audit Tool based on NSPCC Audit Tool referred to in Chapter 7, which was sent out to all Child Protection Committees in Scotland by the Expert Group for completion	
<u>Annex L</u>	165
Additional Responses around Questionnaires from Scottish Youth Parliament and the Focus Groups at HMYOI Polmont and Secure Care Centres	

Foreword

It has been a privilege to act as the independent chair of this Expert Group of dedicated professionals, drawn from across so many different disciplines, all of whom are involved in prevention of, and response to, harmful sexual behaviours (HSB) by children and young people.

Recent decades have seen enormous and continuous cultural and technological changes that affect all children and young people. Often these are linked and, particularly in the last decade, exceptionally fast-paced.

In such an environment it is all the more essential that statutory authorities are aware of, and keep pace with, the changing nature of risk around HSB in order to provide effective support for all parents and carers to keep their children and young people safe; to ensure that the front line professionals who work with them are confident about how best to prevent harm; and to keep reviewing the steps that can be taken to best achieve prevention rather than intervention after the harm has occurred. I hope the report's overview of the current position is of assistance with that onerous task.

HSB by children and young people can have long lasting and devastating consequences for those harmed and their families, as well as for those who cause such harm and their families.

Scotland does not yet have consistency of delivery of preventative messaging, consistency of guidance for all adults involved in the care of children and young people, consistency of training for front line professionals, consistency of treatment or counselling or clarity of where to get help for those who need it and the report discusses how that might be improved.

If prevention is to be improved, it is vital that strategies and responses are evidence based, taking account of the differences in the causes and nature of behaviours by children and young people from that of adults, so that the appropriateness of messaging and impact of interventions designed for these quite distinct demographics are understood and acted upon.

Use of Public Health and Gendered Analysis approaches such as those advocated in Scotland's Equally Safe programme are essential components for a Primary Prevention programme, as is appreciation of the need in some instances for more significant interventions in regard to more serious behaviours that may emerge in some individuals.

The interventions for those children and young people affected - whether harmed or harming - are very often complex and require significant collaborative working between statutory authorities, professional disciplines, the children involved and their families. The methods used by specialists to help those harmed are also often used by them with those who cause the harm; and in many instances those interventions that are accessed as a result of decisions made within the Children's Hearing System are similar to those available to the adult criminal court system.

As discussed at various points throughout the report and particularly in Chapter 6, at present some 16 and 17 year olds cannot be considered for referral to the Children's Reporter where appropriate while some others under 18 can. Those who are not subject to a current compulsory supervision order from the Hearings system can only be proceeded against in the adult criminal justice system.

The adult criminal justice system can lead to delays in making the child causing harm address their behaviour, and the disposals that are sometimes imposed, including incarceration with older offenders, may impact the best chances of rehabilitation and recovery for those displaying HSB under 18 whose behaviours are often rooted as a result of their own experiences of trauma and ill treatment. It may also impact the speed of provision of recovery interventions for the children and young people who have been harmed by the behaviour.

While it is important to emphasise that what the Group was asked to look at was how to better prevent children and young people causing harm by sexual behaviours - and accordingly that is what the report focusses on - that in no way diminishes the requirement that we have as a society to ensure that those harmed by such behaviour have the harm acknowledged and are properly supported through to recovery; nor that risk to public safety is properly addressed.

From the start of our work we were aware of the introduction to the Scottish Parliament of the Age of Criminal Responsibility Bill which proposed amending that age from 8 to 12 years. That was passed on 7 May 2019 and the Government has made a commitment to review that age limit within 3 years of commencement.

It was not within the scope of the Expert Group to consider any further changes to the age of criminal responsibility, however several members of the Expert Group are and have been separately involved in the passing of and implementation of the revised age of criminal responsibility. Victim Support Scotland has confirmed that they would want assurances that significantly more work would be done to ensure the needs of victims, who have been harmed by a young person, are addressed as part of any proposed further changes to the age of criminal responsibility extending above the age of 12.

We were also advised that the Children's Hearing Improvement Partnership (CHIP) had commenced examination of the feasibility of extension of the Hearing System to 16 and 17 year olds who cannot currently be referred to the Reporter. That is ongoing.

Any changes ultimately suggested would of course attract significant caveats which would require to be addressed to ensure that appropriate measures for public safety and support of victims were available. For example bail conditions, victim notification on release and victim impact statements are currently only able to be imposed by the adult court system.

As set out at the end of chapter 6 the majority of the Group welcomed that CHIP examination and the proposition that there should be an extension of the Children's Hearing System to allow all under 18s who are over 16 and not subject to a compulsory supervision order to be considered for referral to the Reporter, rather

than automatically processed in the adult criminal justice system. There were however some members of the Group who did not support that.

Rape Crisis Scotland did not feel able to support a change to criteria for possible referral to the Reporter and, as highlighted above, Victim Support Scotland would want assurances that victims of crime receive adequate information regarding their offenders, in relation to 16-17 year olds in the Children's Hearing System, similar to what is available when the perpetrator of the crime is an adult. There is currently little information given out when an offender is part of the Children's Hearing System, rather than the criminal justice system.

A final observation that I take away from the considerable body of information examined by the Group is that despite the majority of adolescents displaying HSB being male, there are few aspects of preventative programmes or social media campaigns designed to engage more effectively with that particular demographic. Positive messages about healthy respectful relationships that need to be delivered to all children and young people are the same messages - but how they are designed and delivered can make a big difference to those preventative messages getting through to the individual child.

Acknowledgements

I owe considerable thanks to the many academics, policy makers and front line practitioners who have given so freely of their time and expertise to make presentations to the Group, to participate in the Sub Groups tasked with examining and reporting back specific topics and to those who presented at the Sounding Board event we held in October 2018.

Gratitude is due to those outwith the Group who led Sub Groups: Dr Peter Yates of Edinburgh Napier University and those at the HALT Service for assisting the Expert Group with their additional expert evidence.

It was also useful to receive a wide breadth of perspectives from the many people who invited us to participate in conferences on related topics and to visit their organisations.

Hearing the views of young people from many different communities and settings across Scotland was invaluable. I would like to thank those who responded to the two surveys created by the Expert Group; and all those who hosted and participated in the workshops at the Scottish Youth Parliament, Her Majesty's Young Offenders Institution Polmont, The Good Shepherd Centre, St Mary's Kenmure and Rossie Secure Accommodation. I was also very grateful to the staff and young people at Earlston High School for allowing me to observe their engagement with the Consent module of the National Sexual Violence Prevention Programme, delivered by Emma Kerr of Scottish Borders Rape Crisis Centre.

The Group and I particularly valued the support throughout of Fiona Dyer, Acting Director of the Centre for Youth and Criminal Justice, who also contributed as an expert, and the assistance from Scottish Government members of the Secretariat led by Lucy Smith.

The provision of excellent secure IT support to me by COPFS was also a vital ingredient.

My sincere thanks also to the families of children and young people who shared their experiences with me, as a result of introductions from some Group members. Their children and young people included those who had been harmed and those who had caused harm to others. Their personal stories confirmed how devastating and long lasting the effects can be for all involved, the need for clarity and consistency about what public authorities' responses will be in such sensitive situations, to ensure that the needs of both children or young people are met, as well as those of public safety; and the wish that prevention measures available at the time had succeeded.

Catherine Dyer CBE
July 2019

Disclaimer

The views expressed are those of the author and are not necessarily shared by the Scottish Government.

[\[Back to Contents\]](#)

Executive Summary

The background to this report

Research¹ commissioned by Scottish Government and published in September 2017, highlighted that sexual crimes had increased by five per cent from the previous year.

Further research² estimated that around half of the growth in all sexual crime reported to the police between 2013-14 and 2016-17 was due to growth in sexual crimes that had been committed online and that such crimes are much more likely to have younger victims (mainly female) and younger perpetrators (mainly male). In cyber enabled crimes, three quarters of these victims were under 16 in 2016-17, with an average age of 14. In a quarter of cases both the victim and perpetrator were under 16.

In addition much of the research in the UK and in other jurisdictions suggests that at least around one third of all harmful sexual behaviour towards children and young people is committed by children and young people³.

Against that background, the Expert Group was established by the Cabinet Secretary for Justice and the Solicitor General in order to bring together expertise, from across child protection, education, health, justice, and service providers in the third sector in Scotland, to:

- consider the evidence relating to occurrences of harmful sexual behaviours⁴ by children and young people which harm other children and young people;
- review current responses; and
- consider potential further actions to better prevent and respond to such behaviours

Who and what are involved in meeting the challenges?

Issues raised by sexual harm caused to children and young people are among the most emotive and troubling that we face as a society.

Keeping children and young people safe is something for which all adults are responsible.

¹ <https://www.gov.scot/publications/recorded-crime-scotland-2016-17/>

² <http://www.gov.scot/Resource/0052/00525033.pdf>

³ Hackett et al 2016

⁴ The draft Remit used the term 'sexual offending'. At its first meeting the Group agreed that the phrase Harmful Sexual Behaviours (HSB) should be substituted to reflect that the circumstances of many harmful sexual behaviours experienced by children and young people do not meet criteria applied by the criminal law, before statutory authorities require to intervene and support a child or young person.

When the person causing the harm, or at risk of doing so, is another child or young person then the complexity and scale of the challenges increase for parents and carers, professionals working on the front line with children and young people and for the policymakers and legislators.

Primary prevention activities are those aimed at all children and young people; secondary and tertiary are more specialised for the much smaller numbers involved in, and at risk of, increasingly serious harmful sexual behaviours.

Ensuring that the right intervention is made, as a response to serious behaviours, forms part of the prevention process as it diminishes the risk of that child or young person causing harm to another in the future, or of moving on to even more serious behaviours.

Effective preventative approaches depend on multiple factors being in place.

Professionals involved in preventing and responding to harmful sexual behaviour need to have an understanding, appropriate to their involvement with children and young people, of the causes, the circumstances that allow it to happen and to be alert to the emergence of new threats.

Adults in day to day contact with children and young people, in family, early learning, school and recreational settings, need to have the knowledge, competence and confidence to take the right actions, at the right time, to identify and minimise risks; and to respond swiftly and appropriately if it seems harm is occurring.

Children and young people need to be given the information about potential sources of harm, how best to keep themselves safe; and, if they feel at risk, what to do and who to turn to for help.

Our nation's progress

Scotland has a deserved reputation for enlightened and effective approaches to child protection in its widest sense as it seeks to meet the articles of the United Nations Convention on the Rights of the Child.

Fifty-five years ago the ground-breaking Kilbrandon Report of 1964 shifted emphasis of responses by the State onto the needs of the child whatever the situation – whether they are being harmed or causing harm.

Over the last five decades, substantial frameworks consisting of policies, legislation, strategies and practices have been developed building on the Kilbrandon principles. These include Getting It Right For Every Child, Equally Safe, and the Relationships, Sexual Health and Parenthood segments of the Curriculum for Excellence. These frameworks have resulted in the continuous updating of practice across social work, health, education and justice working in partnership with third sector organisations.

During the life of the Expert Group a number of further pieces of work commissioned by the Scottish Government were concluded or launched which will also contribute to improving preventative work and responses. These include the Review of Personal

and Social Education and the consultation on the Scottish Psychological Trauma and Adversity Training Plan (which reported, and concluded, in February 2019, respectively), continuing work on Scotland's National Action Plan on Internet Safety for Children and Young People, and the launch of the Review of the Child Protection Guidance (both due to report in 2019).

The Expert Group considers that work required to deliver improved prevention and responses can be delivered within existing frameworks.

The Expert Group's conclusions, findings and proposals

This Report sets out the evidence gathered by the Expert Group of current prevention activities and responses in respect of the wide range of harmful sexual behaviours (HSB) which children and young people can become involved in. This included examining the issue of taking and sending of intimate pictures of those under 18, which although illegal, can take place between children and young people in many different contexts, some of which are harmful and some not.

Examination of the current position and the latest available evidence reinforced some findings which were previously widely known. For example, there are much higher numbers of adolescent boys who cause harm; and higher numbers of those harmed are girls. This suggests that there needs to be further tackling of causal factors in adolescent boys and corresponding preventative measures. The Group also considered emerging findings which will require further research and analysis to provide effective preventative measures and responses around new types of behaviours involving use of the internet.

The Report explains the Expert Group's findings regarding the nature and causes of HSB, the frequency of, and responses to, HSB which contribute to prevention; and proposals for further actions that the Expert Group considers would lead to better interventions, responses and ultimately greater prevention and protection for children, young people and the public across Scotland.

While it will be for Scottish Ministers to decide whether to accept any or all of the proposals, the members of the Expert Group hope that their review of the available evidence, and exploration of many of the issues and tensions involved, will play a part in improving further the prevention approaches and responses across Scotland.

Summary of Expert Group Proposals

Harmful sexual behaviour by children and young people can cause long lasting and devastating consequences for all those involved. Cultural and technological change that affects children and young people is fast-paced and it is essential that statutory authorities are aware of, and keep pace with, the changing nature of risk around HSB involving children and young people. The solutions for those affected are complex and require significant collaborative working between statutory authorities and professional disciplines.

The Overarching Expert Group Proposal

A multi-agency Group should be established to oversee the implementation of the Expert Group proposals and to ensure continuous improvement across all statutory authorities, so that the preventions and responses delivered across Scotland meet the needs of all children and young people, their parents and carers and the professionals who work with them. It should report on progress to the National Child Protection Leadership Group and the Minister for Children and Young People.

Expert Group Proposals, by Chapter

Chapter 3: The Nature of Harmful Sexual Behaviours (HSB)

All relevant guidance for professionals working with children and young people in statutory authorities, and third sector organisations involved in the delivery of their services, should make reference to the Hackett Continuum and Brook Traffic Light Tool.

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

The Brook Traffic Light Tool should be revised and adapted into a version specifically for use in Scotland.

Chapter 4: Theories about Causes of Harmful Sexual Behaviour

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

In particular there should be focus on aspects of HSB which are specific to

- experiences of those children and young people with Intellectual Disabilities and other neurodevelopmental disorders (including Autism, Attention Deficit Hyperactivity Disorder and Foetal Alcohol Spectrum Disorder)
- intra-familial incidents
- younger children
- childhood experiences leading to vulnerabilities which increase the risks of harming or being harmed by HSB involving other children and young people

- the impact of access to pornography in childhood

The research should include consideration of situational crime prevention and safeguarding approaches.

Chapter 5: Evidence of Frequency of Harmful Sexual Behaviours; Further detail of the background to some cases

Agreement should be reached between Scottish Government, Statutory Authorities and Third Sector organisations working with children and young people about the Data that should be collected and analysed to obtain insight into the numbers of incidents and the needs of those children and young people involved.

Chapter 6: Theories and Practice of Prevention

The Relationships, Sexual Health and Parenting (RSHP) web source, created by the recent review on Personal and Social Education (PSE) should be promoted as the 'go-to' place where professionals can seek out relevant current resources; and should also be promoted to parents and carers so that they can access what their children and young people are being taught at school, and view additional primary prevention materials designed to help them discuss the topics with their children.

The GLOW network is a valuable conduit for primary prevention materials and consideration should be given to it being promoted as one of the main 'go-to' places for children and young people.

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

Decisions on how to proceed in respect of a child or young person accused of harming another child or young person by reason of their HSB should be informed by appropriate assessments.

A national expert resource (such as IVY) should be available to local services who provide assessment and interventions, and need support with respect to more challenging presentations.

The majority of the Expert Group support the proposition currently being considered by the Justice Board and the Child Protection Leadership Group that there should be an extension of the Children's Hearing System to allow all under 18s over 16 and not subject to a compulsory supervision order to be considered for referral to the Reporter rather than automatically processed in the adult criminal justice system.

CARM should be used to manage the risk of HSB consistently across Scotland. The Expert Group welcomes Scottish Government's consideration around CARM and the introduction of CARM within youth justice standards.

Chapter 7: Statutory Authorities Knowledge and Responses – the NSPCC Audit Tool

CPCs should review the NSPCC Audit Tool in consultation with the NSPCC to agree on any adaptations necessary for its use across Scotland.

Data about children and young people who display inappropriate, problematic or abusive sexual behaviour in schools or the community should be systematically collected for consideration by CPCs and reported on, together with information about outcomes for the children and young people involved.

There should be a 'Scottish Positive Sexual Behaviours Training Plan' (modelled on the Scottish Psychological Trauma and Adversity Training Plan), outlining core training needs at different levels for practitioners directly involved with children and young people, and covering how organisations audit their own learning needs.

The current Review of the National Child Protection Guidance should address the similarities and differences between CSE and HSB, and refer to contextual safeguarding. The section on 'Children and young people who display harmful or problematic sexual behaviour' should be updated, particularly with respect to technology-assisted HSB and use of CARM.

Chapter 8: The Views of Young People

The Scottish Government should commission regular surveys of significant samples of children and young people on their concerns and experiences around HSB involving children and young people including their use of internet; and use the feedback to inform policymakers and practitioners to allow improved design of services. The survey questions should be co-designed with children and young people.

Preventative messaging by Scottish Government and statutory authorities should be co-designed with children and young people.

List of Group members

Chair and Secretariat

Independent Chair	Catherine Dyer
SG Secretariat	Lead - Lucy Smith
Centre for Youth and Criminal Justice (CYCJ)	Fiona Dyer

Members

ADES Network	Lesley Stopani
Coalition of Care and Support Providers in Scotland (CCPS)	Dr Ruth Friskney (Barnardos) Mary Glasgow (Children 1st) Joanna Barrett (NSPCC)
Child and Adolescent Mental Health Services (CAMHS)	Duncan Clark
Child Protection Committees (CPC) Scotland	Dr Anne Houston
COSLA	Eddie Follan Nicola Dickie
Crown Office & Procurator Fiscal Service	Stephanie Blair
Child Protection Committee Scotland	Moira McKinnon Andrew Lowe
Education Scotland	Monica McGeever Pauline Lynch Lorna Aitken
Forensic Network Clinical Lead for Intellectual Disabilities and Vice Chair of the Intellectual Disability Faculty of the Royal College of Psychiatrists in Scotland	Dr Jana De Villiers
NHS	Elizabeth Mansfield
NHS CHC Group (Consultant in Public Health Medicine)	Dr Tamasin Knight
NHS CHC Group	Dr Lynne McNiven
NHS Chief Medical Office	Dr Kate McKay
Police Scotland	Det. Supt. Elaine Galbraith DI Coleen Wyllie
Rape Crisis Scotland	Sandy Brindley Kathryn Dawson
Scottish Children's Reporter Administration	Gordon Bell
SG Child Protection Team	Judith Ainsley Lindsay MacDougall
SG Social Work Professional Advisors	Belinda McEwan

	James Cox
Scottish Youth Parliament	Suki Wan Peter Rigg Laura Pasternak Chloe Whyte
Social Work Scotland	Jacquie Pepper
Stop it Now! Scotland	Stuart Allardyce
Violence Reduction Unit	Will Linden
Victim Support Scotland	Kate Wallace Susan Galloway
Young Scot	June Osborne
Youthlink Scotland	Jane Dailly Gillian Lithgow

Members of Sub-groups

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

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

Collaborative Working – Chair Elaine Galbraith

Coleen Wylie	Inspector, Safer Communities, Police Scotland
Jane McCarren	Detective Sergeant, Public Protection, Police Scotland
Kate Wallace	Chief Executive, Victim Support Scotland
Will Linden	Assistant Director, Violence Reduction Unit
Moira McKinnon	CPC Scotland
William Manson	Stop It Now! Scotland

Data and intelligence – Chair Kate Wallace

Stephanie Blair	COPFS
Gordon Bell	SCRA
Joanna Barratt	NSPCC
Susan Galloway	NSPCC

Intra-familial Behaviour – Chair Dr Peter Yates

Stephen Barry	Clinical Team Manager and Lead Clinician, Avon and Wiltshire Mental Health Partnership, NHS Trust Be Safe Service, Bristol
Gordon Bell	SCRA
Anna Glinski	Deputy Director, Knowledge and Practice Development, Centre of Expertise on Child Sexual Abuse, London
Vince Mercer	Restorative Justice Co-ordinator, Aim Project, Manchester
Abbie Newman	Chief Executive Officer, Montgomery County Child Advocacy Center, Pennsylvania
Michael Seto	Director, Forensic Research Unit, Royal's Institute of Mental Health Research, Ottawa
Leslie Slingsby	Executive Director, Montgomery County Child Advocacy Center, Pennsylvania
Dafna Tene	The Paul Baerwald School of Social Work and Social Welfare, Hebrew University, Jerusalem

Internet Pornography – Chair Elaine Galbraith

Coleen Wylie	Inspector, Safer Communities, Police Scotland
Jane McCarren	Detective Sergeant, Public Protection, Police Scotland
Kate Wallace	Chief Executive, Victim Support Scotland
Will Linden	Assistant Director, Violence Reduction Unit
Moirra McKinnon	CPC Scotland
William Manson	Stop It Now! Scotland

Additional input was received from Mary Sharpe CEO, The Reward Foundation

Involvement of Younger Children – Chair Moira McKinnon

Emma Bilsland	HALT Project
Ann Brady	HALT Project
Stephen Evans	Chartered Forensic Psychologist, Forensic Child and Adolescent Mental Health Service, NHS GGC

Use of the NSPCC Audit Tool – Chair Stuart Allardyce

Lorna Aitken	Education Scotland
Pat Branigan	NSPCC
Fiona Dyer	CYCJ
Eddie Follan	COSLA
Susan Galloway	NSPCC
Helen Gazzola	NSPCC
Andrew Gillies	Social Work Scotland
Moira McKinnon	CPC Scotland
Monica McGeever	Education Scotland
Eve Mullins	Edinburgh Napier University

Peer on Peer Abuse – Chair Ruth Friskney

Donna McEwan	CYCJ
Emma Bilsland	HALT Project
Jane Dailly	Youthlink Scotland
Kathryn Dawson	Rape Crisis Scotland
Pauline Lynch	Education Scotland
Tamasin Knight	NHS Tayside

In addition, organisations consulted by this Sub Group included LGBT Youth Scotland, Respect Me!, Scottish Women's Aid, Angus Women's Aid and Zero Tolerance

Risk Assessments and Responses – Chair Dr Lorraine Johnstone

Carole Murphy	Forensic Psychologist, Practice Development Advisor, CYCJ, University of Strathclyde
Sarah Graham	Trainee Forensic Psychologist, Stop it Now!
Fiona Dyer	CYCJ

Additional contributors and presenters

Ross Gibson	CYCJ
Jamie Lipton	COPFS
Professor Simon Hackett	Durham University
Peter Yates	Edinburgh Napier University
Susan Steel	Kibble
Paul Kane	Police Scotland
Russell Cockburn	Scottish Government
Stuart Downes	Scottish Government
David Smith	Scottish Government Analyst
Dr Carlene Firmin	University of Bedfordshire
Professor Ethel Quayle	University of Edinburgh
Professor Michele Burman	University of Glasgow
Anni Donaldson	University of Strathclyde
Melanie McCarry	University of Strathclyde
Winnie McCarthy	Welltree

[\[Back to Contents\]](#)

The National Performance Framework, setting out the context for services in Scotland

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



Chapter 1: General Observations

Sexual behaviours that cause harm to others are among the most upsetting and concerning for society and can invoke public outrage, particularly when the person harmed is a child or young person.

The often significant and ongoing impact of such harmful incidents has become much better understood over recent decades. Although our collective responses have room for improvement, there have been a number of new and better approaches to supporting the reporting of, and recovery from, such experiences. There is also clear political will to continue to develop improved preventative strategies and healing responses.

Psychosexual development is a normal and necessary part of human functioning. Children and young people learn what, why and how relationships function from their very earliest days of life. Socialisation is an ongoing process influenced by myriad factors - some internal and some external.

As cultural norms have changed, in particular since the 1960s, so too have the accepted methods and content of communications and behaviours within romantic and intimate relationships of the population as a whole, including those of children and young people.

The current content of TV programmes, songs and internet sites is much more sexualised than that of the mid-20th century, and public reference to, and acceptance of, various sexual behaviours has also changed dramatically over the past 50 years.

Sexual exploration and experimentation are normal parts of child and adolescent development and are important in shaping each child's sexual identity and their understanding of how to conduct healthy and appropriate social and personal relationships with others. In particular, adolescence is a time of the most significant physical, emotional and development change. It can be a period when sexual drives are at their most urgent, but some young people have less experience and understanding of their own and others' sexuality and sexual boundaries. Rule breaking, sensation seeking and lack of consequential thinking are relatively commonplace amongst adolescents. This may impact on sexual choices, as will the ways many young people now do this exploration (with sharing of intimate images and other online means being more accessible).

Keeping our children and young people safe while allowing them to develop to their full potential is the responsibility of all adults in Scotland⁵.

The question of appropriate responses to children and young people who harm other children and young people by their sexual behaviour, and potential actions that

⁵ Getting it right for every child (GIRFEC) is underpinned by common values and principles which apply across all aspects of working with children. GIRFEC supports families by making sure that children and young people can receive the right help at the right time from the right people. More information about GIRFEC may be found at Annex H.

prevent their causing further harm in the future, has been the subject of some research as well as public debate.

Although in Scotland, there is a much more coordinated approach than other parts of the UK⁶, responses in the main are adult-based.

The improved awareness of the public, and many front line professionals, about these types of behaviours still usually assumes that the person causing harm will be an adult. The current criminal justice responses therefore are largely predicated on the requirements of dealing with an adult.

Estimates suggesting that around one third⁷ of all Harmful Sexual Behaviour (HSB) towards children and young people is committed by others under 18 is likely to be surprising and shocking to a great many people.

Existing Scottish Frameworks

All current protection policies for children and young people in Scotland, including the measures taken in respect of those who are harmed by HSBs, or who cause harm, stem from the internationally agreed rights of children and young people, and the Scottish policies, strategies, practice and law which support these.

The specific rights of children and young people and the duties imposed on Scotland by the **United Nations Convention on the Rights of the Child (UNCRC)**⁸ and the **European Convention on Human Rights (ECHR)**⁹ were at the forefront throughout the Expert Group's considerations.

These rights underpin the approach of Scottish Government and all statutory authorities and are identified as crucial in any work involving **Child Protection, Getting It Right For Every Child (GIRFEC)** and **Equally Safe**^{10,11}.

The National Guidance for Child Protection in Scotland¹² and GIRFEC already provide a national framework to assist agencies and practitioners at a local level to draw up and agree on ways of working to promote the welfare and safety of children and young people and are essential components of the collaborative work required on prevention of and response to HSBs. **Equally Safe**¹³ was created to take action on all forms of violent and abusive behaviour directed at women and girls 'precisely because they are women and girls.' It is rooted in the **gendered analysis**¹⁴ approach with the aim of changing societal and cultural attitudes to ensure that all Scotland's

⁶ Smith (2014)

⁷ See Chapter 5 for explanation of how this figure is reached

⁸ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁹ https://www.echr.coe.int/Documents/Convention_ENG.pdf

¹⁰ <https://www.gov.scot/publications/equally-safe/>

¹¹ See Annex A for further information about existing frameworks and strategies that contribute to prevention, and responses around HSB involving children and young people.

¹² Scottish Government (2014), currently under revision and due for publication later in 2019
<https://www.gov.scot/binaries/content/documents/govscot/publications/guidance/2014/05/national-guidance-child-protection-scotland/documents/00450733-pdf/00450733-pdf/govscot%3Adocument>

¹³ See Annexes A and G for further information about Equally Safe.

¹⁴ See Chapter 4 for further discussion of Gendered Analysis

‘citizens flourish and are Equally Safe’. The work of this Expert Group forms part of the Equally Safe delivery plan¹⁵.

The Framework for Risk Assessment, Management and Evaluation (FRAME) and the Care and Risk Management (CARM)¹⁶ processes provide a framework for professionals in relation to the management of risk for young people who present a risk of harm.

The age at which the law in Scotland considers a person to be an adult or a child in respect of differing sexual activities, relationship models and other behaviours, varies across different Acts of Parliament¹⁷, as does the description of the offence type against children of differing ages.

These differences in the operation of the law can be confusing to children and young people, their parents, carers and professionals.

The legal rights of children and the duties of public authorities towards them are distinct from those of adults; as are the obligations these impose on statutory authorities to consider the wellbeing of the child who caused the harm, including making age and developmentally appropriate responses, whilst balancing obligations of public safety.

“There are specific circumstances in which children and young people may present a risk of serious harm to others because of their own behaviours. These can include situations where children and young people are involved in HSB and/or sexual offending and/or violence. Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives. This group presents many challenges for services which need to manage the risks presented in order to promote public safety while also offering opportunities for them to develop and to become positive contributors to society.”¹⁸

In cases of HSB, balancing of rights can be particularly difficult to accept for those close to the child harmed as well as the general public.

There is therefore a real and pressing need for public authorities to continue to proceed on evidence-based policies and evaluated interventions in such sensitive cases.

Definitions and Descriptions

A major source of challenge involved in delivering preventative activities is the number of different professional specialisms that may be involved. As understanding

¹⁵ Action 1.22 of the Equally Safe delivery plan

¹⁶ See Annex L for further information on FRAME and CARM

¹⁷ See Annex B for examples of age differences seen in different pieces of legislation

¹⁸ Scottish Government (2014) Framework for Risk Assessment, Management and Evaluation for Local Authorities and Partners for Children and Young People under 18. Page 22

has grown of the HSB that can be exhibited by children and young people, so too have the attempts to categorise and differentiate these behaviours, which has resulted in different phrases being used to describe more-or-less the same thing. There are also some words and phrases which mean quite different things to different professional groupings. Two examples of this, shared early on in the lifetime of the Expert Group, are 'Sexual Offending'¹⁹ and 'Peer on Peer'²⁰.

This issue is not easily resolved. Multiple descriptors cause problems for those extrapolating data from different organisations for comparison, when conducting literature reviews, and in designing guidance and processes for use across multiple organisations.

In addition there are a number of technical terms and shorthand expressions that require translation into plain English to aid communication for colleagues across a range of organisations (as well as children, young people, parents, carers, politicians and the media).

For example the term 'HSB' is understood by social work and mental health practitioners but is not widely used in school settings.

'Sexting' is commonly given as an example of a term used in Scotland and across the UK where adults often use it to mean sending intimate images, while children and young people more usually understand it to mean exchange of sexually explicit wording and not pictures.

The producing or sharing of intimate images or child abuse images has been variously described as behaviour with an 'internet' 'online' 'cyber-assisted' or 'technology-assisted' element.

In this report, the Expert Group has chosen to use certain wording and definitions to ensure clarity and consistency and have also tried to leave the author's preferred use of terminology in discussing the findings of other reports and articles where it is assumed that terminology is readily appreciated to be interchangeable.

Definitions adopted by the Expert Group are:

Harmful Sexual Behaviour(s) (HSB): sexual behaviour(s) expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be **harmful** towards self or others and/ or be abusive towards another child or young person²¹.

¹⁹ Which was variously used to mean all instances of alleged incidents of a sexual nature/incidents where a report had been made to the police/incidents where there had been a prosecution/incidents where there had been a conviction

²⁰ See section on Peer on Peer in chapter 4

²¹ This definition of HSB is based on that used by the NSPCC and Professor Hackett; "**sexual behaviours** expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be **harmful** towards self or others and/ or be abusive towards another child or young person **or adult**". The work of the Group did not include consideration of harm caused by or to adults by those under 18, as it was not part of the remit.

What is harmful or developmentally inappropriate can be difficult to define and as stated earlier, the terminology used varies within different professions, highlighting the need for consistency²².

Primary, Secondary and Tertiary²³ Prevention:

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

Primary prevention activities are those aimed at all children and young people; secondary and tertiary are more specialised for the much smaller numbers involved in, and at risk of, increasingly serious HSB.

Consideration of all Three Levels of Preventative Work

The Group appreciated from the outset that there are overlaps between all three levels of prevention with the aim of primary prevention minimising the expression of behaviours at the secondary and tertiary levels; and also that preventative work in secondary and tertiary cases contributes to prevention for the whole population.

[\[Back to Contents\]](#)

²² Examples of HSB are contained in Annex G. The Brook Traffic Light Tool (see Chapter 3).

²³ At its first meeting, the Group agreed to approach the work under the primary, secondary and tertiary headings described by Professor Simon Hackett (Durham University). See diagram in Chapter 6.

The GIRFEC Wheel

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



Chapter 2: Methodology of the Review

To achieve a greater understanding of the wider societal and technological changes that have led to new volumes and breadths of harmful sexual behaviours being reported, the Expert Group explored the current landscape, including:

- the nature²⁴, causes²⁵ and frequency²⁶ of such behaviours
- existing approaches to prevention and intervention²⁷
- strengths and gaps in current policy, practice and provision²⁸ and current best practice (including insights from other countries)²⁹

The Group considered options for proposals to improve prevention of harm for all children and young people in Scotland, whether that involves preventing the potential of a child or young person to cause harm, or of being harmed by another child or young person.

Sources of Evidence Considered

The examination and understanding of HSB involving children and young people causing harm to themselves and to other children and young people is a large and developing practice base. It is a contested area with sometimes competing definitions and perspectives.

Between January 2018 and March 2019, members of the Expert Group considered a wide range of evidence including research literature, papers and reports; and information contained in relevant media articles³⁰. A number of presentations and papers were delivered to the Group across the lifespan of its work. Further evidence was gathered from visits by Group members to organisations who work directly with children and young people, and from participation at various conferences³¹.

Following on from discussions during the initial three meetings, the Group convened sub groups involving further experts to explore and report back to the whole Group on the following subjects in more depth:

- Children and Young People with Intellectual Disabilities
- Collaborative Working
- Data and Intelligence
- Intra-familial Behaviours
- Internet Pornography
- Involvement of Younger Children
- Use of the NSPCC Audit Tool

²⁴ See Chapter 3

²⁵ See Chapter 4

²⁶ See Chapter 5

²⁷ See Chapter 6

²⁸ See Chapter 6

²⁹ See Chapter 4

³⁰ See Annex C for some of the materials examined by members of the Group

³¹ Set out in Annex D

- Peer on Peer Abuse
- Risk Assessments and Responses

Evidence was also considered from a number of recent reports which contained direct feedback from children and young people on their experiences of behaviours by other children and young people, in person and on the internet.

The Scottish Youth Parliament was commissioned by the Group to carry out a survey of young people; and further feedback was obtained from Members of the Scottish Youth Parliament (MSYPs) at workshops conducted at the 67th National Sitting of the Scottish Youth Parliament (in October 2018).

The Expert Group created a survey, '*Attitudes Towards On-line Sexual Activity*' which was hosted on the Young Scot website in early 2019. The survey was also completed by some young people in Her Majesty's Young Offenders Institution (HMYOI) Polmont and Secure Schools³².

Focus groups within HMYOI Polmont and three secure centres were also held to gain the views of young people.

The Expert Group held a "Sounding Board" event in October 2018 to share its approach and emerging findings with a wide selection of over 120 organisations who work with children and young people, including those representing parents and carers³³, to obtain further feedback and insights from these experts.

[\[Back to Contents\]](#)

³² See Chapter 8

³³ See Annex E for list of invitees

Chapter 3: The Nature of Harmful Sexual Behaviours (HSB)

A Continuum of Behaviours

The following diagram comes from the work of Professor Simon Hackett and illustrates the continuum of sexual behaviour.

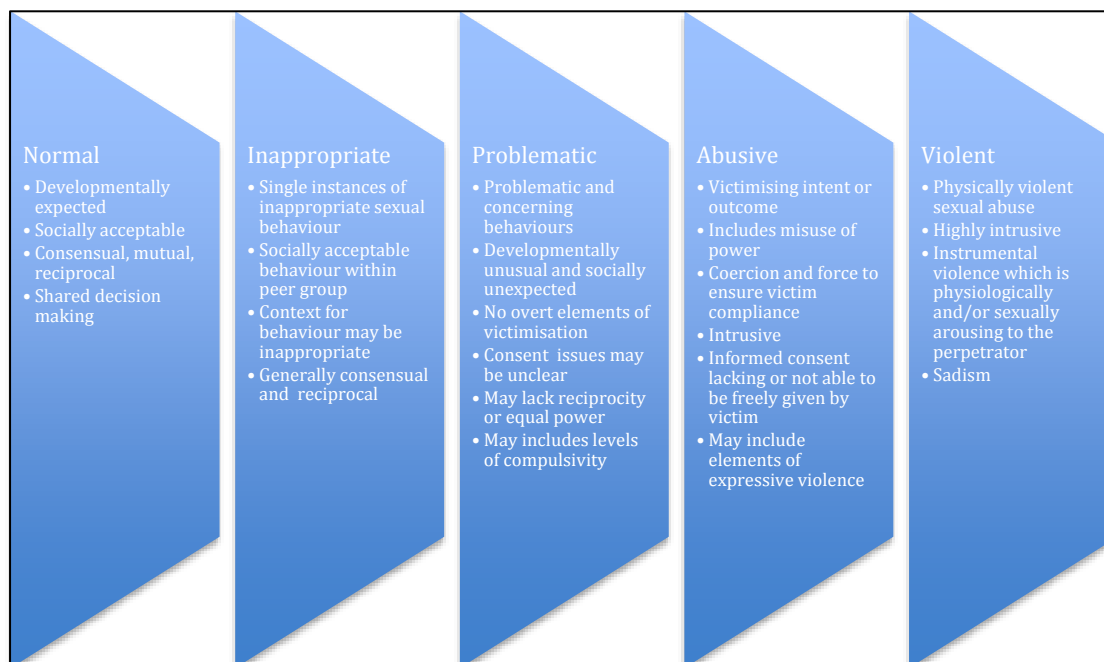


Diagram - A continuum of children and young people's sexual behaviours (Hackett, 2010)

Distinguishing between appropriate non-abusive behaviour and inappropriate or abusive behaviour can be a complex task that requires practitioners to have an understanding of what is healthy and informed consent and what is abusive or coercive³⁴.

There is a range of common and healthy behaviours at different developmental stages. When a child or young person behaves in ways considered to be outside this range, their behaviour may be called 'harmful' because it is harmful to themselves or others.

The Brook Sexual Behaviours Traffic Light Tool³⁵ offers guidance for age-appropriate behaviour. The following diagram is part of a screenshot from the Brooks Traffic Light Tool, and shows behaviours for a young person aged 13-17 that fall within green, amber and red categories:

³⁴ McCarlie 2009

³⁵ <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

TRAFFIC LIGHT TOOL		SCENARIOS	
0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Green behaviours</p> <ul style="list-style-type: none"> solitary masturbation sexually explicit conversations with peers obscurities and jokes within the current cultural norm interest in erotica/pornography use of internet/e-media to chat online having sexual or non-sexual relationships sexual activity including hugging, kissing, holding hands 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 	<p>Amber behaviours</p> <ul style="list-style-type: none"> accessing exploitative or violent pornography uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing concern about body image taking and sending naked or sexually provocative images of self or others single occurrence of peeping, exposing, mooning or obscene gestures giving out contact details online joining adult- only social networking sites and giving false personal information arranging a face to face meeting with an online contact alone 	<p>Red behaviours</p> <ul style="list-style-type: none"> exposing genitals or masturbating in public preoccupation with sex, which interferes with daily function sexual degradation/humiliation of self or others attempting/forcing others to expose genitals sexually aggressive/exploitative behaviour sexually explicit talk with younger children sexual harassment 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 sexual activity with someone in authority and in a position of trust sexual activity with family members involvement in sexual exploitation and/or trafficking sexual contact with animals receipt of gifts or money in exchange for sex 	

The Brook Traffic Light Tool was recently evaluated in relation to its applicability in a UK context³⁶. The evaluation concluded that UK practitioners found the tool helpful but, as it was developed in Australia, there are some cultural context issues in its applicability in a UK setting.

³⁶ King-Hill (2018) *Reducing Harmful Sexual Behaviours in Children and Young People Through Training: A realistic Evaluation of the Evidence, Success and Transfer of the Brook Traffic Light Tool*. Under Review for Publication.

Expert Group Findings and Conclusions

Agreement on an expression of a continuum of behaviours, and examples of the differences between normal and HSB would help inform front line professionals working directly with children and young people, as well as parents and carers.

An essential element of any Primary Prevention approach is to ensure that society is educated about and is aware of risks and responses - in this instance around the range of sexual behaviours that are developmentally normal for children and young people - and how to react when the behaviours are concerning.

The Hackett Continuum and the Brook Traffic Light Tool are useful aids to ensure a shared understanding among practitioners who engage with children and young people, and their parents and carers.

Expert Group Proposals

All relevant guidance for professionals working with children and young people in statutory authorities, and third sector organisations involved in the delivery of their services, should make reference to the Hackett Continuum and the Brook Traffic Light Tool

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

The Brook Traffic Light Tool should be revised and adapted into a version specifically for use in Scotland.

[\[Back to Contents\]](#)

Chapter 4: Theories about Causes of Harmful Sexual Behaviours

Theories about the causes of HSB are closely linked to the theories of prevention, which are discussed in Chapter 6.

International and UK Research, and Practice Evidence from the Expert Sub Groups

This section contains a brief overview of research evidence over the last few decades, along with information from the five sub groups who explored the following topics:

- Children and Young People with Intellectual Disabilities
- Intra-familial Behaviours
- Internet Pornography
- Involvement of Younger Children
- Peer on Peer Abuse
- Risk Assessments and Responses

Evidence across different countries and contexts consistently shows that sexual violence, as well as domestic abuse and other forms of gender-based violence, is primarily perpetrated by men and boys, most often against women and girls³⁷.

There has been much less research relative to children involved in HSB in early years, and overall much more research regarding adults who display HSB, and within adult male prison populations.

Research into the causes of HSB has emerged from a number of perspectives including psychological and social cultural dimensions. In addition to personal experiences from children and young people that have been considered by researchers seeking to understand why some children and young people become involved in HSB and others do not, feminist activists, research evidence, theory and practice developed over a number of decades understands that gendered forms of violence are intrinsically connected with historic and continuing inequalities in social structures and culture.

Gender inequality is seen by those identifying a gendered analysis as the key driver of forms of violence including HSB. At a structural level the nature, prevalence and impact of HSB is also shaped by intersecting inequalities, principally of class, race, disability and age.

Whilst gendered disparities in perpetration and experience of sexual violence are clearly shown in relevant data, there is often no wider discussion or analysis on how

³⁷ Kelly and Karsna (2017, updated 2018) Measuring the scale and changing nature of child sexual abuse and child sexual exploitation; Scoping report. CSA and London Metropolitan University. A review of key data sources, estimated that 15% of girls / young women, and 5% of boys / young men experience some form of sexual abuse before the age of 16. In every prevalence study included in the report, at least 90% of the perpetrators were male.

we understand the overrepresentation of boys and men as perpetrators of sexual offences, or its implications for prevention.

Those working with a gendered analysis understand the overrepresentation of boys and men as perpetrators in relation to gender inequality, with gendered roles and constructs shaped according to gender-unequal social structures. Historically and, in very general terms, men have been attributed a dominant position within patriarchal societies, and in many contexts have been afforded entitlement to sexual access to women. Correspondingly, women have been given very little sexual agency and have been subject to strict controls designed to protect patrilineal inheritance.

Modern society is complex and there has been much social change over the last century, but gendered socialisation along these lines continues³⁸, and can be seen in modern day attitudes and values in relation to sexual relationships and sexual violence. The negative impacts of gender inequality fall disproportionately on girls and women, although it is also important to recognise the consequences of prescribed gender roles for boys and men. For example, social norms around masculinity can make it difficult for boys and men to express certain emotions such as vulnerability or to report when they have suffered HSB. That can have significant implications for their wellbeing and mental health. It also affects society's understanding of HSB by others.

Rather than understanding instances of sexual violence as 'deviant' and 'episodic', a gendered analysis approach suggests that they can be 'normative' and 'functional'³⁹; normative because they reflect and convey patriarchal values in terms of men's power, control and sexual entitlement, and functional because the violence serves to maintain those structures of power. In addition, this approach also credits context in shaping and enabling violence against women in that such behaviours are seen in contexts where, for example, male violence is tolerated, excused or naturalised, or perpetrators are not held accountable and victims are blamed, resulting in violence being fostered.

Recent research explores the gendered nature of expectations, attitudes and practices relating to sexual behaviour. For example, a report commissioned for the Office of the Children's Commissioner of England and Wales highlighted gendered patterns in attitudes towards sexual consent, with young men facing pressures to gain 'man points' through having sex (with girls), and facing a loss of status and position if, for example, they respected a girl's decision not to have sex. By contrast, young women faced blame and scrutinisation of their actions if they experienced sexual exploitation and/or violence, "*with revealing clothing, drinking alcohol, visiting a man's house or sending sexualised pictures all seen as evidence that they were responsible for what happened to them afterwards.*"⁴⁰

³⁸ See, for example, Scottish Government (2014) Scottish Social Attitudes Survey: Attitudes to violence against women in Scotland <https://www2.gov.scot/Resource/0048/00489760.pdf>

³⁹ Kelly (2016) The conducive context of violence against women and girls <https://discoversociety.org/2016/03/01/theorising-violence-against-women-and-girls>

⁴⁰ Coy et al (2013) "Sex without consent, I suppose that is rape": how young people in England understand sexual consent. A report was commissioned for the Office of the Children's Commissioner's Inquiry into child sexual exploitation in gangs and groups https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/Consent_CYP_version.pdf

A study of attitudes and practices relating to anal sex in young people's heterosexual relationships identified that such practices were often understood to be painful and risky particularly for women and that coercion and 'accidental' penetration of women were normalised. Further, that men were expected to persuade or coerce reluctant partners, and that competition between men was a key element in how young people explained incidence of anal sex⁴¹.

Impact of Life Experiences

*"Children with sexual behaviour problems are not miniature adults or adolescent sexual offenders... Not only is children's sexuality different than adults and adolescents, their emotional, social, and cognitive awareness and relationship to the world is different. It is dangerous to children that we do not recognize the differences and treat the child, not our projections onto the child"*⁴².

A 2012 study⁴³ examined a randomised sample of 2,275 children and young people in the UK aged 11-17 and reported that most incidents of physical, sexual or emotional abuse are perpetrated by other children and young people. From that study:

- 35.3% of individuals reported this happening over the previous year, 59.5% at some time during their childhood;
- 16% of individuals reported HSB in the previous year by siblings 31.8% at some time during childhood;
- 2.5% (1 in 40) reported exposure to parental domestic violence in the previous year, and 17.5% (1 in 6) had experienced this at some time during their childhood; and
- 5% (1 in 20) reported victimisation from their own intimate partner (boyfriend or girlfriend) in the previous year, 7.9% (1 in 13) had experienced this before reaching the age of 18.

A separate report, in which 700 children and young people in the UK who had sexually abused others were studied, found that 50% of the sample had been victims of sexual abuse and 50% had experienced physical abuse or domestic violence⁴⁴.

HSB in children can be a reaction to trauma or victimisation. Studies of very young children exhibiting HSB suggest that a significant proportion have been sexually victimised and the younger the child who engages in HSB, the more likely the child is to have experienced sexual abuse⁴⁵.

Young people with sexually abusive behaviour are 5 times more likely than young people with non-sexual criminal behaviour to have been sexually abused⁴⁶. However, sexual abuse is not the only precursor to a child displaying HSB. Children

⁴¹ Marston and Lewis (2014) Anal heterosex among young people and implications for health promotion: a qualitative study in the UK *BMJ Open* <https://bmjopen.bmj.com/content/4/8/e004996>

⁴² Johnson and Doonan 2006:113

⁴³ Radford (2012)

⁴⁴ Hackett et al., 2013

⁴⁵ Kendall-Tackett, Meyer Williams, and Finkelhor, 1993; Friedrich, Davies, Feher, and Wright, 2003; Friedrich, Trane and Gully, 2005

⁴⁶ Seto and Lalumière, 2010

and young people can engage in atypical sexual behaviours for a range of reasons including being victims of sexual abuse, experiencing physical or emotional maltreatment such as neglect⁴⁷ or abandonment, exposure to family violence, exposure to sexuality and sexual behaviour in the media, and other causes, including the influence of wider gender roles and expectations in relation to sexual behaviour⁴⁸.

For some young people, learning disability and developmental delay⁴⁹ may be significant factors that impact on aspects of social, relational and sexual development in adolescence⁵⁰. Others may have also experienced considerable adversity in their lives, have excessive unmet emotional needs, use coercion and aggression as coping strategies, and/or have poor emotional regulation skills and pre-adolescent sexualisation. Other aspects of unresolved trauma may also be present and may help account for a shift from typical sexual experimentation to forms of sexual aggression for some adolescents⁵¹.

Although there can be various developmental pathways into HSB in adolescence, the existing evidence base confirms that children who display such behaviours often come from families that are described as multiply troubled and dysfunctional and in which chaos and stress is present⁵²; affected by factors such as childhood adversity, trauma, learning disability and developmental delay⁵³; family instability and unstable living conditions, domestic violence, personal histories of neglect and abuse, and other disruptions to optimal child development⁵⁴; dysfunctional patterns of family life⁵⁵; and where experiences of violence, abuse and neglect are common⁵⁶. Other researchers argue that fractured attachment within the life of a child can lead to intimacy deficits and ultimately HSB⁵⁷.

Recent research in the UK and elsewhere suggests that the responses to stress caused by Adverse Childhood Experiences (ACEs) can lead to physical changes in the way that the brain develops. It is often referred to as 'toxic stress' and is thought to have an effect on how someone adapts to future adverse experiences and in the chance of developing health harming behaviours⁵⁸. This is of significance in understanding children who cause harm as a result of their lived experiences, and also in respect of the children and young people harmed.

⁴⁷ Growing Up Neglected <https://socialcareinspection.blog.gov.uk/2018/07/06/growing-up-neglected/>

⁴⁸ Friedrich, 2001, 2003; Friedrich, Davies, Feher, and Wright, 2003; Schwartz, Cavanaugh, Pimental, and Prentky, 2006.

⁴⁹ See section on Young People with Additional Needs for additional information

⁵⁰ Smallbone et al, 2015

⁵¹ Allardyce et al, 2016

⁵² Hackett, 2014

⁵³ McKillop et al, 2015

⁵⁴ Rich, 2011

⁵⁵ Righthand et al, 2001

⁵⁶ Barbaree et al, 1998

⁵⁷ Marshall and Barbaree, 1990

⁵⁸ Scottish Public Health Network 'Polishing the Diamonds' https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf (at para 3.3)

A recent study considering young people who are part of the Interventions for Vulnerable Youth (IVY)⁵⁹ project, indicated that 93.1% of the 130 individuals questioned had experienced at least one adverse childhood experience such as abuse, neglect or growing up in a household where there is domestic violence; 58.5% of the sample had experienced four or more⁶⁰.

The single peer-reviewed Scottish study available⁶¹ highlights that children and young people aged between 5 and 20 who were involved in HSB were at a higher risk in relation to negative life experiences such as independent living outcomes, unemployment, poverty, mental illness, addiction, exposure to trauma, homelessness, incarceration, re-victimisation and suicide.

Gender and Age Differences

Research identifies similar gender differences of displaying HSB, with girls tending to be younger when their HSB is identified. The peak age for occurrence of HSB is early teenage, most of which is displayed by boys⁶².

Children with HSB differ from adolescents and adults who engage in HSB. While upwards of 95% of adolescents and adults who sexually offend are male⁶³, 65% of preschool children (below the age of criminal responsibility) with HSB are female⁶⁴.

Differences also exist between very young (aged 9 and younger) and older (aged 10-12) children. In general, the younger the child, the more limited their cognitive development, and the more limited their repertoire of coping strategies⁶⁵.

When compared to adults who sexually offend, children and young people with HSB are more likely to engage in impulsive sexual activity rather than well-planned or rationalised acts. The failure of children and young people to empathise with their victims in these situations may not be pathological⁶⁶, but merely a product of their stage of development.

Similar to adolescents, children with HSB are a heterogeneous group. As a result, working from an individualised approach which includes a comprehensive assessment is recommended. Given the level of trauma experienced, a flexible service delivery model may be required, in which assessment and intervention

⁵⁹ The Interventions for Vulnerable Youth project was established in 2013 in order to promote best practice in forensic mental health risk assessment and management for young people in Scotland who present a serious risk of harm to others.

⁶⁰ Vaswani, 2018

⁶¹ Hutton and Whyte, 2006 Children and young people with harmful sexual behaviours: First analysis of data from a Scottish sample. Journal of Sexual Aggression, July 2006. The sample size was 189, 60% boys and 40% girls.

⁶² Radford et al, 2012

⁶³ Hackett, Phillips, Masson and Balfe, 2013; Hutton and Whyte, 2006; Finkelhor, Ormrod and Chaffin

⁶⁴ Silovsky and Niec, 2002

⁶⁵ Silovsky and Bonner, 2003

⁶⁶ In psychology, 'pathological' behaviours arise in individuals as a result of enduring patterns of thought, and emotion that negatively affect their ability to adjust to behaviour considered normal in society but potentially cause extreme and unacceptable behaviours.

focuses on the child's own trauma and associated symptoms alongside their harmful sexual behaviour

Overall research emphasises the importance of viewing HSB as just one aspect of a child or young person's behaviour, instead of a reflection of the child as a whole. Best practices include involving families and caregivers in service decisions and provision and collaborating with other agencies who work with the child and family.

Provided there is detection and effective intervention, children and young people exhibiting HSB are at a relatively low risk for future behaviours. Most interventions use a cognitive behavioural theory (CBT) approach, while some interventions also have a trauma focus. Few intervention programs have been systematically documented and assessed. Allardyce and Yates (2018) offer a helpful brief overview of interventions⁶⁷.

Use of the internet in HSB

While a significant proportion of online-facilitated sex offences are committed by young people, limited research has been carried out into young people engaging in HSB with an 'internet', 'online', or 'technology-assisted'⁶⁸ element.

A recent and recurrent challenge for legislative systems across the globe, is the issue of children and young people producing and sharing intimate images.

Leukfeldt et al. (2014) examined this. They analysed 159 Dutch police files relating to images of child abuse and sexual exploitation, and found that almost a quarter of the suspects were under 24 years of age. Of that group, 35% were younger than 18 years. Their analysis indicated that these are children and young people who take sexualised pictures and/or make videos of themselves and/or each other which, if the material is distributed via the internet, becomes a matter for law enforcement agencies⁶⁹.

Their report evidences the tensions around how these scenarios should be managed and whether these activities should result in prosecutions. For example, Gillespie (2013) argued that self-produced images when taken consensually are an expression of the adolescent's sexual identity and thus protected by Articles 8 and 10 of the European Convention on Human Rights. This is a clear area of tension between legislation that is perceived as necessary to protect children and young people from harmful behaviours of others⁷⁰, but which may also be felt by them in some instances to be denying exercise of their right to developmental sexual exploration on their own terms.

Although the consequences of self-produced sexual images for adolescents have largely been seen as negative⁷¹, some researchers have argued that assumptions about coercion and harm do not reflect the experiences of the majority of girls who

⁶⁷ Chapter 6, *Working with Children and Young People who have Displayed Harmful Sexual Behaviour*, Allardyce and Yates (2018)

⁶⁸ This term is often interchanged with 'cyber-enabled'.

⁶⁹ Quayle 2017

⁷⁰ See Annex B for examples of Scottish legislation

⁷¹ Houck et al., 2014; Lunceford, 2011

engage in sexting and who are motivated by pleasure and desire⁷². Others suggest a need for more ‘nuanced understandings of sexting’ to distinguish between the ‘consensual and non-consensual creation and distribution of sexual images’, and to more usefully inform policy-making and educational resources⁷³.

The key findings of recent NSPCC research⁷⁴ using their Turn the Page project for children presenting with Technology Assisted-Harmful Sexual Behaviour (TA-HSB)⁷⁵ highlighted differences in characteristics between those involved in TA-HSB only, those involved in dual behaviours (i.e.: TA-HSB and offline HSB) and those involved in only offline HSB.

“The children who presented with only TA-HSB appeared to come from more stable backgrounds with less incidents of parental separation, less adversity or trauma during their childhood, more positive parental relationships, no contact with statutory services prior to the presenting HSB and were approximately three years older at the onset of their HSB. This group demonstrated better emotional regulation, less impulsivity and less anger, aggression and general offending behaviours than those involved in either dual or offline only.”⁷⁶

These findings are very different from those in relation to children and young people with HSB that is not technology-assisted. However, the NSPCC research shows that this group experienced higher levels of online abuse and victimisation than children with either offline or dual HSB that may correspond with their own presentations of HSB. The study hypothesised that engaging in TA-HSB (only) may relate to the onset of puberty, pornography use and/or the young male’s own online sexual victimisation and grooming.

Impact of Use of Pornography

There is growing concern that viewing adult pornography can have an impact on young people’s sexual behaviour, especially young people under the age of 13⁷⁷. Exposure to pornography is increasingly being identified as a contributory factor in the emergence of HSB⁷⁸. This resonates with wider concerns around the extent to which children have access, or are exposed, to online sexual and or violent material⁷⁹.

Stanley et al (2016) found significant statistical associations between pornography use and self-reported sexually coercive behaviour. There is further observation in

⁷² Lee and Crofts, 2015

⁷³ Powell and Henry (2014)

⁷⁴ NSPCC, 2017. A sample size of 275 under 18s

⁷⁵ The NSPCC (2017) definition of technology-assisted harmful sexual behaviour (TA-HSB) is “one or more children engaging in sexual discussions or acts - using the internet and/or any image-creating/sharing or communication device - which is considered inappropriate and/or harmful given their age or stage of development. This behaviour falls on a continuum of severity from the use of pornography to online child sexual abuse.”

⁷⁶ <https://learning.nspcc.org.uk/research-resources/2017/children-young-people-technology-assisted-harmful-sexual-behaviour/>

⁷⁷ Hollis and Belton, 2017

⁷⁸ HALT, 2019

⁷⁹ See chapter 6 for information on primary prevention practice on internet safety

chapter 5 about the use of pornography by children and young people, seen from a sample of cases analysed by the Expert Group's Data and Intelligence Sub-Group.

One of the most significant UK studies conducted to date⁸⁰, on behalf of the NSPCC and the Office of the Children's Commissioner in England and Wales suggests that:

- More boys view online pornography through choice than girls
- At the age of 11, most children have not seen online pornography
- By the age of 15, children are more likely than not to have seen online pornography
- Children are as likely to stumble across pornography via a "pop up" as to search for it deliberately, or to be shown it by other people.
- The proportions wishing to emulate pornography increase with age; 21% for 11-12 year olds, 39% for 13-14 year olds, and 42% for 15-16 year olds.
- Some 44% of males, compared with 29% of females, reported that the online pornography they had seen had given them ideas about the types of sex they wanted to try out.

Evidence suggests that children and young people who are educated about online pornography during sex education classes are less likely to be negatively influenced by online pornography than those who have had no lesson on the topic.

Police Scotland and other statutory authorities have identified children and young people becoming involved in HSB by use of image viewing and sharing, who would not have previously come to the notice of statutory authorities. These children and young people do not appear to have the background challenges that have traditionally been associated with most children and young people involved in HSB. Smallbone (2016) commented on this, inferring that this may be related to availability of access to online extreme and illegal adult pornography and child abuse images.

Peer on Peer Abuse

The definition of Peer on Peer abuse differs depending on professional discipline, and may even differ between branches of the same profession.

Some professions and third sector organisations use the term to cover all children and young people interacting with other children and young people⁸¹, some use the term to describe those close to each other in developmental stage, while others like the sub group describe it as specific to young people close in age.

As the Expert Group established sub groups to consider Children and Young People with Intellectual Disabilities; Intra-familial Behaviours; and the Involvement of Younger Children, the sub group specifically tasked with considering Peer on Peer Abuse chose to focus on adolescents from 13 years old, where both young people involved were close in age.

⁸⁰ Martellozo et al, 2016

⁸¹ For example see the information on Childline in Annex F

It was noted that analysis of HSB involving young people close to each other in age showed that females are much more likely to report being victims of HSB caused by their male peers, although there were also reports of same sex incidents.

Much of the information provided by the sub group considering Peer on Peer abuse has been included widely throughout this report.

Intra-familial HSB

Intra-familial HSB refers to HSB that occurs within a family environment⁸². It can involve children and young people who are full siblings, half-siblings, step-siblings, foster and adoptive siblings, 'social' siblings (who are a constant in the family environment), cousins, nephews, nieces, etc. Most of the literature regarding intra-familial HSB refers more specifically to sibling sexual abuse.

There have been various studies on the prevalence of sibling HSB with different populations in different countries, although there are no Scotland-specific studies. In the wider UK, studies estimate that where there are children and young people involved in HSB, between one third and one half of victims are siblings or close family members⁸³.

Sibling sexual abuse entails on average a greater number of sexual acts over a longer period of time and is more likely to involve sexual intercourse than harmful sexual behaviour within the community. It may be at least as harmful as sexual abuse by a parent. Some children who display harmful sexual behaviour towards siblings also do so within the community, and they make up some of the higher risk adolescents who display harmful sexual behaviour.

As with all HSB, sibling sexual abuse results in a family in crisis, though in these circumstances there is the added factor that both the child causing harm and the child harmed are part of the same family, with the harm often having occurred in the family home. This can make it very difficult to determine the dynamics of the behaviour and throws up issues about how best to accommodate each child while issues are examined and addressed. There is also a need to consider the consequences for the life-long relationship that each child is necessarily going to have with other members of the family but also with each other. There is considerable consensus that sibling sexual abuse should prompt a family-based, rather than individual, response requiring a co-ordinated, multi-agency approach including schools and other community groups.

Living and contact arrangements need to be decided on a case-by-case basis, founded upon an evidenced-based risk assessment, the safety and emotional needs of both children, and an assessment of the quality and value of the sibling relationship. There is a clear need to take a restorative approach to help both children and the family to recover, which can be difficult to achieve in cases where the age of the child causing harm may increase the likelihood of criminal proceedings. Access to resources and supports can be delayed awaiting the outcome of the legal proceedings, which prevents the earliest possible restorative

⁸² adapted from McNeish and Scott, 2018

⁸³ Hackett et al. 1998, Shaw et al. 2000, Beckett 2006, Allardyce and Yates 2009, Ryan 2010

interventions for both children. On the other hand (and as in cases that are not intra-familial), no system can mandate treatment without a criminal prosecution or referral to the Children's Hearing System.

Young People with Additional Needs

Whilst there is a great deal of individual variation in this population, it is generally recognised that people with Intellectual Disabilities (ID) can be more vulnerable in this context due to a range of factors. These include: impaired communication abilities; level of psycho-social and psycho-sexual development; impaired ability to anticipate consequences to self and others; impaired ability to identify risk; poor emotional stability; vulnerability to be adversely influenced by peers; and difficulties understanding the needs or intentions of others.

These challenges can be particularly relevant in an online environment.

It is not only children and adolescents with ID who can be more vulnerable in this way. Those children and adolescents with a range of neurodevelopmental conditions including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injuries (TBI) and Foetal Alcohol Syndrome (FAS) can also have difficulties in managing interactions online and in person.

In Scotland, social care staff contributed to the 2018 Secure Care Census⁸⁴. The census identified a range of mental health needs in the 87 young people who were in secure care on the census date. Of these, 23% had a diagnosis of ASD (compared with approximately 1% of the general population), and 16% were identified as having Social Learning and Communication Needs. A trauma diagnosis was identified in 28% of the sample.

Population rates of ID in the UK are 1-2%, and research highlights an over-representation of young people with ID engaging in HSB. However, young people with ID are also over-represented in studies of adolescents who display general harmful behaviour⁸⁵. Current evidence suggests that between a third and a half of the HSB towards other children and young people is by individuals who either have ID or who have significant education problems.

Research conducted by Hackett et al in 2013, which studied 700 children and young people referred to nine UK services over a nine year period as a result of sexually abusive behaviours, showed that 38% of the sample had an ID (compared with 1-2% of the general population). This over-representation merits consideration and specific recommendations, because the needs of this group differ in material aspects from the needs of the general population. It is relatively common for young people with ID to display inappropriate sexual behaviour, but the majority of individuals with ID do not engage in HSB.

The benefits of healthy relationships for this group, and initiatives to promote healthy relationships should be supported. For professionals working with individuals with ID,

⁸⁴ Centre for Youth and Criminal Justice (CYCJ) 2019

⁸⁵ Bagley, 1992; James and Neil, 1996; Hackett, 2013; Manocha and Mezey, 1998

it is common to encounter families and carers who see individuals with ID as essentially asexual, or who actively discourage sexual education or sexual expression by individuals with ID⁸⁶. These attitudes can hamper efforts to address inappropriate sexual behaviours when these are displayed, with parents or carers perhaps being less likely to report concerning sexual behaviours.

Expert Group Findings and Conclusions

No single theory explains HSB. It is a complex area and many different influences can be relevant to the behaviour of a person at different times in their lives.

The research available indicates that International and UK findings are broadly similar in most instances.

Research also emphasises the importance of viewing HSB as just one aspect of a child's behaviour instead of a reflection of the child as a whole.

There is a growing body of evidence suggesting that ACEs and trauma may be part of the underlying cause of some children and young people being harmed as a result of HSB by other children, or causing such harm.

There is also significant evidence that gender plays a key role in shaping attitudes and behaviours in relation to sexual relationships, with clear gendered dimensions shown across studies and datasets.

There is generally a lack of research regarding HSB involving children and young people.

There are particular issues to HSB occurring which is intra-familial or which involves children and young people with intellectual disabilities.

The use of modern technology by children and young people in exploratory sexual development, and the impact that access to adult pornography and/or extreme and illegal images has on children and young people in respect of HSB is not well understood.

⁸⁶ Tudiver and Griffin 1992; O'Callaghan 1998; Murphy 2003; Bates and Popple 2017

Expert Group Proposals

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

In particular there should be focus on aspects of HSB which are specific to:

- experiences of those children and young people with intellectual disabilities and other neurodevelopmental disorders (including Autism, Attention Deficit Hyperactivity Disorder and Foetal Alcohol Spectrum Disorder)
- intra-familial incidents
- younger children
- childhood experiences leading to vulnerabilities that in turn can increase the risks of harming or being harmed by HSB involving other children and young people
- the impact of access to pornography in childhood

The research should include consideration of situational crime prevention and safeguarding approaches.

[\[Back to Contents\]](#)

Chapter 5: Evidence of Frequency of Harmful Sexual Behaviours; Further Detail of the Background to Some Cases

The Expert Group examined what is currently understood to be the number of children and young people exposed to and / or exhibiting HSB in Scotland.

The UK has seen a steady increase in the number of young people coming to the attention of professionals because of their sexual behaviours.

A study carried out in England in 2011 with 2,275 young people found that two-thirds of the sample who were reporting contact HSB⁸⁷ identified the abuse as carried out by other children and young people⁸⁸.

A further study estimated that at least one-third of all sexual offences against children in the UK are committed by other children, with early adolescence and the onset of puberty representing a peak time for sexual offending behaviour⁸⁹.

A UK-wide survey of Head Teachers and Safeguarding Leads in schools highlighted the issues faced in addressing the problems caused by peer on peer online abuse, not limited to, but including HSB^{90,91}. Of the Scottish respondents, 95% suggested there had been an incident of online peer on peer abuse within their educational institution, and 80% recognised an increase in online peer on peer abuse incidents over the previous 3 years.

Childline provided the Expert Group with information on the numbers of counselling sessions it had provided to children calling about HSB towards them by another child or young person. During 2017-18, Childline received 3878 calls about this, compared with 2750 calls during 2013-14. Calls were received from children aged 11 and under, as well as older children and young people⁹².

There are several challenges caused by the fact that so many differing statutory authorities, third sector organisations and professions are involved in this area of work. Differing descriptions and definitions, core purposes, data gathering requirements and practices across so many organisations make it impossible to be completely accurate about the numbers of occurrences of HSB and the number of children and young people involved.

It is also generally accepted that there is under-reporting to the authorities of all sexual crimes, and that children and young people are often uncertain as to whether what has happened to them is a crime⁹³.

⁸⁷ Contact HSB requires physical interaction (i.e. physical contact between the individuals concerned)

⁸⁸ Radford et al, 2011

⁸⁹ Hackett et al, 2016

⁹⁰ Online Peer on Peer Abuse; A national survey for Head teachers and Safeguarding Leads in Scotland Phippen, Bond and Tyrell 2018,

⁹¹ In this research, peer on peer was taken to mean a child or young person under 18 involving another child or young person under 18

⁹² More information from Childline is available at Annex G

⁹³ See Annex G for information on the confusion that children and young people report to Childline

This explains why figures are usually lower when data around police referrals, charges, convictions etc., are considered, and usually higher when self-reporting by children and young people in surveys by academic studies and charities is considered.

The suggestion that around one third of all instances of HSB towards children and young people in the UK is committed by other children and young people, and which is widely accepted by expert practitioners and academics, has been obtained by averaging the various figures that are available. That averaging also confirms that HSB is primarily perpetrated by boys, most often against girls.

There is little prevalence data available outwith the UK, although evidence suggests that a substantial proportion of HSB is perpetrated by other children and young people⁹⁴.

In Scotland some data on numbers and nature of behaviours is available from Police Scotland, SCRA and COPFS, but even here differences in what is collected by each partner for core work purposes mean there are gaps so far as sociological research methods are concerned. The numbers of instances of HSB which occur will be higher than the number reported to the police, and certainly higher than those reported to COPFS and/or SCRA.⁹⁵

The following section relates to the classification of sexual crimes and offences used in national statistics in Scotland⁹⁶. Police Scotland uses four categories to record sexual crime, which are then presented in the National Statistics on recorded crime.

Two of these categories are '**rape and attempted rape**' and '**sexual assault**'. These are often referred to as 'contact sexual offences' because they require physical interaction between the accused and the complainer⁹⁷.

The largest category by volume is '**Other sexual crimes**' which covers a range of crime types, including communicating indecently, cause to view sexual activity or images, indecent photos of children, sexual activity with older children, sexual exposure, public indecency, voyeurism, disclosure of intimate images and other sexual crimes.

As noted above, 'Other sexual crimes' is now the largest category of sexual crime reported to the police. Its growth has been driven in part by those types of crime which are cyber-enabled, chiefly 'communicating indecently', and 'causing to view sexual activity or images'⁹⁸, ⁹⁹. Scottish Government statisticians found that cyber-enabled other sexual crime predominantly involves children and young people; the

⁹⁴ In the US, in approximately 35% of cases of sexual abuse where victims were 0-18 yrs, perpetration was by other children and young people. For cases in which victims were 0–12 yrs, frequency of perpetration by other children and young people increased to 50% (Finkelhor et al, 2009). In Australia, police data revealed that 9-16% of child sexual abuse was committed by other children and young people (Boyd and Bromfield, 2006).

⁹⁵ This is because of the requirement for prosecutors to proceed only with cases that meet the high test of having corroborated evidence providing proof beyond reasonable doubt

⁹⁶ Justice Analytical Services (2018) Recorded crime in Scotland 2017-18.

⁹⁷ None of the charges were part of the National Statistics category 'crimes associated with prostitution'.

⁹⁸ All crimes includes crimes by adult accused

⁹⁹ An increase from 38% in 2013-14 to 51% in 2016-17

median age of perpetrators was 18 years in 2016-17, while the median age of victims was 14.

Approximately one quarter (24%) of these two forms of cyber-enabled crimes were committed by individuals younger than 16 years old against victims who were also under 16. A further 28% of these crimes were committed by individuals aged between 16 and 19 against victims under the age of 16.

Further Detail Obtained from Samples of COPFS and SCRA Data

To better understand the factors involved in emergence of HSB, a greater depth of information is required than numbers and types of incidences.

The Expert Group commissioned a Data and Intelligence sub group to undertake a detailed look at anonymised information about the circumstances in each of a sample of cases provided by COPFS and SCRA. Information gathered through this work supplements the previous findings in *Recorded Crime in Scotland: Other Sexual Crimes, 2013-14 and 2016-17*¹⁰⁰.

A random sample of 96 cases was drawn from the 260 cases reported to COPFS by the police over a 2 year period¹⁰¹. Information was drawn from cases of the total of 216 children who were referred to SCRA in 2016-17 for allegedly committing at least one sexual offence.

Whilst appreciating the richness of the data available, the sub group was unable to consider data on relationships between the child or young person referred for HSB and the child or young person they had been involved with, or previous interventions before being reported to COPFS, due to time constraints. However, the sub group agreed that such exercises would provide further understanding of the complexity and full nature of what statutory authorities face in these most sensitive of cases; and should allow more informed understanding of the timing and nature of the most effective interventions that could be pursued.

COPFS Data

Accused Children and Young People

The 96 COPFS cases involve charges against 103 young people, with an age range of 12-17 years (median age of 16 years) at the time of the earliest of the alleged offences. All except two of the accused were male.

¹⁰⁰ Arguably parts of this section could have been inserted into Chapters 4 or 6; but, like much else when dealing with HSB involving children and young people, there are considerable overlaps and it is perhaps helpful to see the various elements that emerged together rather than split among chapters.

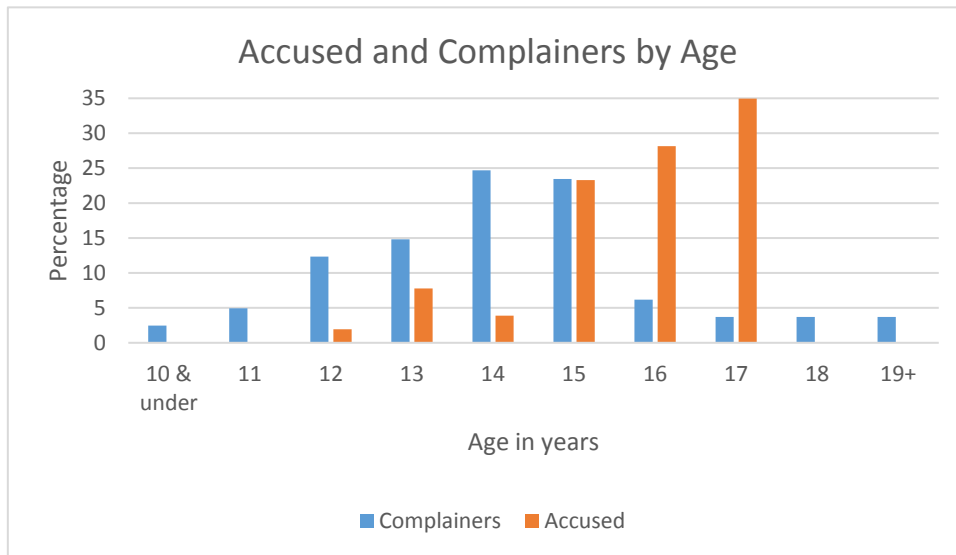
¹⁰¹ This equated to 266 of the 519 charges reported during that time (51% of the total number of charges).

Complainers

The sex and age of each complainer¹⁰² was recorded in 65 of the 96 cases. There were 87 complainers in these 65 cases.

78 complainers were female (90%) and 9 male (10%).

The following chart shows the ages of the young people accused of sexual offences reported to COPFS¹⁰³, and the ages of the complainers. As can be seen from the chart, the accused were typically older than the complainers.



Seventy-three of the female complainers were aged between 5 and 17 at the time of the offence(s), with a median age of 14 years. Five of the female complainers were adults aged between 18 and 22.

Seven of the male complainers were aged between 11 and 15 at the time of the offence(s), with a median age of 12 years. Two of the male complainers were adults (aged 22 and 34).

Of the 96 cases, 90 involved a single accused. Six cases involved more than one accused.

Cases by category of sexual offence

The sample of 96 cases included:

- 45 cases of young people charged with rape, attempted rape and/or sexual assault.
- 45 cases of young people charged with 'other sexual crimes', the majority involving communicating indecently with a child, causing a child to look at a sexual image, and taking, making, possessing or distributing indecent photos of a child.
- 6 cases of young people charged with both categories of offences.

¹⁰² 'Complainer' is the legal term for someone who has allegedly been the victim of a crime even if they are not the person who made the allegation.

¹⁰³ The ages of accused relate to the entire 96 cases reported to COPFS (some may have been jointly reported to SCRA), The ages of complainers shown relate only to the 65 cases in which the age of every complainer was extracted and recorded for analysis. In cases involving large numbers of complainers (typically cases involving indecent images) the age of each complainer was not available (it may be that the identities of the complainers was not able to be established but the fact that the images were of children could be proved) .

Prior social work or legal system involvement with the accused

In cases involving rape, attempted rape or sexual assault, a majority of the accused (58%) were already known to either social work, police, or both.

However in cases of 'Other sexual crimes', more than two thirds of accused had not previously come to the attention of either social work or the police.

All six of the accused in cases involving both categories of offences were already known to social work and/or police. Two were care-experienced, two had other cases pending, one had social work involvement due to his escalating sexualised behaviour. Three had noted vulnerabilities including learning difficulties, ADHD and having experienced neglect or abuse in childhood.

Information about any relationship between accused and complainer(s) and general observations about the offences.¹⁰⁴

In only three of 85 cases where there was information available about whether the accused and complainer knew each other were the accused and complainers unknown to each other prior to the offence.

Rape, Attempted Rape and Sexual Assault

Most of these contact cases occurred within the context of an intimate partner relationship between accused and complainer(s). These commonly involved a consensual sexual relationship which became controlling and abusive.

Cases where the accused and complainer were friends was the second largest group of contact offences. Some of these were online friendships with the offence occurring when they met up.

In the remaining cases, both parties were acquainted with each other, but were not friends. Most commonly, they would know each other by being at the same school, living in the same neighbourhood, working together, or being on the fringes of each other's friendship groups. The context for cases involving friends and acquaintances were often similar and commonly involved drinking by teenagers in parks or at house parties.

A common feature mentioned was of boys persistently requesting or demanding sex from girls and ignoring their stated refusal. This included ignoring requests to stop when girls were experiencing pain. In a number of cases the complainers had sustained physical injuries during rapes. A number of cases involved complainers being raped or sexually assaulted in circumstances where they were unable to consent, i.e. whilst asleep or intoxicated/under the influence of drugs and/or alcohol.

Some of the complainers were described as vulnerable based on the fact more than half were already known to social work and/or police either for care or offence reasons as were 58% of the accused.

Intra-familial sexual abuse occurred in three cases.

¹⁰⁴ These details were unavailable for 11 of the 96 cases. This information is based on 85 cases.

Other Sexual Crime

Most of the charges under this category were cyber-enabled crimes: indecent communication; causing a child to look at a sexual image; and making, possessing, and sharing of indecent images.

In these cases the accused tend to be several years older than the complainers: the accused (mainly male) were aged between 15-17 years, and complainers (mainly female) were aged between 11-14 years.

In the majority of cases the accused and complainers were either friends or known to each other because they attend the same school (although the only contact between them may have been online).

In other cases, the accused and complainers knew each other solely through online communication on apps like Snapchat.

In many cases the exchange of sexual images between young people was consensual and reciprocated. A common theme within these cases is that of offences coming to light when a parent checked their child's phone or tablet and reporting the matter to the police.

A separate, distinct group of cases within the sample were those where threats and coercion were used by the accused to demand indecent images, or to demand sexual activity once indecent images had been received.

Almost one quarter of the sample of 'other sexual crime' cases (n=11) involved possession by young men of indecent images of children, including images of the sexual abuse of young children. Some cases involved the accused sharing these with others. **In all except one of these cases the accused (aged 14-17) was not previously known to social work or police, and had no noted vulnerabilities.** This is of concern as these young people do not display the background history that is common with the majority of under 18 accused involved in other HSB¹⁰⁵.

Points from the COPFS cases

A number of points for consideration arise from the study of this specific sample of cases, which are not presented in any order of priority:

- The gendered nature of sexual offences is reflected in this sample.
- In the case of cyber-enabled sexual offences, the overwhelming majority of young people accused of sexual crimes had not previously come to the attention of the police or social work. Two thirds of those accused of 'Other sexual crimes', and around 40% of those charged with 'Rape, Attempted Rape and Sexual Assault', did not have previous offending behaviour and were not known to social work or police.
- However across the categories of sexual crime, there was a small group of young males who displayed abusive and violent sexual behaviour, who had come to the attention of the police on a frequent basis.

¹⁰⁵ This echoes the findings of the NSPCC research (the Turn the Page Report), previously discussed in chapter 4.

- Some young people do not understand the law, the risks of breaking the law and the consequences. Sexual exploration is a normal part of adolescent development but the digital medium for some of this exploration and the legal framework around sexual communication online presents risks to young people who choose to explore their sexual feelings in this way even when their activities are consensual¹⁰⁶.
- The type of knowledge displayed by young people about sexual matters appears to have been gained through access to pornography via the internet and social media.

SCRA Data

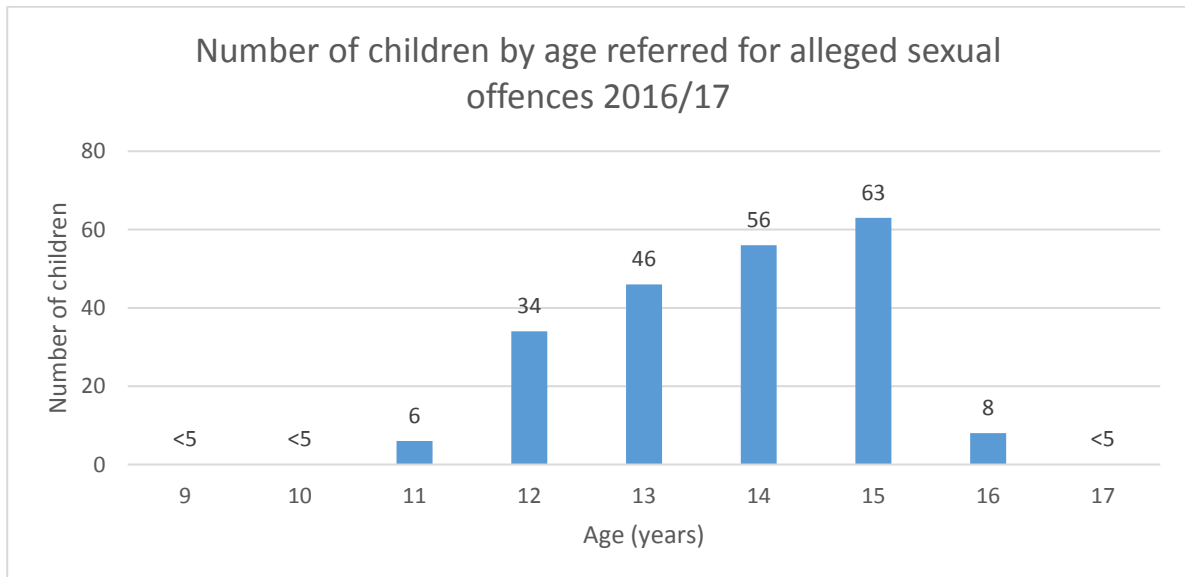
For the 216 children who were referred to SCRA in 2016-17 for allegedly committing at least one sexual offence, the following data was collated:

- The sex and age of the children
- The category of the alleged sexual offences
- The care and protection history of the children (previous referrals to SCRA)

Referred Children and Young People

Of these children, 89% were male (n=193) and 11% were female (n=23).

The youngest of the children was 9 years old, and the eldest was 17 years old. As the following chart shows, over half were in the age group 14-15 years (55%)¹⁰⁷:



The following table shows the number of children referred to SCRA for offences (grouped by sexual offence category), some of whom had been referred on the grounds of having committed more than one type of sexual offence:

¹⁰⁶ The sample of cases examined in more detail indicates that young people are sometimes being charged in relation to consensual online sexual activity online. This was one of the concerns expressed by children’s organisations during the consultation of the Sexual Offences (Scotland) Act 2009.

¹⁰⁷ The sample size was 119 individuals

Sexual Offence Category	Number of children referred
Rape & Attempted Rape	29
Sexual Assault	101
Other Sexual Crimes	117

Care and Protection History of Children Referred for Sexual Offences in 2016-17
Of the 216 children referred for sexual offences, 130 (60%) had previously been referred to SCRA at a younger age on care and protection grounds¹⁰⁸.

Lack of parental care was the most common cause for the historic referrals; 91 of the children (70%) of those with a care and protection history had been referred on this ground.

The second most common ground was being a child victim (63 children [48% of those with a care and protection history]).

Other Sources of Information on Frequency

The Expert Group received information from a number of third sector organisations about calls received by helplines and the number of times relevant information on their websites is viewed.

Whilst much of this is helpful in terms of demonstrating that there is a need for support services that are easy for the public to access, many of these organisations do not collect information in a way that allows cases of HSB by children and young people to be differentiated in their statistics from calls about adults engaging in HSB against children and young people¹⁰⁹.

¹⁰⁸ It is important to note that some referrals may be missing as recording dates back only to 2003. This means that children aged 15 or 16 years of age in 2016-17 who were subject of referrals during infancy will be missed.

¹⁰⁹ Information about this is at Annex G.

Expert Group Findings and Conclusions

It is difficult to establish exact numbers of incidents that can be described as HSB by a child or young person that involves another child or young person¹¹⁰.

It is widely accepted that there are many more incidents of HSB than are reported to Police Scotland or other statutory organisations.

Improved data would assist in finding out the true extent of this type of HSB, and so inform better allocation of resource and service delivery.

Because of the complex number of factors that seem to be involved in cases of HSB towards children and young people from other children and young people, research at an incident-based level would be more helpful than that at a higher, statistical level.

Behaviours are constantly changing as the social and technological environment within which children and young people live, changes.

Without improved consistency about concerns that should be recorded (and how), it will be difficult for all statutory authorities (including schools and CPCs), to obtain a clear picture of patterns, frequency, nature and severity of behaviours, and so identify relevant supports and preventions that could be focused upon.

Expert Group Proposal

Agreement should be reached between Scottish Government, Statutory Authorities and Third Sector organisations working with children and young people about the data that should be collected and analysed to obtain insight into the numbers of incidents and the needs of those children and young people involved.

[\[Back to Contents\]](#)

¹¹⁰ This is partly because the different focus of each organisation leads to data being collected (and terminology used) in different ways across statutory organisations and by charities and researchers; and also because of the lack of agreement about how data should be collected and recorded by statutory authorities.

Chapter 6: Theories and Practice of Prevention

The examination and understanding of HSB involving children and young people is a large and developing practice base. It is a contested area with sometimes competing definitions and perspectives.

Most prevention strategies around HSB (as with strategies around other societal concerns) are premised on particular theoretical standpoints. It is therefore important to be clear on the underlying premise of strategies and to appreciate that there are inevitable tensions when it comes to the prioritisation and resourcing of these.

Scotland uses a three-pronged approach. No single approach is deemed ‘better’ than the others; the combination is widely recognised as being needed in order to provide successful outcomes at individual and societal levels.

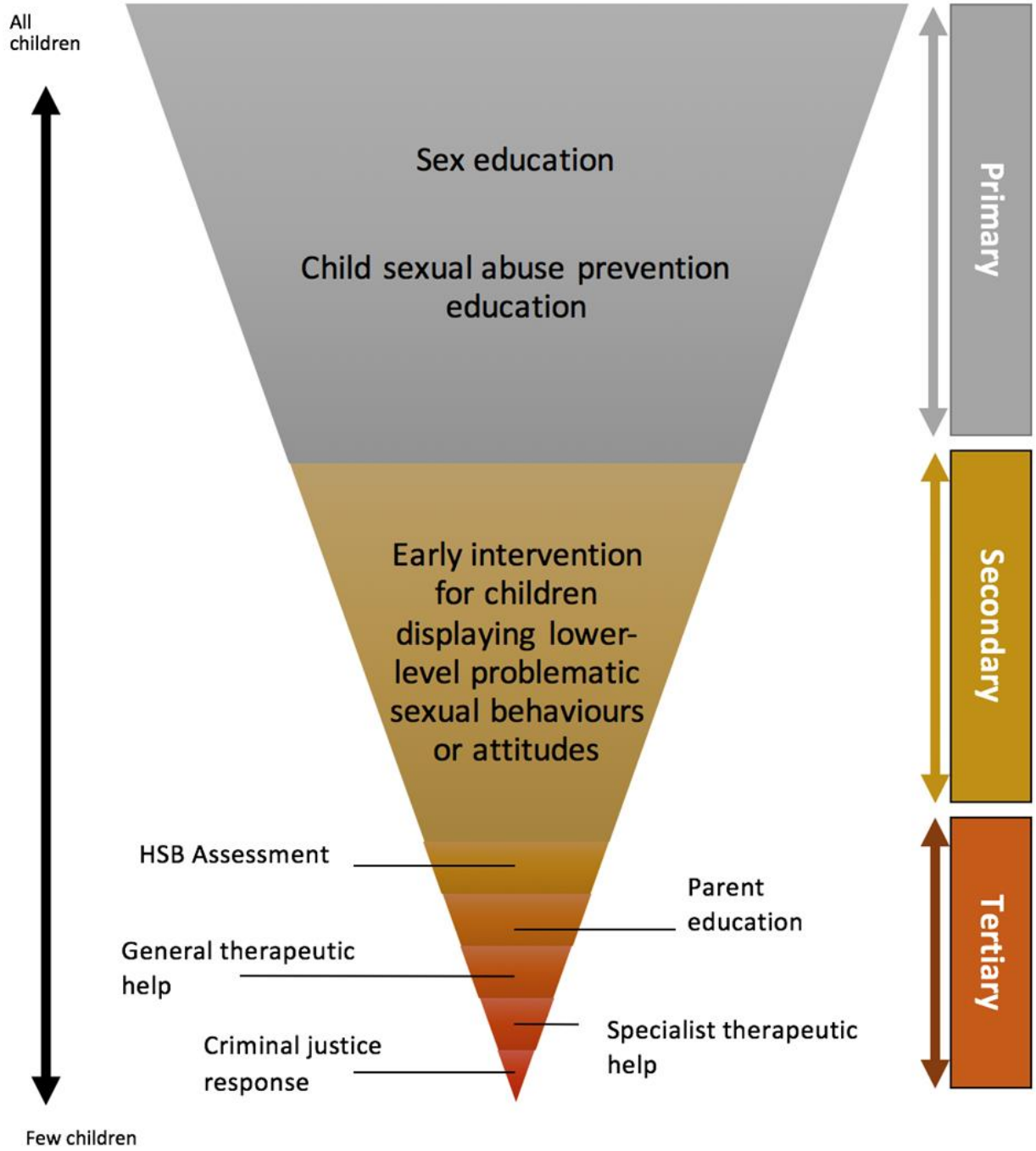
- **Public Health** – the emphasis is on the health, safety and wellbeing of populations as a whole. There is a focus on intervention with individuals as necessary, but also a focus on prevention and ascertaining underlying risk factors that increase the likelihood that individuals will experience HSB or display HSB if the risk factors are not addressed. More recently, ACEs have been identified as risk factors and in need of preventative measures.
- **Gendered Analysis** - the emphasis is on gender equality. Sexually-abusive behaviour is viewed as an individual manifestation of a structural problem with social-cultural dimensions. The approach to prevention emphasises the changing of culture, wider social attitudes, and norms, thereby disrupting the drivers of abuse.
- **Psychological** – the emphasis is on disruption or dysfunction in psychological processes at an individual level, with a focus on intervention.

The following diagram¹¹¹ suggests a potential range of preventative responses for consideration at primary, secondary and tertiary level¹¹². When considering the annotations on the diagram it should be noted that the term ‘Sex Education’ is not a term used in Early Learning or in school settings in Scotland. Rather than being referred to in isolation, it is part of ‘Relationships, Sexual Health and Parenthood (RSHP)¹¹³’, reflecting the importance of building trusting relationships, as well as sexual health.

¹¹¹ From Professor Simon Hackett, Durham University

¹¹² Definitions for primary, secondary and tertiary prevention are provided in chapter 1.

¹¹³ RSHP is discussed more fully in the Curriculum for Education section of this chapter.



Primary Prevention

Primary prevention is the largest area of preventative work, because it covers all children and young people.

“In the public health framework, primary prevention means reducing the number of new instances of intimate partner and sexual violence by addressing the factors that make the first-time perpetration of such violence more likely to occur. Primary prevention therefore relies on identifying the ‘upstream’ determinants and then taking action to address these.”¹¹⁴

“Primary prevention is about preventing violence before it occurs. Our approach focuses on changing behaviour, building the knowledge and skills of individuals, and ultimately delivering a progressive shift in the structural, cultural and societal contexts in which violence occurs. This is complemented by our ambitions in achieving gender equality and eradicating poverty, which will make a critical contribution to ultimately preventing and eradicating violence against women and girls for good. Adopting this approach challenges the notion that violence against women and girls is inevitable and suggests an approach which can contribute to realizing our ultimate vision. It aims to change societal attitudes, values and the structures which produce inequality. In particular, it requires a step change in the attitudes which condone and excuse violence against women and girls, which enable perpetrators to deny the reality of what they are doing and place the blame on their victims. It raises fundamental questions about the way our society is currently organized.”¹¹⁵

Primary prevention entails universal access to sets of generic materials and engagement opportunities. It requires to be age, capacity, and gender-appropriate, as well as providing signposting to where individuals could seek further support, as required.

Primary preventative tools are needed for:

- Children and young people
- Parents and carers
- Professionals involved in delivering services around safety, health and wellbeing for children and young people, including:
 - Staff in early learning and childcare settings, primary and secondary schools
 - Staff in further and higher education
 - Health care professionals
 - Police
 - SCRA
 - Prosecutors
 - Social workers, support workers and youth workers, including people working in statutory and third sector organisations with children and young people.

¹¹⁴ World Health Organisation (2010) page 34

¹¹⁵ Equally Safe, page 22

The knowledge and expertise of some specific professionals will always be required to support the very small numbers of children and young people who become involved in the most serious HSB.

However, all children and young people have groupings of adults who come into contact with them frequently throughout their childhood and adolescence, including adult family members, Early Learning and child care providers, teachers and staff in primary and secondary schools. This can continue through to Apprenticeships, College and University.

Role of Family in Prevention

Families come in all shapes and sizes. Parents and carers have a key role in preventing many forms of harm which may threaten their children, including those that might be caused by sexual behaviours of other children and young people, as well as those that may be caused by self-harming sexual behaviours of their own child.

Prevention includes making sure that children are aware of what to do if they feel uncomfortable or threatened by the behaviour of others. Parents and carers need to know how to access information and support their children to do that; and how to seek early interventions to support children and young people affected by HSB. This ranges from promoting resilience and relationships skills, through to more specific interventions such as education about consent and supervision, and obtaining support and monitoring to ensure recovery if HSB has occurred.

There is a wealth of information available online regarding internet risks and safety, about healthy personal relationships and what might cause concern about a child or young person's behaviours, or about the general social environment around children and young people, for a parent or carer. However, the volume of material available can be overwhelming¹¹⁶.

It is not always clear which information or advice available online is relevant to a Scottish context, or has been evaluated as being reliable.

Role of Professional Educators in Prevention

The universal services (Health, Education, Justice, and Child Protection) are all recognised as having a role in prevention and early intervention to avoid harm to children, but it is in early years, primary and secondary school settings that the majority of children come into contact with professional adults most frequently.

Early learning and childcare settings, primary and secondary schools have a clear role in prevention through providing a rich environment for proactive intervention, promoting resilience and providing positive role models, creating a culture where respectful attitudes and behaviour are the norm. Examples include helping children

¹¹⁶ An internet search on internet safety carried out by Parenting Across Scotland produced 116 million results

develop the skills to make and maintain friendships, and learning and implementing coping strategies for life, such as assertiveness skills.

At all levels, effective prevention means that attention needs to be paid to an individual child's wider needs, as outlined within GIRFEC. Seeing the child as being integrated in and across multiple systems that have direct and non-direct influences on them and their behaviour offers opportunities for learning to be more meaningful through their everyday life.

Interventions will not be labelled 'HSB therapy' and will not necessarily relate solely to sexual behaviours. They can be of multiple types and include one-to-one work, skills training, educative inputs, and mentoring, etc. Within this approach, schools in particular can have a significant role for children who have engaged in or been affected by HSB. Gilligan (2000) captured the important place schools and teachers can have in children's lives including as ally, capacity builder and secure base. The benefits of working with a child's family are well recognised¹¹⁷. Engaging effectively requires a particular sensitivity and understanding of how these issues impact on families' functioning and subsequent responses to agencies.

Contribution to Primary Prevention in Early Learning and Childcare Provision, Primary and Secondary School

Early learning and childcare settings, primary and secondary schools are places where almost all children and young people come into contact with educational professionals. School is the biggest interface with a statutory authority for Scotland's children and young people. Adults who teach children and young people play a significant part in creating safe learning environments, providing pastoral care as well as academic engagement.

Primary prevention needs to engage boys and girls (and other genders) as active agents in changing culture, and is likely to be most effective in settings where there is a strong ethos of children's rights and participation. The children and young people's consultation for the Equally Safe delivery plan identified a range of priorities for tackling gender inequality and social attitudes including for the education system to work alongside children and young people to address gender inequality and gender-based violence, and for all teachers to be trained on gender equality from nursery to university, from qualification and throughout continuing professional development¹¹⁸. Examples of primary prevention programmes currently used in schools in Scotland is highlighted in Annex G.

Curriculum for Excellence

Curriculum for Excellence¹¹⁹ (CfE) is intended to help children and young people gain the knowledge, skills and attributes needed for life in the 21st century, including skills for learning, life and work. Its purpose is often summed up as helping children

¹¹⁷ Duane and Morrison, 2004

¹¹⁸ Houghton, C. et al (2018) *Everyday Heroes Gender Inequality and Societal Attitudes Report* <https://everydayheroes.sps.ed.ac.uk/wp-content/uploads/2018/11/everyday-heroes-briefing3-Gender.pdf>

¹¹⁹ <https://www2.gov.scot/resource/doc/226155/0061245.pdf>

and young people to become successful learners, confident individuals, responsible citizens, and effective contributors.

Learning delivered in the Health and Wellbeing (HWB) parts of CfE aims to ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future.

Within HWB, 6 specific topics are referred to as 'organisers'. Three of the organisers are most relevant for prevention of HSB:

- **Mental, emotional, social and physical wellbeing**
- **Planning for choices and changes**
- **Relationships, sexual health and parenthood**

Those highlighted in bold are categorised in the guidance as 'Responsibility of All'. This means that engaging in learning with children in these areas is the responsibility of all teachers registered with the General Teaching Council of Scotland, and that the teachers are required to evaluate the progress of each child based on 'Experiences and Outcomes' within Responsibility of All. In addition, practitioners delivering Personal and Social Education (PSE) should assess progress at each level for the other organisers within HWB. Benchmarks have recently been published to support practitioners' understanding of what children should know and be able to do at the end of each level¹²⁰.

As part of the Scottish Government's Mental Health Strategy 2017-2027¹²¹, a review into PSE in schools was carried out during 2018. The review included looking at pastoral care and counselling services. The final report from the review¹²² (published in January 2019) included 16 recommendations linked to improving learning experiences in PSE, ensuring that the experiences are of a consistently high standard and updated to reflect guidance and key messages around issues such as healthy relationships and consent.

In addition, a resource co-created with teachers and third sector organisations is currently being developed. The RSHP.scot website will provide up-to-date, age-appropriate learning and teaching resources for children and young people from Early Learning to the 4th level of CfE in areas such as consent, abuse and relationships, social media, and pornography, including support for sharing learning with parents and carers. There will be separate resources for parents, carers and those working with children and people with additional needs. This was formally launched in September 2019.

Discussions about sexual health and relationships can contribute to primary prevention by exploring gender roles and stereotypes with young people and their relationship to sexual violence – in particular discussions around cultural influences

¹²⁰ <https://www.gov.scot/publications/conduct-relationships-sexual-health-parenthood-education-schools/>

¹²¹ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf>

¹²² <https://www.gov.scot/publications/schools-personal-and-social-education-review/>

that are negative in nature and associate masculinity with dominant and aggressive sexual behaviour (conveyed particularly through pornography) and femininity with a more subordinate role. Young people can instead be supported to navigate relationships based on consent, empathy, mutual pleasure and equality.

Discussions around gender can be conducted in a way that includes and engages boys as well and girls, inviting them to be part of the solution in tackling gendered violence, and addressing the negative impacts of such violence on boys as well as girls and people of other genders. Where scenarios are used in educational settings, these can include abuse of boys and men as well as girls and women, explore specific impacts and ensure clear signposting to inclusive services. Scenarios and examples should include LGBTI people and those in same sex relationships, as well as other factors which can influence power dynamics within relationships, such as disability and ethnicity.

Practitioners can help to tackle some of the underlying social attitudes which excuse or condone sexual violence by giving clear messages that young people are never responsible, in whole or in part, for sexual violence that they experience. It is important to make sure that discussions of risk do not obscure the fact that the main message remains that young people are entitled to expect appropriate behaviour from others, and not that they have to restrict their own appropriate life choices because of the potential of inappropriate behaviours of any other person.

Role of Third Sector Organisations and Primary Prevention in Schools

Many schools make use of additional inputs from a variety of Third Sector specialists such as Barnardos, Scottish Women's Aid, and Rape Crisis Scotland. Feedback from these additional inputs is generally very positive from teachers and pupils.

Provision tends to be in secondary schools only, although this is not routinely available across Scotland. In addition, there is a lack of consistent access to inputs from different providers. Where inputs are available that have been designed specifically for delivery at different points throughout a pupil's secondary education, these are often received only at one point and not progressively throughout a child and young person's education, rather than originally planned for.

Rape Crisis Scotland currently receives funding from Scottish Government to offer a National Sexual Violence Prevention Programme with seven topic areas aimed at four secondary school age groups¹²³.

This particular programme is delivered to schools in all local authority areas by 14 Rape Crisis Centres¹²⁴. It is one of the few primary prevention interventions offered by a Third Sector organisation that has been independently evaluated following a pilot project that took place in 9 schools.

¹²³ See Annex G for further detail of the programme and evaluation

¹²⁴ In Dumfries and Galloway; Dundee and Angus; East Ayrshire; Edinburgh; Fife; Forth Valley; Grampian; Highland; Glasgow; Lanarkshire; Orkney; Perth and Kinross; Scottish Borders; and Shetland.

Feedback from pupils and teachers about the project was evaluated as showing that the sessions had improved knowledge and attitudes around healthy sexual and relationship behaviours. Input from that programme is received by approximately 18,000 young people across 150 secondary schools, with a programme that usually ranges from one to three workshops planned in liaison with schools, most often including the topic of 'Consent', 'What is Sexual Violence', and 'Sexualisation'.

Guidance for teachers on the conduct of teaching relationships, sexual health and parenthood education within the Curriculum for Excellence, published in 2014, is currently being updated to reflect changes in light of the effects of societal changes such as social and digital media.

Internet Safety Contributions to Primary Prevention

The 2018 Ofcom report¹²⁵ into children's media use and attitudes highlights:

- Social media can bring a combination of social pressures and positive influences. Children are still being exposed to unwanted experiences online, but almost all recall being taught how to use the internet safely;
- There has been an increase in parents of 12-15 year-olds and of 12-15 year olds themselves saying that controlling screen time has become harder; however most young people aged 12-15 consider they have struck a good balance between this and doing other things;
- Parental concerns about the internet are rising, although parents are, in some areas, becoming less likely to moderate their child's activities.

Young people aged 12-15 who use social media or messaging sites / apps are aware of some of the social pressures and negative associations with this use, with 78% feeling pressure to look popular and 90% saying that people are mean to each other on social media, at least 'sometimes'. These pressures are particularly felt among girls.

Going online can expose children and young people to unwanted experiences. One in eight 12-15 year-olds said they had been bullied either face to face or on social media. 9% said they had been bullied through messaging apps or by text, an increase from 5% in 2017.

The Ofcom study found that 16% of children aged 8-11 who go online have seen something online that they found worrying or nasty, but at 31%, 12-15s are nearly twice as likely to have experienced this.

Controls around internet providers are not devolved to the Scottish Government but reserved to the UK Government. Both work closely together, and with the other devolved administrations, on issues around internet use.

Under the Digital Economy Act 2017, all online commercial pornography services accessible from the UK are required to carry age-verification controls to prevent

¹²⁵ *Children and parents: Media use and attitudes report 2018* <https://www.ofcom.org.uk/research-and-data/media-literacy-research/childrens>

children from seeing content that is not appropriate for them. These services mainly take the form of websites and apps, and should not carry extreme pornography.

The UK Government has appointed the British Board of Film Classification¹²⁶ as the Age-verification Regulator because of its long and proven experience in classifying films, videos, websites and more, and its knowledge of online regulation. The age-verification requirements are designed to ensure that if a child stumbles across a pornographic website, they will not be able see any unsuitable content.

While development and enforcement of such prohibitive technologies have a role in preventing children and young people from exposure to inappropriate content on specific websites, these technologies will not address the type of internet-enabled harm that occurs as a result of digital technology being used for HSB by children and young people communicating with other children and young people, or access to some of the most extreme and illegal content.

The following diagram (taken from the Ofcom report) provides a snapshot of how our children and young people use and interact with media devices and services, according to age.

¹²⁶ <https://www.gov.uk/government/news/new-blocking-powers-to-protect-children-online>

3-4s

1% have their own smartphone,
19% have their own tablet.



96% watch TV on a TV set, for
14h a week.

30% watch TV on other devices,
mostly on a tablet.

36% play games, for nearly 6½h a
week.

52% go online, for nearly 9h a
week.

69% of these mostly use a tablet to go online.

32% watch TV programmes via OTT services (like
Netflix, Now TV or Amazon Prime Video).

45% use YouTube, 80% of these say they use it to
watch cartoons while 40% say funny videos or
pranks.

1% have a social media profile

5-7s

5% have their own smartphone,
42% have their own tablet.



97% watch TV on a TV set, for
around 13¾h a week.

44% watch TV on other devices,
mostly on a tablet.

63% play games, for around
7½h a week.

82% go online, for around 9½h
a week.

67% of these mostly use a tablet to go online.

44% watch TV programmes via OTT services (like
Netflix, Now TV or Amazon Prime Video).

70% use YouTube, 65% of these say they use it to
watch cartoons while 61% say funny videos or
pranks.

4% have a social media profile.

8-11s

35% have their own smartphone,
47% have their own tablet.



94% watch TV on a TV set, for
nearly 13h a week.

43% watch TV on other devices,
mostly on a tablet.

74% play games, for around 10h
a week.

93% go online, for around 13½h
a week.

45% of these mostly use a tablet to
go online, with 24% mostly
using a mobile.

43% watch TV programmes via OTT services (like
Netflix, Now TV or Amazon Prime Video).

77% use YouTube, 75% of these say they use it to
watch funny videos or pranks while 58% say music
videos.

18% have a social media profile.

40% who own a mobile are allowed to take it to bed
with them, it's 28% among tablet owners.

12-15s

83% have their own smartphone,
50% have their own tablet.



90% watch TV on a TV set, for
around 13¾h a week.

62% watch TV on other devices,
mostly on a tablet or mobile.

76% play games, for around
13¾h a week.

99% go online, for 20½h a week.

53% of these mostly use a mobile
to go online, with 23% mostly
using a tablet.

58% watch TV programmes via OTT services (like
Netflix, Now TV or Amazon Prime Video).

89% use YouTube, 74% of these say they use it to
watch funny videos or pranks with same proportion
saying music videos.

69% have a social media profile.

71% who own a mobile are allowed to take it to bed
with them, it's 61% among tablet owners.

Scotland's National Action Plan on Internet Safety for Children and Young People

The Scottish Government is planning to publish a progress update on the Scottish National Action Plan during 2019, which will highlight actions being delivered to support children and young people, parents and carers and professionals in building their own resilience online.

The Police Scotland Web Constables programme was established in January 2015. This is a national network of more than 400 'Web Constables' including Local Policing officers who are equipped to deliver localised online safety messaging. They support **Local Ambassadors** who can pass on internet knowledge and skills in local communities.

The Be Smart Peer Mentoring Internet Safety Programme was developed to further enhance the effectiveness and reach of the Web Constables/Ambassadors programmes by Police Scotland's Safer Communities department in consultation with Trend Micro (Global online security experts). Its interactive format encourages young people to talk openly about online matters and aims to promote the positives of the virtual world whilst encouraging young people to consider the risks and consequences of their online behaviour. Some schools, youth organisations and colleges are using the programme to raise awareness, and enhance protection and prevent cyber related crime.

Use of Social Marketing as a Method of Messaging

Positive messaging is recognised as a way to encourage uptake of preventative actions. Any prevention work, including awareness raising, specific programmes in education or elsewhere and the work that individual professionals contribute toward prevention in their day-to-day work, should take into the account "the big mistake". That is where the use of descriptive norms (such as "lots of people do X") can inadvertently reinforce an undesirable behaviour. For example, a campaign to reduce fraud provided people with information that such behaviour was possible and how they might personally benefit from fraud¹²⁷.

Behaviour change and social norms theory suggests that trying to shock people with daunting figures about the scale of a problem can also fail or backfire simply because of the suggestion that the unwanted behaviour is commonplace. This means that the behaviour is perceived as being more normal and less wrong, and also acts as a "magnet", whereby people are more likely to decide to engage in that behaviour¹²⁸.

One example of this comes from widely shared statements of concern about how common it is for children and young people to 'share' intimate images. The 2010 EU Kids online survey found that 4% of 11-16 year olds had sent or posted sexually explicit messages and 12% had received them; higher proportions have been found in surveys asking about friends rather than their own behaviours¹²⁹. Where messaging describes image sharing as common behaviour by children and young

¹²⁷ Halpern, 2015

¹²⁸ Shultz et al., 2007

¹²⁹ Ringrose et al, 2012

people it may be both encouraging this behaviour and making it harder for children and young people affected to seek help.

The No Knives, Better Lives prevention work in Scotland developed four Rs to describe messaging strategies that did not fall into the big mistake:

- Risks and consequences - legal risks, but also personal (e.g. impact on self and family if caught);
- Resilience - what we know about why children and young people act a particular way (e.g. fear, status, norm) and how to address these;
- Reassurance - supporting healthy norms (e.g. challenging perception that everyone does this behaviour); and
- Responsibility - empowering children and young people to be agents of change, partners in protection.

The experience of No Knives, Better Lives also identified the importance of giving children and young people the opportunity to rehearse behaviours, to practice and develop skills, as well as unpick attitudes.

The use of marketing approaches, more commonly used for encouraging consumers to purchase commercial products, has been used over several years in Scotland and elsewhere to bring about voluntary behaviour change in a target audience on public health issues. This is described as 'social' marketing and is used within the NHS in Scotland. For example recent campaigns on self-checking for signs of breast cancer, and children worried about parents dying of smoking related diseases have made use of many types of media vehicles to engage with the public in a variety of ways.

A social marketing approach within a framework of health improvement was used to promote positive sexual health for young people in NHS Tayside in 2016. The approach recognised that cultural changes in a rapidly developing environment of new media meant that professionals may not always have a good enough understanding of young people's current lived experience. Targeted message delivery around sexual health was achieved, using social marketing methods, to meet the needs of children and young people and the professionals who engage with them in health and youth work settings¹³⁰.

A messaging vehicle that is available to all schools is the secure GLOW Network. The GLOW Network can host information in audio and video, as well as documents. It has the capacity to curate materials so that they are only accessed by children and young people of certain ages. The network is open to school staff, and to parents and carers, and could act as a valuable channel for sharing primary prevention messages. It is already used for materials that Police Scotland created for school pupils.

Social media and traditional methods of sharing messages (on public transport, TV, radio programmes and newspapers) and providing advice on where to access further information (and support) need to be used to ensure that as many parents and

¹³⁰ Insight Gathering Project: The multi-agency Sexual Health and Blood Borne Virus Managed Clinical Network. Dr Colin Morrison and Ross Robertson

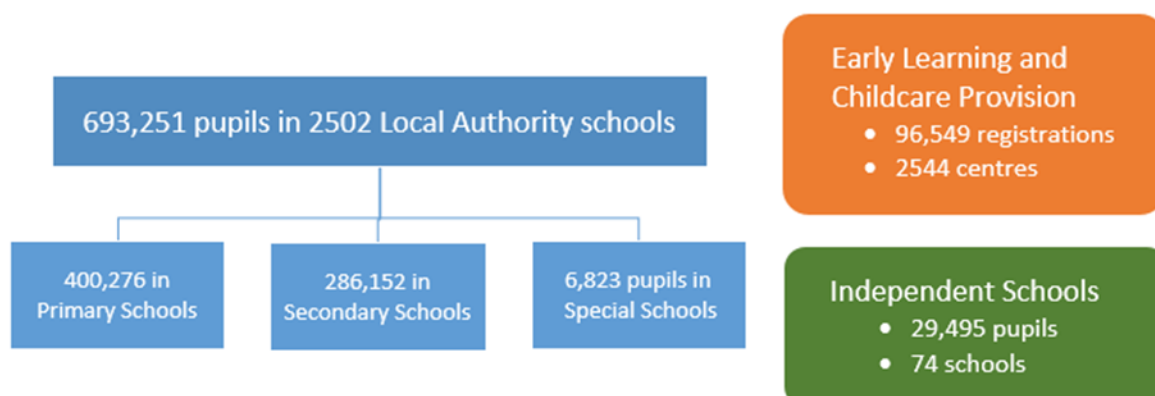
carers as possible see, hear and understand the messages, know what to do to keep children and young people safe and how to obtain help when that is needed.

The Scale of the Prevention Messaging Required

To plan effectively for implementation of any preventative programme it is essential to know the size and different segments of the population that the messages are to be designed for.

The most up to date statistics on the number of children and young people in Scotland¹³¹, and best available information on the numbers of professionals engaging with them¹³², highlight the scale of the preventative messaging required and are shown in the following tables/graphs:

CHILDREN AND YOUNG PEOPLE IN SCOTLAND	
Aged 15 and under	917,442
Aged 16 to 24	593,361
TOTAL	1,510,803

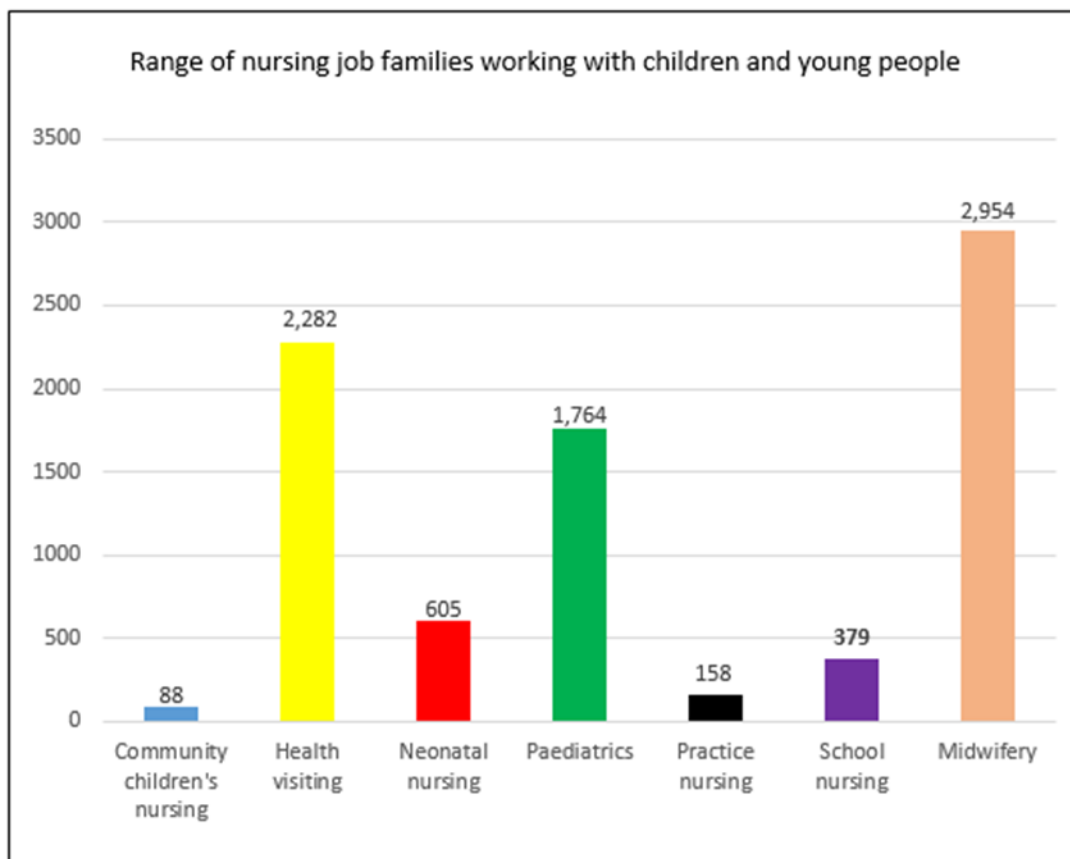


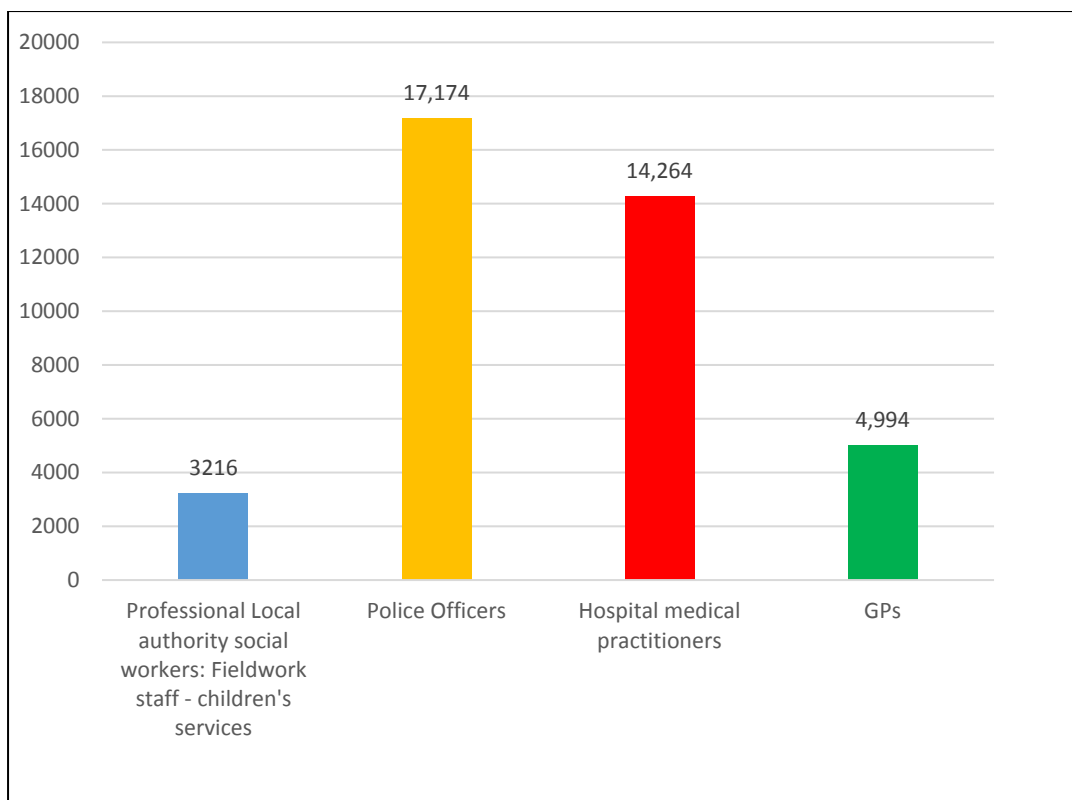
¹³¹ Figures taken from National Registers of Scotland mid-year estimate for 2017, published April 2018

¹³² Teacher numbers taken from annual census of pupils and teachers in publicly funded schools in Scotland, taken on 19 September 2018, published 11 December 2018 (corrected 16 January 2019), and from annual census of Scottish Council of Independent Schools, taken on 7 September 2018. Professional local authority social worker numbers taken from SSSC Local authority post types 2017, published 26 October 2018; Police Scotland Officer numbers taken from the Police Scotland Officer Numbers Quarterly Fact Sheet, Q3 31 December 2018. Numbers of hospital medical practitioners and GPs taken from NHSS ISDS quarter ending 30 September 2018 (published 4 December 2018). Nursing and midwifery (qualified) workforce statistics taken from NHSS ISDS quarter ending 31 March 2019 (published 4 June 2019).

TEACHING WORKFORCE	
Publicly-funded schools	51,959
Independent schools	3,689
TOTAL	55,648

NURSING WORKFORCE	
Qualified nursing staff	47,203
Qualified midwifery staff	2,954
TOTAL	50,157





NOTE: There will also be a range of individuals working in Third Sector delivery, Crown Office and Procurator Fiscal Service, Scottish Children's Reporter Administration and courts.

Interventions for Secondary and Tertiary Behaviours: Effective Response and Prevention

As shown in the earlier inverted triangle diagram, illustrating behaviours and the potential range of preventative responses, secondary and tertiary levels of behaviour include more specialised interventions. The more serious behaviours may require referral of the child or young person to the Reporter to the Children's Panel on offence grounds, or to COPFS for consideration of court proceedings.

Secondary and Tertiary Behaviours

While secondary and tertiary categories relate to a very small number of children and young people compared with the population as a whole, they exhibit behaviours of increasing concern.

It is important for public safety for appropriate and timely interventions to be made, and that efforts are directed towards avoiding repetition of harmful behaviour as well as towards improving that child or young person's own life chances.

The fact that the child or young person exhibiting the HSB is in the same school as a child or young person they may have harmed is a particularly difficult scenario for education staff. The issues faced in upholding the rights of all the children and young people involved, those harmed and those causing harm, can be extremely

challenging. This will not be helped by the speed with which rumour and innuendo can be shared among children, young people, parents and carers by social media while professionals are trying to investigate the position and make the best arrangements to safeguard all involved.

The need for clear messages regarding who does what when responding to behaviours at secondary and tertiary level is vital.

There are numerous factors that can contribute to children presenting with HSB, and early professional consideration should be given to whether the child is in need of protection. The assessment of, and intervention to work with parents is essential. It is important to generate and explore hypotheses in relation to potential origins of behaviour.

The impact of learning of a child's HSB upon parents and carers should not be minimised. The shock of finding out about the behaviour and subsequent investigation can have a profound impact on family functioning. Many parents report feelings of guilt, failure, shock, embarrassment and humiliation¹³³.

The benefits of working with the child's family are well recognised¹³⁴. Engaging effectively requires a particular sensitivity and understanding of how these issues impact on a family's functioning, and subsequent responses to agencies.

Interventions do not come as a single fix, labelled 'HSB therapy', and will not necessarily be described as relating solely to sexual behaviours. They can be of multiple types and include one-to-one work, skills training, educative inputs, and mentoring, etc. Within this approach, schools in particular can have a significant role for children who have engaged in or been affected by HSB. Gilligan (2000) captures the important place schools and teachers can have in children's lives including as an ally, capacity builder and secure base.

Secondary Prevention

Secondary prevention may be necessary where there has been behaviour of concern, or an environment combined with other factors signals high risk of potential harmful behaviours. It involves a child's plan¹³⁵ and supports for the child and the family. The plan will prompt screening or assessments. Screening is necessary to assess whether the sexual behaviour is normative or harmful.

If screening suggests that the behaviour is inappropriate or problematic (rather than abusive or violent, which would require tertiary responses) then a brief assessment would be appropriate. That would involve an interview with parents/carers, limited engagement with the child, and a review of collateral sources of information¹³⁶.

¹³³ Archer 2017

¹³⁴ Duane and Morrison 2004

¹³⁵ A child's plan is part of GIRFEC. It is available when a child needs a range of extra support planned, delivered and coordinated. It will explain what should improve for the child, the actions to be taken, and why the plan has been created, and is managed by a lead professional.

¹³⁶ Allardyce et al, 2018

Once all of the sources of information are analysed, decision-making and action about managing and reducing risk should be made. These decisions need to be proportionate to the level of risk presented, taking into account the developmental stage of the child.

There are few specific assessment tools designed for pre-adolescents displaying HSB. Approaches that promote the child's wellbeing and address any adverse childhood experiences or social difficulties will be important. GIRFEC wellbeing indicators can be used to aid any assessment, but the process of getting it right is key: setting up a plan to support the child, ensuring they have the right support at the right time from the right people.

Interventions with children where behaviours are at secondary level will most likely be single agency. Schools, social work or health services are best placed to identify risk factors and to deliver secondary, child-focused interventions.

Steps also need to be taken where no HSB has been reported by the child or young person, but other circumstances suggest that there are risk factors which make it highly likely they and their family require support, such as where a child is exposed to domestic violence in the home and it is suspected that this may also include sexual violence.

Tertiary Prevention

Tertiary prevention describes interventions that are necessary when a child or young person displays HSBs which are violent or abusive. The purpose of responses at this level is to prevent such behaviour escalating or being repeated.

There are a range of tertiary level responses currently in place in Scotland, including proceedings within the criminal justice system, referral to the Children's Reporter, and specific interventions by specialist practitioners.

In most instances behaviours at this level will have been reported to the Police and in turn reported to SCRA and/or COPFS.

The involvement of specialist services can be (and often is) linked to the decisions taken by the Reporter; or by a court as a result of COPFS raising prosecution proceedings.

Interventions by the Reporter to the Children’s Panel, Prosecutors and Courts

Legislation on Sexual Crimes

In Scotland at 16 a young person can get married, give consent for sexual intercourse, and vote in local elections. At the age of 17 a young person can obtain a driving license, and at 18 they can vote in a General Election and buy alcohol. These ages are all set by Acts of Parliament.

The Expert Group considered the current position in Scotland with that in other jurisdictions and explored the differing ages when ability to consent to sexual activity is recognised. The PhD thesis of Dr Isla Callander¹³⁷ and fact finding by the Secretariat were helpful to the Expert Group in this.

A considerable amount of legislation in Scotland makes certain sexual behaviour criminal depending on the ages of the people involved. Much was primarily intended to protect children and young people from harmful sexual behaviour by adults. However, the same legislation criminalises consensual sharing of sexual images of a person under 18 as well as many physical contact sexual activities by children and young people, regardless of whether both parties are freely willing to engage.

Further detail of the legislation that is often involved applies to complainers or accused under certain ages is set out in Annex B.

Children’s Hearing System and Criminal Justice System Responses

There are a number of ways that the most serious types of HSB by children and young people can be addressed by action within the legal system in Scotland:

- (i) the child is referred to SCRA for a Reporter to consider whether a children’s hearing is necessary;
- (ii) the child is reported to COPFS for a prosecutor to decide if the child should be prosecuted in a criminal court; or
- (iii) a report on the child is submitted to both SCRA and COPFS

What happens in practice depends mainly on two factors: the age of the child, and the seriousness of the behaviour.

When the Expert Group commenced work in terms of section 41 of the Criminal Procedure (Scotland) Act 1995, the age of criminal responsibility was 8. That meant that no child under the age of 8 could be guilty of an offence, no matter the seriousness of their behaviour¹³⁸. Section 41A states that a person may not be prosecuted in respect of any offence committed at a time when they were under 12

¹³⁷ “Improving the Statutory Regulation of Consensual Sexual Behaviour Between Adolescents in Scotland”. School of Law, College of Social Sciences, University of Glasgow

¹³⁸ The Age of Criminal Responsibility (Scotland) Bill 2019 was passed by the Scottish Parliament and increases the age of criminal responsibility to 12. It received Royal Assent in June 2019.

years of age. Children between 8 and 12 who were suspected of committing an offence could still be referred to the Reporter.

The Age of Criminal Responsibility (Scotland) Act 2019 changes that so that no child under 12 can be guilty of an offence.

Consequently the only formal action for any child under 12 will be initiated by referring to the Reporter¹³⁹.

For children aged 12 and above (but under 18) there are a variety of routes through the formal SCRA or criminal justice system, depending on the seriousness of the behaviour and, if over 16, whether they are able to be referred to SCRA

Referrals to the Children's Reporter

Most allegations of criminal behaviour by someone over the age of 8 and under 16 years are not prosecuted or sentenced within the adult court system. These allegations are dealt with by the Children's Reporter, who makes a decision about whether a children's hearing is required based principally on issues to do with the child's welfare.

Irrespective of whether the case is considered within the Children's Hearing System or the criminal justice system, it will have to be proved that the behaviour took place, or that the child has accepted that they behaved in that way, before the Children's Hearing or Court set out what will happen to address the harmful behaviour.

Referrals to SCRA for HSB come principally from the police where a young person has been charged with an offence, but may also come from other agencies. In cases referred to the Reporter, the statutory threshold is derived from sections 60 and 61 of the Children's Hearings (Scotland) Act 2011, which in effect state that a referral must be made by the local authority or Police Scotland where they consider:

- (a) that a child is in need of protection, guidance, treatment or control, and*
- (b) that it might be necessary for a Compulsory Supervision Order (CSO) to be made in relation to the child.*

Any referral to the Reporter must be made on the basis of a clear understanding and appropriate application of the statutory criteria. "*Guidance on Referral to the Reporter - Guidance for Partners*" was produced by the Children's Hearing Improvement Partnership for use by referring agencies¹⁴⁰.

Where a child is referred, section 66(2) of the Children's Hearings (Scotland) Act 2011 states that the reporter must determine:

¹³⁹ If the Reporter were to bring the child to a children's hearing, the grounds for doing so could not be on the basis that the child had committed an offence – as they were under 12 - but would need to be on alternative grounds. In terms of section 67(2)(m) of the Children's Hearings (Scotland) Act 2011: "*the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person*".

¹⁴⁰ <http://www.scra.gov.uk/wp-content/uploads/2016/03/Guidance-on-Referral-to-Reporter.pdf>

- (a) whether the Principal Reporter considers that a section 67 ground applies in relation to the child, and*
- (b) if so, whether the Principal Reporter considers that it is necessary for a compulsory supervision order to be made in respect of the child.*

If the answer to both of these is affirmative, then the Reporter must arrange a Children's Hearing to consider the child's case.

The question of whether a section 67 ground applies is one of sufficiency of evidence. If the ground is that the child has committed an offence then the Reporter must be satisfied that there is corroborated evidence that can be argued to show, beyond reasonable doubt, that the child committed an offence. Evidentially, this is identical to that required for a prosecution.

In answering whether a CSO is necessary, the Reporter's approach is based on an assessment framework¹⁴¹ that considers (i) the child's development, (ii) parenting, and (iii) family and environmental factors.

What then becomes critical is the quality and extent of the information made available to the Reporter by the referrer. Chief among this is the assessment report, which is compiled by the local authority. The Expert Group heard that issues raised by Reporters about the quality of these reports from local authorities included that some do not have a "basic" assessment on the risk of re-offending, far less a specialist risk assessment tailored for sexual offences¹⁴².

Joint Reporting to the Children's Reporter and Crown Office and the Procurator Fiscal Service

There are a number of categories of offence which require to be jointly reported to SCRA and COPFS¹⁴³. Insofar as the offending concerns HSB, it will require to be jointly reported where either the person who committed it is aged between 12 and 15 years of age and the behaviour is so serious that it would normally be tried before a jury; or the young person is 16 or 17 and either (i) subject to a CSO or (ii) they have a case that is already with the Reporter because a referral was received before they turned 16 and a decision has not been made.

All other cases of HSB by a young person aged 16 or 17 will be reported only to COPFS, and referral to SCRA is not an option.

Where a case is jointly reported, SCRA and COPFS will discuss the case and share information and views regarding the most appropriate decision. The final decision rests with COPFS.

¹⁴¹ Known as the Assessment Triangle and based on the 2000 Department of Health Framework.

¹⁴² This issue of adequate assessment reports is reflected in the experience at the IVY project who see cases referred to them where proper assessments are absent.

¹⁴³ As set out in the Lord Advocate's Guidelines to the Chief Constable on the Reporting to Prosecutors Fiscal of offences alleged to have been committed by children.

In relation to HSB falling within the first category (serious offending by a child aged between 12 and 15 years old), there is a presumption that the child will be referred to the Children's Reporter. The presumption may be overridden where COPFS has regard to certain factors set out in the Joint Agreement between COPFS and SCRA regarding decision making in cases of children who are jointly reported. These factors include:

- the gravity of the offence, which must be such that prosecution before Sheriff and Jury is required;
- whether there is a pattern of serious offending;
- whether SCRA is currently working to address the child's offending or, if not, whether a suitable service within the Children's Hearing System could become involved to address the offending or offending related needs;
- whether any possible decision by the Reporter could suitably address the needs and behaviour of the child and any risk they present;
- whether prosecution might have an adverse effect on the victim; and
- whether the child has any health or development issues that might indicate that their needs and behavior would be best dealt within the Children's Hearing System.

In relation to HSB falling within the second category (offending by a 16 or 17 year old subject to a CSO or with a live referral before the Reporter), from June 2019 there is a presumption that all children jointly reported – including those aged 16 or over and on a CSO – will be dealt with by the Reporter.

Where the Procurator Fiscal initially considering a jointly reported case of HSB thinks that prosecution should occur, they require the instructions of Crown Counsel to prosecute where the child is under 16.

While COPFS and SCRA are obliged to make contact in such cases at the earliest stage of proceedings to share the necessary information required and the Reporter will provide information required within 5 working days of a request by COPFS, a final decision can take time. This is often due to the nature of the evidence in sexual offence cases where forensic evidence or evidence recovered from devices may play a significant role, or where the interviewing of vulnerable witnesses takes time and may require more than one interview. Carrying out the required analysis and assessing the whole evidence will inevitably take time in many cases.

There can be instances where particularly long periods of time elapse between the date of the alleged offence and a final decision being made on the best way to deal with the case. Sometimes the decision is made to refer it back to the Reporter for a decision on the need for a CSO although the Joint Agreement between COPFS and SCRA clarifies that, before doing so, the Procurator Fiscal must obtain the Reporter's view on whether, taking into account any delay, the needs and behaviour of the child can be addressed by the Children's Hearing System more appropriately and effectively than in the criminal justice system. In such cases, no attempt will have been made to have any discussion with a young person about their behaviour for many months, sometimes for over a year.

Research on the impact of interventions shows that where a young person has engaged in HSB that the sooner intervention commences, the more likely it is that

intervention will achieve a positive outcome. From the point of view of those who have been harmed by the behaviour, and who may require to give evidence, it is also desirable that their involvement in any legal process starts and ends as quickly as possible.

For these reasons it is important that decisions about whether a young person's case is dealt with by COPFS or by SCRA are taken as quickly as possible, and if the case is to proceed through the adult court system every effort should be made to reach a conclusion as quickly as possible to allow rehabilitative work to start with all children and young people involved.

Criminal Proceedings in the Adult Court Systems

Alongside increases in the reporting of HSB by children and young people over the past decade, there have been parallel increases in the number of children and young people in the criminal justice system and where risk management regimes are primarily designed for adults.

Charging and prosecuting a child over 12 is sometimes absolutely necessary for public safety¹⁴⁴, but use of these criminal justice avenues can hinder the recovery of all the children involved¹⁴⁵.

UN guidelines indicate that children and young people under 18 years should not be processed in the same systems as adult offenders. Children and young people who are subject to court processes, due to the nature of their offending, are a source of tension between welfare and control. Regardless of this, some young people are dealt with by the adult system and may be subject to Multi Agency Public Protection Arrangements (MAPPA)¹⁴⁶.

Her Majesty's Inspector of Prosecution in Scotland¹⁴⁷ found that in cases of sexual crime where children and young people were tried in adult courts, most of the victims of the most serious sexual offences had vulnerabilities, as did the children and young people causing the harm.

Research into children and young people who cause harm by their HSB provides clear evidence that they are often vulnerable. This does not prevent their entry into the adult justice system and detention in police station, court and large scale prison facilities designed for adults.

Rigby et al¹⁴⁸ examined how some young people with HSB are dealt with by the criminal justice system and MAPPA in Scotland, as opposed to the Children's Hearing System. They highlighted that the welfare outcomes for children and young

¹⁴⁴ For example, where there is a repeated pattern of abusive behaviours and the family is otherwise unwilling to engage, or where the prosecutor considers that certain disposals only available in the criminal justice system are required, such as notification requirements relating to the Sex Offenders Register.

¹⁴⁵ Rigby, Whyte, and Schinkel (CYCJ, 2014) Young People and MAPPA in Scotland.

¹⁴⁶ MAPPA is the framework which introduced a set of statutory partnership working arrangements across the public authorities who manage offenders in Scotland.

¹⁴⁷ Thematic Review of the Investigation and Prosecution of Sexual Crimes 2017

¹⁴⁸ Rigby, Whyte, and Schinkel (CYCJ, 2014) Young People and MAPPA in Scotland

people can be impaired when they go through the adult court process (where they are subject to MAPPA and the sex offenders register). The researchers recommended that children and young people could have their needs better met within the Children's Hearing System, because the adult systems are not designed to meet the developmental needs of children and young people.

There are a wide range of procedures which follow reports of children and young people causing harm to other children and young people by their sexual behaviours. These procedures differ significantly depending on whether the circumstances are dealt with through the Children's Hearings System or the Adult Court System.

At present there is no ability to impose bail orders in proceedings in the Children's Hearings System relating to a child or young person accused of offences involving HSB.

For those under 18 who are dealt with in the adult criminal justice system, a court can impose bail conditions designed to prevent the accused from approaching or interfering with any witness, including – crucially – the alleged victim.

Commonly, this can take the form of prohibiting an accused from going within certain distances of where the alleged victim resides, works or attends for education or recreational purposes.

There are also requirements imposed on COPFS to keep alleged victims informed of the conditions of bail that have been imposed by the court, and information on progress of the case through the court system including the outcome.

If a victim is approached by the accused person face-to-face, through others, or via social media, then they know from the information provided by the prosecutor that they can contact the police. If that is reported by the police, then the court will consider whether there has been a breach of the bail conditions. That may result in a further restriction of liberty for the accused, including being taken into custody while awaiting trial.

None of this applies to those who are reported directly to the Children's Reporter, and if a case has commenced in the adult court system but it is decided that it would be best suited to proceed in the Reporter's system, any bail conditions imposed by the court fall as soon as the case is closed in the adult court system.

Potential changes to allow for the Children's Reporter to deal with cases of young people under 18 that otherwise currently have no option but to be dealt with by the adult criminal justice system are being examined as part of the Child Protection Improvement Plan, and involve the Justice Board and the National Child Protection Leadership Group.

If there are to be future legislative changes to allow cases involving accused under 18 to be proceeded against within the Reporter's system, then these issues will need to be fully addressed to ensure victim and public confidence in any new approach.

Recognition of the harm that criminal justice processes can cause children, despite the more victim-focussed approach to obtaining and leading evidence since 2004¹⁴⁹, has led to further proposals in Scotland to explore the value of a Barnahus approach such as those in Sweden, Norway and Finland. Instead of using police offices and adult court buildings, these countries provide networks of designated buildings for children where professionals (from social services, police, the public prosecutor, forensic examiners, paediatricians, and child and adolescent psychology and psychiatry), can confer and collaborate to establish the best approach for the individual child witness to obtain their evidence and to assist their recovery.

The approach is set out in the Barnahus 'Promise' Standards¹⁵⁰:

- **Safety:** Processes are careful yet robust, promoting the safety of those involved by discovering the truth within the most harmful circumstances.
- **Wellbeing:** the wellbeing of the child is the lens through which all decisions and actions are taken.
- **Preparation:** processes include early discussion between the lead agencies, co-ordination and partnership with those responsible for the child's care.
- **Understanding:** each stage and any change or decision is explained in a way that makes sense to each child and those responsible for their safe care.
- **Support:** support is provided for children and families involved in these processes.
- **Skill:** professionals involved are afforded the training and supervision that ensures a co-ordinated and child centred process.
- **Pace:** preparation and pace of exploration is patient and attuned to the impact of trauma upon the needs and feelings of each child.
- **Place:** investigative processes are conducted in an environment which is child friendly and amenable to those attending for the child's support.
- **Rights:** the child's present feelings and future rights are respected and protected at every stage.
- **Improvement:** feedback is sought and systemic processes are evaluated and improved to ensure adherence to standards.

As with GIRFEC¹⁵¹ although initially designed with victims of HSB in mind, these principles may have generic value when considering a child or young person who has demonstrated HSB. These children and young people will often require similar approaches if they are to be successful in moving towards non-harmful behaviours, allowing them to participate fully in society, and in many instances to recover from the impact of relevant ACEs and trauma while improving the chances of their rehabilitation.

It may be helpful to apply these general approaches to investigative processes involving a child or young person accused of HSB.

¹⁴⁹ Vulnerable Witnesses (Scotland) Acts 2004 and 2014

¹⁵⁰ <http://www.childrenatrisk.eu/promise/standards/>

¹⁵¹ See Annex J

Proportionality of response

Correct and swift responses to a child or young person's HSB by parents, carers and professionals are key.

The Expert Group found that responses by those who are not confident in dealing with this kind of behaviour can be overly restrictive around children who exhibit inappropriate and problematic, but not abusive or violent behaviour. Conversely, overly-restrictive responses prevent the development of skills that actually serve to mitigate against escalation in behaviours. For example, restricting toilet access to times outwith the presence of other children and always to be in the company of a supervisory adult, restricting play and peer-related activities, or restricting access to clubs reduces opportunities for socialisation and the development of healthy relationship skills.

Insufficient or late responses fail to provide supportive intervention to the child causing harm and/or properly safeguard other children and young people.

For professionals working with individuals with intellectual disability (ID), it is common to encounter families and carers who see children and young people with ID as essentially asexual. In addition, families and carers may actively discourage sexual education or sexual expression by individuals with intellectual disability¹⁵². These approaches can hamper efforts to address inappropriate sexual behaviour, when these are displayed, with parents and carers perhaps being less likely to report concerning sexual behaviours.

HSB can result in severe legal repercussions for children and young people, with consequences that last into adulthood. For instance, information about offending behaviour (whether resulting from a court conviction, disposal by a Children's Hearing, or information retained by the police) can remain part of a person's record into adulthood. This means that it may be disclosed as part of a criminal record certificate obtained under the Police Act 1997 or on a PVG scheme record. As well as forming part of the disclosure system, the Protection of Vulnerable Groups Scheme¹⁵³, is a system of ongoing monitoring of individuals who wish to do 'regulated work' with children or protected adults, including voluntary work. That means that information held in police records about HSB committed by a person when they were under 18 may be disclosed in certain circumstances years¹⁵⁴ later and prevent them from being able to take up opportunities e.g. a job in a school or as a volunteer coach to a junior community sports team.

¹⁵² Tudiver and Griffin 1992; O'Callaghan 1998; Murphy 2003; Bates and Popple 2017

¹⁵³ <https://www.mygov.scot/pvg-scheme/>

¹⁵⁴ The Scottish Government is currently reviewing the PVG and disclosure systems. The Protection of Vulnerable Groups and the Disclosure of Criminal Information consultation (https://consult.gov.scot/disclosure-scotland/protection-of-vulnerable/user_uploads/sct0418415086-1_vulnerable_final.pdf) was launched in April 2018. The Scottish Government has acknowledged that change is needed in the disclosure of childhood offending behaviour and has proposed that this should no longer be disclosed automatically or without opportunity for review. A Disclosure Bill is anticipated in the current parliamentary session. In addition, the Age of Criminal Responsibility (Scotland) Bill raises the age of criminal responsibility to 12, meaning that pre-12 behaviour will no longer be disclosable as conviction information. The Management of Offenders (Scotland) Bill proposes changes to the self-disclosure period for juvenile offenders.

All of the this demonstrates why professionals, parents and carers need to be confident in recognising, and consistent and competent in responding to risk at this higher level.

Interventions by Specialist Services

The Safer Lives intervention for children and young people is a modular intervention programme developed by G-Map in Manchester for adolescents who display HSB. It is a programme for individual work with children and young people under the age of 18 who demonstrate HSB, building on the strengths-based Good Lives Model. The Scottish Government funded a roll out of this programme in 2008. The Centre for Youth and Criminal Justice (CYCJ) supports trainers and delivers training on request. Additional intervention programmes are detailed in Appendix D.

Whilst interventions by this kind of specialist service may be sufficient to prevent further HSB, for some individuals this will not be the case. Some children and young people will require specialist mental health intervention, detention or treatment under the Mental Health Act, or psychopharmacological treatment.

These needs can normally be met through the Child and Adolescent Mental Health Service (CAMHS) although one particular challenge noted by the Expert Group was the difficulty engaging with expert professionals who are typically aligned with CAMHS. CAMHS professionals require expertise in normal and abnormal development, gender development, sexual development and the impact of neurodevelopmental difficulties on the onset and development of HSB (e.g. a child with Autistic Spectrum Disorder whose new special interest is pornography, or a child who engages in hypersexual behaviours for sensory reasons), as well as highly specialist psychological skills necessary for treating problematic behaviours.

Discussions are at initial and tentative stages about establishing a West of Scotland adolescent medium secure managed clinical network, and a West of Scotland community regional Forensic CAMHS. This would provide an inpatient forensic service for children whose mental disorder is specifically linked to their risk of harm to others, for example a child who suffers from schizophrenia experiencing auditory hallucinations telling them to harm someone sexually.

Most children will not meet the diagnostic criteria for a mental disorder and so will not be able to access CAMHS or the medium secure facility, despite having mental health problems such as attachment difficulties and complex developmental trauma that are linked to their HSB.

The Interventions for Vulnerable Youth (IVY) Project which provides a specialist psychological and social work approach to risk practice for children (12-18 years) who present with complex psychological needs and a risk of serious harm to others, was developed to meet this gap in service.

IVY has been widely welcomed as a significant resource by front line practitioners who wish to access expert discussion of the most difficult cases. Although there is still work to be done with front line practitioners to ensure consistent application of

referral thresholds and provision of all relevant background information to IVY at the time a request is submitted for support, expansion of this service at the tertiary prevention level would meet the needs of children who do not, at the time of initial referral, appear to merit CAMHS, psychiatric, pharmacological or other treatment under the Mental Health Act.

One of the drivers for establishing IVY was to offer community-based risk management support to avoid the unnecessary use of secure care and to support better transitions from secure care (informed by the *Securing Our Future Initiative*¹⁵⁵). At least 71% of the children supported by IVY are looked after children, with around 61% having experienced domestic violence. A high number had previously undiagnosed learning difficulties¹⁵⁶. Referrals have been taken from 31 of the 32 local authority areas and the majority of these (73%) have been from social work services¹⁵⁷.

A joint psychosocial/social work model was considered the most appropriate approach for understanding and managing these children but where there is co-occurring mental disorder and/or pharmacological input is considered appropriate, there is scope for joint working with CAMHS psychiatrists. However, the young people referred to IVY are not the same population that would require secure forensic mental health inpatient care or meet other CAMHS criteria. The IVY population is a wide group of children in crisis and distress, whose route to violence/HSB has usually been linked to complex trauma, the impact of psychological injuries and their poor emotional and mental well-being (to emphasise, this is not the same as a diagnosed mental disorder/mental illness that requires inpatient treatment in NHS settings).

It is important to recognise the role that improving how a family functions can have in reducing HSB. The Scottish Government commitment to preventing ACEs, and, where they have occurred, supporting children, families and adults to build resilience and overcome adversity will promote this, as will the development of an adversity and trauma-informed workforce. The National Trauma Training Framework will deliver the principles of trauma-informed practice for statutory authorities' workforce¹⁵⁸.

The plan to develop a trauma-informed workforce will assist with the reduction of HSB involving children and young people, as vulnerable children and young people are better able to be identified and supported.

¹⁵⁵ <https://www2.gov.scot/Publications/2009/04/23163903/0>

¹⁵⁶ See Annex K for further information on IVY

¹⁵⁷ Murphy, 2018

¹⁵⁸ <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>;
<https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf>

Risk assessment

Risk assessment is about targeting and intervening with high risk groups as well as creating a culture, expectation and skills to enable young people to engage in healthy sexual and relationship behaviour.

As mentioned in Chapter 1, the Framework for Risk Assessment, Management and Evaluation (FRAME) and the Care and Risk Management (CARM)¹⁵⁹ process provide a framework for professionals in relation to the management of risk for young people who present a risk of harm.

FRAME highlights that a structured professional judgement approach should be taken in relation to the risk of further offending behaviour, and that this should be informed by reflecting that children are children, and offending is often a result of unmet needs. The CARM process intends to ensure a transparent, proportionate and rights-based approach, placing a child or young person at the centre of decision-making, holistically considering any risks and needs. The process is underpinned by GIRFEC and ensures that decisions about risk inform the Child's Plan in a meaningful way.

When applied to secondary and tertiary level cases, risk assessment is the process by which criteria that provide a structure for successful intervention are considered in relation to a particular child or young person for the purposes of reaching an opinion about: (1) whether they will continue to engage in such behaviour or not, and (2) what intervention strategies should be implemented in order to mitigate the risk and promote the best possible future for them.

Scotland has access to excellent resources and guidelines relating to the risk assessment and response to young people who demonstrate HSB, which provide a clear rationale and set of practice guidelines. The Risk Management Authority's RATED resource highlights which risk assessments tools should be used in Scotland¹⁶⁰.

Research on adolescents who are at risk of, or who carry out sexual offences, indicates that the seriousness of any actual or planned sexual offence does not determine future risk. This needs to be balanced against the fact that retrospective research indicates that those whose behaviour regresses typically have an early onset of problematic behaviour that can escalate and diversify over time.

This is why risk assessment and response needs to be delivered by qualified experts following best practice in a way that targets and delivers support to where it is needed.

Research consistently highlights that individuals engaging in HSB often live with parents or carers who have high levels of mental health issues, substance misuse, offending, and exposure to domestic violence. The effect that these have on their

¹⁵⁹ See Annex L for further information on FRAME and CARM

¹⁶⁰ <http://www.rma.scot/research/rated/>

own parenting capacity needs to be considered as part of a wider systemic approach to assessment and intervention.

A 2016 report from the Care Inspectorate into Significant Case Reviews (SCRs)¹⁶¹ indicated that high quality assessment and planning are fundamental to creating safety for children and young people. The report highlighted a need for improvement in the following areas:

- The extent to which information is shared and used to enhance the understanding of risk and needs.
- The need for better use of chronologies to inform assessment and decision making.
- The arrangements for children who are in transition within and between services.
- Better consideration of the vulnerability of older young people with risk taking behaviour.

The report highlighted that decisions about increasing intervention need clear collective responsibility in keeping children safe, when there are accumulating or increased concerns about a child's circumstances.

Young people who present a risk of HSB to others are currently a disadvantaged and disempowered group. They constitute a population that can fall between service thresholds and who can find it difficult or impossible to access resources. Access to services equipped to assess, understand and manage the very complex and diverse needs of young people who offend can be a significant challenge.

The nature of the challenges include but are not limited to:

(1) the fact that young people may not exhibit impairment of a nature or degree to enable access to local CAMHS services – they may not meet referral criteria. Early indicators of mental disorder, psychological disturbance or very rare forms of psychopathology may therefore go undetected, with the young person excluded from services that would assist and lower risk;

(2) high level skills being required to meaningfully assess, formulate and intervene with high risk youth who have both mental health difficulties and a risk of violence. These skills are not equitably spread across the country;

(3) typical models of assessment and intervention used to assess child and adolescent mental health problems are not always successful with this group. Young people may or may not engage, and this group can effectively opt-out. An assertive outreach is often necessary, as is patience, since the young people tend to take a long time to engage and build rapport with professional staff;

(4) the young person live between local authorities, which challenges access to psychological therapies based on NHS Board boundaries and organisational barriers, especially with short-term placements;

¹⁶¹ <http://www.careinspectorate.com/index.php/news/3353-significant-case-reviews-in-scotland-2012-to-2015>

(5) the young peoples' needs can be complex psychological, emotional and behavioural.

Lead professionals and statutory authorities can find it difficult to access the right resource. Currently in Scotland, there is a perceived lack of specialist services and dedicated youth justice teams to deal with these behaviours¹⁶².

The paradox is that young people in the community often do not have the access to adequate resources. It is only when their psychological or mental disturbance and violence risk escalates to a level requiring secure care that they receive access to specialist child forensic mental health services. Not all children will require secure care, and best practice suggests that children should remain in community settings wherever possible, since outcomes for children placed in secure care are typically poor. In addition, removing children from their communities, schools and peers could remove their protective factors and compound their difficulties.

If risk assessments and risk responses are to be meaningful and effective, tertiary level cases need to be assessed and managed by multi-agency teams (under CARM protocol) who have access to the right level of expertise for identifying and understanding risk from a biopsychosocial¹⁶³ model. Such teams require professionals who can identify where there are serious psychological disturbances (e.g. personality difficulties) and mental disorders (e.g. neurodevelopmental disorder, major mental illness).

There should be consistency in the availability and quality of specialist assessments and the range of services available across local authority areas. The Expert Group was advised that significant variation across the country in relation to both assessment and services is reflected in the experience of Reporters to Children's Panels.

When a Reporter arranges a hearing for a young person, a Children's Hearing considers what services are required to address a child's needs or behaviour. This is not something a Reporter should consider when making their decision. In practice, however, the Reporter's decision may be influenced by the child's engagement with specialist services available within the community

In one example shared with the Expert Group, the recommendation made (and followed by the Reporter) as part of an assessment was that a child who had committed a very serious sexual offence and who had already started engagement with specialist services, should not be brought to a hearing but should instead be referred to the local authority on a non-statutory basis, and for ongoing engagement with specialist resources to continue. While this recommendation was made on the basis of genuine acceptance on the part of the child that they had behaved as alleged, it was clear that the availability of specialist services who could provide an appropriate level of support was key in that recommendation.

¹⁶² Only one specialist service remains in Scotland, which covers Glasgow. Less than one third of the country currently has dedicated youth justice teams

¹⁶³ A branch of psychology that analyses how the brain and other aspects of human biology influences behaviours, thoughts and feelings.

All local authorities are offered training in the Safer Lives intervention programme and specialist risk assessment tools from CYCJ. Those who undertake this training are further supported by regular risk formulation forums. Lack of awareness that this training is available, and about which risk assessment tools to use, may be an issue so far as lack of confidence in front-line staff is concerned. Glasgow City Council has its own specialist team working in this area, HALT, as well as the only forensic CAMHS service in Scotland. IVY provides support for the whole of Scotland by way of a psychology and social work service for the most serious behaviours, but its future is uncertain. Greater understanding of the support available to front line practitioners to provide them with appropriate interventions and access to specialists, would help to avoid some of the current inconsistencies of availability of services and responses.

The **Scottish Prison Service** gathers information from young people in HMYOI Polmont by way of an annual survey. Results from the 2018 survey highlighted the often challenging and traumatic childhoods of young people who committed crimes leading to custodial sentences¹⁶⁴.

In terms of what can be done to rehabilitate a young person in custody, if a young person is accused and denied bail and therefore remanded in custody until the date of trial, they are unable to engage in any restorative work. Another issue is that on many occasions by the time a trial has taken place, if the young person is found guilty, then the period they were awaiting trial is often taken into account by the court resulting in a very short period of detention or liberation from court. These issues limit the ability of staff within HMYOI Polmont and other establishments to work with young people to try and prevent further offending.

While there are many opportunities to engage with staff for those serving sentences in HMYOI Polmont it is still the case, as with availability of interventions outwith prison settings, that many of the current assessments and interventions available are for adult offenders.

Contextual Approaches

The following diagram¹⁶⁵ shows the Abuse triangle, which shows that three things are required in order for abuse to take place: the abuser, the victim, and a relevant setting. If one of the three is absent, then abuse cannot take place.

¹⁶⁴ The survey did not ask about HSB caused by another child or young person. It focussed on the experiences of these young people as victims of HSB from adults.

¹⁶⁵ Image provided by Stuart Allardyce, adapted after Cullen, Eck and Lowenkamp (2002)



New approaches have been developed over the last decade suggesting the need to consider a wider context than the individual child or young person displaying HSB.

Kelly (2017) discusses the role of context in shaping and enabling violence against women in that harmful behaviours towards women and children are fostered in contexts where male violence is tolerated, excused or naturalised, or perpetrators not held accountable and victims blamed.

Smallbone (2016) examines place, perpetrator and victim. His view is that individuals, organisations and professions engaged in trying to prevent HSB should think less about risky people and more about risky contexts.

Firmin (2017) examined experiences in the home, in conjunction with experiences in peer groups and school environments that reinforce and legitimise powerful men's dominant position in a community or society, justifying their subordination of women and other men in the population. She explored how individual psychological factors contribute to why some children from a group of similar backgrounds emerged as victims and others as perpetrators. She also explored how context could be the major influence in attacks occurring if incidents were treated in isolation, rather than recognising the contextual risk around places and cultures such as housing estates, schools and particular places where young people gathered.

Expert Group Findings and Conclusions

Prevention of HSB is achieved through responses to secondary and tertiary HSB as well as through primary prevention activity.

There needs to be assurance that current approaches are delivering what is required for Scotland's children and young people, both in terms of those who are harmed and those who are harming (or who are at risk of doing so).

Consistent and proportionate responses are required at each of the three levels of intervention.

Improved evidence is required regarding the issues, including the extent and scale of problems.

Significant numbers of websites host information about primary prevention, but the volume of materials available make it difficult for many professionals, parents, carers, and children and young people seeking information on primary prevention to access the best information.

Promotion of a small number of reliable websites providing information that has been identified as the most effective in a Scottish context could assist professionals, parents, carers, children and young people.

Scotland has introduced interventions that accord with those seen in many other jurisdictions, but few of these have been evaluated.

Evidence suggests that early commencement of work with professionals delivering tailored interventions results in earlier recovery for both those who cause harm, and those who are harmed.

There is anecdotal evidence of success, with no repeat of HSB by children and young people who have engaged with interventions delivered by professionals.

Anecdotal evidence suggests that the time taken to reach a decision when behaviour is referred to the adult criminal justice system can create a barrier to successful engagement, even in those cases that do not ultimately end up being handled by the adult criminal justice system.

Appropriate assessments are not always available to those making decisions on whether proceedings should be taken through the Children's Hearing or adult court system.

Trauma-informed approaches are best practice.

Consistency of thresholds for referral and access to qualified professionals are essential.

Assessment requires to take account of developmental and learning needs, including consideration of learning disabilities and communication needs.

There needs to be consistent use of appropriate assessment and risk assessment tools.

CARM was designed specifically to be used in respect of under 18s, but does not appear to be consistently followed.

Expert Group Proposals

The Relationships, Sexual Health and Parenting (RSHP) web source, created by the recent review on PSE should be promoted as the 'go-to' place where professionals can seek out relevant resources. This should also be promoted to parents and carers, to enable them to access what their children and young people are being taught at school, and view additional primary prevention materials that are designed to help them discuss the topics with their children.

The GLOW network is a valuable conduit for primary prevention materials and consideration should be given to it being promoted as one of the main 'go-to' places for children and young people.

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

Decisions on how to proceed in respect of a child or young person accused of harming another child or young person by reason of their HSB should be informed by appropriate assessments.

A national expert resource (such as IVY) should be available to local services who provide assessment- and interventions-and need support with respect to more challenging presentations.

The majority of the Expert Group support the proposition currently being considered by the Justice Board and the Child Protection Leadership Group that there should be an extension of the Children's Hearing System to allow all under 18s over 16 and not subject to a compulsory supervision order to be considered for referral to the Reporter rather than automatically processed in the adult criminal justice system

CARM should be used to manage the risk of HSB consistently across Scotland. The Expert Group welcomes Scottish Government's consideration around CARM and the introduction of CARM within youth justice standards.

[\[Back to Contents\]](#)

Chapter 7: Statutory Authorities Knowledge and Responses - The NSPCC Audit Tool

The Expert Group established a sub group to consider the NSPCC HSB Framework Audit Tool¹⁶⁶ that has been used by Local Children’s Safeguarding Boards (LCSBs¹⁶⁷), in England, Wales and Northern Ireland over the last three years. The sub group¹⁶⁸ was tasked with assessing whether this audit tool could be used to map practice and processes across Scotland targeted at children and young people in order to prevent sexual abuse from happening or from re-occurring. The tool requires a local multi-agency group to gather evidence and to assess local practice, processes and leadership in five areas:

1. A continuum of responses to children and young people displaying HSB.
2. Prevention, identification and early assessment.
3. Effective assessment and referral pathways.
4. Interventions.
5. Workforce development.

To allow information to be gathered and analysed during the life time of the Expert Group, the subgroup undertook a lighter touch audit, surveying CPCs to enable it to map current service provision in relation to primary, secondary and tertiary prevention; and ask for views on what was working well in local authorities in Scotland and what improvements CPCs considered were needed to improve outcomes for children and young people.

An amended version of the self-evaluation tool was developed with the Child Protection Chairs Group and Chief Social Work Officers and issued to CPCs in October 2018.

27 out of Scotland’s 32 local authorities provided responses to the survey, which were then analysed.

On average four professionals from the statutory authorities that constitute each CPC had contributed to the self-evaluation¹⁶⁹.

The subgroup noted that for a number of questions there was variation in the focus of the answers, implying respondents interpreted these questions differently. These two factors limit the conclusions that can be drawn from this survey.

¹⁶⁶ <https://learning.nspcc.org.uk/media/1149/harmful-sexual-behaviour-framework-audit-tool.pdf>

¹⁶⁷ LCSBs are similar to CPCs

¹⁶⁸ The group comprised representatives from the Child Protection Committee Chairs group, Social Work Scotland, The Centre for Youth and Criminal Justice, COSLA, Education Scotland, Stop It Now! Scotland and NSPCC

¹⁶⁹ Professional roles included: Child Protection or Public Protection Lead Officer; Social Work Manager; NHS Child Protection Nurse; Police; Council Training and Development Officers; Education Support Officer; Education Development Officer; Education Child Protection Lead; Senior Education Manager; Educational Psychologist; Health and Wellbeing Officer; Third Sector Organisation Manager; Social Worker; Gender Based Violence Co-ordinator; Policy Advisor; Head of Service for Children’s Services and Education or equivalent; CPC Administrator; and Independent Reviewing Officer.

Responses on Policy and Guidance

The survey asked whether there was a multi-agency protocol in place in the local CPC area for supporting children and young people who display inappropriate, problematic or abusive sexual behaviour.

All CPC responses indicated they have multi-agency protocols for supporting such children and young people.

Approximately 45% of responses reported their Child Protection procedures as the sole protocol, while another 45% indicated guidance and protocols specific to harmful sexual behaviour, in addition to their Child Protection procedures. The final 10% of responses did not provide further detail and as such it was unclear what their protocols were.

Eight of the CPC responses specifically referred to Child Sexual Exploitation (CSE) guidance, with one appearing to solely reference this guidance. The implication from these responses is HSB exhibited by children and young people signals they are potentially victims of CSE or sexual abuse. Although this is possible, and undoubtedly important to assess, this may indicate a lack of broader understanding of the possible underlying causes of such behaviour in children and young people. It also may be that there is some uncertainty about definitions and characteristics of CSE. This confusion between CSE and HSB was also identified as an issue in work done supporting the use of the NSPCC HSB audit tool with LCSBs in England and Wales.

Only 20% of CPCs said they received data about children and young people with concerning sexual behaviour. Such data primarily includes the age, sex, ethnicity and additional support needs of the children or young people.

Only 8% stated that they report on multi-agency meetings and outcome. This is surprising as the Scottish Government's 2014 CARM Guidance for local authorities on the assessment of young people who present a risk of harm through HSB outlines that quantitative and qualitative data should be collected annually in relation to multi-agency decision making concerning young people who present risks to the public because of their sexual behaviours¹⁷⁰.

38% of CPCs reported procedures and guidance specific to school setting (e.g. guidance on sexting). Guidance in relation to responding to concerning sexual behaviour was mostly noted as contained within other guidance (e.g. anti-bullying, CSE, communications and online safety) rather than stand-alone guidance.

Over 90% of responses noted that concerns about inappropriate, problematic or abusive sexual behaviour are recorded in schools. 67% noted that there is no set threshold about what should be recorded and decisions were based on professional judgement. 17% noted thresholds are set by Child Protection guidance or by a multi-agency protocol.

¹⁷⁰ <https://www.gov.scot/publications/framework-risk-assessment-management-evaluation-frame-local-authorities-partners-incorporating/pages/8/> (pp.37-28)

Most responses noted that when concerns were recorded, schools recorded brief, factual details of the incident and circumstances, actions taken and known outcomes.

Responses on Primary Prevention

The survey asked about initiatives in place within education to keep children and young people from becoming involved in any form of inappropriate, problematic or abusive sexual behaviour.

Over 95% of the responses indicated the Health and Wellbeing curriculum in schools included topics such as consent, power imbalance, HSB, healthy relationships, online safety, bullying, and CSE. The delivery and design of this varies between schools, because Curriculum for Excellence allows flexibility to adapt curriculums locally to reflect local needs. Responses also indicated schools have specific awareness or prevention programmes or sessions in addition to the curriculum. Many CPCs reported that schools use local services for specialist input on these topics¹⁷¹.

The majority of these programmes were in secondary schools (83%), followed by primary schools (46%) and early years (4%).

The survey asked a series of questions about what supports were in place for staff in identifying and responding to inappropriate or problematic sexual behaviour and how they can support children and young people at an early stage who are victims of, or who display, concerning or worrying sexual behaviours.

63% of responses indicated they provided multi-agency training in relation to healthy, inappropriate, and problematic sexual behaviours in the context of training on CSE, risk assessment and management, or specifically on children and young people displaying HSB. This is mostly reported as not mandatory and available to staff across agencies; i.e. Social Work, Police, Health, Education, Third Sector, etc.

75% of responses noted the GIRFEC approach in schools in their areas has provision to deal with inappropriate or problematic sexual behaviour, for example through the curriculum, staff training or formal procedures (i.e. planning meetings, child protection). There were no references in the responses to supports for parents and carers of children with higher needs¹⁷² in relation to inappropriate and problematic sexual behaviour.

Opportunities for training and learning development relating to problematic sexual behaviour were stated as available to staff in schools and centres by 83% of

¹⁷¹ 63% of responses referred to the Mentors in Violence Prevention (MVP) programme in secondary schools as a primary prevention initiative. 63% of responses reported input from Women's Aid, Rape Crisis or equivalent agency into secondary schools about consent, healthy relationships, bullying, sexual violence prevention, identifying violence, gender, sexualisation, impacts and support, social media, and 'What is sexual violence'? 42% reported input internally or from external agencies on online safety. 33% on CSE.

¹⁷² e.g. LAAC children; adoptive and kinship care settings; children with ID or who have autistic spectrum disorders (ASD) – See Chapter 4.

responses. However, there was significant variation in the type of training, from generic child protection training to specific training regarding HSB, and which staff would have access, from all staff to only those who have been dealing with this behaviour. Furthermore, due to varied interpretation, it was unclear as to what access staff in all agencies might have to specialist consultation and advice, although 79% reported they do. This was primarily through social work or other child protection agency, with a minority noting specialist external agencies.

Responses on Tertiary Prevention

The survey asked a series of questions about supporting and rehabilitating those children and young people who display abusive or violent sexual behaviours. All responses indicated that where a child or young person displays abusive sexual behaviour they will have an identified lead professional and a single child's plan. Clear procedures, processes and protocols alongside good collaborative multi-agency working were reported as currently effective in supporting and rehabilitating these children and young people. A number of barriers were noted including the divergent thresholds in different professionals' and agencies' understanding of HSB, complexity of cases, lack of capacity across agencies, staff anxiety, lack of training, and inconsistent processes.

It may be that some areas have more developed processes and procedures which could be usefully adjusted to improve areas where these are less developed.

46% of responses noted they have quality assurance measures in place with respect to some of the processes relevant to supporting children and young people who display sexually abusive behaviour. Primarily this quality assurance relates to generic processes and procedures such as child protection, IRD (Inter-Agency Referral Discussions) and CARM.

58% of responses reported specialist service provision for children and young people who display abusive and violent sexual behaviour i.e. social work, Third sector or NHS.

The numbers of children and young people in the area requiring such support determine whether it is necessary to have such a service, with one area stating the numbers were so low they decommissioned this service.

Again having clearer information about the numbers of children and young people displaying inappropriate, problematic or abusive sexual behaviour would help inform CPCs and others with regard to needs-led service provision and procurement.

75% indicated there are therapeutic recovery services available in their area for children and young people who have been sexually abused such as those delivered by social work, Third sector or NHS.

21% noted that specialist services for victims of HSB had closed in their area in the last five years, leading to a reduction in support available however most reported this has now been absorbed by statutory agencies.

71% of responses noted there are occupational groups in their areas trained in evidence-based interventions in relation to children and young people who display abusive sexual behaviour, including social work or equivalent, youth justice, CAMHS staff and educational psychologists.

Survey of Head Teachers and Safeguarding Leads in Schools in Scotland

The recent UK-wide survey of Head Teachers and Safeguarding Leads highlighted the issues faced in addressing problems caused by peer on peer abuse, not limited to but including HSB¹⁷³. In this instance Peer on Peer was taken to mean a child or young person under 18 involving another child or young person under 18.

There were 174 responses from head teachers and safeguarding leads in Scotland. Of those:

- 28% of respondents did not consider that there was sufficient guidance from government and their local authority.
- Fewer than half suggested that they have a policy covering online peer on peer abuse (47%).
- 29% of respondents suggested that all staff receive training around online peer on peer abuse; 37% suggested there is no training and 20% were unaware.
- Respondents considered that online peer on peer abuse is likely to begin before secondary school, and is most prevalent in Primary 7.
- The majority of education around online peer on peer abuse was delivered to pupils in Secondary 1, suggesting that more emphasis is required for to children in primary education.

The authors concluded “*Given the potentially life changing impact of such abuse on both victim and abuser we are concerned that schools are being left to address these problems in such an ad hoc manner. We would like to see far more joined up thinking around these issues so schools are confident they are addressing the problems effectively and students are receiving accurate and informed education around online peer on peer abuse*”.

Expert Group Findings and Conclusions

There was wide variation in the focus, information and level of detail given across the responses from CPCs in relation to the NSPCC audit tool. This limits what can be concluded from the survey, but broadly, all areas reported having multi-agency protocols in place to support children and young people who display inappropriate, problematic or abusive sexual behaviour, whether in the context of wider child protection procedures, or specific protocols or procedures.

¹⁷³ Online Peer on Peer Abuse; A national survey for Headteachers and Safeguarding Leads in Scotland Professor Andy Phippen; Professor Emma Bond; Katie Tyrrell June 2018 University of Suffolk

The majority of schools were also reported to have relevant procedures and protocols, within child protection procedures or others; i.e. anti-bullying, CSE, online safety etc.

However, the use of the CSE procedures for children and young people displaying HSB appeared in some responses to the audit tool to be combined, rather than taking into account the significant differences and needs of these two, often distinct, groups.

There is variation in what concerns are recorded by CPCs, how they are recorded and the thresholds for these. Furthermore, this information does not seem to be used in the majority of cases to inform service provision or development.

More than half of CPCs noted they had no guidance for education staff in relation to handling self-generated sexual images, despite guidance of this nature being available for schools in England and Wales for several years¹⁷⁴.

The amended Audit Tool was useful in gathering information for CPCs and other statutory authorities involved in responding to HSB involving children and young people.

All professionals who work with children and young people in Scotland need to recognise and know how to safely respond to incidents of HSB; and how to refer on to appropriate services for assessment and intervention where relevant.

Services who provide assessment and interventions need support with respect to more challenging presentations¹⁷⁵.

HSBs displayed by children and young people – especially online – create many challenges for practitioners, and there *are* overlaps between CSE and HSB. However the current National Child Protection Guidance does not adequately cover the similarities and differences between CSE and HSB and makes no reference to contextual safeguarding.

The view that social work or equivalent, youth justice, CAMHS staff and educational psychologists are trained in and will deliver evidence-based interventions to address HSB may not be entirely accurate. For example, CAMHS are unlikely to work with children or young people displaying HSB unless there is a diagnosed mental disorder linked to the HSB.

It appears that data about children and young people who display inappropriate, problematic or abusive sexual behaviour in schools or the community is not routinely or systematically collected or reported on. This makes it difficult for CPCs to gain a clear and full understanding of patterns, frequency, nature and severity of such behaviours, which would help them plan relevant supports. This also suggests that many local authorities would benefit from closer analysis of current service provision, procedures and policies, effectiveness of interventions (across

¹⁷⁴ <https://www.gov.uk/government/publications/sexting-in-schools-and-colleges>

¹⁷⁵ See information on the work of IVY in supporting professionals across Scotland in Chapter 6 and at Annex J.

primary, secondary and tertiary prevention), referral pathways, workforce development and leadership in this area of practice.

In relation to primary prevention, the majority of schools are reported to include topics such as consent, power imbalance and HSB as part of the CfE but there is variation in this, with schools and areas designing and delivering these topics themselves.

Training and development provided by CPCs and in schools in relation to children and young people displaying problematic or abusive sexual behaviour is widely varied and in most cases delivered to some rather than all of the relevant professionals in each statutory organisation's workforce.

Differences in professionals' and agencies' understanding of HSB in children and young people was identified in responses to the survey as a barrier to effective working in this area, as was professional anxiety. More consistent training or input to promote a shared understanding would seem to be essential to increase staff confidence, knowledge and skills in assessing and collaboratively managing such cases.

The Scottish Psychological Trauma and Adversity Training Plan¹⁷⁶ provides a model of how to develop a strategic framework for individual and organisational learning that recognises that different professionals with different roles will require different levels and intensity of training and support.

¹⁷⁶<https://www.nes.scot.nhs.uk/media/4236974/FINAL%20REVISED%20CONSULTATION%20NESD0715-NATIONAL-TRAUMA-TRAINING-STRATEGY-V7-DL.pdf>

Expert Group Proposals

CPCs should review the NSPCC Audit Tool in consultation with the NSPCC to agree on any adaptations necessary for its use across Scotland.

Data about children and young people who display inappropriate, problematic or abusive sexual behaviour in schools or the community should be systematically collected for consideration by CPCs and reported on, together with information about outcomes for the children and young people involved.

There should be a 'Scottish Positive Sexual Behaviours Training Plan' (modelled on the Scottish Psychological Trauma and Adversity Training Plan), outlining core training needs at different levels for practitioners directly involved with children and young people, and covering how organisations audit their own learning needs.

The current review of the National Child Protection Guidance should address the similarities and differences between CSE and HSB, and refer to contextual safeguarding. The section on 'Children and young people who display harmful or problematic sexual behaviour' should be updated, particularly with respect to technology-assisted HSB and use of CARM.

[\[Back to Contents\]](#)

Chapter 8: The Views of Young People

At the request of the Expert Group, the Scottish Youth Parliament asked questions in an online survey *#WhatsYourTake*, and also discussed the questions in workshops at its 67th sitting (in October 2018).

A second survey, *Attitudes Towards Online Sexual Activities*, was created by the Expert Group in collaboration with Young Scot, and was hosted on the Young Scot website in early 2019. In addition focus groups were held within HMYOI Polmont and 3 secure care centres¹⁷⁷.

The Questionnaires

#WhatsYourTake

The #WhatsYourTake online survey ran between 21st September and 29th October 2018 and gathered 546 responses from young people aged 12-25 across Scotland, with representation from all 32 local authorities.

The #WhatsYourTake survey asked the following two questions in relation to internet safety and understanding risks around sexual behaviour (online and offline):

How safe do you feel online?

On a scale of 1 to 10, where 1 is the least safe and 10 is the most safe, the average choice was 7.07. All 546 young people answered this question.

Do you feel that young people understand the risks around online and offline sexual behaviour?

This question resulted in a mixed response, although ultimately more young people answered 'no' – they don't understand the risks. However, there was only around 2% of a difference in those who answered 'No' compared with 'Yes'. Almost 18% of the respondents answered 'I don't know' to this question.

Young people were given the opportunity to include free text as part of their response to the second question. Some explanations included that despite many being taught about and knowing the risks and dangers of online sexual behaviour in school (with some examples given, such as 'a week focusing on internet safety', information 'by the NHS and school staff', posters, word-of-mouth, the news, or 'Sexual Health Drop-in's and 'free contraception' at schools); ...'young people still take risks on a frequent basis', 'cast them aside', or are 'more careless but more trustful'.

Attitudes Towards Online Sexual Activities

The Attitudes Towards Online Sexual Activities online survey, hosted on the Young Scot website Rewards Page, ran between 11th January and 5th February 2019. There were 1,173

¹⁷⁷ Good Shepherd; St Mary's Kenmure; Rossie

completed responses to the survey¹⁷⁸, which is among the largest response rate for any survey on the Young Scot Website.

The survey asked questions in relation to online personal safety, sharing of photos, and education about sexual issues.

Personal Safety Online

1. Over three quarters of respondents (78%) stated that they felt either *Safe* or *Very Safe* online. Five percent selected either *Very Unsafe* or *Unsafe* and 17% were *Not sure*.
2. The majority of respondents (81%) stated that they feel either *Confident* or *Very Confident* online, 16% selected *Slightly confident* and 3% *Not confident*.

Sharing Photos Online

1. Most respondents (78%) were aware that it is an offence to take a nude photo of themselves and share it if they are under 18.

Is it an offence to take a nude photo of yourself and share it if you are under 18?



2. A large majority of respondents (93%) were aware that it is an offence for someone else to share a nude photo of them if they are under 18.
3. Three quarters were aware that it is not possible to ensure that a photo that has been shared is not seen by people that they did not want to see it.
4. Almost two thirds (65%) of respondents stated that the main reason that they think people ask for nude photos is *Because they are attracted to them*. Respondents who selected *Other* provided reasons such as *for sexual pleasure*, because of *pressure or power* and for *status*.
5. When asked how easy it would be to say no to someone popular who was requesting nude photos, around three quarters (76%) stated that it would be *Easy* or *Very easy* to say no.

¹⁷⁸ The survey gathered responses from young people across the Young Scot target age range (11-25). Responses were filtered by school age (11-18) and non-school age (19-25). Respondents aged 19-25 only made up 7% of the total respondent sample, meaning that removing these responses did not impact the results.

Education About Sexual Issues

1. Over half of the respondents (56%) stated that their school had given them guidance about sharing sexual images and sexual behaviour online.

Has your school given you any guidance about sharing sexual images and sexual behaviour online?



2. When asked what type of guidance, respondents stated that they had been *informed of risks and consequences, informed of the law* and told *do not engage in online sexual activities*. Respondents also gave examples of how this guidance had been given (e.g. via *PSE lessons* or *police talks*) and examples of specific organisations that had visited them (e.g. *CEOP*¹⁷⁹ and *RASAC*¹⁸⁰).
3. When asked where they preferred to get information about sex from, almost half of respondents (47%) selected *Internet*. Respondents who selected *Other* provided examples such as *professional services* (e.g. GP or other health professionals) and *education or youth groups*.
4. When asked if they thought there were concerns/issues/problems that boys faced more than girls in regards to sexual behaviour online, 49% agreed that there was, 37% disagreed and 6% thought that issues were equal for both genders.
5. When asked if they thought there were concerns/issues/problems that girls faced more than boys in regards to sexual behaviour online, 83% agreed that there was, 17% disagreed and 4% thought that issues were equal for both genders.
6. Respondents identified similar issues for both of these questions, with the most frequent responses being in relation to *Peer pressure or unfair expectations, Body image or self-esteem, Expected to share photos of themselves* and *can be exploited by scammers online*.
7. Themes that were applicable to only boys included *Risk of being blamed or prosecuted, Share more between peers about online activities* and *Pornography as a source of sex education*.

¹⁷⁹ CEOP is the Child Exploitation and Online Protection Centre which is part of the National Crime Agency (NCA), the UK lead agency in respect of cybercrime. In Scotland the NCA operates on authorisation from the Lord Advocate and in cooperation with Police Scotland.

¹⁸⁰ Rape And Sexual Abuse Counselling Centre Perth and Kinross.

Main Theme	Secondary Theme	Number of responses
Yes - Consequences	Risk of being blamed or prosecuted	41
	Punishment is greater than girls	10
	Ridiculed more over online behaviour	10
	Punishment is lesser than girls	7

“Boys are looked at as being monsters and the ones always in the wrong like it's always going to be the boy asking for the pictures when it isn't always the case. They are blamed automatically.”

8. Themes that were applicable to only girls included *Judged for actions more than boys, unsolicited attention online* and *Objectification or sexualisation*.

Focus Groups at HMYOI Polmont and Secure Care Centres

A total of 41 young people contributed to focus groups within HMYOI Polmont and 3 secure care centres¹⁸¹.

Some of the results of these focus groups are presented below (additional information is included in Appendix L).

Do you feel safe online?

Participants indicated that they felt safe “to an extent” online, although were aware of the risks, such as adults making contact with them and similar unwanted attention. Some young people reported that they did not always feel safe online as “maddos” and “paedophiles” would attempt to befriend them, communicate with them and ask for photographs.

Where did/do you get most of your information about sex from?

Whereas most questions received a similar response regardless of the location, this particular question elicited somewhat divergent replies.

Boys from HMYOI Polmont stated that they received information regarding sex from online pornography; however this was often inaccurate and not reflective of real life. In addition to this, they would learn from older peers or from sex education in school.

Amongst young people from secure and residential care settings, pornography was not highlighted as a source of information although one or two young people did allude to it in passing. The young people spoke of secondary school being a source of information, vaguely recalling certain classes. A small number of young people mentioned primary school, although most young people could not remember any input during their time there. Amongst this group, family were mentioned in around half of cases; this often occurring in middle teenage years. Some young people spoke of undertaking sexual health courses within that secure care setting, although struggled to remember precise details. A small - but sizeable - number of young people spoke of never receiving any formal sex education.

¹⁸¹ Focus groups were held in HMYOI Polmont (8 males; aged 16-18) and within secure care (10 males, 11 females; aged 15-17) and residential care (1 male; aged 15, 3 females; aged 16)

What information did you get from school about sharing sexual images and sexual behaviour online?

Young people reported receiving sex education whilst in secondary school and – where applicable - in secure care. This primarily related to bodily functions and procreation. Very few young people explicitly mentioned education or learning regarding sexual images or sexual behaviour online, nor was consent, relationships or sexuality mentioned particularly often.

What is the law regarding nude pictures of people under the age of 18?

With the exception of one young man, all participants from HMYOI Polmont were surprised that it was illegal to share an image of someone under the age of 18. They were of the impression that 16 was the age at which such an image would become 'legal', comparing it to the law regarding consensual sex. They were also surprised that storing or making that image – even if it was of themselves – was illegal.

The majority of young people from secure or residential settings were not able to recall any teaching regarding the law during their time in school.

Feedback from Young People to the Scottish Child Law Centre (SCLC)

SCLC is an independent charitable organisation funded by Scottish Government. Its aim is to promote knowledge and use of Scots law and children's rights for the benefit of children and young people in Scotland.

On average it receives 3,000 to 3,500 calls a year, with the vast majority being from parents and carers but some from children and young people.

SCLC experience of delivering sessions to school children, aged 11-12 and educated in the private sector in Edinburgh, on the legal consequences of taking and sending intimate images of people under 18, has been that the majority of children are surprised that it is against law.

Expert Group Findings and Conclusions

Children and young people engage positively when their views are sought, and they give frank and forthright responses.

The value of obtaining responses from children and young people cannot be underestimated when forming policy and practice and planning informative multi-media preventative campaigns.

Expert Group Proposals

The Scottish Government should commission regular surveys of significant samples of children and young people on their concerns and experiences around HSB involving children and young people including their use of internet; and use the feedback to inform policymakers and practitioners to allow improved design of services. The survey questions should be co-designed with children and young people.

Preventative messaging by Scottish Government and statutory authorities should be co-designed with children and young people.

[\[Back to Contents\]](#)

Overarching Expert Group Proposal

HSB by children and young people can cause long-lasting and devastating consequences for all those involved. Cultural and technological change that affects children and young people is fast-paced and it is essential that statutory authorities are aware of, and keep pace with, the changing nature of risk around HSB involving children and young people. The solutions for those affected are complex and require significant collaborative working between statutory authorities and professional disciplines. Because of this: **a multi-agency Group should be established to oversee the implementation of the Expert Group proposals and to ensure continuous improvement across all statutory authorities, so that preventions and responses delivered across Scotland meet the needs of all children and young people, their parents and carers and the professionals who work with them. It should report on progress to the National Child Protection Leadership Group and the Minister for Children and Young People.**

[\[Back to Contents\]](#)

Annexes A – L

Annex A

Existing Frameworks and Strategies in Scotland that Contribute to Prevention and Responses around HSB involving children and young people

Annex B

Examples of Current Legislation on sexual crimes which require proof of age of the complainer or accused; and a map showing potential case routes

Annex C

Some of the Reference Materials examined by the Expert Group

Annex D

Fact Finding Visits and Conferences

Annex E

Invitees to the Sounding Board

Annex F

Information on numbers of callers to Helplines, nature of calls; and visits to website resources

Annex G

Prevention and Intervention Programmes

Annex H

Getting It Right For Every Child - GIRFEC

Annex I

Interventions for Vulnerable Youth - IVY

Annex J

Framework for Risk Assessment, Management and Evaluation- FRAME; and Care and Risk Management -CARM

Annex K

Self-Audit Tool based on NSPCC Audit Tool referred to in Chapter 7, which was sent out to all Child Protection Committees in Scotland by the Expert Group for completion

Annex L

Additional Responses around Questionnaires from Scottish Youth Parliament and the Focus Groups at HMYOI Polmont and Secure Care Centres

[\[Back to Contents\]](#)

Annex A: Existing Frameworks and Strategies in Scotland that Contribute to Prevention and Responses around HSB involving children and young people

Programme for Government

National Performance Framework

Equal Protection from Assault Bill

Child Poverty (Scotland) Act 2017

Review of Section 12 of the Children and Young Persons (Scotland) Act 1937.

Domestic Abuse (Scotland) Act 2018

Age of Criminal Responsibility

GIRFEC

National Child Protection Leadership Group

CAMHS Taskforce

National Parenting Strategy (2012)

Substance Misuse strategy

Youth Justice strategy

Pregnancy and Parenthood in Young People Strategy

Mental Health Strategy

Independent Care Review

Respect for all

Curriculum for Excellence

Child Protection Improvement Programme

Child and Adolescent Health and Wellbeing: evidence review

Universal Health Visiting Pathway in Scotland

Adverse Childhood Experiences (ACEs)

Realigning Children's Services

Fairer Scotland Action Plan

Early years framework

Universal Health Visiting Pathway in Scotland

Relationships, sexual health and parenthood (RSHP)

Family Nurse Partnership

National Action plan to Prevent and Tackle Child Sexual Exploitation

National Action Plan on Internet Safety for Children and Young People

Children, Young People and Families Early Intervention Fund

Equally Safe

National Child Protection Guidance (2014)

Rape Crisis Scotland

National Advisory Council on Women and Girls

Zero Tolerance

Centre for Youth and Criminal Justice

National Violence Against Women Network

Commercial Sexual Exploitation Multi-agency group

National Trauma Training Plan

National Missing Persons Framework for Scotland

Caledonian System

Choices for life

Developing the Young Workforce

Scottish Attainment Challenge

Children and Young People Improvement Collaborative

Mentors in Violence Prevention Programme

National Improvement Framework for Education

Domestic Abuse Delivery Plan for Children and Young People

IVY

Violence Reduction Unit

Neglect Improvement Programme

The National Performance Framework is the Government's overarching vision for Scotland with broad measures of national wellbeing covering a range of economic, health, social and environmental indicators and targets.

The undernoted work is led by, supported by and/or funded by Scottish Government in order to deliver the many outcomes required to meet the measures of national wellbeing.

Many of the strategies, programmes and projects are interlinked and deliver across more than one policy area; or are interdependent for overall delivery of services and outcome. All require collaborative working between Scottish Government and among multiple public sector authorities and third sector service providers as well as adults, children and young people across Scotland.

Adverse Childhood Experiences (ACEs): Scottish Government is committed to prevent ACEs, reduce the negative impact where they have occurred and support the resilience of children, families and adults in overcoming adversity. An additional £1.35 million is being invested in the development of the National Trauma Training programme to provide direct training to workers across sectors supporting those affected by ACEs.

Age of Criminal Responsibility (Scotland) Bill: recently passed by the Scottish Parliament. Scotland's age of criminal responsibility is eight years old which is the lowest in Europe. This Bill proposes to increase this to 12 years ensuring that children under 12 cannot be treated as criminal and can no longer have a criminal record.

Child and Adolescent Mental Health Services (CAMHS) Taskforce: June 2018 to 2020 – examining Scotland's whole approach to Mental Health services for children and young people.

Centre for Excellence for Looked after Child in Scotland (CELCIS): Scottish Government contributes to the development of a Child Protection section sitting within the existing CELCIS website to provide a national resource, primarily aimed at the multi-agency child protection workforce, but also including public information on what to do if you are worried about a child's wellbeing. A significant function of the site will be signposting and there will be links to resources, other sites and relevant organisations. Launched 2019.

Centre for Youth and Criminal Justice (CYCJ): is supported by Scottish Government to develop improvement in youth and criminal justice, contributing to better lives for individuals and communities. The multi-disciplinary practice development team provide support to practitioners, from advising on individual cases to service and organisational development including providing risk assessment and Safer Lives training across Scotland for anyone involved in the assessment of or interventions with those under 18 years involved in harmful sexual behaviour. Roadshows are undertaken detailing current research, best practice for assessment/intervention and also a risk formulation forum where practitioners can have a safe space to discuss cases and receive peer support. CYCJ provides access to a wealth of resources for practitioners including interactive online

resources to help practitioners working with young people charged with an offence to understand the journey through the youth justice system.

Child and Adolescent Health and Wellbeing Action Plan: This 10 year plan is being developed to cover both physical and mental wellbeing. The aim is to bring together policies and actions relating to child and adolescent health and wellbeing to achieve better outcomes for children and young people. Educating and supporting young people in Scotland to use social media in a healthy way likely to be central to this plan.

Child Poverty (Scotland) Act 2017: sets in statute income-related targets to reduce levels of child poverty by 2030. The Act placed a duty on Ministers to publish Child Poverty Delivery Plan in 2018, and again in 2022 and 2026. The Act will also establish a statutory Poverty and Inequality Commission from July 2019, who will provide advice and challenge to Ministers on efforts to tackle poverty and inequality.

Child Protection Improvement Programme (CPIP): sets out actions being taken to improve child protection in Scotland as all children have right to be protected from abuse or neglect. The Programme includes ongoing work on neglect, child sexual exploitation, internet safety, child trafficking, leadership and workforce development, joint inspections, data and evidence and the Children's Hearings System.

Children and Young Persons Early Intervention Fund: funded by Scottish Government initially for 3 years and extended into a fourth year, 2019-20, supports organisations to deliver activities tackling inequality and poverty, supporting parents and carers, improve learning and build skills to help children, families and communities. This fund is supporting Stop it Now! Scotland, a national organisation which strives to prevent child sexual abuse by engaging with and supporting adults, families and communities, to develop "Upstream" an online resource where practical materials are available to members of the public concerned that a child may be at risk of sexual abuse. It is hoped this will go live from the end of 2019.

Stop it Now! Scotland also receives separate Scottish Government funding to:

- provide direct interventions to individuals who may be likely to engage in abusive sexual behaviour. Interventions include programmes aimed at helping individuals understand problematic thinking/behaviour and how to develop ways to reduce risk/reoccurrence.
- provide counselling and psychological therapies including piloting training in May 2019 with psychotherapists and counsellors working with individuals with trauma issues who have harmed others.
- support the "Get Help" website which offers an online self-help treatment programme for those worried about their sexual behaviour online.

See Annex G for further detail on Stop It Now! Scotland's preventative work

Children and Young Persons (Scotland) Act 1937 - Review of Section 12: Scottish Government recently consulted on proposed amendments to this offence, which would modernise the definition of neglect to include emotional as well as

physical neglect. Consultation responses have been published and next steps will be announced shortly.

Children (Equal Protection from Assault) (Scotland) Bill: gives children the same protection from assault as adults by prohibiting the physical punishment of children by adults. Aims to promote and safeguard the health and wellbeing of children. The Bill passed Stage 3 on 3 October 2019.

Children's Services - Realignment from 2015: programme run by Scottish Government and Community Planning partnerships to ensure that Scotland has the right services for children geared towards prevention and early engagement. Utilises wellbeing surveys for school children from P5 to S4 as recognised that before children's services can improve there needs to be an understanding of what young people feel that they need.

Curriculum for Excellence (2012): ensures all children and young people in Scotland develop the attributes, knowledge and skills they need to flourish in life, learning and work and to help them become responsible citizens. Learning for health and wellbeing is one of the curriculum areas within the curriculum for excellence and it is the responsibility of staff within a school to deliver. Learning for health and wellbeing is not a single subject but is organised into 6 areas including substance misuse and RSHP (see below).

Choices for life: substance misuse education programme primarily within Scottish Schools where pupils explore the impact that risk-taking behaviour has on life choices and health. Reviewed in 2016 following the Scottish Government 'What Works' report which acknowledged that some popular and well-meaning approaches, for example using lived experience testimonials, are associated with no, or negative preventative outcomes. Stand-alone, mass media campaigns are also considered ineffective.

The literature review found that children and young people benefit from prevention models that are delivered in a supportive environment, which use non-fear arousal techniques, and which provide the freedom to learn about alcohol and drug use within a broader conversation about choice and risk

In response Scottish Government commissioned a review of Choices for Life which found that although the programme engaged with large numbers of young people, there were variations and inconsistencies in delivery and frequency of sessions.

The **Choices for Life** programme includes an information microsite hosted by **Young Scot**, which curates and develops content for young people, and their parents, teachers and communities on alcohol, drugs and smoking. Since launch in 2015, Young Scot have seen an increase of over 50% engagement with Choices for Life content. Scottish Government will continue to fund the Choices for Life website as a new programme of work is introduced, in line with commitments made in the Scottish Government's alcohol and drug strategy to improve the programme of substance use education in schools and for those not present in traditional settings.

Developing the Young Workforce: Scotland's youth Employment Strategy (2014-21). By May 2018 the programme had achieved the target to reduce youth unemployment by 40% by 2021. Employability is a key priority as both part of a preventive approach and also as a targeted area of support for those already involved in offending.

Children and Young People Improvement Collaborative: supports schools and services for children, young people and families to be as good as they can be, based on evidence of what works in improving outcomes and life chances including:

- increased uptake of the 27 to 30 month Child Health Review, resulting in children's developmental needs being identified and responded to earlier;
- help for dads in prison to understand their children's needs and build positive family relationships;
- effective ways of engaging vulnerable families in early years and family centres, helping to build parenting confidence and skills;
- engaging more parents in their children's early learning in nurseries and primary schools, so that they are more able to support their children's development;
- improving multi-agency partnership working in health and social care services, making it easier for families to navigate and access services.

Domestic Abuse (Scotland) Act 2018: enhanced powers to intervene where abuse is occurring. Psychological harm as well as physical harm now a criminal offence. Advances considerations of children's rights and wellbeing in domestic abuse cases.

Domestic Abuse Delivery Plan for Children and Young People: taking forward key recommendations: introducing and evaluating a child-centred approach to ensuring safe contact for children in domestic abuse cases; developing a training programme that raises awareness of the issues around contact; and introducing a basic risk assessment and piloting specialist domestic abuse risk assessments in a family court.

Early Years Framework (2009): recognises the right of all young children to high quality relationships, environments and services which offer a holistic approach to meeting their needs.

Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls, delivery plan 2017-21. It aims to prevent and eradicate violence against women and girls, creating a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from abuse and the attitudes that help perpetuate it. The Scottish Government is taking forward key recommendations as the legacy of the Domestic Abuse Delivery Plan for Children and Young People including;

- introducing and evaluating a child-centred approach to ensuring safe contact for children in domestic abuse cases.
- implementing the **Caledonian System** which is a programme working with men convicted of domestic abuse-related offences to reduce reoffending and offers support to women and children. The 2016 independent evaluation of the Caledonian System found evidence that women who had

engaged with the programme felt safer, and men who completed it posed a lower risk to partners and children. New funding of £2.8m over the next 2 years was allocated in August 2018 allowing expansion of the programme. A further 6 Local Authorities (making a total of 19), will now benefit from Caledonian.

- funding the **National Violence Against Women Network**, which aims to improve capacity and capability of partnerships to implement ambitions of Equally Safe at a local level.

See Annex G for further detail of Equally Safe in School pilot developed by Rape Crisis Scotland and Zero Tolerance.

Fairer Scotland Action Plan (2016): 50 concrete actions to reduce poverty and tackle inequality by 2030. Linked initiatives include:

- **Good Food Nation** – which aims to enable more people to have access to affordable, healthy, nutritious food with Fair Food Fund budget increasing to £3.5 million in 2019-20 with £2 million targeted to support children and families experiencing food insecurity during school holidays;
- **40 Community Links Workers** to work with GP surgeries to connect people with local services;
- **Every Child, Every Chance child poverty delivery plan:** Child Poverty (Scotland) Act 2017 requiring Scottish Ministers to meet ambitious child poverty targets by 2030. This plan is supported by a commitment of £50 million from Tackling Poverty fund. The Act also requires Local Authorities and Health Boards to work together to produce local child poverty action plans on an annual basis to evidence steps taken to tackle child poverty.

Family Nurse Partnership: preventative programme to improve life chances of the most disadvantaged children/families. It is an intensive, one-to-one, home visiting programme that is delivered to young, first time mothers aged 19 and under by specially trained nurses.

Getting It Right For Every Child (GIRFEC): Scotland's approach to promote and improve outcomes and support the wellbeing of children & young people by offering the right help at the right time from the right people. GIRFEC puts the rights and wellbeing of children and young people at the heart of the policies and services that support them and their families – such as early years services, schools and the NHS. See Annex H for more detail on GIRFEC.

Independent Care Review: examining legislation, practices, culture and ethos of the care system across Scotland. Young people with experience of care and their families and providers of care and, particularly, children and young people in care now will inform its recommendations to improve both the quality of life and outcomes of young people in care.

Intervention for Vulnerable Youth (IVY): a specialised psychology and social work service that supports and contributes to the assessments and interventions detailed in the child's plan. The IVY project supports local authorities and partners across Scotland by providing evidence-based risk assessment, management plans and

specialist psychological assessments for young people aged from 12 to 18 years who present significant risk to others. See Annex I for more details on IVY.

Mental Health Strategy (2017-27): mental health support and treatment for young people involved in offending who have mental health problems to be available across Scotland. Scottish Government funded Barnardo's Scotland to deliver trauma, bereavement and loss projects in Polmont 2016-18. CYCJ conducted research into bullying as an adverse childhood experience, exploring links to future violence and the establishment of an independent expert review of mental health and support for young people entering HMP & YOI Polmont.

National Action Plan on Internet Safety for Children and Young People: published in 2017, a four-year plan developed in partnership with Education Scotland, YouthLink Scotland, Young Scot, NSPCC, Barnardos, Respectme and Police Scotland, sets out priorities to ensure the appropriate training, support and information is in place to keep children safe online. A progress report will be published in 2019. Ongoing work includes:

- a core internet safety reference group being established to enhance the cross cutting work across Government in Education, Police, Cyber Resilience and Digital Participation;
- the commissioning of research to map online safety resources, guidance and training currently available to children, young people, families, parents, carers and professionals. It will identify where further work is required; and
- supporting the awareness raising of Safer Internet Day in Scotland. This year saw the launch of a special recognition badge as part of Digital Schools Awards Scotland's scheme to promote excellence in digital learning and teaching in Scottish schools.

The Scottish Government funded YoungScot to develop a social media campaign (DigiAye) focusing on online safety and a cyber resilience engagement programme to work with disadvantaged communities developing their knowledge and understanding of cyber risks; and continues to support Young Scot 5Rights campaign to realise and promote young people's rights in the digital world.

The Scottish Government is an executive board member of the UK Council for Internet Safety (UKCIS) to ensure Scotland's interests are appropriately represented in a collaborative and coordinated approach to address online concerns such as harassment, bullying and criminal activity such as sharing of child sexual abuse imagery.

National Advisory Council on Women and Girls: raises awareness of gender inequality in Scotland and drives forward positive progress and policies to make a meaningful difference to the lives of women and girls.

National Missing Persons Framework for Scotland (2017): almost two-thirds of people reported missing are children and young people, many from a looked after, in care or residential setting. Preventive measures to be introduced to reduce the

number of missing person episodes with prevention planning at a local level for vulnerable individuals and groups.

National Action Plan to Prevent and Tackle Child Sexual Exploitation: updated in 2016, acknowledges that technology is playing a significant role in changing the nature of child sexual abuse as the internet and social media makes it easier to access and share images, allows perpetrators to connect, and provides a sense of anonymity. The final report of delivery of the National Action Plan is due to be published in winter 2019. Work includes:

- expansion of the national sexual violence prevention programme (see Annex G for more information on this programme) across secondary schools. External evaluation of changes in knowledge and attitudes indicated that this programme has been successful in improving young people's knowledge and attitudes relating to consent and healthy sexual relationships;
- single and multi-agency training, and specific training for night time economy staff has been delivered across Scotland to support local areas, raising public and practitioner awareness of child sexual exploitation.

The Scottish Government is developing a multi-agency group on commercial sexual exploitation.

National Child Protection Guidance (2014): currently being updated and due to be published mid-2020. This provides a framework for agencies and practitioners at local level to agree processes for working together to safeguard and promote child wellbeing.

National Child Protection Leadership Group: supports, strengthens and improves, from a national perspective, activity on child protection across Scotland and maintains oversight of implementation of the actions in the Child Protection Improvement Programme.

National Improvement Framework for Education: with health and wellbeing central to development, work to deliver recommendations of the recent review of personal and social education will commence in 2019.

National Parenting Strategy (2012): championing the importance of parenting in making a positive difference to children and young people by strengthening the support on offer to parents, and by making it easier for them to access this support.

National Trauma Training Plan 2018: providing front line workers with the knowledge, skills and confidence to respond appropriately to those experiencing physical or sexual abuse.

Neglect Improvement Programme Pilot: in three local authorities across Scotland to address neglect (Inverclyde, Perth & Kinross and Dundee). The programme is looking at how education, health and children's services work together to tackle neglect, in order to influence practice change in a sustainable and scalable way.

Personal and Social Education (PSE) Review: In January 2019 the findings and recommendations of the review into PSE were published. The Review identified 16 recommendations to strengthen the delivery of Personal and Social Education in Schools. This will help to provide every young person with the opportunity to grow, achieve and succeed as individuals. A PSE Delivery and Implementation Group has been established to take forward these recommendations. The group is jointly chaired by Scottish Government and COSLA.

Pregnancy and Parenthood in Young People Strategy: under this strategy, the resource, “Key Messages for Young people on Healthy Relationships and Consent – a resource for professionals working with Young People” has been developed as part of the Scottish Government’s work on supporting positive relationships and sexual wellbeing in all young people. The messages set out that relationships should be mutually respectful, consensual, positive, healthy and enjoyable. They are applicable to all romantic relationships - from those that are about holding hands to those where young people are sexually active, regardless of whether they are in same sex or mixed sex relationships.

Respect for all: launched November 2017, an anti-bullying strategy for all working with children and young people. Adopts a holistic approach, drawing the distinction between bullying behaviour and actions which result from prejudice, which may be considered criminal behaviours (sexual harassment or assault) where Police should be contacted.

Respectme: launched 2007, Scotland’s anti bullying service, funded by the Scottish Government and managed by Scottish Association for Mental Health (SAMH) and LGBT Youth Scotland.

Relationships, sexual health and parenthood (RSHP) education: the report of the LGBTI Inclusive Education Working Group committed the Scottish Government to updating the existing RSHP teaching guidance for schools in 2019. RSHP education is a key part of Health and Wellbeing within Curriculum for Excellence. RSHP education focuses on equipping children and young people with the knowledge, skills and values to make informed and positive choices about forming relationships. Ongoing development of a teaching resource website to instill greater confidence in teachers delivering RSHP education. Strengthening sexual harassment and consent education are key strands of RSHP teaching guidance review.

School Nursing::The Scottish Government is currently in the process of refreshing the school nursing service for families. This includes increasing the number of additional qualified School Nurses by 250 by the end of 2022 following a Programme for Government commitment.

Substance Misuse Strategy: refreshed strategy published November 2018, which aims to develop more effective responses to children at risk of parental substance misuse. Recognises that wider family plays a role in supporting recovery of family member plus these family members also need support. The Scottish Government also invests in a range of funds which support families affected by drugs and alcohol

use, including the Partnership Drugs Initiative, Scottish Families affected by Alcohol and Drugs, and the Family Recovery Initiative Fund.

Rape Crisis Scotland (RCS): funded by the Scottish Government to assist in provision of a national sexual violence prevention programme for secondary schools which provides modules on gender, consent, sexual violence and how it can be prevented, sexualisation, pornography, social media, the impact of sexual violence and how to access support. It is estimated that by 2020 this will have reached approximately 48% of Local Authority secondary schools.

Scottish Government is also funding a partnership from 2017-20 between Zero Tolerance (ZT) and RCS to deliver and trial a “whole school” approach to promoting gender equality and preventing gender based violence. See Annex G for more details.

Youth Justice strategy “Preventing offending: Getting it Right for Children and Young People” 2015-20: builds on a preventative approach to offending by young people, looking at the needs as well as the actions of young people. The strategy promotes a multi-agency Whole System approach, with a focus on improving life chances and developing capacity. This strategy and the previous Youth Justice framework, along with the roll out of the whole system approach to offending behaviour across Scotland since 2011, has contributed to a fall of 78% of under 18s being prosecuted in court since 2006-07.

This is a preventative approach, recognising that a child's early years are their most important and that their environment and wellbeing in this key stage of life can have a significant impact on their future lives and life chances. It is also acknowledged that adolescence is a critical period of opportunity and brain development. The strategy is founded on a shared vision of prevention, diversion, and managing and supporting children and young people to change their behaviour. The strategy is supported by the Youth Justice Improvement Board. The Scottish Government have also provided funding to train practitioners in the risk assessment tool assessing young people involved in offending behaviour, called START:AV.

Universal Health Visiting Pathway in Scotland (2015): the programme consists of 11 home visits to all families - eight within the first year of life and three child health reviews between the ages of 13 months and 4-5 years. The Pathway is being rolled out across all Health Boards with full implementation expected by January 2020.

Violence Reduction Unit: receives direct funding from Scottish Government. Work includes training Police Scotland Campus Cops – allocated officers who work in schools across communities building relationships between young people and the police to increase their engagement to provide violence prevention and early intervention for young people particularly those most at risk children. The Mentors in Violence Prevention (MVP) Programme is a peer education programme allowing young people to explore and challenge the attitudes, beliefs and cultural norms that underpin gender based violence. The programme uses a “bystander approach” to address various forms of violence including bullying, sexting, name calling, coercive controlling behaviour and harassment. The programme delivery is supported through Education Scotland with additional Scottish Government funding to provide three

MVP Development Officers who provide support to local authorities and schools across Scotland. It is delivered in 23 local authorities, working to build sustainability for continued delivery.

[\[Back to Contents\]](#)

Annex B - Examples of current legislation on sexual crimes which require proof of age of the complainer or accused; and a map showing potential case routes

The first two Acts referred to below deal with the taking and sharing of images

Civic Government (Scotland) Act 1982

- section 52A – possession of indecent photographs of children.

A child is defined as under the age of 18. The age of the accused is irrelevant, as is the issue of consent.

Being a child is not a defence to the crime of possession or distribution of indecent images of children (*other than in the very limited circumstances set out in section 52B concerning 16 and 17 year olds in ‘established’ relationships or where both parties are married).

Communications Act 2003

- section 127 – improper use of public electronic communications network

This includes sending a sexual image or verbal message. The ages of the recipient of the electronic communication and the accused are irrelevant, as is the issue of consent.

Sexual Offences (Scotland) Act 2009

Part 4 of the 2009 Act describes ‘protective offences’ which prohibit sexual contact with a child or young person of certain ages

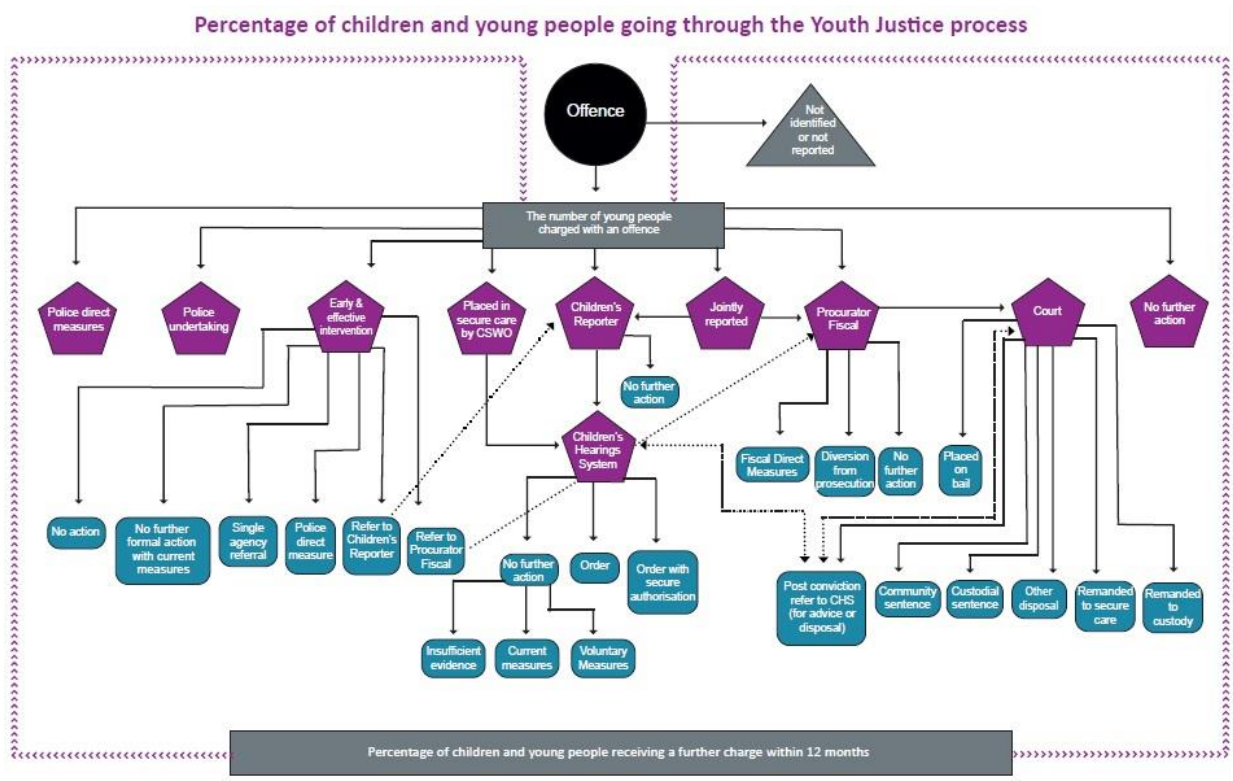
- section 21 – causing a young child to participate in a sexual activity
- section 22 – causing a young child to be present during a sexual activity
- section 23 – causing a young child to look at a sexual image
- section 24 – communicating indecently with a young child, etc.
- section 25 – sexual exposure to a young child

A ‘young child’ is defined as aged 12 or younger. The age of the accused is irrelevant, as is the issue of consent.

- section 31 – causing an older child to participate in a sexual activity
- section 32 – causing an older child to be present during asexual activity
- section 33 – causing an older child to look at a sexual image
- section 34 – communicating indecently with an older child, etc.
- section 35 – sexual exposure to an older child

An ‘older child’ is defined as aged between 13 and 15. The accused person must be at least 16. The issue of consent is irrelevant.

The chart below from CYCJ shows the potential routes that may be followed when a child or young person is reported to the Children’s Reporter or COPFS:



[\[Back to Contents\]](#)

Annex C - Reference Materials

Achenbach T (1991). Manual for the Child Behaviour Checklist/4–18 and 1991 Profile. Burlington: University of Vermont.

Adler, N., & Schutz, J. (1995). Sibling incest offenders. *Child abuse and neglect*, 19(7), 811-819.

Alaggia, R. (2002). Balancing Acts: Reconceptualizing support in the maternal response to intra-familial child sexual abuse. *Clinical social work journal*, 30(1), 41-56.

Allardyce, S., & Yates, P. (2009). The risks of young people abusing sexually at home, in the community or both: A comparative study of 34 boys in Edinburgh with harmful sexual behaviour. *Towards Effective Practice 8*. Edinburgh. Criminal Justice Social Work Development Centre.

Allardyce, S., & Yates, P. (2013). Assessing risk of victim crossover in children and young people who display harmful sexual behaviours. *Child Abuse Review*, 22(4), 255-267. doi:10.1002/car.2277.

Allardyce, S., & Yates, P. (2018). *Working with Children and Young People Who Have Displayed Harmful Sexual Behaviour*. Edinburgh: Dunedin.

Almond, L., & Giles, S. (2008). Young People with Harmful Sexual Behaviour: Do Those with Learning Disabilities Form a Distinct Subgroup? *Journal of Sexual Aggression*, 14(3), 227-239.

Araji, S. K. (2004). Preadolescents and adolescents: Evaluating normative and non-normative sexual behaviours and development. In G. O'Reilly, W. L. Marshall, A. Carr, & R. C. Beckett (Eds.), *The handbook of clinical intervention with young people who sexually abuse* (pp. 3-35). Hove: Brunner-Routledge.

Archer, E. (2017) *The experiences of parents of children who have engaged in harmful sexual behaviour : an interpretative phenomenological analysis*.

Association for the Treatment of Sexual Abusers (ATSA) : Facts about children who display problematic sexual behaviors.

Atwood, J. D. (2007). When love hurts: Preadolescent girls' reports of incest. *The American Journal of Family Therapy*, 4, 287-313.

Aust, S. (2010). Is the Good Lives Model of offender treatment relevant to sex offenders with a learning disability? *Journal of Learning Disabilities and Offending Behaviour*, 1(3), 33-39.

Ayland, L., and West, B. (2006). The Good Way model: A strengths-based approach for working with young people, especially those with intellectual disabilities, who have intellectually abusive behaviour. *Journal of Sexual Aggression*, 12(2), pp.189-201.

Ayland, L., and West, B. (2007). Using the Good Way model to work positively with adults and youth with intellectual difficulties and sexually abusive behaviour. *Journal of Sexual Aggression*, 13(3), pp.253-266.

Bagley, C. (1992). Characteristics of 60 children and adolescents with a history of sexual assault against others: Evidence from a comparative study, *The Journal of Forensic Psychiatry*, Vol.3, pp.299-309.

Ballantine, M. W. (2012). Sibling incest dynamics: Therapeutic themes and clinical challenges. *Clinical social work journal*, 40, 56-65.

Balsamo & Poncin (2016). Community-Based Alternatives to Incarceration and Assessment and Community-Based Planning for Probation/Community-Based Alternative. *Child and Adolescent Psychiatric Clinics of North America*, 25(1), 123-128.

Barbaree, H.E., Marshall, W. L. & McCormick, J. (1998). The development of deviant sexual behaviour among adolescents and its implications for prevention and treatment, *The Irish Journal of Psychology*, 19:1, 1-31, DOI: 10.1080/03033910.1998.10558168.

Barnardos Bwise2 Sexual Exploitation - pack equips teachers, social workers and counsellors to educate young people about sexual exploitation with honesty and realism. http://www.barnardos.org.uk/resources/research_and_publications/bwise2-sexual-exploitation/publication-view.jsp?pid=PUB-1263

Barnardos Real Love Rocks – an online space all about raising awareness around Child Sexual Exploitation and what a healthy and safe relationship is. Designed for young people, parents or professionals. <http://www.barnardosrealloverocks.org.uk/>

Barter et al. (2009). Partner exploitation and violence in teenage intimate relationships.

Barter et al. (2015). Safeguarding Teenage Intimate Relationships (STIR) Connecting online and offline contexts and risks.

Barter C. & Berridge D. (Eds). *Children Behaving Badly? Peer Violence between Children and Young People*. Chichester Wiley-Blackwell.

Bates, C., Terry, L., & Pople, K. (2017). Supporting people with learning disabilities to make and maintain intimate relationships. *Tizard Learning Disability Review*, 22(1), 16-23.

Bank, S. P., & Kahn, M. D. (1982). *The sibling bond*. New York: Basic Books.

Bass, L. B., Taylor, B., A., Knudson-Martin, C., & Huenergardt, D. (2006). Making sense of abuse: Case studies in sibling incest. *Contemporary family therapy*, 28(1), 87-109. doi:10.1007/s10591-006-9697-0.

Beckett et al. (2013) It's wrong ... but you get used to it. A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England.

Beckett, R. (2006). Risk prediction, decision making and evaluation of adolescent sexual abusers. In M. Erooga & H. Masson (Eds.), *Children and young people who sexually abuse others* (2nd ed., pp. 215-233). Abingdon: Routledge.

Berelowitz et al. (2013). *If only someone had listened*, Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation.

Beres (2007). 'Spontaneous' Sexual Consent: An Analysis of Sexual Consent Literature.

Blast Project supporting and working solely with boys and young men who have experienced, are experiencing or are at risk of experiencing child sexual exploitation (CSE) <https://www.mesmac.co.uk/blast/for-professionals/resources>

Boyd, C. and Bromfield, L. (2006). *Young people who sexually abuse: key issues* Australian Institute of Family Studies.

Brady, A. & McCarlie, C. (2014) *Management, Assessment and Risk Reduction (MARR)* Glasgow City Council.

British Institute of Learning Disabilities (BILD) *Unprotected, Overprotected: meeting the needs of young people with disabilities who experience, or are at risk of sexual exploitation*, <http://www.bild.org.uk/resources/cse-and-ld/unprotected-overprotected/>

Brook Sexual Health & Wellbeing for under 25s. *The Sexual Behaviours Traffic Light Tool*.

Brook Digital Romance: Exploring young people's use of technology in their romantic relationships and love lives.

Brown, N., Connor, P., & Adler, R. (2012). Conduct-Disordered Adolescents with Fetal Alcohol Spectrum Disorder: Intervention in Secure Treatment Settings. *Criminal Justice and Behavior*, 39(6), 770-793.

Burkett and Hamilton (2011). *Postfeminist sexual agency: Young women's negotiations of sexual consent*.

Burrowes and Horvath (2013). *The rape and sexual assault of men – a review of the literature*.

Caffaro, J. V. (2014). *Sibling abuse trauma: Assessment and intervention strategies for children, families and adults*. 2nd edition. London: Routledge.

Caffaro, J. V., & Conn-Caffaro, A. (1998). *Sibling abuse trauma: Assessment and intervention strategies for children, families and adults*. Oxford: Routledge.

Calder, M. C. (1999). Working with young people who sexually abuse. Lyme Regis: Russell House Publishing.

Callander, Isla. PhD Thesis. Improving the Statutory Regulation of Consensual Sexual Behaviour Between Adolescents in Scotland. School of Law, College of Social Sciences, University of Glasgow.

Cameron, A. M., Bostock, L., & Lart, R. A. (2014). Service user and carers perspectives of joint and integrated working between health and social care. *Journal of Integrated Care*, 22(2), 62-70.

Canavan, M., Meyer, W., & Higgs, D. (1992). The female experience of sibling incest. *Journal of Marriage and Family Therapy*, 18(2), 129-142. doi:10.1111/j.1752-0606.1992.tb00924.x.

Carlson, B. E. (2011). Sibling incest: Adjustment in adult women survivors. *Families in Society*, 92(1), 77-83. doi:10.1606/1044-3894.4067.

Carlson, B. E., Maciol, K., & Schneider, J. (2006). Sibling incest: Reports from forty-one survivors. *Journal of child sexual abuse*, 15(4), 19-34. doi:10.1300/j070v15n04_02.

Carmody (2004). Sexual ethics and the erotics of consent.

Carr, A. (1999) *Handbook of Clinical Child and Adolescent Psychology: A Contextual Approach*. London: Routledge.

Caton, S., & Chapman, M. (2016). The use of social media and people with intellectual disability: A systematic review and thematic analysis. *Journal of Intellectual and Developmental Disability*, 41(2), 1-15.

Centre of expertise on child sexual abuse (CSA) (2017). Key messages from research on child sexual exploitation: Staff working in health settings (June 2017) <https://www.csacentre.org.uk/resources/key-messages/staff-working-in-health-settings/>

Centre for Youth and Criminal Justice (2014). Rigby, Whyte, and Schinkel: Young People and MAPPA in Scotland.

Centre for Youth and Criminal Justice (2017). Managing Risk of Serious Harm; Youth Justice Practice Guide Chp5; CYCJ. Glasgow.

Centre for Youth and Criminal Justice (2018). Caught in the Net!: Technology assisted harmful sexual behaviours; CYCJ. Glasgow.

Childnet International STAR SEN toolkit - practical advice and teaching activities to help educators explore online safety with young people with autism spectrum disorders <https://www.childnet.com/resources/star-sen-toolkit>

Choukas-Bradley, S., Goldberk, S.K, Widman, L., Reese, B.M. & Halpern, C.T. (2015). Demographic and developmental differences in the content and sequence of adolescents' ideal romantic relationship behaviors, *Journal of Adolescence*, vol. 45, pp. 112-126.

Cooper, K., Quayle, E., Jonsson, L., & Svedin C. G. (2016). Adolescents and self taken images: A review of the literature. *Computers in human behavior*.

Costin, D., Schuler, S., & Curwen, T. (2009). Responding to adolescent sexual offending.

Coy (2014). Sexualised sexism: popular culture, sexualisation and violence against women and girls.

Coy, M., Kelly, L., Vera-Gray, F., Garner, M. & Kanyeredzi, A. (2016). From 'no means no' to 'an enthusiastic yes': Changing the Discourse on Sexual Consent Through Sex and Relationships Education.

Coy et al. (2013). Sex without consent, I suppose that is rape: How young people in England understand sexual consent November 2013. A report commissioned for the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups.

Cullen, F. T., Eck, J. E., & Lowenkamp, C. T. (2002). Environmental corrections - A new paradigm for effective probation and parole supervision. *Fed. Probation*, 66, 28.

Cyr, M., Wright, J., McDuff, P., & Perron, A. (2002). Intrafamilial sexual abuse: Brother-sister incest does not differ from father-daughter and stepfather-stepdaughter incest. *Child abuse and neglect*, 26, 957-973. doi:10.1016/s0145-2134(02)00365-4.

Daie, N., Witztum, E., & Eleff, M. (1989). Long-term effects of sibling incest. *Journal of clinical psychiatry*, 50, 428-431.

Digiorgio-Miller, J. (1998). Sibling incest: Treatment of the family and the offender. *Child Welfare*, 77(3), 335-346.

Donovan et al. (2014). The Coral Project : Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and / or Transgender Relationships Interim Report

Dopp, A., Borduin, C. and Brown, C. (2015). Evidence based treatments for juvenile sex offenders: review and recommendations, *Journal of Aggression, Conflict and Peace Research*, 7(4), pp. 223-236.

Duane, Y. & Morrison, T. (2004). Families of young people who sexually abuse: Characteristics, contexts and considerations.

Elgar, M., & Head, A. (1999). An overview of siblings. In A. Mullender (Ed.), *We are family: Sibling relationships in placement and beyond* (pp. 19-27). London: BAAF.

Ehrensaft, M.K., Westfall, H.K., Nolon, P.H. et al.(2018). Can a Parenting Intervention to Prevent Early Conduct Problems Interrupt Girls' Risk for Intimate Partner Violence 10 Years Later? *Prev Sci* (2018) 19: 449.
<https://doi.org/10.1007/s11121-017-0831-z>.

Evertsz, J. and Miller, R. (2012). Children with problem sexual behaviours and their families: Best interests case practice model. Specialist practice resource.

Fahy, B. (2011). Dilemmas for practitioners working with siblings under 10 years presenting with harmful sexual behaviours towards each other, with complex trauma histories. What are the challenges involved in how they should be placed in local authority care permanently? In M. C. Calder (Ed.), *Contemporary practice with young people who sexually abuse: Evidence-based developments*. Lyme Regis: Russell House Publishing.

Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety and effects. *Archives of sexual behaviour*, 9(3), 171-194. doi:10.1007/bf01542244.

Finkelhor, D., Ormrod, R. and Chaffin, M. (2009). Juveniles Who Commit Sex Offenses Against Minors. *Juvenile Justice Bulletin*.

Firmin, C. (2017). Contextual Safeguarding: an overview of the operational, strategic and conceptual framework. Institute of Applied Social Research, University of Bedfordshire.

5 Rights Youth Commission Report (2017). The Youth Commission: How Scotland can realise the rights of children and young people in the digital world.
<https://youngscot.net/observatory/5rights-our-digital-rights>

The 5Rights Framework sets out: A right to remove. A right to know. A right to safety and support. A right to informed and conscious use. A right to digital literacy.
<https://5rightsfoundation.com/>

Flood, M. (2010). *Where Men Stand: Men's roles in ending violence against women*. Sydney: White Ribbon Prevention Research Series, No. 2.

Forth Valley Child Protection Committee Guidance (based on the National Guidance for Child Protection in Scotland, 2014): aims to support organisations and practitioners in working together to give children the protection they need, quickly and effectively at the earliest possible stage.
<https://www.clacks.gov.uk/document/5536.pdf>

Friedrich, W. (1997). *Child Sexual Behaviour Inventory: professional manual*. Odessa, Florida; Psychological Assessment Procedures.

Friedrich, W.N., Fisher, J.L., Dittner, C.A., Acton, R., Berliner, L., Butler, J., Damon, L., Davies, W.H., Gray, A. & Wright, J. (2001). Child Sexual Behavior Inventory: Normative, Psychiatric and Sexual Abuse Comparisons, *Child Maltreatment*, vol. 6, no. 1, pp. 37-49.

Friedrich, W. N., Gerber, P.N., Koplin, B., Davis, M., Giese, J., Mykelbust, C. & Franckowiak, D. (2001). Multimodal Assessment of Dissociation in Adolescents: Inpatients and Juvenile Sex Offenders, *Sexual Abuse: A Journal of Research and Treatment*, vol. 13, no. 3, pp. 167-177.

Friedrich, W. N., Hobart Davies, W., Feher, E, & Wright, J. (2003). Sexual behavior problems in preteen children: Developmental, Ecological and Behaviour Correlates. *Annals of the New York Academy of Sciences*.

Friedrich, W. N., Trane, S. T. Gully, & K. J. (2005). Letter to the Editor: Re: It is a mistake to conclude that sexual abuse and sexualized behavior are not related: A reply to Drach, Wientzen, and Ricci (2001).

Fyson, R. (2005). *Young People with Learning Disabilities who Show Sexually Inappropriate or Abusive Behaviours*. Nottingham: Ann Craft Trust.

Fyson, R. (2007). Young people with learning disabilities who sexually harm others: The role of criminal justice within a multi-agency response. *British Journal of Learning Disabilities*, 35, pp.181-186.

Girlguiding UK (2014). Girls Attitudes Survey. <https://www.girlguiding.org.uk/social-action-advocacy-and-campaigns/research/girls-attitudes-survey/>

Gil-Llario, M., Morell-Mengual, V., Ballester-Arnal, R., & Diaz-Rodriguez, I. (2018). The experience of sexuality in adults with intellectual disability. *Journal of Intellectual Disability Research*, 62(1), 72-80.

Gilligan, R. (2000). Adversity, resilience and children: the protective value of positive school and spare time experiences, *Children and Society*, Vol 14 (1), 37-47.

Gleeson, C., Kearney, S., Leung, L. & Brislane, J. (2015). *Respectful Relationships Education in Schools*. Evidence Paper Australia.

Graff, H., Moyher, J., Bair, R., Foster, E., Gorden, C., & Clem, M. (2018). Relationships and Sexuality: How is a Young Adult with an Intellectual Disability Supposed to Navigate? *Sexuality and Disability*, 36(2), 175-183.

Gregory, G., Reddy, V. & Young, C. Identifying children who are at risk of FASD in Peterborough: working in a community clinic without access to gold standard diagnosis. *Adoption & Fostering*, Volume 39, Issue 3, pp. 225-234.

Griffee, K., Swindell, S., O'Keefe, S. L., Stroebel, S. S., Beard, K. W., Kuo, S.-Y., & Stroupe, W. (2014). Etiological risk factors for sibling incest: Data from an anonymous computer-assisted self-interview. *Sexual abuse: A journal of research and treatment*, 1-40. doi:10.1177/1079063214558941.

Growing Up Neglected. <https://socialcareinspection.blog.gov.uk/2018/07/06/growing-up-neglected/>

Hackett, S., Print, B., & Dey, C. (1998). Brother nature? Therapeutic intervention with young men who sexually abuse their siblings. In A. Bannister (Ed.), *From hearing to healing: Working with the aftermath of child sexual abuse* (2nd ed.): Wiley.

Hackett, S. (2001). *Facing the future: A guide for parents of young people who have sexually abused*. Lyme Regis: Russell House Publishing.

Hackett, S. (2004). *What works for children and young people with harmful sexual behaviours?* Ilford: Barnardo's.

Hackett, S. (2010). Children, young people and sexual violence. In: Barter, C. and Berridge, D. (Eds) *Children behaving badly? Exploring peer violence between children and young people*. London: Blackwell Wiley.

Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2013). Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers. *Child Abuse Review*, 22(4). Pp 232-245. ISSN 0952-9136.

Hackett, S (2014). *Children and young people with harmful sexual behaviours*. London: Research in Practice.

Hackett, S., Holmes, D., & Branigan, P. (2016). *Harmful Sexual Behaviour Framework: An Evidence-informed Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours*. London, NSPCC.

Hardy, M. S. (2001). Physical aggression and sexual behaviour among siblings: A retrospective study. *Journal of family violence*, 16(3), 255-268.

Health Scotland. **SHARE** is an evidence-informed educational resource for use by teachers and others to support learning about Relationships, Sexual Health and Parenthood outcomes and experiences of Curriculum for Excellence geared at influencing a more positive sexual health culture in Scotland.

<http://www.healthscotland.com/documents/4946.aspx>

Hellemans, H., Colson, K., Verbraeken, C., Vermeiren, R., & Deboutte, D.. (2007). Sexual Behavior in High-Functioning Male Adolescents and Young Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 37(2), 260-269.

Hickman and Muehlenhard (1999). By the semi-mystical appearance of a condom: How young women and men communicate consent in heterosexual situations.

Hlavka (2014). *Normalizing Sexual Violence: Young Women Account for Harassment and Abuse*.

Hollis, V & Belton, E. (2017). *Children and Young People who engage in technology-assisted harmful sexual behaviour; a study of their behaviours, backgrounds and characteristics*.

Horvath et al. (2013). Basically... porn is everywhere: A Rapid Evidence Assessment on the Effect that Access and Exposure to Pornography has on Children and Young People.

Houck, C. D., Barker, D., Rizzo, C., Hancock, E., Norton, A. and Brown, L. K. (2014). Sexting and sexual behavior in at-risk adolescents, *Pediatrics*, Vol. 133, e276–e282.

Houghton, C. et al. (2018). Everyday Heroes: Gender Inequality and Societal Attitudes Report <https://everydayheroes.sps.ed.ac.uk/wp-content/uploads/2018/11/everyday-heroes-briefing3-Gender.pdf>

Hutton and Whyte (2006). Children and young people with harmful sexual behaviours: *Journal of Sexual Aggression*.

James, A. & Neil, P. (1996). Juvenile Sexual Offending: One-Year Period Prevalence Study within Oxfordshire. *Child Abuse & Neglect* vol. 20, pp. 477-485.

Johnstone, L., & Gregory, L. (2015). Youth violence risk assessment: A framework for practice.

Johnson, T. & Doonan, R. (2005). Children twelve and younger with sexual behaviour problems: What we know in 2005 that we didn't know in 1985. In Longo, R. and Prescott, D. (eds.) *Current Perspectives: Working with Sexually Aggressive Youth and Youth with Sexual Behavior Problems*. Holyoke, MA: NEARI Press.

Johnson, T. C. (2003). Child sexual behavior checklist - Revised.

Johnson, T. C. (2003). Sibling incest. South Pasadena: Self-published pamphlet.

Johnson, T. C. (2015). Updated and expanded: Understanding children's sexual behaviors - what's natural and healthy (online).

Kambouridis, H. (2012). Working with sibling sexual abuse (Gatehouse centre). ACSSA Working with series.

Kambouropoulos, N. (2006). Understanding the background of children who engage in problem sexual behaviour. In: Staiger (ed.) *Children who engage in problem sexual behaviour: Context, characteristics and treatment*, Australian Childhood Foundation, Melbourne.

Katy. (2009). Sibling sexual abuse and incest during childhood.

Kaufman (1987). Construction of masculinity and triad of men's violence.

Keane, M., Guest, A., & Padbury, J. (2013). A balancing act: A family perspective to sibling sexual abuse. *Child Abuse Review*, 22, 246-254.

Keep Safe: Group and Family Intervention for Young People with Learning Disabilities & Harmful Sexual Behaviour(s) & their Parents/Carers prepared by Kent

University Tizard Centre, the Avon and Wiltshire Mental Health Partnership NHS Trust Be Safe Service, and The Keep Safe Development Group.

Kelly, L. and Karsna, K. (2017, updated 2018). Measuring the scale and changing nature of child sexual abuse and child sexual exploitation: Scoping report. CSA and London Metropolitan University.

Kendall-Tackett, Meyer Williams, and Finkelhor (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological bulletin* Vol 113.

King-Hill (2018). Reducing Harmful Sexual Behaviours in Children and Young People Through Training: A realistic evaluation of the Evidence, Success and Transfer of the Brook Traffic Light Tool. Under Review for Publication.

Kiselica, M. S., & Morrill-Richards, M. (2007). Sibling Maltreatment: The Forgotten Abuse. *Journal of counseling and development*, 85(2), 148-161. doi:10.1002/j.1556-6678.2007.tb00457.x.

Krienert, J. L., & Walsh, J. A. (2011). Sibling sexual abuse: An empirical analysis of offender, victim, and event characteristics in national incident-based reporting system (NIBRS) data, 2000-2007. *Journal of child sexual abuse*, 20, 353-372. doi:10.1080/10538712.2011.588190.

Lambie, I., & Seymour, F. (2006). One Size Does Not Fit All: Future Directions for the Treatment of Sexually Abusive Youth in New Zealand. *Journal of Sexual Aggression*, 12(2), 175-187.

Latzman, N. E., Viljoen, J. L., Scalora, M. J., & Ullman, D. (2011). Sexual offending in adolescence: A comparison of sibling offenders and nonsibling offenders across domains of risk and treatment need. *Journal of child sexual abuse*, 20(3), 245-263.

Laviola, M. (1992). Effects of older brother-younger sister incest: A study of the dynamics of 17 cases. *Child abuse and neglect*, 16, 409-421. doi:10.1016/0145-2134(92)90050-2.

Lea and Auburn (2001). The Social Construction of Rape in the Talk of a Convicted Rapist.

Leach, C., Stewart, A. & Smallbone, S. (2015). Testing the sexually abused-sexual abuser hypothesis: A Prospective longitudinal birth cohort study, *Child Abuse and Neglect*, vol. 51, pp. 144-153.

Leclerc, B., Smallbone, S. & Wortley, R. (2015). Prevention Nearby: The Influence of the Presence of a Potential Guardian on the Severity of Child Sexual Abuse, *Sexual Abuse: A Journal of Research and Treatment*, vol. 27, no. 2, pp. 189-204.

Lee, M. and Crofts, T. (2015). Gender, Pressure, Coercion and Pleasure: Untangling Motivations for Sexting Between Young People, *The British Journal of Criminology* Vol 55, issue 3, pages 454-473.

Lewis, R. (2018). Literature review on children and young people demonstrating technology-assisted harmful sexual behavior. *Aggression and Violent Behavior*, 40, 1-11.

Löfgren-Mårtenson, L., Sorbring, E., & Molin, M. (2015). Tangled Up in Blue: Views of Parents and Professionals on Internet Use for Sexual Purposes Among Young People with Intellectual Disabilities. *Sexuality and Disability*, 33(4), 533-544.

Loredo, C. M. (1982). Sibling incest. In S. M. Sgroi (Ed.), *Handbook of clinical intervention in child sexual abuse* (pp. 177-188). New York: Lexington Books.

Lucy Faithfull Foundation. A guide for parents of children and young people who have got into trouble online:

https://www.parentsprotect.co.uk/files/Parents%20Pack_Whats%20the%20problem_11Mar2015.pdf

Lunceford, B. (2011). The new pornographers: Legal and ethical considerations of sexting, in Drushel, B. and German, K. (2011) *The Ethics of Emerging Media: Information, Social Norms, and New Media Technology*, New York, NY: Continuum, pp. 99–118.

Manocha, K. F. and Mezey, G. (1998) British adolescents who sexually abuse: A descriptive study, Vol 9 issue 3, pp 588-608.

Marshall, W. L. and Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending, in Marshall, W. L. and Barbaree, H. E. (eds) (1990) *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, Victoria, BC: Abe.

Marshall, W. L., Smallbone, S. & Marshall, L. E. (2015). A critique of current child molester subcategories: a proposal for an alternative approach, *Psychology, Crime & Law*, vol. 21, no. 3, pp. 205-218.

Marston and Lewis (2014). Anal heterosex among young people and implications for health promotion: a qualitative study in the UK.

Martellozzo et al (2016). I wasn't sure it was normal to watch it: A quantitative and qualitative examination of the impact of online pornography on the values, attitudes, beliefs and behaviours of children and young people.

McCarlie, C. (2009). *Risk Management for Children and Young People with Problematic Sexual Behaviours*. Dumfries and Galloway.

Mckibbin, G. (2017). Preventing Harmful Sexual Behaviour and Child Sexual Exploitation for children & young people living in residential care: A scoping review in the Australian context. *Children and Youth Services Review*, 82, 373-382.

McKillop, N., Brown, S., Smallbone, S. & Pritchard, K. (2015). Similarities and differences in adolescence-onset versus adulthood-onset sexual abuse incidents, *Child Abuse and Neglect*, vol. 46, pp. 37-46.

McKillop, N., Brown, S., Wortley, R. & Smallbone, S. (2015). How victim age affects the context and timing of child sexual abuse: applying the routine activities approach to the first sexual abuse incident, *Crime Science*, vol. 4, no. 1, pp. 1-10.

McKillop, N., Smallbone, S., & Wortley, R. (2016). Predicting multiple victim versus single victim sexual abuse: an examination of distal factors and proximal factors associated with the first abuse incident, *Journal of Sexual Aggression*, 22:1, 52-65.

McNeish and Scott (2014). Women and girls at risk : Evidence across the life course Key Messages from the Review.

McNeish, D. and Scott, S. Key messages from research on institutional child sexual abuse (2018). Centre of Expertise on Child Sexual Abuse.
https://www.csacentre.org.uk/index.cfm/_api/render/file/?method=inline&fileID=76F5DAC4-FD0B-4803-8DE4B5968E3088FE

McNevin, E. (2010). Applied restorative justice as a complement to systemic family therapy: Theory and practice implications for families experiencing intra-familial adolescent sibling incest. *The Australian and New Zealand Journal of Family Therapy*, 31(1), 60-72.

Meiselman, K. C. (1981). *Incest: a psychological study*. San Francisco: Jossey-Bass.

Morrill, M. (2014). Sibling sexual abuse: An exploratory study of long-term consequences for self-esteem and counseling considerations. *Journal of family violence*, 29, 205-213. doi:10.1007/s10896-013-9571-4.

Murphy, C (2018). Balancing rights and risk: How can we get it right for children involved in violent behaviour?; CYCJ.

Murphy, G. (2018). Keep Safe: The development of a manualised group CBT intervention for adolescents with ID who display harmful sexual behaviours. *Journal of Intellectual Disabilities and Offending Behaviour*, 9(1), 49-58.

Murphy, G. H. (2003). Capacity to consent to sexual relationships in adults with learning disabilities, *Journal of Family Planning and Reproductive Healthcare*, Vol. 29, pp. 148–9.

National Autistic Society. Information for Autistic Social stories and comic strip conversations - can help autistic people develop greater social understanding and stay safe. <http://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>

NHS Education Scotland. National Trauma Training Framework - to support the strategic planning and delivery of training for those who have contact with survivors of trauma across all parts of the Scottish Workforce.
<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

NHS Tayside. Insight Gathering Project: The multi-agency Sexual Health and Blood Borne Virus Managed Clinical Network. Dr Colin Morrison and Ross Robertson.

NICE (2016) Harmful sexual behaviour among children and young people; NICE guidelines. <https://www.nice.org.uk/guidance/NG55>

NSPCC (2016). A review of the research on children and young people who display harmful sexual behaviour online. <https://learning.nspcc.org.uk/media/1198/review-children-young-people-harmful-sexual-behaviour-online.pdf>

NSPCC (2017). The Right to Recover: Therapeutic services for children and young people following sexual abuse. An overview of provision in the West of Scotland.

NSPCC (updated 2018). Harmful Sexual Behaviour Research Briefing with comprehensive list of further reference materials: <https://www.nspcc.org.uk/globalassets/documents/information-service/research-briefing-harmful-sexual-behaviour-hsb.pdf>

NSPCC What is harmful sexual behaviour?: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/>

NSPCC. Children and young people who engage in technology assisted harmful sexual behaviour (2018): <https://www.nspcc.org.uk/globalassets/documents/research-reports/exploring-technology-assisted-harmful-sexual-behaviour.pdf>

NSPCC. Talk “PANTS” campaign. Advice and information regarding the underwear rule for children. <https://www.nspcc.org.uk/globalassets/documents/advice-and-info/underwear-rule-children-guide-english.pdf>

NSPCC. An evidence-informed framework for children and young people displaying harmful sexual behaviour (2019) Second Edition <https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf>

O'Brien, M. J. (1991). Taking sibling incest seriously. In M. Q. Patton (Ed.), Family sexual abuse: Frontline research and evaluation (pp. 75-92). Newsbury Park CA: Sage publications.

O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Australian Crime Commission 30 July 2010.

O'Byrne (2006). You Couldn't Say "No", Could You?: Young Men's Understandings of Sexual Refusal.

O'Callaghan, D. (1998). Practice issues in working with young abusers who have learning disabilities, Child Abuse Review, Vol. 7, pp. 435–48

OfCom. Children and parents: Media use and attitudes report 2018:
<https://www.ofcom.org.uk/research-and-data/media-literacy-research/childrens>

O'Reilly, G., Marshall, L.W., Carr A., & Beckett R. (Eds.). The handbook of clinical intervention with young people who sexually abuse (pp. 103-127). Hove: Brunner-Routledge.

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Changing the story: A shared framework for the primary prevention of violence against women and their children in Australia. Melbourne: Our Watch.

Papadopoulos (2010). Sexualisation of Young People: Review

Parents Protect.
https://www.parentsprotect.co.uk/files/Parents%20Pack_Whats%20the%20problem_11Mar2015.pdf

Parentzone. Advice for Parents and Carers. <https://parentzone.org.uk/advice/parent-guides>

Patton, M. (1991). Understanding family sexual abuse. Newbury Park, CA: Sage.

Pierce, L. H., & Pierce, R. L. (1990). Adolescent / sibling incest perpetrators. In A. L. Holborn, B. L. Johnson, L. M. Roundy, & D. Williams (Eds.), The incest perpetrator: A family member no one wants to treat. (pp. 99-107). London: Sage.

Police Scotland. Be Smart Internet Safety Programme.
<http://www.scotland.police.uk/whats-happening/news/2017/january/be-smart-and-stay-safe-online>

Powell (2010). Configuring Consent: Emerging Technologies, Unauthorised Sexual Images and Sexual Assault.

Powell, A. and Henry, N. (2014). Technology-Facilitated Sexual Violence: A Literature Review of Empirical Research Journal of Trauma, Violence and Abuse <https://journals.sagepub.com/doi/full/10.1177/1524838016650189>

Pritchard, D., Graham, N., Ikin, A., Penney, H., Kovacs, L., Mercer, D., Edwards, R., Jones, D., Mace, F. C. (2012). Managing Sexually Harmful Behaviour in a Residential Special School. British Journal of Learning Disabilities, 40(4), 302-309.

Quayle, E. (2017). Over the Internet, Under the Radar: Online Child Sexual Abuse and Exploitation - a brief literature review. Scotland: CYCJ and Barnardos.

Quayle, E., Cariola, L. Youth-Produced Sexual Images: A Victim-Centered Approach. University of Edinburgh. SPIRITO Project.

Radford, L., Corral, S., Bradley, S., Fisher, H. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a

population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect* 37, 801–813.

Radford, L., Richardson, H. Barter, C. and Stanley, N. (2017). Rapid Evidence Assessment What can be learnt from other jurisdictions about preventing and responding to child sexual abuse. Summary Report UCLAN.

Rayment-McHugh, S., Smallbone, S. & Tilley, N. (2015). Endemic Sexual Violence and Abuse: Contexts and Dispositions, *International Journal for Crime, Justice and Social Democracy*, vol. 4, no. 2, pp. 111-124.

Relva, I. C., Fernandes, O. M., & Alarcao, M. (2017). Dyadic types of sibling sexual coercion. *Journal of family violence*, 32, 577-583. doi:10.1007/s10896-017-9918-3.

Reward Foundation. Information on Internet Safety and Use of Pornography: <http://www.rewardfoundation.org/>

Rheingold, A. A., Campbell, C., Self-Brown, S., De Arellano, M., Resnick, H., and Kilpatrick, D. (2007). Prevention of Child Sexual Abuse: Evaluation of a Community Media Campaign. *Child Maltreatment*, 12(4), pp. 352-363.

Rich, P. (2011). Understanding, assessing, and rehabilitating juvenile sexual offenders. Publisher, Wiley.

Righthand S., Welch C. (2001). Juveniles who have sexually offended: A review of the professional literature. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Ringrose (2013). BBM is like match.com: social networking and the digital mediation of teen's sexual cultures.

Ringrose et al (2013). Teen girls, sexual double standards and 'sexting': Gendered value in digital image exchange.

Ringrose, J., Gill, R., Livingstone, S. and Harvey, L. (2012). A Qualitative Study of Children, Young People and 'Sexting': A Report Prepared for the NSPCC, London: National Society for the Prevention of Cruelty to Children.

Risk Management Authority & Scottish Government (2014). Framework for Risk Assessment and Evaluation (FRAME), Scottish Government. <https://www.rma.scot/framework-for-risk-assessment-management-and-evaluation-frame/>

Rodgers, V. (2016). We need to Talk about Pornography: A Resource to Educate Young People about the Potential Impact of Pornography and Sexualised Images on Relationships, Body Image and Self Esteem.

Rogers, A. Harvey J., and Law, H. (Eds). Young People in Forensic Mental Health Settings: Psychological Thinking and Practice.

Rowntree, M. (2007). Responses to sibling sexual abuse: Are they as harmful as the abuse? *Australian Social Work*, 60(3), 347-361.

Rudd, J. M., & Herzberger, S. D. (1999). Brother-sister incest - Father-daughter incest: A comparison of characteristics and consequences. *Child abuse and neglect*, 23(9), 915-928. doi:10.1016/s0145-2134(99)00058-7.

Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.

Ryan, G. (2000). Childhood Sexuality: A decade of Study. Part 1- Research and Curriculum Development. *Child Abuse and Neglect* 24.

Ryan, G. (2010). Incidence and prevalence of sexual offences committed by juveniles. In G. Ryan, T. Leversee, & S. Lane (Eds.), *Juvenile sexual offending: Causes, consequences, and correction* (3rd ed., pp. 9-12). Hoboken, New Jersey: John Wiley & Sons.

Sanders, R. (2004). *Sibling relationships: Theory and issues for practice*. Basingstoke: Palgrave Macmillan.

Schultz, P.W., Nolan, J.M., Cialdini, R.B., Noah, J.G. & Giskevicius, V. (2007). "The Constructive, Destructive and Reconstructive Power of Social Norms, *Psychological Science*, vol. 18, no. 5, pp. 429-434.

Schwartz, B. K., Cavanaugh, D., Pimental, A., and Prentky, R. (2006). Descriptive Study of Precursors to Sex Offending among 813 Boys and Girls: Antecedent Life Experiences, *Journal of Victims and Offenders*, Pages 61-77 Published online: 18 Aug 2006.

Scottish Government (2008). A joint approach describing how early years and early intervention support the Government's purpose and national performance framework.

Scottish Government website: Child Sexual exploitation. <http://csethesigns.scot/>

Scottish Government Child Sexual Exploitation - Definition and practitioner briefing paper (2016). <https://beta.gov.scot/publications/child-sexual-exploitation-definition-practitioner-briefing-paper/>

Scottish Government National Guidance - Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns (published December 2010). <http://www.gov.scot/Publications/2010/12/02143509/0>

Scottish Government National Action Plan on Internet Safety for Children and Young People: <https://beta.gov.scot/publications/national-action-plan-internet-safety-children-young-people/>

Seto, M. C. and Lalumière, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis, *Psychological Bulletin*, Vol. 136, No. 4, 526–75.

Settlemyre, K. L. (2011). Post-adoption contact between siblings: Is 'avoidance of harm' the right standard for New Jersey siblings adopted from foster care parents? *Seton Hall Legislative Journal*, 36(1), 165-190.

Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., & Rodriguez, R., A. (2000). Child on child sexual abuse: Psychological Perspectives. *Child abuse and neglect*, 24(12), 1591-1600. doi:10.1016/s0145-2134(00)00212-x.

Sheinberg, M., & Fraenkel, P. (2001). *Relational trauma of incest: A family-based approach to treatment*. New York: The Guilford Press.

Silovsky, J.F., and Niec, L. (2002). Characteristics of young children with sexual behavior problems: a pilot study. *Child Maltreatment* Aug; 7(3): Pages 187-97.

Silovsky, J.F., and Bonner, B. (2003). Children with sexual behavior problems: Common misconceptions vs. current findings, National Criminal Justice Reference Service, United States.

Smith, C., Allardyce, S., Hackett, S., Bradbury-Jones, C., Lazenbatt, A. & Taylor, J. (2014). Practice and policy in the UK with children and young people who display harmful sexual behaviours: an analysis and critical review.

Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. *Child abuse and neglect*, 11, 101-108. doi:10.1016/0145-2134(87)90038-x.

The Staff College. International comparisons about CSE:.
<http://thestaffcollege.uk/staff-college-research/child-sexual-exploitation-a-study-of-international-comparisons/>

Stroebel, S. S., O'Keefe, S. L., Beard, K. W., Kuo, S.-Y., Swindell, S., & Stroupe, W. (2013). Brother–sister incest: Data from anonymous computer-assisted self interviews. *Journal of child sexual abuse*, 22(3), 255-276. doi:10.1080/10538712.2013.743952.

Stop It Now. Guidance on Impact of Internet Use
<https://www.stopitnow.org.uk/technology-and-its-impact.htm>

SIGN guidelines. Children and young people exposed prenatally to alcohol.
http://www.healthcareimprovementscotland.org/news_and_events/news/news_sign_156.aspx

Sundaram, Vanita & Sauntson (Eds). *Global Perspectives and Key Debates in Sex and Relationships Education: Addressing Issues of Gender, Sexuality, Plurality and Power*, Palgrave Macmillan UK. 84-99.

Tapara, A. (2012). Best practice guidelines for health service professionals who receive initial disclosures of sibling sexual abuse. *Kotuitui: New Zealand Journal of Social Sciences*, 7(2), 83-97. doi:10.1080/1177083x.2012.729513.

Tener, D. (2019). I Love and Hate Him in the Same Breath: Relationships of Adult Survivors of Sexual Abuse With Their Perpetrating Siblings. *Journal of Interpersonal Violence*, 0(0), 0886260518821462. doi:10.1177/0886260518821462.

Think uKnow. Thinkuknow is the CEOP education programme.

<https://www.thinkuknow.co.uk/professionals/training>

Thomas, J. D., & Viar, C. W. (2005). Family reunification in cases of sibling incest. In M. C. Calder (Ed.), *Children and young people who sexually abuse: New theory, research and practice developments* (pp. 354-371). Lyme Regis: Russell House Publishing.

Thornton, J. A., Stevens, G., Grant, J., Indemaur, D., Chamarette, C., & Halse, A. (2008). Intrafamilial adolescent sex offenders: Family functioning and treatment. *Journal of Family Studies*, 14, 362-375.

Thorpe, G.L., Righthand, S. & Kubik, E.K. (2001). Brief Report: Dimensions of Burnout in Professionals Working with Sex Offenders, *Sexual Abuse: A Journal of Research and Treatment*, vol.13, no.3, pp. 197-203.

Tidefors, I., Arvidsson, H., Ingevaldson, S., & Larsson, M. (2010). Sibling incest: A literature review and a clinical study. *Journal of Sexual Aggression*, 16(3), 347-360. doi:10.1080/13552600903511667.

Tudiver, J. and Griffin, J. (1992). Treating developmentally disabled adolescents who have committed sexual abuse, *SIECCAN Newsletter*, Vol. 27, pp. 5–10.

UK Council for Child Internet Safety. UKCCIS is a group of more than 200 organisations drawn from across government, industry, law, academia and charity sectors that work in partnership to help keep children safe online.

<https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis>

UK Council for Child Internet Safety (UKCCIS) Children's Online Activities, Risks and Safety - A Literature Review by UKCCIS Evidence Group (2017).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/650933/Literature_Review_Final_October_2017.pdf

University of Hampshire. Sexting: Abstract - A bulletin that presents a study of sexting, based on a review of over 550 cases obtained from a national survey of law enforcement agencies. The cases all involved “youth-produced sexual images,” defined as images of minors created by minors that could qualify as child pornography under applicable criminal statutes. <https://scholars.unh.edu/ccrc/48/>

University of Suffolk. Online Peer on Peer Abuse; A national survey for Headteachers and Safeguarding Leads in Scotland. Professor Andy Phippen; Professor Emma Bond; Katie Tyrrell, June 2018.

Vaswani, N. (2018). Adverse Childhood Experiences in Children at High Risk of Harm to Others : A Gendered Perspective: <https://www.cycj.org.uk/resource/adverse-childhood-experiences-in-children-at-high-risk-of-harm-to-others-a-gendered-perspective/>

Vizard, E., Hickey, N., French, L., & Mccrory, E. (2007). Children and adolescents who present with sexually abusive behaviour: A UK descriptive study. *Journal of Forensic Psychiatry & Psychology*, 18(1), 59-73.

Ward, K., Atkinson, J., Smith, C., & Windsor, R. (2013). A Friendships and Dating Program for Adults with Intellectual and Developmental Disabilities: A Formative Evaluation. *Intellectual and Developmental Disabilities*, 51(1), 22-32.

What to Consider: Young People with Learning Disabilities who have engaged in harmful sexual behaviour. Guidance prepared by Stephen Barry, Principal Clinician, North Bristol NHS Trust Be Safe Service, Bristol, England.

Wiehe, V. R. (1990). *Sibling abuse: Hidden physical, emotional, and sexual trauma*. New York: Lexington Books.

Worling, J. R. (1995). Adolescent sibling-incest offenders: Differences in family and individual functioning when compared to adolescent nonsibling sex offenders. *Child abuse and neglect*, 19(5), 633-643.

Worthington, R. (2018). The multi-component model of harmful sexual behaviour for people with autism and co-morbid intellectual disabilities – a theory and practice guide. *The Journal of Forensic Practice*, 07-2017-0027.

Welfare, A. (2008). How qualitative research can inform clinical interventions in families recovering from sibling sexual abuse. *The Australian and New Zealand Journal of Family Therapy*, 29(3), 139-147.

Yates, P. (2015). *Better Together: A grounded theory study of social worker decision making in cases involving sexual behaviour between siblings*. (PhD), University of (anonymous).

Yates, P. (2017). Sibling sexual abuse: Why don't we talk about it? *Journal of Clinical Nursing*, 26(15-16), 2482-2494.

Yates, P. (2018). Siblings as better together: Social worker decision-making in cases involving sibling sexual behaviour. *British Journal of Social Work*, 48(1), 176-194. doi:10.1093/bjsw/bcx018.

Yates, P., Allardyce, S., & MacQueen, S. (2012). Children who display harmful sexual behaviour: Assessing the risks of boys abusing at home, in the community or across both settings. *Journal of Sexual Aggression*, 18(1), 23-35.

Annex D - Visits and Conferences

Youth Justice Conference (June 2018)

Scottish Sentencing Council conference –sentencing of sexual offenders (June 2018)

UK Council for Child Internet Safety Board meeting (July 2018)

Children 1st ‘Stop To Listen’ evaluation event (July 2018)

Children and Young People’s Commissioner (July 2018)

National Action Plan on Internet Safety event (July 2018)

Coalition of Care and Support Providers Scotland (August 2018)

Personal & Social Education (PSE) Review, Stakeholder Event (August 2018)

Scottish Youth Parliament (October 2018)

Scottish Child Law Centre Conference (November 2018)

Earlston High School: National Sexual Violence Prevention Programme; Consent Module delivered by Rape Crisis Scotland (December 2018)

Victim Support Scotland (January 2019)

Parenting Across Scotland (January 2019)

[\[Back to Contents\]](#)

Annex E - Invitees to the Sounding Board

Aberlour
Aberdeenshire Council
Action for Children
Adoption & Fostering Alliance Scotland (AFAS)
Adoption UK
Apex Scotland
Article 12 in Scotland
Association of Directors of Education in Scotland (ADES)
Barnardos
Befriending Networks
Black and Ethnic Minorities in Scotland (BEMIS)
Boys Brigade
CAMHS
Capability Scotland
Care Inspectorate
Carers Trust Scotland
Centre for Excellence for Looked after Children In Scotland (CELCIS)
Centre for Youth and Criminal Justice (CYCJ)
Child Exploitation & Online Protection Centre
Child Poverty Action Group
Children 1st
Children and Young People's Commissioner Scotland
Children in Scotland
Children in the Highlands Information Point
Children's Hearings Scotland
Children's Parliament
Church of Scotland
Columba 1400
Common Thread Group
Connect (formerly SPTC)
Contact
Convention of Scottish Local Authorities (COSLA)
Crown Office and Procurator Fiscal Service (COPFS)
Down's Syndrome Scotland
Dundee City Council
East Lothian Council
East Renfrewshire Council
Edinburgh Napier University
Education Scotland
Faculty of Public Health
Falkirk Council
Families Outside
Fast Forward
Fathers Network Scotland
For Scotland's Disabled Children (fSDC)
Fostering Network
Girls Brigade Scotland
Girlguiding
Glasgow Caledonian University
Glasgow City Council
Glasgow Disability Alliance
HALT project
Healthy Respect
Includem
Independent Care Review
Inspectorate of Prosecution in Scotland
IRISS
Kibble Education and Care Centre
LGBT Youth Scotland
Mentor UK
Moira Anderson Foundation
National Day Nurseries Association
National Deaf Children's Society
National Parent Forum Scotland
National Society for the Prevention of Cruelty to Children (NSPCC)
NHS Education for Scotland
NHS Greater Glasgow and Clyde
NHS Health Scotland
NHS Lothian
North Ayrshire Council
North Lanarkshire Council
One Parent Families Scotland
Parent Network Scotland
ParentKind
Perth and Kinross Council
Police Scotland
Quarriers
Rape Crisis Scotland
Relationships Scotland
RespectMe
Reward Foundation
Rossie Young People's Trust
Safer Futures

School Leaders Scotland (SLS)
Scottish Adoption
Scottish Ahlul Bayt Society
Scottish Borders Council
Scottish Catholic Education Service (SCES)
Scottish Childminding Association (SCMA)
Scottish Children's Reporter Administration (SCRA)
Scottish Council of Independent Schools (SCIS)
Scottish Courts and Tribunal Service
Scottish Government
Scottish Mentoring Network
Scottish Out of School Care Network (SOSCN)
Scottish Prison Service
Scottish Throughcare and Aftercare Forum (STAF)
Scottish Women's Aid
Scottish Youth Parliament
Sense Scotland
Social Work Scotland

South Lanarkshire Council
St Andrew's Children's Society
St Mary's Kenmure
StopCSE.org
Stop It Now! Scotland
Susan McGinnis Counselling
Tay Project
The Spark
Together (Scottish Alliance for Children's Rights)
University of Dundee
University of Strathclyde
Venture Trust
West Lothian Council
White Ribbon Scotland
Who Cares? Scotland
Women's Support Project
Young Scot
Youth Justice Improvement Board – ILC sub-group
Youth Scotland
YouthLink Scotland
YWCA Scotland
Zero Tolerance

[\[Back to Contents\]](#)

Annex F - Information on numbers of callers to Helplines and visits to website resources in Scotland

Childline is a free 24 hour counselling service operated by the NSPCC for children and young people up to their 19th birthday. It also provides advice for anyone concerned about a child or young person.

- In 2017/18, across the UK ChildLine delivered 3878 counselling sessions about peer sexual abuse.
- This is an increase from 2750 counselling sessions recorded in 2013/14.
- Counselling sessions about peer sexual abuse were overwhelmingly from girls (87% in 2017/18)

For the purposes of Childline data, 'peer to peer' sexual abuse is classed as concerns about sexual abuse by peers such as a friend; current boyfriend or girlfriend; ex-partner; another young person under the age of 18, and who isn't related to them. Abuse by siblings or other family members is not included.

Childline counselling sessions about peer sexual abuse					
Total	2013/14	2014/15	2015/16	2016/17	2017/18
Counselling sessions	2750	2536	3376	3004	3878
Childline counselling sessions about peer sexual abuse					
Age group					
Age Group	2013/14	2014/15	2015/16	2016/17	2017/18
11 & under	149	118	159	114	110
12 to 15	1318	1199	1537	1470	1898
16 to 18	689	696	1066	957	1325
Unknown	594	523	614	463	563
Total	2750	2536	3376	3004	3878
Childline counselling sessions about peer sexual abuse					
Gender breakdown					
Gender	2013/14	2014/15	2015/16	2016/17	2017/18
Girls	1983	1803	2431	2402	3379
Boys	245	213	206	268	371
Unknown	522	520	739	334	128
Total	2750	2536	3376	3004	3878

At the request of the Expert Group, Childline extracted the following key themes which were most frequently apparent to its counsellors from the young people they supported in counselling sessions where what the young people were describing was peer sexual abuse:

Peer sexual abuse is carried out by other young people either known or previously unknown to the young person

Young people are confused about whether they have experienced peer sexual abuse

- Lack of understanding in younger children about what sexual abuse is; and what is normal behaviour between peers
- Young people in relationships don't know whether it's abuse because they are in a relationship
- Young people are confused about consent

Young people are scared or reluctant to speak out about sexual abuse

- Young people find it difficult to talk about what happened to them
- Young people are worried that parents will have to find out if they talk to a teacher, health care professional or the police about abuse, and they don't want their parents to know
- Young people are worried the issue was not 'serious' enough to talk about, or that they would be accused of lying
- Young people are worried that they would be bullied as a result of other pupils finding out
- Young people are worried that people will think it was their fault

Sexual abuse takes place in a range of settings

Peer sexual abuse can take place online as well as offline

- Young people had been forced or coerced into taking and sharing explicit pictures
- This often happened alongside being pressured into sexual activities offline
- Young people were threatened that if they did not continue to send images, or engage in offline sexual activity, then the other young person would share the images online or at school

Peer sexual abuse has a long-lasting impact on young people

- Young people talk to Childline counsellors about mental health problems
- Young people are worried about seeing the person who carried out the abuse at school every day or bumping into them when they were alone
- Young people find it difficult to build relationships, either with partners, friends or family and can experience trust issues.

Parenting Across Scotland is an independent charity providing advice and support to parents. The charity receives over 5000 visits to its website annually. The majority of visitors to the website go to the 'info for families' page, this may be parents visiting or practitioners looking for information for families they support. They have a specific page for online safety that covers issues and concerns and points to good, trusted sources of information for parents¹⁸².

Parentline is a free national telephone helpline and on-line chat facility operated by Children 1st. It is open 9am to 9pm Monday to Friday and until 12 noon on Saturday and Sunday. It provides advice for anyone caring for or concerned about a child.

¹⁸² <https://www.parentingacrossscotland.org/info-for-families/hot-topics/online-safety/>

Since 2014, Parentline has received 577 reports of sexual abuse from parents or carers contacting the helpline.

In 2019 at the request of the Expert Group, Parentline randomly selected a sample of 33 of the reports (just under 6%). From the sample of 33 reports, five related to HSB by children and young people ranging between the ages of 10 and 17.

In addition, Parentline examined the total of 71 reports that were received between October 2018 and February 2019 and found that five reports (7%) were in connection with HSB by children and young people. Three of these reports related to girls of 12 and 13 being sexually active with males of 15 and 16 (with one of these also involving exchange of intimate images). One of the other reports concerned a girl of 11 forcing a child of 7 to engage in a sexual act with another child; while another involved a girl of 13 sharing indecent images with a younger boy.

[\[Back to Contents\]](#)

Annex G - Some Prevention and Response Programmes

Primary Prevention

The National Sexual Violence Prevention Programme

The programme was developed by Rape Crisis in 2012 following extensive consultation of relevant literature and consultation with partner agencies, and is regularly updated including through consultation with young people. The external evaluation in 2015 indicated it was highly successful in improving young people's knowledge and attitudes in relation to sexual violence. It is funded by the Scottish Government through the Children, Young People and Families Early Intervention Fund and the Violence Against Women and Girls Fund, and is expected to reach 23,000 young people each year by 2020, supporting them to develop equal, mutual and consensual relationships by:

- exploring the influence of gendered norms, attitudes and behavioural expectations, including the role of pornography and sexualised media in shaping these;
- learning about the wide-ranging impacts of sexual violence including trauma, developing empathy and replacing myths and victim-blaming narratives with accurate information;
- understanding what the law says about forms of sexual violence, consent and issues relating to sexual images;
- building young people's capacity and skills for consensual and mutual sexual relationships and for positive social change: how do we communicate consent; how do we recognise where we have greater power and make sure the other person doesn't feel under pressure; how do we (safely) challenge problematic attitudes and behaviours; how do we respond to people who disclose abuse?; and
- using a range of scenarios and examples which demonstrate different forms of violence, reflect compound power dynamics and include diverse groups of young people.

The programme also supports young people to take their own action to tackle sexual violence, for example through delivering training to teachers, speaking at events, blogging and posting.

Some feedback from the Borders Area where nine secondary schools had invited Rape Crisis to deliver:

'Lessons and presentation were excellent. Pitched at a good level, engaging and explained everything very clearly - to the extent even children with learning difficulties and English as a second language had no problems accessing the sessions.' Teacher, Peebles, 2017

'I think they are really good because I feel a lot of young people now (particularly teenage boys) have a distorted idea of what is okay and what is harassment/ sexual violence' Female 15 yrs

'The lessons were extremely informative. Thank you!' Male 14 yrs

'That consenting to one thing doesn't mean you consent to everything' Female 14 yrs

'That persuasion is not consent' Female 14 yrs

'The sessions were good and taught me a lot about Consent and Sexual Violence'
Male 15yrs

'That giving consent matters a lot' Male 15yrs

'That sexual harassment is actually a really big thing' Female 14yrs

'What sexual violence is and what stereotypes are and how it can affect people's lives' Male 14yrs

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



Equally Safe at School

This is a pilot 'whole school approach' to gender based violence prevention developed by Rape Crisis Scotland in partnership with Zero Tolerance. It encompasses a range of measures addressing policy, curriculum, staff practice and school ethos with participation by students and staff to improve prevention of and response to gender based violence across the whole institution. In brief, prevention entails promoting gender equality and educating on violence before it happens; response entails effective and consistent interventions into behaviours across the continuum. The Theory of Change model show below has been developed by evaluation partners the Social and Public Health Sciences Unit, University of Glasgow, with input from Rape Crisis Scotland and Zero Tolerance:

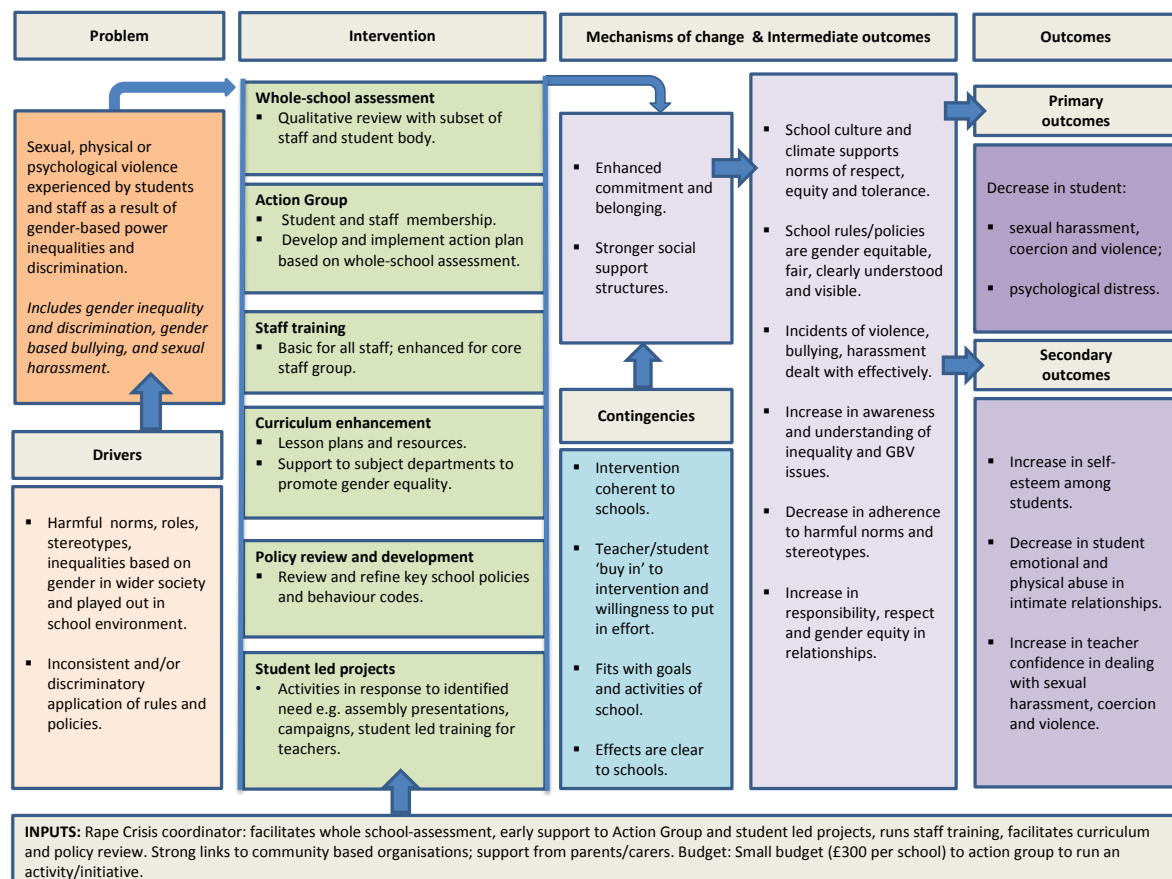


FIGURE: Equally Safe at School Theory of Change 2018-2019 pilot, University of Glasgow with Rape Crisis Scotland and Zero Tolerance

In its first year, the pilot ran in two secondary schools, where RCS and ZT worked closely with management, staff and students to develop activities and tools and find the best ways of integrating them into the schools' ethos, culture, curriculum and policy framework. Facilitated by the coordinator and with support from ZT, staff and students took part in an assessment, formed an action group and began delivery of a plan, took part in training, enhanced gender equality across the curriculum and developed their policy framework. Through these activities young people took the lead in making support more accessible, developing videos and posters on sexual harassment and supporting staff to develop their understanding of social media and

peer group issues. Each school has a sustainability plan to help continue to roll out the programme and continue to develop the work already underway. The project has now moved into two new schools and will move into a further four schools in its final year.

The following diagram is a further illustration provided by Rape Crisis Scotland around the gendered drivers of violence against women and girls drawn from an Australian primary prevention framework.

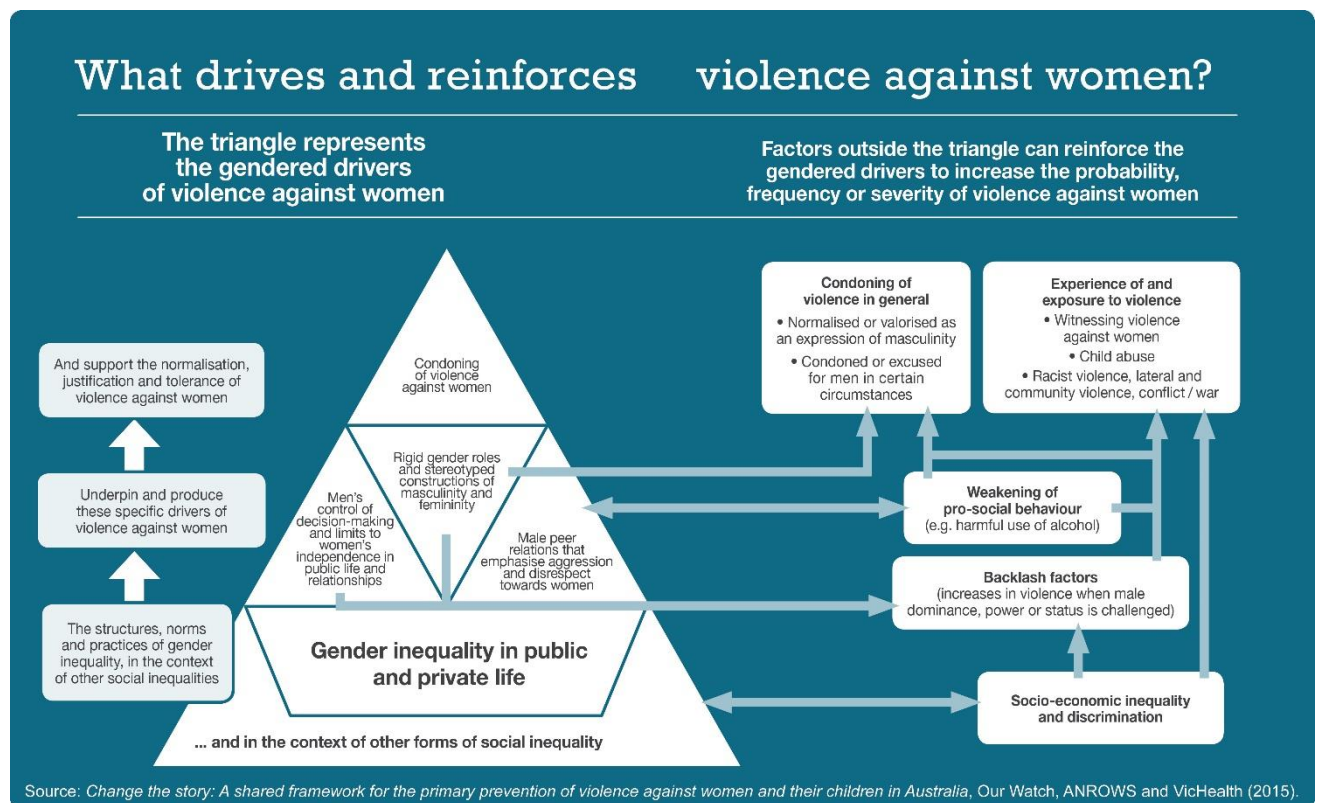


Figure 6 The interactions between gendered drivers of violence against women and the reinforcing factors

Source: <https://www.ourwatch.org.au/getmedia/0aa0109b-6b03-43f2-85fe-a9f5ec92ae4e/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx>

The Inform Young People Programme

The Lucy Faithfull Foundation developed the 'Inform Young People' Programme for young people who have used the internet or new media in a way that may be harmful to themselves or others. It is an educative programme for 16 to 21-year-olds in contact with the police or other professionals following inappropriate use of technology, such as sending intimate images of themselves or the possession or distribution of indecent images of children, as well as other risky online behaviours.

It aims to provide information, advice and support to young people and their parents, to help them devise strategies to prevent reoccurrence of concerning behaviours, and to promote safe and responsible use of technology.

The Stop it Now! helpline provides a gateway for referrals and for delivery of the service.

The programme comprises an average of one assessment and five intervention sessions per family, and includes:

- Internet safety – what are the risks for young people and how can we help them to stay safe in the future?
- Why might young people get into trouble with new media and how can we prevent this from happening?
- Why might young people access sexual material online and what are the risks of this behaviour?
- The law – if the police have been in contact, provide information about ‘what will happen now’.
- Practical advice for young people and their parents on staying safe when using new media.
- Helping young people and their parents to start communicating about the use of new media and keeping safe, as well as increasing their ability to discuss sex and relationships together.
- Helping young people to explore areas such as healthy relationships, consent and sexuality.

This programme, and its roll out in Glasgow by Stop It Now! Scotland, is being evaluated by the CYCJ with the evaluation due to be completed in 2020.

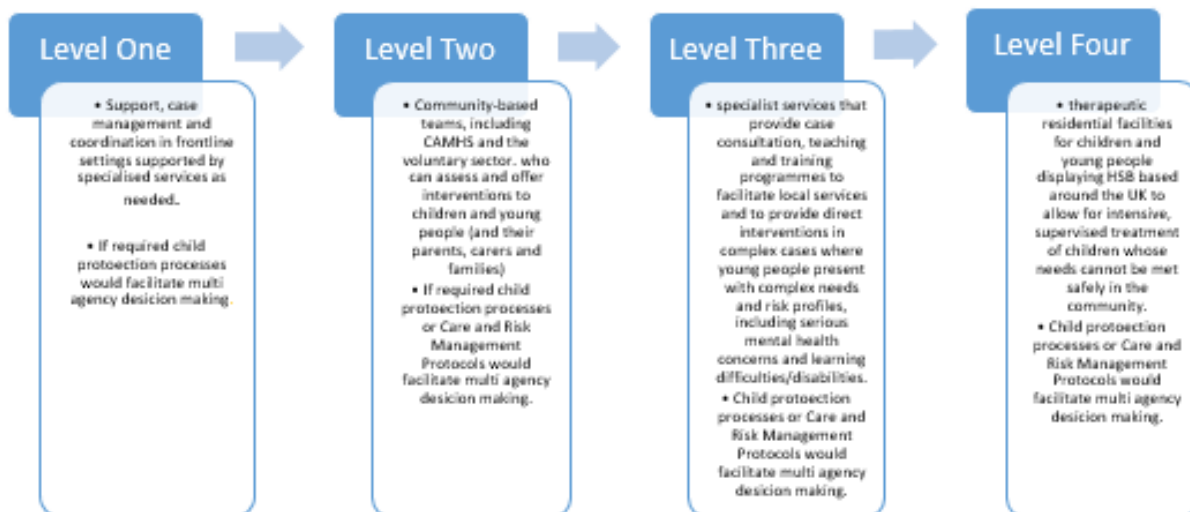
Secondary and Tertiary Prevention

HALT

The Halt Service was established in 1994 by Glasgow City Council Social Work Services to work with children and young people between the ages of 5-18 who engage in a range of harmful sexual behaviour. HALT provides a range of services in relation to risk management, assessment and intervention.

Information and examples from HALT on working with younger children involved in HSB are provided below.

This diagram sets out examples of the range of approaches to preventative interventions HALT uses with children and young people:



Adapted from: NSPCC Operational framework for children and young people displaying harmful sexual behaviours Hackett et al (2016)

Case Example

Level Two Response

Tom is 10 years old. Tom disclosed engaging in a range of sexual behaviour, unknown to adults, with other children. The behaviours came to light when Tom disclosed having sexual thoughts and was accessing sexual material on his iPad. Following the disclosure the family moved home and school. Tom has no further contact with the other children involved. Following the initial investigation there was significant period of drift. More recently CAMHS have become involved in response to Tom exhibiting symptoms of anxiety. There have been no sexual concerns for over a year. School report Tom has settled well in school although does struggle with peer relationships and can become isolated.

Harmful Sexual Behaviour Intervention:

- Input with mum on how sexual behaviours can emerge for children.
- Create a narrative with mum to have to use with Tom when the opportunity arises.
- The potential for CAMHS to incorporate some body integrity work given Tom will developmentally be approaching pre pubertal stage and the impact on a sensory level of premature sexualisation.
- Education having a focus on consent within the wider classroom teaching context and consider how this can be developed further with Tom within school and home.
- Liaison between school and mum to share sexual health and relationships material that will be covered in class. This will allow opportunities for Tom and mum to talk about any areas of confusion. CAMHS will provide additional support if required.
- Social worker will undertake individual work with Tom in school on friendship skills. School will support this and promote opportunities within school for reflective learning.

Case Example

Level Three Response

Cal is 10 years old. He stayed with his mum and her partner until he was 5 years old. Within this time he experienced physical, sexual and emotional abuse and neglect by mother and father. There were a number of adults potentially involved in the sexual abuse. Cal had a number of foster placements break down before joining his current placement. He had resided with his carers for six months prior to his referral to a specialist service.

There were two separate incidents of sexual behaviour. Both happened with peers and involved penetrative sexual behaviour. On both occasions the behaviour occurred within a sexual exploratory dynamic between the children e.g. curiosity about bodies. Whilst this dynamic is developmentally appropriate, Cal's experiences are significantly different to the other children and therefore the play / conversation will potentially have different meanings for him. Cal had also been accessing sexual content on his iPad. More recently other children have been complaining Cal is trying to get them to engage in sexual behaviours.

Intervention Phase 1:

Intervention goal	Specific areas	How to meet goals	Responsible Person/s
<u>Being Healthy/Being Safe</u> Increase ability to discuss behaviours	Messages for Cal to help him understand his sexual behaviour	Share hypothesis re sexual behaviour pathway	Halt worker
Risk Management	Create initial safety plan	Introduce aspects of turtle time	Halt worker
<u>Being Healthy/Being Safe</u> Increase understanding of natural and healthy sexuality	Healthy sexuality and relationships	School sexual health and relationships input 1-1 follow up discussion	Class teacher
<u>Confidence in who I am/Being Safe</u> Understanding and integrating significant past adversities	Stage 1: Affect regulation body integrity, Identifying and labelling emotions. Stage 2: Narrative work	1-1 Sessions: Coaching; Reflecting; containing Lifestory work	Ed psych Key school staff Carer Project staff To be decided

<p><u>Being able to communicate/ Being Safe</u> Increase ability to meet needs in a healthy and fulfilling way</p>	<p>Build a sense of security in current placement</p> <p>Opportunities to experience self-efficacy and self-responsibility</p>	<p>Through routines, structure, boundaries, support, promote a positive view of himself, consistency and modelling</p> <p>Appropriate roles in school e.g. dinner hall duty etc</p>	<p>Carers Linkworker</p> <p>School</p>
<p><u>Enjoying family and friends</u> Increase connectedness to positive others</p>	<p>Build up the positive support network around Cal and support his relationships with positive others</p> <p>Explore potential for re-establishing relationship with sisters</p>	<p>Support to maintain after school groups and community groups Build on peer relationships</p> <p>Process to be agreed. To include all three children</p>	<p>Carers Teacher</p> <p>Social worker Halt worker</p>
<p><u>Learning and achieving</u> Develop goals and aspirations and internal resources to achieve</p>	<p>Creating opportunities to achieve such as football team, school work etc</p> <p>Link in with community group for drama</p>	<p>Build on current approach in school</p> <p>Attend drama group</p>	<p>School</p> <p>Carer</p>

Safer Lives (Intervention and Planning using the Good Lives Model)

Modular intervention programme developed by G-Map in Manchester for adolescents who display harmful sexual behaviour. It is a programme written in manual form, for individual work with children and young people under the age of 18 involved with harmful sexual behaviour or sexual offending behaviour based on the strengths-based Good Lives Model. It has been rolled out to youth justice teams and other practitioners in Scotland from 2008 onwards by a group of trainers accredited by G-Map.

CYCJ evaluated the Safer Lives model in 2015 (<http://www.cycj.org.uk/wp-content/uploads/2015/05/The-use-of-safer-lives-in-Scotland-report.pdf>) and found that practitioners were positive about the model but there was insufficient data to

comment on its impact on outcomes and recidivism. This is currently being reviewed by CYCJ.

The AIM Project (Assessment, Intervention, Moving On)

The AIM Project designs programmes that develop and support the understanding and practice of professionals working with children, young people and their families, where there are concerns about problematic or harmful sexual behaviour, through the provision of advice, information, training and the development of practice frameworks and guidance.

Managing Assessing and Reducing Risk (M.A.R.R): A Practice Manual for working with children and young people with harmful sexual behaviour and their systems.

Developed in Scotland in partnership with the HALT project and used by some practitioners and agencies across Scotland. This assessment and intervention manual recognises the diversity of children and young people exhibiting HSB and embraces it positively as a means of identifying individual interventions and risk management strategies.

It is responsive to the specific risks and needs of children and young people providing frameworks, guidance and tools to work with them, their families and other professional systems during all stages of interventions.

By adopting a child development perspective the manual facilitates an understanding of the sexually harmful behaviours from the child/young person's perspective. This informs understanding of different pathways into behaviours, needs being met, risk management and treatment issues for children and young people of all ages displaying a range of sexually harmful behaviours.

[\[Back to Contents\]](#)

Annex H - Getting It Right For Every Child (GIRFEC)

Most children and young people get all the help and support they need from their parents or carers, wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help which is why GIRFEC includes all children and young people - because it is impossible to predict if or when any child or young person may need that extra help.

Since 2006 the GIRFEC approach has been at the heart of all the policies of Scottish Government and it aims to ensure that all children get the right help at the right time from the right people:

- **child-focused** - it ensures the child or young person – and their family – is at the center of decision-making and the support available to them.
- **based on an understanding of the wellbeing of a child in their current situation** - it takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing, so that the right support can be offered.
- **based on tackling needs early** - it aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing.
- **requires joined-up working** - it is about children, young people, parents and carers, and the services they need working together in a coordinated way to meet the specific needs and improve their wellbeing.

GIRFEC's purpose is to support children and young people so that they can grow up feeling loved, safe and respected and realise their full potential. It identifies 8 factors, referred to by their initial letters 'SHANARRI', confirming that at home, in school or the wider community, every child and young person should be: **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included.**

The GIRFEC approach can connect principled practice in investigative phases within an inter-agency ethos of care and protection, so that:

Safety: has primacy. Perceived risks are explicitly assessed and addressed at every stage in care and transition planning with the child or young person and those professionals and family members significant to them.

Wellbeing: the child or young person's needs are central. Gaps, losses, past trauma and harm receive recognition and response at a pace and in a manner that is attuned to each individual. Wellbeing indicators provide a foundation for holistic assessment, planning and support.

Voice: the child or young person's experience, views, wishes and feelings are heard in daily life and in all decisions taken about their care.

Strengths: the potential and resilience of each child or young person is appreciated and nurtured. Relationships and connections with resources for the child or young person that are latent in the family and community are promoted and supported.

Teamwork: all professionals work to achieve partnership between those that care for and those that have responsibilities towards the child or young person.

Co-ordination: a social worker who is lead professional co-ordinates assessment and planning before, during and for a sufficient period following a phase of secure care; and commits to regular and reliable direct contact with the child or young person.

Continuity: significant relationships in the child and young person's life are recognised and valued. Consideration is given to sufficient continuity of professional relationships. Action is taken to sustain those personal relationships which will support positive transitions.

Flexibility: a spectrum of care options may include birth family and wider kinship care; foster and residential care; or supported accommodation. These options are evolved within a workforce which may have distinct roles and specialisms but also has a generic knowledge base. There is a need for inter-agency understanding about pathways to emotional security in living and relationship beyond the current home base or placement.

Professional development: supervision encourages reflective practice. Training opportunities develop knowledge and skills that enhance resilience, communication and relationship-based practice with children and families in crisis, facing multiple challenges.

Mapping: professional and service development may be supported by a strategic map of resource options; and accessible sources for approved methods and applicable learning from research and inspection findings.

[\[Back to Contents\]](#)

Annex I - Interventions for Vulnerable Youth (IVY)

Interventions for Vulnerable Youth (IVY) is a national tertiary service based at the Centre for Youth and Criminal Justice. IVY provides advice on those young people aged 12-18 who present a significant risk of harm to others by any sort of behaviour, including sexual behaviour.

From the 184 young people referred to IVY (displaying a variety of different behaviours, needs and risks), 45% have exhibited some form of sexual harmful behaviour; either contact, non-contact or both.

The young people referred to IVY have been assessed as presenting a risk to others and are some of the most high risk young people in Scotland.

This therefore is not a reflection on the potential issue of HSB across the board, but shows that for the young people who present the highest risk, HSB can be a common feature.

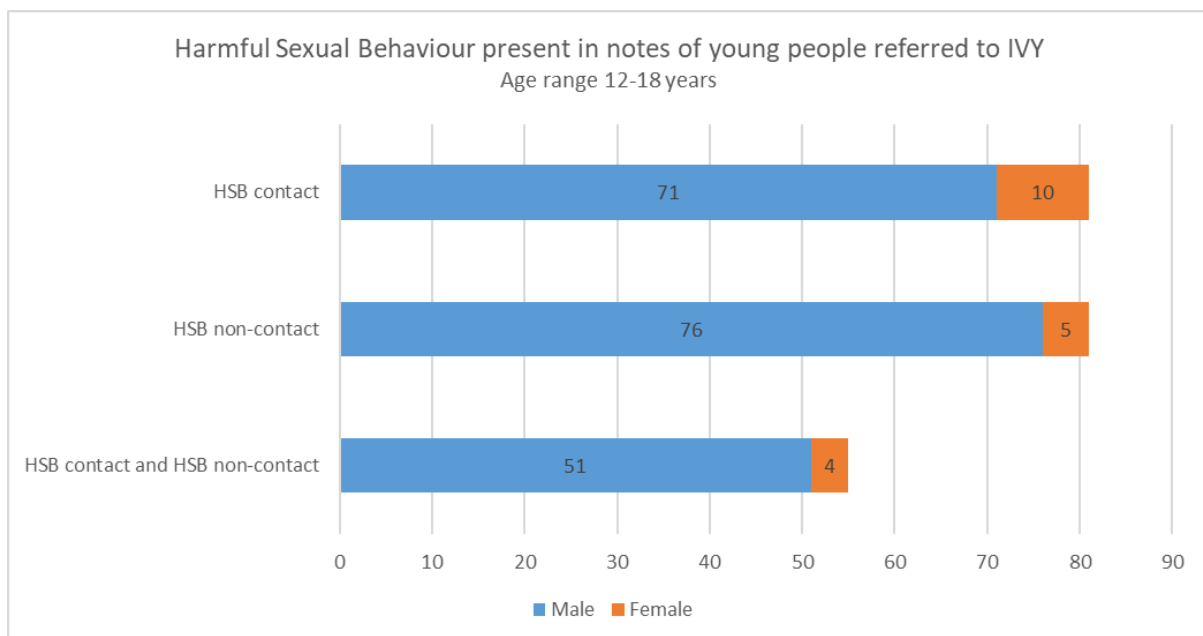


Table: Harmful Sexual Behaviour present in notes of young people referred to IVY

Between September 2013 and January 2019, a total of 115 young people were referred to the IVY Project with documented concerns regarding HSB (56.1% of all IVY Project referrals). From these 115 young people, 89 had documented concerns about contact HSB and 87 young people have documented concerns about non-contact HSB. Within these groups, there are 64 young people who presented with both contact and non-contact HSB.

At least 71% of the children supported by IVY were looked after children, with around 61% having experienced domestic violence.

A high number had had previously undiagnosed learning difficulties.

Referrals have been taken from 31 of the 32 local authority areas and the majority of referrals (73%) were from social work services.

To make a referral to IVY, download a referral and consent form at <https://www.kibble.org/services/interventions-for-vulnerable-youth-ivy-project/>. For further information or to discuss a potential referral please contact CYCJ on 0141 444 8622 or email ivy-admin@strath.ac.uk.

[\[Back to Contents\]](#)

Annex J - Framework for Risk Assessment, Management and Evaluation (FRAME) and Care and Risk Management (CARM)

The Framework for Risk Assessment, Management and Evaluation for children and young people under 18 (FRAME) was initially published in 2011 and subsequently revised to include guidance on Care and Risk Management (CARM) planning for children and young people who present a risk of serious harm (Scottish Government, 2014). The purpose of FRAME is to bring consistency, evidence-informed practice and proportionality to the way in which agencies assess, manage and evaluate the risk presented by offending behaviour.

CARM procedures were introduced to support local authorities and partners to manage the risk that some children and young people present which varies from risk management procedures designed for adults. CARM outlines these fundamental differences in legislation, policy and practice as it relates to each of the 5 FRAME¹⁸³ standards for adults, taking into account a tiered and proportionate approach to the level of risk.

[\[Back to Contents\]](#)

¹⁸³ <https://www.rma.scot/standards-guidelines/frame/>

Annex K - Self-Audit Tool based on NSPCC Audit Tool

Scottish Government Expert Group on Preventing Sexual Offending by Children and Young People

Self-Evaluation Tool for Child Protection Committees

To Review Existing Processes and Practices in Relation to inappropriate and abusive sexual behaviour displayed in childhood and adolescence

October 2018

Guidance for Lead Officers completing this self evaluation tool

What is this self evaluation about?

The Scottish Government created an Expert Group on Preventing Sexual Offending involving Children and Young People in November 2017.

The Group's focus is on *prevention and early intervention which can be delivered by universal services around sexual behaviour by children and young people which harms them and harms other children and young people*. This self evaluation will help provide a broad picture of current policy and practice to inform the work of the Expert Group, which will report back to Ministers in March 2019.

The Expert Group wants to know what is currently available and what may be needed to strengthen early intervention, with a primary focus on universal services (education, health and wellbeing) and also further specialist interventions where these are required.

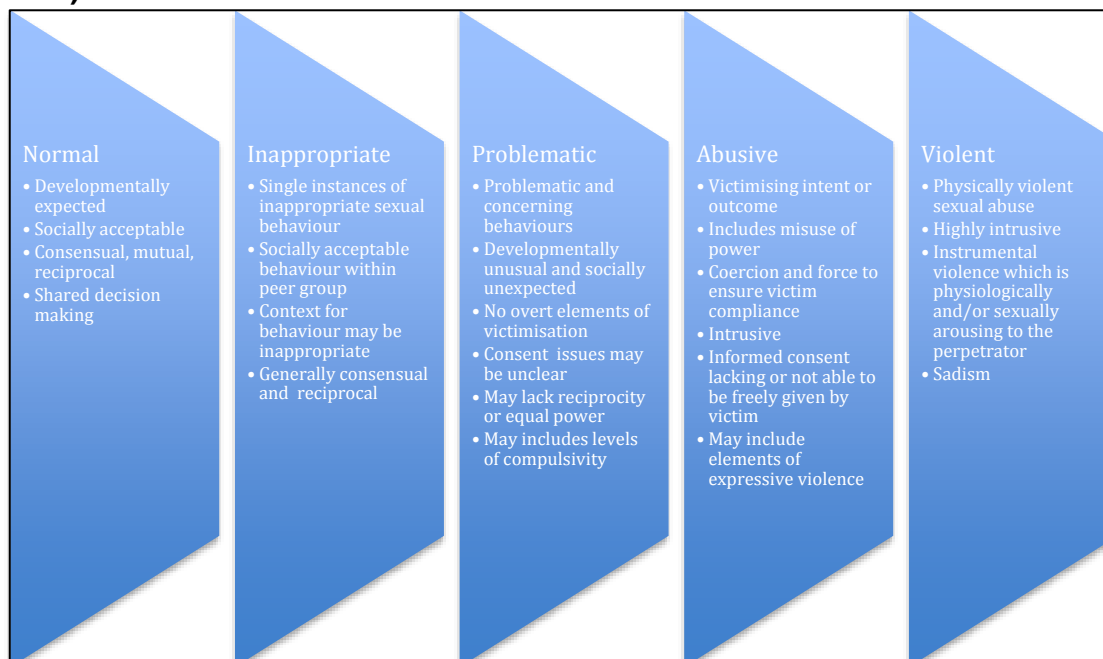
What does it look at?

The survey is concerned with the whole continuum of children's sexual behaviours, as shown in the diagram below. It is about supporting children of all ages, from pre-school to 18, of both sexes, including children with and without disabilities, their parents, carers and the education, health and social work professionals who work with them.

The National Child Protection Guidance (2014, p.127) says:

“Harmful or problematic sexual behaviour in children and young people can be difficult to identify. It is not always easy to distinguish between what is abusive and/or inappropriate and what constitutes normal adolescent experimentation. Practitioners' ability to determine if a child's sexual behaviour is developmentally typical, inappropriate or abusive will be based on an understanding of what constitutes healthy sexual behaviour in childhood as well as issues of informed consent, power imbalance and exploitation.”

The continuum of children and young people's sexual behaviours (Hackett, 2010)



What will the information be used for?

The information from this self evaluation will NOT be used to single out local areas for criticism. Responses will be treated in confidence and local areas will be anonymised in any public output. Findings from the self-evaluation will help inform recommendations in the final report to ministers by the Expert Group that is likely to be a public document.

We want to gain an honest assessment of the current situation, including views about what kinds of support and investment would help improve how we meet children's needs. The self evaluation will help the Expert Group:

- identify areas of strength and areas for improvement
- work out priorities for action and assess the resources needed

Completing the self evaluation: who to involve

We are asking you to complete the survey with reference to the area covered by your CPC.

The questionnaire has a multi-agency focus, and consultation with officers in the relevant agencies is needed to complete it. It is helpful for us to know which agencies have been involved in the response and we ask for details of this at the end of the questionnaire.

You may find it helpful to hold a teleconference or meeting with key individuals to discuss the questions.

We are interested in capturing local views and opinions and welcome as much detail as you can provide in the open questions.

If you have any queries whilst completing this, please contact [name, email address, phone number]

If you don't know or are unsure of the answer to any question please say so.

The survey is structured around the following:

Local policy and guidance – for supporting staff dealing with situations where children or young people display sexually inappropriate, problematic or abusive sexual behaviour.

Primary prevention – keeping children and young people from becoming involved in any form of inappropriate, problematic or abusive sexual behaviour.

Secondary prevention - supporting children and young people who are victims of, or who display, inappropriate or problematic sexual behaviour.

Tertiary prevention – supporting and rehabilitating those children and young people who display abusive or violent sexual behaviour.

A. Local policies and guidance - supporting staff when children or young people display sexually inappropriate, problematic or abusive sexual behaviour.

Your Child Protection Committee

Please describe how your local Child Protection Procedures require agencies to respond to concerning sexual behaviour.	[Please provide information here]			
Is there a multi-agency protocol in place in your CPC area for supporting children and young people who display inappropriate, problematic or abusive sexual behaviour?	Yes	No	Don't know	If yes, please provide details and attach the document if available
Are you aware of any agency-specific protocols, e.g. for education staff, residential care staff or for health staff, amongst the agencies represented on your CPC?				[Please provide comments and information about this here]

Is any data about children and young people with concerning sexual behaviour reported to your CPC?	Yes	No	Don't know	Please provide details and attach an example if available
If yes:				
Does the data include numbers of children and young people requiring support in relation to concerning sexual behaviour?	Yes	No	Don't know	[If yes please specify if there is information on those children and young people who have been harmed by sexual behaviour of children and young people as well as those causing harm]
Is data collected on the age and sex of children?				

Is data collected on the ethnicity of children?				
Is data collected on whether children have additional support needs or a disability, including a learning disability or communication difficulties?				
Does the data include the number of cases which go to multi-agency meetings?				
Does the data include a report on outcomes of multiagency intervention?				
Please provide any other comment about how the data is used				

Education authorities

Please provide details of your local policy and procedures for responding to concerns about sexual behaviour, including youth-produced sexual imagery (sexting) and / or peer on peer sexual violence.	[Please provide details and attach a copy of your local policy if available]			
Do your education establishments record concerns about inappropriate, problematic or abusive sexual behaviour presented by children or young people?	Yes	No	Don't know	[Please provide any additional information about this]
If yes:	Please provide details			
Is there a specified level or threshold for concerns which determines whether these are recorded?				
What specifically is recorded by schools?				
Where are these records kept? (within the school, or with the education authority/on SEEMIS?)				

<i>Please tick the appropriate response</i>	Yes	No	Don't know	If yes , please provide details
Does the education authority extract, analyse and report this data?				
Is it reported to any council committees or to the CPC?				If yes , please state which

B. Primary Prevention - keeping children and young people from becoming involved in any form of inappropriate, problematic or abusive sexual behaviour

Education Authorities

Does the health and wellbeing curriculum that is delivered in schools include areas such as consent, harmful sexual behaviour and power imbalance?	Yes	No	Don't know	If yes , please provide examples from the curriculum
Are any specific prevention or awareness programmes or sessions delivered in any of your schools (or other settings e.g. youth clubs, residential units etc.) which deal with issues of consent and/or power imbalances, for example, violence reduction, gender based violence, sexual abuse prevention? If so, please give brief details of: - the name and the service/organisation which delivers it, - the type of group targeted (e.g. by age, disabilities, vulnerability etc), - type of content, and whether this is evaluated.	Yes	No	Don't know	If yes , please provide brief information SEPARATELY for each of the following as relevant: early years establishments, primary schools, secondary schools, special schools, or residential settings

C. Secondary prevention - supporting children and young people who are victims of or who display inappropriate or problematic sexual behaviour

Your Child Protection Committee

	Yes	No	Don't know	[Please provide details]
Does your CPC provide multi-agency training which focuses on healthy, inappropriate, and problematic sexual behaviours?				
If yes:				
Is this mandatory?	Yes	No	Don't know	
Which occupational groups of staff attend?	[Please provide details]			
Education authorities				
	Yes	No	Don't know	[Please provide details]
Does your implementation of the GIRFEC approach in schools involve anything which addresses inappropriate or problematic sexual behaviour, including for example, sharing of youth-produced sexual images or sharing of pornography?				
Do staff in schools and centres have opportunities to engage in professional learning related to problematic sexual behaviour?				
Do staff in all agencies have access to specialist consultation and advice in relation to cases of problematic sexual behaviour?				If yes , which groups of staff are supported and who provides that service?

D. Tertiary prevention - supporting and rehabilitating those children and young people who display abusive or violent sexual behaviour				
	Yes	No	Don't know	[Please provide details]
Do children who display abusive sexual behaviour have an identified lead				

professional and single child's plan?				
How well do your child protection processes operate in practice to meet the needs of children presenting with concerning sexual behaviour?	Please answer in relation to: <ul style="list-style-type: none"> • What is working well? • What are the barriers to effective working? 			
Does your CPC do any quality assurance around these processes?	Yes	No	Don't know	If yes, please describe what this consists of.
For children resident in your CPC area:	Yes	No	Don't know	If yes, please provide the name of the service and the organisation which delivers it.
Is there a specialist service in your area for children and young people who display abusive and violent sexual behaviour? This may include, for example, provision for children with learning disabilities who display problematic sexual behaviour.				
Are therapeutic recovery services available locally for children and young people who have been sexually abused by other children or adolescents? Please include both statutory and third sector provision in your response.				If yes, please provide the name of the service and the organisation which delivers it. Is any of this provision for children aged 12 or under?
Have any specialist services ceased to be offered locally in the last 5 years?				If yes, what was the impact of this?
Within your local agencies, which occupational groups are trained in evidence based interventions in relation to children and young people who display abusive sexual behaviour? Please state if you don't know or are unsure				Please comment in relation to: Interventions for children under 12 years Interventions for young people over 12 years

Finally, please provide details of any individuals who assisted with completing this response:

Name	Job title	Agency or service

We may like to get in touch in relation to examples of good practice that can be referred to in the final report. Please can you provide contact details so we can get in touch.

Name _____

Email _____

Phone number _____

On behalf of the Expert Group, thank you very much for your help

[\[Back to Contents\]](#)

Annex L - Additional responses around questionnaires from the Scottish Youth Parliament and the Focus groups at HMYOI Polmont and Secure Care Centres

SYP findings from ‘Protection from Sexual Offending’ consultation with the Scottish Government November 2018



For:

Expert Group on Preventing Sexual Offending Involving Children and Young People

Our approach

We were delighted to team up with the Scottish Government’s Child Protection team to co-produce a Consultation Workshop on ‘Protection from Sexual Offending’ at our 67th National Sitting on 21st October 2019 in Kilmarnock. Research published in September 2017 highlighted that offences falling within the ‘other sexual crimes’ category are often committed online. Where these crimes are committed online, it is much more likely that the age of people involved are younger. In 2016-17, 75% of people harmed by these offences were under 16, with an average age of 14. In response, we asked young people what action is needed, and to help identify and develop solutions that keep children and young people safe from sexual offending in general, and particularly from where it takes place online. I’d also like to relay the response to our co-designed questions in our #WhatsYourTake online survey which was open from 21st September until 29th October 2019, gathering 546 responses from young people aged 12-25 across Scotland, from all 32 local authorities and 10 of our national voluntary organisations.

We would be grateful if the Expert Group could take account of these views.

Our findings

How safe do you feel online?

Our most stark result from this consultation is that, when asked to identify how safe they feel online on a scale of 1 to 10, where 1 is the least safe and 10 is the most safe, the average choice was 7.07 – and all 546 young people answered this question.

Reasons why varied from: having online friends and therefore feeling socially safe online, the ease of reporting concerning online behaviour, having had good cyber-safety education in school or parental help with online security. Some felt that their safety online was dependant on their behaviour or their knowledge or vigilance of the potential dangers - for example:

- *‘Nothing can hurt me if I don’t do anything stupid.’*
- *‘I patch strangers instead of answering.’*
- *‘I currently feel safe but I am aware of the dangers and cyber bullying.’*

- *'I always have the thought running through the back of my mind of what could happen.'*

However, some respondents still identified that they feel less safe when it comes to cyber-security, scam emails, data-sharing, viruses and online banking.

Many offered tips based on what they already do which makes them feel safe online, such as rejecting adds from strangers, keeping accounts private, having complex passwords, installing VPNs and disabling your public location services. One person admitted the dangers are a barrier to their free participation online:

'Personally I feel that I spectate a lot on social media platforms rather than actually posting opinions that could be criticized or targeted.'

Many young people reported that they feel they can be 'found easily, for example, the disclosure of private information such as your home address or your location. There were also some really troubling revelations related to cat fishing, pedophilia, hacking, the sending of inappropriate images and revenge porn –as well as the enhanced vulnerability of young women and girls. For example, I'd like to read out the following anonymous quotes:

- *'It's a scary thing sitting in front of a screen and having the thought at the back of your mind that the 13 year old friend you might be talking to might actually be 40 and trying to hunt you down.'*
- *'Old men talk to me.'*
- *'It's so easy for creepy people to contact young people.'*
- *'It's easier to lie online.'*
- *'I've received threatening messages in the past of a sexual nature from people who I don't even know.'*
- *'I still feel like anyone could easily hack into your accounts.'*
- *'Your webcam can also be hacked which I have actually experienced. I now have a sticker over my webcam as I am paranoid. Cyber bullies are also everywhere, especially Facebook and YouTube.'*
- *'I was bullied online in the past so I don't feel completely safe.'*
- *'I feel that as a male I am less vulnerable to harassment and assault.'*

Do you feel that young people understand the risks around online and offline sexual behaviour?

When asked if they felt that young people understand the risks around online and offline sexual behaviour, the response was mixed, although ultimately more young people answered 'no' – they don't understand the risks. However, there was only around 2% of a difference in those who answered 'No' compared with 'Yes' – and almost 18% answered 'I don't know' to this question.

Some explanations included that, despite many being taught about and knowing the risks and dangers of online sexual behaviour in school, (with some good examples given such as 'a week focusing on internet safety', information 'by the NHS and school staff', posters, word-of-mouth, the news, or 'Sexual Health Drop-in's and 'free contraception' at schools);

'young people still take risks on a frequent basis', 'cast them aside', or are 'more careless but more trustful'. Someone suggested that 'hormones take over', yet another responded, *'I think too many people think that it won't happen to them... I have been a victim of revenge porn and it is a helpless situation to be in.'* Perceived anonymity was also mentioned as an explanation for not understanding the risks.

However many more young people reported that it is not covered enough, or at all, in school, calling for more education around this topic in subjects like PSHE.

Others pointed out gaps in current knowledge/education, including:

- Multiplayers gaming.
- Streaming.
- The consequences teenage online sexual behaviour can have in your adult life – for example: *'From personal experience as a young girl I was coerced into online sexual behaviour that I did not consider the consequences to. With hindsight, if I had been made aware of what could happen and the impact it would have on my life I would have acted differently.'*
- Sexual assault.
- The seriousness of the comments that can be made.
- More realistic videos about internet safety.
- Laws around online sexual crimes.

As well as a reluctance on the part of some teachers to tackle the subject with confidence:

'Teachers seem to find stuff like this "uncomfortable" to talk about but these are the important things. Not even my guidance counsellor will talk about this stuff in class.'

Many called out adults' inappropriate interactions with young people online: *'Online I find that young people get treated as adults and will end up acting as such and will feel too comfortable exploring inappropriate sexual behaviour with strangers.'*

As well as certain new online features which enhance young people's vulnerability, such as 'snapmaps':

'I feel that snapmaps in particular leaves many people vulnerable to attack and harassment. Many young people have that enabled which allows anyone on their friends list to see their location in full time.'

A point I thought was well-made which summed all this up and leads well into the next part of my presentation was:

'Technology is advancing faster than our education system, so any education around online safety etc is reactive after an incident rather than proactive.'

Workshop 'Factory' activity

At our workshop, we got stuck into a factory activity where we had four tables, each focusing on coming up with either, risks associated with children and young people being online, consequences, ideas for risk reduction and a sorting table assessing these according to high or low risk. You had to be there!

Ultimately, our aim was to come up with recommended actions based on the risk reduction ideas under the headings of What? and Who? – with What? being the action we think should be taken and Who? being the recommended organisation, person or place to take forward the action.

I don't have time to highlight the risks and consequences we identified, but our recommended actions to reduce these were as follows:

What?

- Engaging lessons on the dangers of online sexual offending which cover the consequences and laws surrounding it.
- A mental health workshop relating to ways young people can stay calm and think before they type/send messages/photos/videos online.
- Ensure any education is youth-friendly, blame-free but to the point, positive and 'non-cringey'.
- Ask for notifications to check you're OK with sending what you're about to send.
- Launch a 'think before you send/type' campaign, which suggests a '2 hour wait-time' if you are unsure about replying to a message online', and reinforcing that 'it is okay to say no or refuse' to do something you're being asked to do.

Who?

- Schools, colleges and universities.
- Student/pupil councils.
- Teachers.
- Parents/carers.
- Yourself.
- SYP.
- Local authorities' Support Workers doing school visits.
- Speakers from external organisations doing schools visits e.g. 'Landed' was recommended, see more [here](#).
- Youth Groups.
- Child and Adolescent Mental Health Services.
- All social media platforms.
- Online influencers.

Conclusion

To sum up, I think it's clear that we still have lots of work to do to prevent sexual offending online and ensure our children and young people feel safe and protected online. Experiences of feeling safe online and aware of the dangers is patchy across

Scotland. Capacity-building and good practice sharing is needed, as well as investment into prevention through education and capacity-building of young people and teachers.

SYP has been calling for years for empowering, youth-led and rights-based sex and relationships education to be an integral part of PSHE – and we believe that should incorporate the topic of online sexual offending too. The impact of being abused online is too great for further delay on this. We need to see boldness from our decision-makers in tackling this issue, to empower more young people to be confident in combatting it themselves. Let's not shy away from this issue, let's be more bold and let's take preventive action without delay to safeguard our young people in Scotland, to make this country the best place to grow up in – offline *and* online too.

Further Feedback from Focus Groups at HMYOI Polmont and Secure Care Centres

Which problems do girls experience more than boys?

Girls – along with vulnerable children and younger children – were felt to experience more problems than boys online. Grooming was raised as an issue in a small number of cases, although a greater number alluded to acts which could have been construed as such. This was particularly related to the unwanted reception of nude or sexual pictures. A sizeable number of young women spoke of receiving nude pictures of men, including images of their penis. Similarly they would often receive unsolicited messages stating that they loved them from older males not known to them, and often from out with the UK. Girls were also more at risk were they to decide to meet someone from the online world, as they were physically more vulnerable than their male contemporaries. The group felt that both boys and girls experience unsolicited and unwanted requests to befriend unknown individuals, albeit that this was more frequent amongst the female population.

Which problems do boys experience more than girls?

Overall, this cohort felt that boys and girls experienced similar problems, but that these were experienced more intensely by girls. There was a feeling that boys ran a risk of having their phone hacked through receiving infected files, visiting malicious websites and being tricked into visiting particular pages. There was also a risk of them being tricked into believing that they were speaking with someone, but in reality the true identity of the individual was someone with other intentions, in a technique known as Catfishing. The boy could then be exploited by someone involved in criminality, or ridiculed by an associate who had manufactured the situation. Most young people were also aware that they could have their identity stolen. Some young boys could also be the target of unwanted messages from older men or – very occasionally – boys of a similar age.

Why do people request nude images?

These young people responded that nude images were requested in order to achieve sexual gratification by those requesting, 'for a laugh' or in order to exploit

those sharing the image through blackmail or sharing. The prospect of young men sharing images of a female peer was alluded to on a number of occasions. Other reasons related to the requester's lack of social skills and subsequent inability to form 'real life' relationships.

How can you prevent someone from sharing a nude picture of you?

Young people from all locations indicated that the only way that they could ensure that a nude picture of yourself was not shared was by not taking or sharing such an image in the first instance, as digital images could remain stored and shared indefinitely through screenshots or other means. They were aware that deleting an image from a phone did not mean that it was permanently destroyed. They were aware that processes such as 'the cloud' and storage meant that the images could be recovered.

[\[Back to Contents\]](#)



Scottish Government
Riaghaltas na h-Alba
gov.scot



© Crown copyright 2020

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-248-1 (web only)

Published by The Scottish Government, January 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS634943 (01/20)

W W W . g o v . s c o t