Harmful sexual behaviour: learning from case reviews

Summary of risk factors and learning for improved practice around harmful sexual behaviour

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Introduction

Published case reviews show that professionals can find it difficult to respond appropriately to harmful sexual behaviour (HSB). There might be several people involved, each of whom will have different needs, and minimising the immediate effects of an incident can become a priority. Practitioners can find themselves managing individual episodes rather than fully assessing a child's needs and providing holistic support.

The learning from these reviews highlights that HSB should be recognised as a potential indicator of abuse. Practitioners should work together to look for the reasons behind a child's behaviour and consider appropriate child protection responses.

About this briefing

This briefing is based on learning from 12 case reviews published since 2018, where **harmful sexual behaviour** was highlighted as a significant issue.

The learning in this briefing is relevant for practitioners working with children who have displayed or been impacted by harmful sexual behaviour. There may be some crossover with other briefings in the **Learning from case reviews** series.

Reasons case reviews were commissioned

The children in these case reviews became the subject of reviews following:

- displaying or being impacted by harmful sexual behaviour
- sexual, physical and emotional abuse
- neglect
- death at the hands of their parents
- suicide.

Key issues

Children with complex needs

The children and young people in these case reviews had complex lived experiences which included a range of challenges and risk factors. These included:

- learning difficulties
- difficulty forming friendships with a peer group
- emotional distress
- displaying behaviour that adults perceived to be risky or challenging
- parental mental health problems
- parental substance misuse
- exposure to adults' sexualised behaviour
- exposure to adults perceived by professionals to be 'risky'
- domestic abuse (including sexual violence)
- sexual abuse and/or exploitation
- neglect.

It could be difficult for the adults around a child to recognise and respond appropriately to a wide range of needs. Sometimes practitioners prioritised certain needs over others and HSB was overlooked.

Sometimes a child's sexualised behaviour was assessed in isolation, without taking wider contextual information into account. As a result, the behaviour was wrongly assessed as being developmentally typical and the child didn't receive appropriate support for HSB.

Schools and foster carers weren't always prepared or equipped to respond appropriately to a child's level of need, which sometimes led to the child being excluded or a placement breaking down. If adults are unable to build a long-term trusting relationship with a child, this can make them less able to spot concerning patterns of behaviour and take protective action.

Confusion about who needs support and protection

HSB can involve several children. Sometimes the needs or behaviour of one child can distract practitioners' attention away from the needs of another.

Sometimes children who displayed HSB were placed in foster care with no assessment of how they might interact with other children in the placement. As a result, HSB sometimes escalated and other children in the placement became at risk.

In situations where one sibling displayed HSB towards another (intra-familial HSB), practitioners sometimes over-relied on parents to protect all their children. This extra pressure could overload parents and make them less able to care for the whole family safely. Some practitioners also prioritised providing support to parents, taking an adult focussed approach and overlooking the needs of the children in the family.

Sometimes the concern about a child's risk to others overshadowed the risks they were being exposed to. This meant the child wasn't appropriately protected.

It's important for practitioners to keep parents and carers informed about and on board with the support being provided to their family. However practitioners sometimes found it difficult to balance this with the need to ask questions of parents and carers and be curious about what's going on in a child's life.

Voice of the child

Practitioners didn't always seek to understand the individual lived experience of all children involved in HSB and tailor support to their needs. Parents and carers sometimes spoke on behalf of their children and acted as a gatekeeper in deciding whether to accept or decline support.

Sometimes parents and carers blamed children who had disclosed experiencing intra-familial HSB for 'causing trouble' for the family. This made the children feel less able to speak out about what was happening to them.

Professional attitudes

Not all practitioners understood the reasons why children display HSB. This meant children were sometimes viewed as the instigators rather than the victims of their behaviours and circumstances.

HSB was sometimes seen as a behavioural problem rather than an indicator of abuse. This meant practitioners focussed on responding to individual incidents of HSB rather than looking at patterns of behaviour and the reasons behind it.

Practitioners didn't always understand that children disclose abuse in a range of ways, including through their behaviour. Although they were concerned about a child displaying HSB, they didn't always think they could take child protection action unless

there was physical evidence of abuse or the child directly spoke out about it. Some practitioners believed that if children didn't directly disclose abuse it was because they didn't want support.

Sometimes practitioners assumed that sexual behaviour between two children was consensual. This meant HSB wasn't recognised or reported and information about patterns of behaviour wasn't shared. Some professionals normalised HSB by referring to the children involved as 'boyfriend' or 'girlfriend'.

Some professionals judged children with complex backgrounds according to their past behaviour, for example if they had previously been involved in a consensual sexual relationship. This meant children weren't always taken seriously if they did speak out about having experienced HSB.

Professionals sometimes made or accepted assumptions and generalisations without investigating further. In one situation an incorrect assumption was made that because a young person had displayed HSB towards their sister, their behaviour posed no risk to boys. Sometimes it was assumed that children from the same family would have the same needs, but this was not always the case.

Capacity of services and resources

Due to lack of resources, it can take time for appropriate therapeutic intervention to be offered to a child. Sometimes the support that services could provide within the limits of their capacity was not adequate or appropriate for the child's needs.

In one situation, practitioners weren't given the resources to fully assess the risk a child posed to others. In another, the funding for a child to continue with therapeutic support was not approved, despite being strongly supported by members of the child protection team.

Sometimes children didn't meet the criteria for support from services such as child and adolescent mental health services (CAMHS), community youth teams and early help services. There wasn't always alternative, appropriate support available.

Learning for improved practice

Recognising and responding to indicators of abuse

All adults working or volunteering with children should be trained to recognise and respond to the indicators of child abuse and neglect. This includes being able to recognise changes in or patterns of behaviour that could suggest something isn't right in a child's life.

Adults should never wait for a child to verbally disclose abuse before they raise a child protection concern, particularly if other indicators are present. They should understand and be alert to the range of ways that children might consciously or unconsciously try to communicate what's happening to them, and be aware of the barriers to speaking out.

Practitioners should look for the reasons behind behaviour they perceive to be 'risky' or 'challenging'. Interventions should focus on understanding and reducing the causes of distress rather than changing behaviour.

Different agencies within a local area should be trained to have a shared understanding of the terminology and language for HSB, to make it easier for them to share information to protect a child.

Supporting children and families with complex needs

Practitioners should have a child-centred approach, working with children to find out their lived experience, what risks they are exposed to and what their needs are.

Any care agreements with parents and carers should be tailored to the needs of the family and consider how HSB might affect the whole family.

When working with families that have complex needs, particularly in cases of intra-familial HSB, practitioners should receive regular, high quality management support and supervision. This will help make sure all the needs of the child are being identified and appropriate support is being given.

Practitioners should receive support and supervision to enable them to find the balance between working with parents and carers but also challenging them where necessary.

Assessing risk and need

As soon as there are concerns about a child's safety and welfare, social work practitioners should review their previous involvement with the child and family. Any judgement about current needs and risks should be in the context of what is known about a child's history.

Practitioners should carry out holistic, multi-agency assessments, taking all risk factors within the family, community and environment into account. It's vital that assessments are informed by the voice of children and young people, to help ensure children feel listened to and interventions are appropriate. Decisions should be fully evidence-based and rationales should be recorded.

Local authorities should review assessment tools to ensure they are providing the right contextual information to inform decision making.

References and resources

A list of the case reviews analysed for this briefing is available on the **NSPCC Library Catalogue**.

The national case review repository makes it easier to access and share learning from published case reviews at local, regional and national level. You can access the repository via the Library.

> Find out more about recognising and responding to harmful sexual behaviour

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