



# **Working With Children And Young People Who Have Displayed Harmful Sexual Behaviour:**

Evidence Based Guidance For Professionals Working With Children And Young People.

# Contents

**Working With Children And Young People Who Have Displayed Harmful Sexual Behaviour:** Evidence Based Guidance For Professionals Working With Children And Young People

Introduction	3
Harmful sexual behaviour	4
Understanding children’s sexual behaviour	6
The continuum of sexual behaviour in childhood	8
Understanding behaviour and use of traffic light tools	10
Responding to behaviour across the continuum	13
Harmful sexual behaviour in online contexts	16
Harmful sexual behaviour and the Law	18
Preventing harmful sexual behaviour in childhood and adolescence	20
Prevention in schools	20
<b>Annex: Practice Examples – Identifying and responding to behaviours</b>	<b>23</b>
<b>A) Normative and developmentally expected sexual behaviour</b>	<b>23</b>
<b>B) Inappropriate and problematic sexual behaviour</b>	<b>24</b>
Initial assessment	25
Interventions	25
<b>C) Sexually abusive and violent behaviour</b>	<b>26</b>
Risk Management	27
Professionals involved	28
Specialist Assessment	29
Interventions	31
Working Systemically	33
Role of parents or carers	33
Role of schools	33
Additional Resources	34
Additional Sources of Support	37
References	38

# Introduction

---

**From an early age, children’s social and emotional development is shaped by their relationships with those around them. Parents and carers normally have the most significant role in their lives, but the wider family, friends, teachers, the community – as well as professionals such as youth workers or health professionals – also have roles to play in helping children grow up to be confident and responsible adults.**

The presence of positive relationships in the lives of young people is vital to their health and wellbeing. Having good quality relationships can help us to live longer and happier lives, and contributes to positive mental health and wellbeing. Increasingly those relationships for young people occur both online as well as offline, or with offline aspects of the relationship augmented by interactions in digital spaces.

Like other areas of development, such as motor skills and language acquisition, the development of sexual identity begins from birth and continues through childhood and adolescence. Sexual thoughts, feelings and behaviours are a natural part of human development. Sexual exploration, experimentation and expression are typical parts of child and adolescent development and are important in shaping each child’s sexual identity and their understanding of healthy and appropriate boundaries and intimate relationships in adulthood. All children and young people have a right to learn about their growing bodies, relationships, sexuality, sexual health and parenthood in ways that are appropriate to their age, stage of development and gender.

The early teenage years are a time of significant physical, emotional and developmental change for most children. They are also a time when adolescents are starting to understand their own individual sexuality. It can be a period when

sexual drives may be acute, but some young people may struggle to understand their own and others’ sexuality and relational and sexual boundaries. Rule breaking, sensation seeking and lack of consequential thinking are relatively common during the early teenage years. This may impact on sexual choices, as will the ways many young people now do this exploration (e.g. disinhibition and misjudging of context that can occur when expressing sexuality with peers online). Much of the research in the UK and in other jurisdictions suggests that at least around one third of all harmful sexual behaviour (HSB) towards children and young people is committed by children and young people (Expert Group, 2020).

Children and young people need adults around them to promote an understanding of what constitutes healthy relationships. This guidance is intended for practitioners and service leads who work with children, young people and their families and aims to provide a deeper understanding of how to respond to all forms of harmful sexual behaviour displayed by those under the age of 18. It defines what harmful sexual behaviour is, and identifies a continuum of responses to children and young people who have displayed harmful sexual behaviour. This continuum ranges from early community-based identification and support with low-risk behaviours, to assessment, intervention and intensive work with those children and young people who present the highest risk behaviours and needs. It also covers services available for children and young people across Scotland, key resources in relation to assessment and interventions and information on suitable services for working with children and young people where sexual behaviour is a concern. An annex provides more detail and practice examples in relation to responses to behaviour across the continuum.

# Harmful sexual behaviour

## Harmful sexual behaviour is defined as:

“ 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 person. ”

Hackett, 2014.

### This may include harmful sexual behaviour:

- between similar-age children in the context of intimate relationships
- between children within the same family
- between older and younger children
- online and/or face-to-face
- in the context of gangs
- including abuse that falls within the definition of child sexual exploitation
- that does not involve victimisation, but may be developmentally harmful for the child (or harmful if it persisted over time).

Children and young people may be involved in sexual discussions or acts, whether directly or through the use of digital technology. This may include the sharing of images that are harmful to self and/or others, given their age or stage of development (Hollis et al., 2017).

Some children who harm may have been sexually harmed or experienced developmental abuse themselves. Many – although not all – will have unmet emotional needs, use coercion and aggression as coping strategies, have poor emotional regulation skills, have experienced pre-adolescent sexualisation, and/ or have unresolved trauma. Some may have developmental delay, intellectual impairment or be affected by neurodiversity, such as autism.

As with other forms of child sexual abuse, gendered disparities in perpetration and victimisation mean that harmful sexual behaviour is a form of gendered sexual violence. There is diversity here: some boys sexually abuse other boys, and some abuse both girls and boys, while a small proportion of harmful sexual

behaviour is carried out by girls, targeting boys, girls, or both. However, the significant overrepresentation of boys causing the harm and girls experiencing the harm means that all efforts to tackle harmful sexual behaviour need to give consideration to it being a form of gender based violence.

According to the United Nations Convention on the Rights of the Child, all those under the age of 18 – both a victim of harm as well as a child causing harm – must be seen as children first and foremost. All children have a right to nurture, respect, family life, education and social inclusion. These rights must be respected, even when their actions have caused considerable harm to others. Of course, incidents involving sexual abuse carried out by children may be serious crimes, and proportionate management of the genuine risks they present to others will be necessary. In child protection processes the primary professional consideration must be to safeguard and promote the wellbeing of all of the children involved.

Children and young people are developmentally different to adults and should be responded to as such. The vast majority of young people do not persist with these behaviours into adulthood.<sup>1</sup> Care should be taken in use of language, avoiding the labelling of young people who have displayed harmful sexual behaviour, and to ensure that approaches to working with this population are not stigmatising.

Children and young people who have displayed harmful sexual behaviour are a complex group with diverse needs which cannot be addressed by a 'one size fits all' model of service provision. Responses to children and young people's harmful sexual behaviour should reflect that they are first and foremost children.

---

<sup>1</sup> The largest review of studies looking at reoffending amongst young people who had been charged with a sexual offences found the reoffending rate to be at 4.9% (Caldwell, 2016).

# Understanding children's sexual behaviour

**Knowing how to recognise and respond to age-appropriate behaviours in children and young people at different ages helps to support the development of healthy sexual behaviour and protect children from harm or abuse.**

Children progress through different stages of development as they grow. Each child is an individual and will develop in their own way. But research tells us there is a generally accepted range of behaviours linked to a child's age and developmental stage. Our understanding of

children's sexual behaviour therefore needs to draw on child development. Context is vitally important: some behaviours are expected if they are demonstrated in pre-adolescent children but are concerning if they continue into adolescence. Other behaviours, by contrast, are considered a normal part of the development of adolescents but would be highly unusual in pre-adolescent children. Sometimes sexual behaviour displayed by younger children can be mistakenly identified as abusive when adults presuppose sexual motivations and the behaviour is driven by exploration or comfort seeking.

## Typical sexual development for children at primary school age and younger



Natural and healthy sexual exploration during childhood is an information-gathering process wherein children explore each other's and their own bodies by looking and touching (e.g. playing doctor), as well as exploring gender roles and behaviours (e.g. playing house). Children involved in normal sexual play are generally of similar age, size and developmental status and participate on a voluntary basis. While siblings engage in mutual sexual exploration, most sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship. The sexual behaviours are limited in type and frequency and occur in several periods of the child's life. The child's interest in sex and sexuality is balanced by curiosity about other aspects of his or her life ... The feelings of the children regarding the sexual behaviour are generally light-hearted and spontaneous



**Johnson, 2015.**

## Typical adolescent sexual behaviour



Many marked changes related to size, shape and functioning of the emotional, cognitive and interpersonal relationships occur as adolescents make the transition from pre-adolescence... Structural changes related to sexual development include growth of the penis and testes and lengthening of the vagina. With the onset of puberty youth experience changes related to reproduction: girls experience menstruation, boys begin to produce seminal fluids and ejaculation occurs. As physical and structural changes take place, adolescence is a time when many young men and women encounter their first interpersonal sexual experiences ... Sexual interest, sexual arousal, kissing, sexual intercourse and oral sex are also considered normal or normative for adolescents ... (sexual) interactions prior to puberty tend to be more exploratory and social. After puberty behaviours such as kissing, flirting and foreplay (touching, fondling) are more goal orientated towards intimacy, sexual arousal and orgasm



**Araji, 2004, pp. 20–2.**

Children internalise societal norms and values, and sexual and relational development for boys and girls differ. Implicit as well as explicit social attitudes of what is accepted and acceptable create the foundation for relationships. A gender lens allows us to consider the impact of societal and cultural gender norms on children and young people's understanding of – and expectations about – sexual relationships and behaviours.

The lens of other characteristics, such as religion, disability, race and being LGBTQI+ also have bearing on social, relational and sexual development. For instance LGBTQI+ youth are often isolated from peers and family members and have limited accessibility to share feelings and emotions around sex and sexual attraction, leading to feelings of isolation and at times this may drive a need to access outlets that give an inaccurate or unhealthy informant of their sexual needs or identity.

Harmful sexual behaviour therefore needs to be understood within the broader concept of sexual socialisation – how children learn about sex. Children and young people exist and live within a social and cultural context which often reflects gender stereotypes, sexism, sexual objectification, and attitudes which support violence.

Increasingly unhealthy depictions of sexual relationships and behaviours across society are amplified by pornography, social media and online gaming platforms. There is a children's rights aspect to this issue: Article 17 of the UNCRC says that children and young people should be protected from media that would be harmful to them – this includes pornography. Applying a gender lens to sexual socialisation can help to inform interventions and prevention initiatives. Interventions in particular need to offer opportunities to unpack and unlearn problematic messages that young people have learned, and be given space to explore positive sexuality; how all genders can have healthy and fruitful friendships and relationships, sexual or not sexual, romantic or not romantic.



# The continuum of sexual behaviour in childhood

Children and young people’s sexual behaviours range significantly in terms of their nature, frequency, context, and impacts. Not all sexual behaviour displayed by children and young people is normal. However, 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 what is abusive or coercive.

As a general guide, if any of the following criteria are met, this may indicate that the child’s sexual behaviour may fall outside of the normative or healthy range and such behaviour may require more detailed assessment:

- occurs at a frequency greater than would be developmentally expected;
- interferes with the child’s development;
- occurs with coercion, intimidation or force;
- is associated with emotional distress by either the child or any other children involved;
- occurs between children of divergent ages or developmental abilities;
- repeatedly recurs in secrecy after intervention by caregivers (Chaffin, et al. 2002).

Additionally, it is helpful to see children’s sexual behaviours on a broad continuum that ranges on the one hand from normal and developmentally appropriate to highly abnormal and violent on the other, as depicted in the [NSPCC Responding to children who display sexualised behaviour guide](#), or below:

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/ or sexually arousing to the perpetrator
Shared decision making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocity or equal power	Informed consent lacking, or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	



Hackett's continuum model is not meant to imply fixed or rigid categories of behaviour, but a spectrum where children's behaviours may be more or less problematic or harmful depending on a range of contextual factors. Therefore, classifying the behaviour is not always exact – there may be behaviours that sit on the cusp of categories. A child's behaviour can also escalate over time from one category to the next (e.g. inappropriate behaviour that is regularly repeated would become problematic in nature). However, it is often the case that de-escalation occurs as the child increases maturity and understanding of their own behaviour and its impact on those around them.

Some behaviours may be problematic for adults but may not be considered problematic by the child or young person. In such situations the following might be useful questions for the professional to ask:

### Does the behaviour

- put the individual or others at risk of physical harm, disease or exploitation?
- interfere with the individual's overall development, learning, or social and family relationships, or that of others?
- cause the individual, or others, feelings of discomfort, confusion, embarrassment, guilt or to feel negative about themselves?
- result in dysfunction for the development of healthy relationships or is it destructive to the family, peer group, community or society? (Chaffin, et al., 2002)

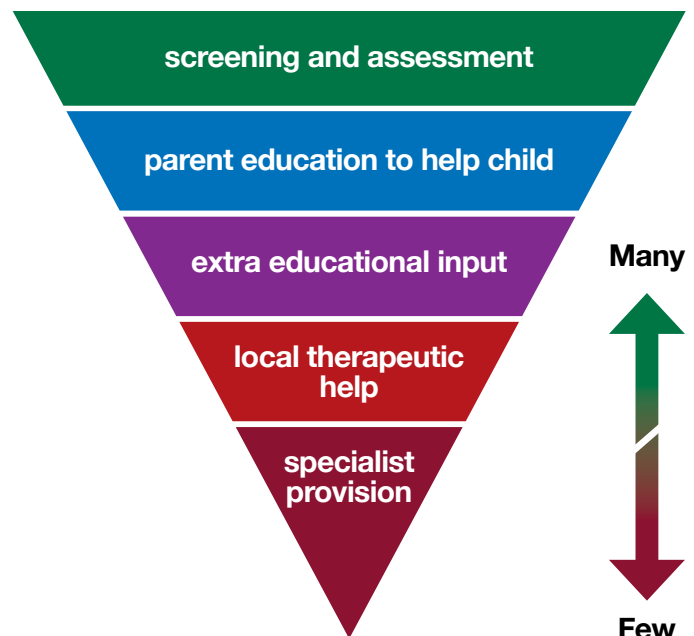
Harmful sexual behaviours vary in nature, degree of force, motivation, context, level of intent, level of sexual motivation, and the age and gender of victims. Care should be taken in evaluating sexual motivation. Sexualised language, for instance, is rarely sexually motivated and would typically not be an example of inappropriate or problematic sexual behaviour unless the language is deliberately used to sexualise or degrade others.

Just as there is a continuum of behaviour, there needs to be a continuum of potential responses, ranging from broad educational input on consent and relationships, through to multi-agency public protection arrangements to manage those who commit serious sexual offences and who present a risk of harm to themselves or others.

Whether an immediate response to harmful sexual behaviour is required depends on interacting considerations relating to risk, impact, age and context. In all actions and decisions, the primary professional consideration must be to safeguard and promote the wellbeing of all children involved.

In addition to the initial response and support offered to low level cases in frontline settings, several levels of service response and intensity are required in order to address various levels of need and concern, as highlighted in the following model (Morrison, 2004).

In all cases where a child or young person displays sexual behaviour that may cause significant harm, immediate consideration should be given as to whether action should be taken under child protection procedures, in order both to protect children harmed or at risk of harm and to address any child protection concerns that may - at least, in part - explain why the child or young person has behaved in such a way.



# Understanding behaviour and use of traffic light tools

There are currently two available tools for practitioners in Scotland that categorise a range of sexual behaviours between infancy and adulthood. The tools use a traffic light analogy to categorise children's sexual behaviours as green, amber or red indicating their increasing seriousness.

- Green behaviours are those that are considered developmentally appropriate.
- Amber behaviours have the potential to be outside of safe and healthy behaviour. Adults need to take notice of such behaviours and gather information to consider appropriate action
- Red behaviours fall outside of safe and healthy behaviour and are likely to warrant a professional assessment and response by a lead professional

The tools can help professionals make decisions about safeguarding children and young people, and assist them in assessing and responding appropriately to sexual behaviour in children and young people. They are a visual way of helping parents and carers understand and respond to sexual behaviour amongst children. They also promote understanding of healthy sexual development and distinguish it from harmful behaviour.

## The tools are:

### Stop It Now! Traffic Light Tools (free of charge)

<https://www.parentsprotect.co.uk/traffic-light-tools.htm>

### Brook Traffic Light tool (cost attached)

<https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/>.<sup>2</sup>

Either of these tools, in tandem with the continuum of sexual behaviours described below can be used to determine whether a child has needs that can be met by universal services or whether more targeted support is required. An example drawn from the Stop It Now! traffic light tool for teenagers is at the end of this section.

Importantly both tools separate out children and young people into distinct age categories and provide indicative examples of green, amber and red behaviours at each developmental stage. The tools provide a good model for professionals to come together to share and locate their concerns about a particular child using a common language.

Chronological age is often a helpful start point for categorising behaviour. There may be times when chronological age in itself is not sufficient to help guide determinations about what is normal versus what is harmful sexual behaviour. Sexual development can be affected by a range of factors and so cannot be considered absolute. When considering appropriate sexual behaviour, professionals should be guided by chronological age as well as any other relevant factors, while recognising the importance of seeing the young person as an individual in their own right.

<sup>2</sup> Training must be completed before accessing and using the Brook Traffic Light Tool. The Brook Traffic Light Tool has not been designed specifically for Scottish policy and practice.

Always consider the child's safeguarding concerns and holistic needs alongside any sexualised behaviour and follow due procedures accordingly. Traffic light tools support decision making about a child or young person's sexual behaviour and do not replace professional judgement or policy and legislation. If you have concerns, doubts or uncertainties about how a child's behaviour sits within a wider child development context it is best to seek further advice. There will be some situations where it will remain unclear to practitioners as to whether a pattern of behaviour is abusive or within developmental milestones and this may warrant referral and consultation with specialist services such as the [Interventions for Vulnerable Youth Service](#) or discussion with a child protection hotline such as [Stop it Now!](#) to explore the behaviour and gather opinions on steps forward.

As set out in the [National Guidance for Child Protection in Scotland](#), in all cases where a child or young person displays sexual behaviour that may cause harm, immediate consideration should be given as to whether action should be taken under child protection procedures, in order both to protect children harmed or at risk of harm by the behaviour and to address any child protection concerns that may at least in part explain why the child/young person has behaved in such a way. Where concerns are assessed to be below the threshold of significant harm towards or caused by a child, there may still be a need for co-ordinated assessment and support to address the needs underpinning troubled or troubling behaviour.

## Parents Protect Traffic Light – Teenage Sexual Behaviour (13-18)

Green behaviours might be expected for the child’s age and stage of development. They give an opportunity to support and talk to the child about what is appropriate. They are not necessarily behaviours that adults would like a child to continue with and discussing the behaviour may offer “teachable” moments in relation to health, sexual and relational development.

Amber behaviours are concerning and might be harmful for a teenager. There may be a sign that the child needs extra guidance and support from trusted adults, particularly if issues continue over time. Talking with the child about the concerns might help you find ways to keep them and others safe.

Red behaviours are unsafe and might involve abuse or exploitation. They are likely to cause harm to the child, and maybe others around them. These behaviours need to be dealt with quickly, which might require support from statutory services such as social work.

Green	Amber	Red
<ul style="list-style-type: none"> <li>■ Occasionally making light hearted sexual jokes with friends of a similar age</li> <li>■ Flirting or sending sexual images to someone the same age, if both consent</li> <li>■ Asking questions about sex and relationships</li> <li>■ Looking at online information about sex and relationships</li> <li>■ Masturbating at home, when alone in a private space</li> <li>■ Showing affection and experiencing physical intimacy, such as kissing, hugging and holding hands</li> <li>■ Sexual activity, including sexual touch, oral sex and penetrative sex amongst older consenting teenagers</li> <li>■ Not having sexual feelings or choosing not to experiment sexually</li> </ul>	<ul style="list-style-type: none"> <li>■ Choosing to spend time viewing sexual pictures and videos over other hobbies and interests they enjoy</li> <li>■ Sending pornography to others</li> <li>■ Using overly sexualised language</li> <li>■ Exploring extreme sexual fetishes, involving physical harm or illegal behaviour</li> <li>■ Seeking sexual advice from untrustworthy sources such as pornography or unmoderated forums</li> <li>■ Willingly engaging in sexual activity with someone of a similar age during early adolescence</li> <li>■ Sharing sexual pictures or videos of themselves with someone of a similar age. This might be common, but can be risky and it is illegal to possess, make or share a sexual picture or video of someone under 18</li> </ul>	<ul style="list-style-type: none"> <li>■ Taking or sharing sexual pictures of someone without their consent</li> <li>■ Having sexual conversations or sharing sexual images with children much younger than themselves or with those that are particularly vulnerable</li> <li>■ Pressuring other young people or children to do sexual things online or offline, using threats, force, constant hassling or other types of manipulation</li> <li>■ Having sexual interactions with strangers (adults or other young people) online or offline</li> <li>■ Looking at illegal sexual material, for example involving animals, children or extreme violence</li> <li>■ Having sexual contact with an animal</li> <li>■ Exposing their genitals in public or sending unsolicited pictures of their genitals to others</li> </ul>

# Responding to behaviour across the continuum

Using the continuum presented on page 16 we can begin to better understand the nature of a child's behaviours and the impact on themselves and others. This enhanced understanding improves our capability to provide documented, measured, trauma-informed, and developmentally appropriate responses.

The Scottish Government's Getting it right for every child (GIRFEC) approach and the National Guidance for Child Protection provide a national framework for agencies and practitioners at local level to design and agree on ways of working which promote the wellbeing and safety of children and young people. This extends to young people who have displayed harmful sexual behaviour.

GIRFEC lies at the heart of all the child policy of Scottish Government and it aims to ensure that all children and young people get the right help at the right time from the right people. GIRFEC:

- is child-focused - it ensures the child or young person and their family are at the heart of decision-making and the support available to them.
- is 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.
- is based on timely support - 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 and families, and the services they need working together in a coordinated way to meet their 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 eight wellbeing indicators, confirming that at home, in education or the wider community, every child and young person should be: **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included.**

## The GIRFEC approach means that these key principles drive the care and protection of children:

**Safety:** Perceived risks must be 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.

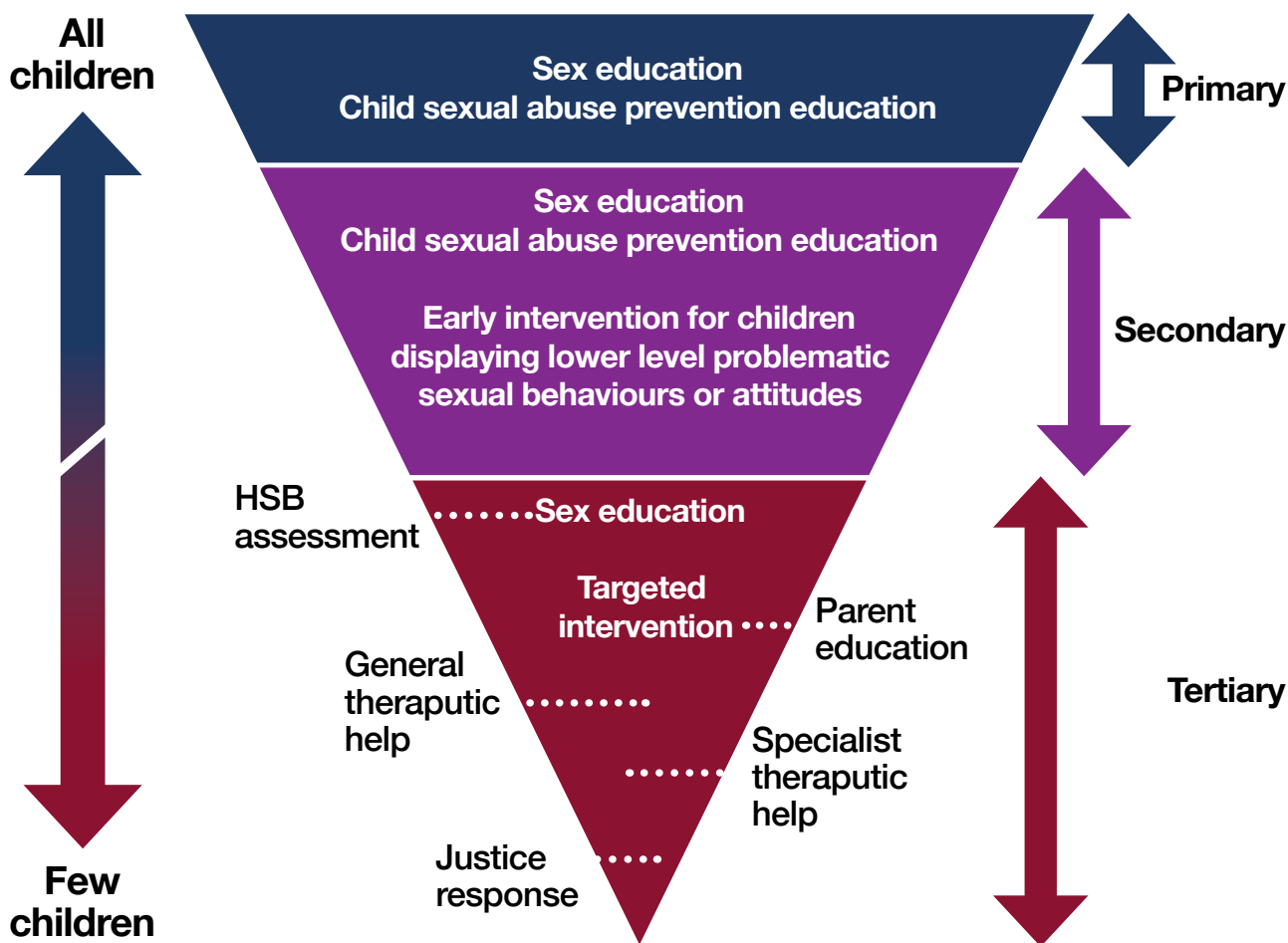
**Wellbeing:** The child or young person's needs are central. Gaps, losses, past trauma and harm must be recognised and responded to at a pace and in a manner that is attuned to each individual. Wellbeing indicators provide a foundation for holistic assessment, planning and support.

**Voice:** The child or young person's experience, views, wishes and feelings must be heard in daily life and in all decisions taken about their care.

**Strengths:** The potential and resilience of each child or young person must be appreciated and nurtured. Relationships and connections within their family and community which provide resources to the child or young person are promoted and supported.

It should be recognised that the nature and level of the service must also respond to other needs beyond harmful sexual behaviour (e.g. if an investigation into a child or young person who is displaying inappropriate behaviour revealed significant issues around neglect and emotional abuse, interventions would need to focus on supporting parental capacity and promoting emotional safety at home, as well as work around appropriate boundaries). Similarly the wellbeing of children or young people who display harmful sexual behaviour should be considered over and beyond risk and consideration should be given to whether interventions promote the GIRFEC wellbeing indicators (see above).

Relationships, sexual health and parenthood (RSHP) education may be an aspect of support for children of all ages and at all stages of the continuum. The diagram below demonstrates the key role of RSHP education as a preventative measure for ALL children and also for those who exhibit any form of sexual behaviour that sits on the continuum. Parents have the principle role in helping children with their social and sexual development, and school is also critically important in ensuring children receive the right messages in relation to RSHP education.





Where behaviour has led to harm of another child or young person, a child protection response in line with the [National Guidance for Child Protection](#) in Scotland is necessary. Impacts on the child or young person affected may range from feeling uncomfortable and ashamed when exposed to harmful sexual behaviour, to significant health and mental health issues. Some children or young people at the time of abuse are also asymptomatic, showing few signs of harm at that time, but with traumatic impact becoming apparent in later years. The response should not be minimised because the abuse was perpetrated by a child or young person rather than an adult. Research suggests that, some children and young people who have experienced sexual abuse or harm by another child or young person display many of the same trauma impacts as children sexually harmed by adults (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2000; O'Brien, 2010).

Finding out that their child has displayed harmful sexual behaviour towards others can be very distressing for many parents, and minimisation and/or denial are common responses when confronted with information about their child's behaviour. Similarly, shame and fear of consequences means that children may also deny or minimise behaviour, and parental messaging might then make it more difficult for the child or young person to acknowledge their behaviour. It is important to respond to these presentations sensitively, recognising that minimisation and denial are dynamic and often shift in time when individuals are given space to acknowledge feelings and information about how relevant intervention focus on moving forward and making safer choices in the future.

## The Good Lives Model

[The Good Lives Model](#) is a framework for reducing harmful sexual behaviour. The model encourages practitioner to identify human needs under the eight categories of having fun, achieving, being my own person, having people in my life, having purpose and making a difference, emotional health, sexual health and physical health. These needs are similar to the GIRFEC wellbeing indicators – Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included. Sometimes, when a child tries to meet these needs, they do so in a way that

is not appropriate, or that can be harmful to themselves or others. This can be for a variety of reasons but can include a lack of knowledge or skills to meet these needs in more appropriate ways and a lack of support or opportunities to develop this knowledge and skills. An [action plan](#) integrating the Good Lives Model and GIRFEC wellbeing indicators has been developed by the Central Sexual Health Team. The model encourages practitioners to meet fundamental needs in healthier ways, by developing targeted skills and having experiences that will allow them to achieve this.

See: The Good Lives Model



# Harmful sexual behaviour in online contexts

**Smartphones and the online world are an increasingly important part of young people's lives, allowing them to share their experiences and connect with friends. Adults often think about online and offline experiences separately, but for most young people growing up in a digital world, online and offline experiences are blended and inseparable, with online dimensions often augmenting day to day offline experience.**

Increasingly these technologies also play a part in how young people explore and express their developing sense of sexuality. It is natural that as they grow up they might behave sexually online as well. This behaviour can be healthy and consensual, but it can include natural curiosity that can expose them to online content or experiences for which they are not developmentally ready

It can also involve behaviour that may be exploitative of others. A common theme of online harm involves a young person being asked or coerced into sexually inappropriate actions by peers. Because of this, it is essential for professionals to know the differences between age-appropriate healthy online sexual behaviours and harmful behaviours.

It is therefore important that adults who work with young people can help them develop resilience, awareness and an understanding of risks online. Staff and professionals working with children and young people in all settings also need to be able to appropriately identify sexualised behaviours that are harmful to self or others, so that responses are proportionate and effective in keeping all young people involved safe.

## **Harmful sexual behaviour in online contexts has been defined as:**

“ 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 ”

**Hollis & Belton, 2017.**

**Examples can include, but are not limited to:**

- Using force, pressure or coercion with someone under the age of 18 to share sexual imagery of themselves
- Forcing somebody to do something by threatening to publish sexual material about them
- Non-consensual sharing of self-produced sexual images (sometimes described as ‘revenge porn’ or ‘image based sexual abuse’)
- Accessing adult porn sites or adult content at an inappropriate age or stage of development
- Exposing another child or young person to adult online pornography
- Viewing sexual images of children and young people under 18
- Inciting or coercing sexual activity. This can include online grooming and sexual exploitation of peers and younger children (and potentially adults in some circumstances)
- Sexual harassment and bullying through online messaging or social media
- Use of smartphones and other technology for voyeurism such as upskirting
- Encouraging someone under the age of 18 to be involved with sexual content for commercial purposes
- Sexual abuse and exploitation online.

It is important to understand the context of these kinds of behaviours. Young people spend a lot of time online – on social media, gaming, and other apps and websites. During teenage years the desire for thrills and excitement often peaks. Adolescent brains produce more dopamine (a hormone that makes us feel good) and their brains are more sensitive to it. This can lead them to seeking risks and rewards to achieve more of this feeling. People often feel less inhibited online and make hasty choices.

It is also important to recognise that children can be exploited sexually online by adults as well as young people. Some young people who display harmful sexual behaviour may also have experienced online harm themselves.

# Harmful sexual behaviour and the Law

**In Scotland, the age of criminal responsibility is 12 years as provided by the Age of Criminal Responsibility (Scotland) Act 2019 ('the 2019 Act').** This means that a child cannot be held criminally responsible for harmful behaviour that amounts to a crime or offence which occurred when the child was aged under 12. Therefore, a child cannot be referred to the Children's Reporter on offence grounds if the behaviour took place prior to the child's 12th birthday. Additionally, whilst the 2019 Act does provide new specific investigative powers for police investigating the most serious cases of harmful behaviour to determine what happened, the child cannot be arrested or charged with offences. The aim is to protect children under the age of 12 from the harmful effects of early criminalisation whilst ensuring that they, and their families, receive the right support. At the same time it also retains the entitlement for victims of the crime to have it fully investigated by the police, and be offered support. However, whilst the child cannot be referred on offence grounds, they could be referred to the Children's Reporter on other grounds if there are concerns. [Guidance](#) has been published outlining safeguards for children under the age of 12 subject to an investigation in relation to harmful sexual behaviour.

For children aged 12 and above (but under 18), sexual behaviour may lead to the child being in conflict with the law and charged with a sexual offence. There are a variety of routes through the Scottish Children's Reporter Administration (SCRA) or justice system, depending on the seriousness of the behaviour. At the time of writing, most allegations of criminal behaviour

by someone over the age of 12 and under 16 years are not prosecuted or sentenced within the adult<sup>3</sup> court system. Instead, these allegations are often dealt with by the Children's Reporter, who makes a decision about whether a children's hearing is required.

Where a child has been prosecuted and convicted in court, there is still opportunity to seek their remittal to the Children's Hearings System up to the age of 17 years and six months<sup>4</sup>. The Justice Social Work Reports (JSWR) and Court Based Services Practice Guidance direct that all CJSWRs, for children up to the age of 17 years and six months, must comment on the option of remittal to the Children's Hearings System and clearly state what interventions and strategies will be implemented. Furthermore, creative use of all options under the Children's Hearing System should be considered which might include secure care or a Movement Restriction Condition (MRC) as appropriate to the assessed level of need, recognising that deprivation of liberty should only be used as a last resort. Any resourcing required must be agreed with appropriate agencies and detailed within the CJSWR as well as any report for the Children's Hearing System. [Diversion from prosecution](#) may also be an option for 16- and 17 years olds not jointly reported or subject to a compulsory supervision order through the children's hearings system who have been charged with sexual offences in some situations.

3 Reforms proposed under the Children (Care and Justice) Scotland Bill will raise the age at which children are routinely referred to the Children's Hearing System for offending behaviour to under 18.

4 At the time of writing, provisions in the Children (Care and Justice) Scotland Bill would allow for the remittal of a child's case in summary proceedings where that child is over 17.5 years of age – albeit the court must consider that remittal in these circumstances would be practicable. Provision is also made in the Bill to clarify that, in respect of certain sexual offences, where a case is remitted to the children's hearings system after a Sexual Offence Notification Requirement (SONR) has been imposed, the SONR continues to apply despite the case being remitted for disposal.

There is often an assumption that assessments of risk or targeted work to reduce risk cannot be undertaken before a legal outcome after a child has been arrested. Although there are safeguards that must be provided, assessments and interventions can take place while a case progresses through the legal system, and a failure to do so can lead to missed opportunities and delay in helping a young person address any identified needs. The CYCJ has [produced further information for practitioners](#) that parallels guidance for therapeutic work with children who are witnesses in court.

# Preventing harmful sexual behaviour in childhood and adolescence

The majority of sexual abuse is not disclosed during childhood and therefore does not come to the attention of services<sup>5</sup>. Most harmful sexual behaviour will not, therefore, be prevented by interventions focused on children who have already displayed this behaviour. As well as identifying and responding to harmful sexual behaviour, we need effective and evidence driven approaches to preventing it before it happens

Effective preventative approaches depend on:

- Professionals involved in preventing and responding to harmful sexual behaviour should 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.
- Prevention of harmful sexual behaviour is everyone's business. From teachers involved with the rolling out of effective and inclusive relationship, sexual health and parenthood education, to police and social workers responding to child protection and child welfare concerns, to parents being able to have a conversation with their teenagers about the influences of social media and pornography on adolescent sexual development, all of us have a part to play in preventing abuse before it happens.
- Adults in day to day contact with children and young people, in family, early learning, school and recreational settings, should 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 should 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 and what they should do if they are worried about their own thoughts, feelings or behaviours, or those of someone else.

## Parenting

As with any behaviours, children and young people need guidance and support to follow a positive path. This will involve developing healthy attitudes to sex and relationships and learning to live healthy, harm free lives. We need to protect young people from both experiencing and carrying out sexual harm.

Rather than only focusing on harmful sexual behaviours after they occur, early steps in prevention of harm and the promotion of healthy attitudes and behaviours around sex is crucial, as is understanding what is meant by sexual harm.

One of the first things we can do from an early age with children is to talk to them in positive, open ways about what is ok and not ok. Children need to learn what behaviours are harmful and why. Much like violent or aggressive behaviours, children need guidance around sexual behaviours. Parents can find sex tricky to talk to children about. In order to prevent harm we need to promote healthy and appropriate behaviours. There are several resources available for parents including [The Lucy Faithfull Foundation, Relationships, Sexual Health and Parenthood \(RSHP\)](#) and the [NSPCC's "the underwear rule"](#).

## Prevention in schools

[The Curriculum for excellence](#) recognises that all children and young people have a right to learn about their growing bodies, relationships, sexuality, sexual health and parenthood in ways that are appropriate to their age and stage of development. This is central to the prevention of harmful sexual behaviour.

5 Source: [Mandatory Reporting \(nspcc.org.uk\)](https://www.nspcc.org.uk)

[The National Sexual Violence Prevention 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 supports young people 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; 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.

[Equally Safe at School \(ESAS\)](#) has been developed by Rape Crisis Scotland in partnership with the University of Glasgow. It was designed and piloted in several schools in Scotland with support from Zero Tolerance and a wide range of other voluntary and statutory partners and stakeholders.

It is designed for secondary schools to take a holistic approach to preventing gender based violence, consistent with the Scottish Government's and COSLA's Equally Safe strategy to prevent and eradicate violence against women and girls. ESAS is also designed to meet the health and wellbeing outcomes of the Curriculum for Excellence and other key frameworks such as Getting it right for every child (GIRFEC). ESAS takes a whole school approach, working with staff and students to prevent gender based violence and to increase confidence and skills in responding to incidents and disclosures of such violence. It aims to positively influence the school culture by fostering a shared, consistent approach to gender based violence. ESAS is underpinned by principles of equality, safety and accessibility, with student voices at the forefront.

[Mentors in Violence Prevention \(MVP\)](#) is a schools based peer mentoring leadership programme for young people. It gives young people the chance to explore and challenge the attitudes, beliefs and cultural norms that underpin gender based violence.

It addresses a range of behaviours including harmful sexual behaviour, sexting, controlling behaviour, sexual harassment and consent, and uses a 'bystander' approach where individuals are not looked on as potential victims or perpetrators but as empowered and active bystanders with the ability to support and challenge their peers in a safe way. A strong emphasis has been placed on building healthy, respectful relationships both in the school and in the community.



## Upstream

Upstream is an online resource developed by The Lucy Faithfull Foundation and the Scottish Government to help adults in Scotland to prevent child sexual abuse including harmful sexual behaviour. It is designed as a one-stop place for people to access advice and support. It contains [resources for parents](#) about preventing

harmful sexual behaviour in childhood and adolescence and [resources for professionals](#), including sections on safeguarding in education, residential care settings, sports coaching settings and within faith and belief communities. It also has materials for those delivering training on the prevention of child sexual abuse.

## Contextual Safeguarding

Contextual safeguarding recognises that, as young people grow and develop, they are influenced by a whole range of environments and people outside of their family. For example in school or college, in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments often caused by peers as much as by adults. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help

to keep them safe. It's an approach that's often been used to apply to adolescents, though the lessons can equally be applied to younger children, especially in today's changing world. Further information on the approach can be found at the University of Durham's [contextual safeguarding website](#), including their [resources on preventing peer on peer sexual violence in school settings](#). The [scale up tool kit](#) includes resources for professionals in different settings, including materials on [context weighting](#) - what context (or contextual factor) needs to change first for safety to increase for that child, family or peer group.



# Annex: Practice Examples – Identifying and responding to behaviours

## A) Normative and developmentally expected sexual behaviour

### Example 1:

Mary, aged 4, touches and rubs her vulva because it feels nice. Mary's parents talked to her about using the correct names for private body parts and advised that touch should only take place in a private space.

### Example 2:

John is 14 and has a learning disability. He has a girlfriend his own age and they like to hold hands and kiss. Staff at his school ensured that John and his girlfriend had information available in relation to healthy relationships, intimacy and consent.

### Behaviour in this category typically requires no specialist or targeted assessment or intervention.

Education on typical and healthy sexual development, gender, sexuality, relationships and other related areas should be provided to all children and young people (particularly those with vulnerabilities) at a developmentally appropriate level. If appropriate, children may be gently redirected to alternative activities depending on age, or the behaviour can be used to generate discussion on healthy sexual expression and behaviour in an age-appropriate way. Normal, healthy sexual behaviour can be encouraged and promoted through giving children and young people the skills, knowledge and boundaries they require. A proactive approach to providing [RSHP](#) education formally at school, and informally at home, can prevent and reduce harmful sexual behaviour.

Typically parents and perhaps school will be the only adults involved in relation to normative sexual behaviour. Educators will be involved providing [RSHP](#) education to all children and young people aged 3-18, including those with additional support needs as well as promoting a whole school approach to preventing gender based violence. The parents' role will involve promoting learning at home using [resources](#) as appropriate and finding opportunities in every-day life to teach privacy, consent, boundaries, etc. House, family and community rules and expectations of behaviour can also be reinforced as needed.

Attitudes and values can influence our acceptance of what is 'normal, healthy sexual behaviour'. Some parents, carers or professionals may find it difficult to view a child or young person as a sexual being, especially if that child is very young, or has a learning disability. The Traffic Light Tools listed on page 13 can assist with parental understanding from a child development perspective.

In some cases, limited work with parents or caregivers may also be necessary in order to educate them about sexuality and how behaviours naturally evolve with age and maturity, especially with the onset of puberty with sexual drives, hormonal urges and desires.

Children whose sexual behaviours are considered normative for their age and stage of development, as well as consensual, should not be referred for an assessment in relation to harmful sexual behaviour. Undertaking an assessment of behaviours in such circumstances could be damaging for the child's development and risks significant negative labelling of the child.

## **B) Inappropriate and problematic sexual behaviour**

---

### **Example 1 (inappropriate behaviour):**

Leo and Mark, both aged 15 years, were found by a teacher kissing and masturbating each other in a changing room at school. The behaviour was consensual and reciprocal. Although a socially acceptable behaviour and within normative developmental parameters, the behaviour took place in a public space and is inappropriate. The boys were given advice about healthy sexual relationships, the law in relation to underage sexual activity and the importance of ensuring that sexual behaviours take place in private. They were encouraged to come back and have more discussion if further advice and guidance or emotional support would be helpful.

---

### **Example 2 (problematic behaviour):**

Over a period of 3 weeks Tommy, age 13 years, sent messages from his phone asking numerous girls to send him pictures of themselves naked. He only knows these girls through social media and believes they are the same age as him. The messages do not contain any threats and he has not followed up the request when told to desist by some of the girls. This behaviour is developmentally unusual, is a repeated pattern and shows some indications of compulsivity. Although there is no overt use of coercion, force or abuse of power there are clear concerns about Tommy's understanding of consent, the use of images should any have been shared, and the illegal nature of sharing such images. A child's planning meeting which included his guidance teacher, his parents and a representative from social work was held to discuss Tommy's problematic sexual behaviour. Support was offered to the girls messaged by Tommy. It was agreed that some intensive education work would be undertaken with Tommy and his family about healthy sexual relationships, consent, and legal and illegal

sexual activities. Tommy's family put in place clear boundaries, supervision and monitoring around the use of his phone and his online activity. As Tommy was quite isolated with few friendships and limited social skills, a plan was put in place to gradually build these up within the school environment. Tommy previously had quite fixed interests in certain hobbies and liked strict routines. Taking all these factors into account, it was agreed that it would be helpful to request a neurodevelopmental assessment. His parents contacted their GP, who made a referral to Child and Adolescent Mental Health Services (CAMHS) for this assessment.

---

### **Inappropriate and problematic behaviours tend to be sexual behaviours that do not lead to victimisation but may be developmentally harmful at the time or if they persist. Typically key adults involved will be parents/ carers, school, and in some circumstances CAMHS, Youth Work, Third sector organisations and social work.**

Inappropriate and problematic behaviour can cover a broad range of behaviours. At the lowest level responses may require boundary setting and single agency responses, with children being gently redirected to alternative activities depending on age, and the behaviour used as an opportunity to engage them in discussion on healthy sexual expression and behaviour in an age appropriate way. House, family and community rules and expectations of behaviour should be reinforced as needed to ensure children understand appropriate behaviour. Monitoring of the behaviour to ensure it does not continue and/or escalate may be needed.

Some problematic behaviour may require a Child's Plan and a multi-agency response led by a Lead Professional with system changes to promote safety and behaviour management. Social work will typically be involved in some capacity in such cases.

## Initial assessment

Where initial screening using the Hackett continuum and traffic light tools determines that a child's sexual behaviours are 'inappropriate' or 'problematic', an assessment is warranted. This should consider first and foremost any child protection concerns for all children involved, and whether there are any concerns about where a child may have learnt or been exposed to certain sexual behaviours. It is important to take account of the child or young person's age, developmental status and sex and, if relevant, any neurodevelopmental or learning disabilities. Inappropriate and problematic sexualised behaviour is often an expression of a range of problems or underlying vulnerabilities.

If the incident suggests that any of the children involved (including the child causing harm) may have been abused or neglected and/or is suffering or are likely to suffer significant harm, contact should be made with police or social work in order for an inter-agency referral discussion (IRD) to be considered as soon as reasonably practicable. This meeting will consider immediate safety of all children involved, and any action that may be required in order to investigate possible abuse.

The assessment should be individualised, developmentally appropriate, proportionate to the behaviour of concern and take into account the context within which the behaviour took place. In such circumstances, a detailed or lengthy assessment focused on the sexual behaviour is likely to be stigmatising, resulting in unavoidable upset for the child and their family and is unlikely to lead to positive outcomes. In CAMHS contexts, screening tools such as the [Child Sexual Behaviour Inventory](#) may be used if the child is under the age of 12 to aid clinical judgement.

The purpose of the assessment is to identify whether the child or young person has unmet needs that can be met by universal services in line with the GIRFEC approach. The principle tools to be used are traffic light tools, the Hackett continuum and the [GIRFEC national practice model](#). The assessment should be undertaken by a lead professional who supports the child and family, acts as an advocate on their behalf,

and coordinates the Child's Plan and delivery of appropriate additional services. The decision on who should lead should be made on a case-by-case basis, with input from the child or young person and their family. It could be a professional from health, education or social work.

Ensuring that the assessment is rights respecting is crucial. Whilst it is important that the child can express their views and have them considered and taken seriously, this needs to be proportionate to the behaviour of concern and should also take account of their right to privacy. Consideration should therefore be given to whether the information already available is sufficient, and whether speaking to the child would be duplication and potentially upsetting for them. If there is a need to discuss the behaviour with the child further for the purpose of the assessment, then consideration should be given to who is the most appropriate person to do this but also who the child would be most comfortable discussing this with given the sensitive nature of sexual behaviours. Clearly involvement of any individuals and the sharing of information would need to be proportionate.

If the assessment reveals that the behaviour is abusive rather than inappropriate or problematic, the following section on sexually abusive and violent behaviour (page 26) should be consulted.

## Interventions

Approaches to intervention tend to focus on behaviour management, socio-educative work with the child/ family and system/ context change.

Depending on the outcome of the assessment, responses to inappropriate or problematic sexual behaviours can be wide ranging from low level interventions such as clear boundary setting, to more in depth supports such as education about healthy relationships, skills development, behaviour management and monitoring. For some this may include particular support around issues such as intrusive thinking or compulsive use of online pornography. Wider system changes may also be required depending upon the context within which the behaviour occurred. For example, responses may be needed to address the attitudes or

cultures within certain groups or improve safety in certain areas including online spaces. Low-level problematic sexual behaviour involving pre-adolescent children may be identified in Early Learning and Childcare settings and primary schools as well as in home settings. They should be responded to in line with other challenging behaviour, requiring adults to be specific about naming and describing the behaviour, pointing out to the child the impact on others, setting clear boundaries and developing individualised strategies to reduce the likelihood of repetition. Adults need to explain to the child why the behaviour is inappropriate in a way that does not increase shame, setting boundaries, encouraging strategies around self-control and positive emotional expression, and establishing a plan to increase safety, are often measures sufficient to modify behaviour.

When assessing the nature of the inappropriate or problematic harmful sexual behaviour it is important to consider what needs the behaviour was meeting for the child. Sexual behaviour can be used to meet a range of needs, including wider wellbeing needs. In practice example 2 above, for instance, Tommy's appropriate needs for intimacy and connection with others as well as age appropriate sexual curiosity have been expressed in ways that cause harm to others by engendering distress and upset.

In terms of responsibilities, school staff will typically focus on RSHP education. Class or group work and targeted one to one support may be provided as required and they may put in place a Child's Plan. They may work with parents on monitoring behaviour, setting boundaries, rewards and consequences.

Parents' responsibility will involve replicating RSHP work at home and working with the school on boundaries, rewards and consequences.

Social work may support the child and family. Identifying and supporting with contributory factors e.g. parenting, sleep, leisure activities, relationships, friendships, relaxation, use of technology and safety planning where appropriate. CAMHS may have a role if the behaviour links to mental health or issues around learning impairment or neurodiversity.

## C) Sexually abusive and violent behaviour

---

### Example 1:

Jerry is 15 and is going out with Dana who is 14. They attend the same high school. A couple of times a week they do not attend classes in the school and have sex in the boys' toilets. One day Dana explains to her teacher that Jerry has filmed them having sex and shared the videos with peers. He has also asked her to perform various sexual acts that she does not want to do, and has said that he will send the videos to her friendship group if she doesn't do them. The school escalate this as a child protection concern and an Interagency Referral Discussion (IRD) is held, agreeing that police should investigate and Joint Investigative Interviews (JII) should be held with Dana. Jerry is charged by the police and a Child Protection Planning Meeting decides to offer a placement at an alternative school where a robust safety plan is put in place. An assessment using a validated risk assessment tool is undertaken by a social worker who takes on a Lead Professional role and co-ordinates the Child's Plan. A referral is made to a Children's Hearing but there is agreement that the case can be discharged as there are insufficient welfare concerns in relation to Jerry because he has accepted his behaviour has caused harm and is willing to do something to ensure this does not happen again. On the back of the assessment Jerry undertakes 3 months of psycho-educational work about consent, emotional and sexual regulation, impact of pornography and his understanding of the law in relation to sexual behaviour.

---



### **Example 2:**

Noah is 13 and his stepsister, Jade, is 6. They have lived together in the same household for the last year after their dad and mum met. Jade had been very withdrawn and prone to having tantrums over the last three months. When Jade's mum asks about her about this, she tells her mum that Noah comes into her bedroom at night once a week, shows her videos of naked people and then asks her to touch his penis. He has told her that she must never tell anyone or she will need to leave the family. Jade's mum contacts Noah's mum, who is very distressed and contacts social work. Given the very serious concerns within Jade's disclosures an Interagency Referral Discussion is held for both Jade and Noah. This offers key professionals in health, police and social work (education may also be involved) the opportunity to discuss how best to investigate Jade's disclosure and agree an interim safety plan. The Interagency Referral Discussion will also discuss Noah, and what investigations may need to take place to investigate if he too is a victim of harm, what may have led to his behaviours and his wider needs and safety. This discussion will take account of any possible criminal procedures which may be initiated in respect of Noah. The Interagency Referral Discussion will also take a view on if care and risk management procedures are necessary to support Noah. Arrangements are made for Noah to live with his paternal aunt while an assessment of the situation takes place. Noah is charged with a sexual offence and is referred to a children's hearing where he is placed on a compulsory supervision order. Some therapeutic work is undertaken with him further to a referral to a local third sector organisation who works with children who have displayed harmful sexual behaviour.

---

**Where sexual abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the perpetrator. In all cases where a child or young person acts in a sexually abusive fashion, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child or young person to behave in such a way.**

### **Risk Management**

The [Framework for Risk Assessment Management and Evaluation \(FRAME\) with children aged 12-17](#) sets out the process and principles of effective risk assessment and management through a child-centred lens. Professionals involved in this work must have the skills and competencies to manage the complexities inherent within it and where they do not have the appropriate level of competency, appropriate opportunities to develop these must be in place and all professionals should receive robust and meaningful support from their management structures and agencies.

CARM meetings ensure that a clear assessment of risk takes place and proportionate risk management measures are implemented subject to regular review to ensure further abuse does not occur.

## Professionals involved

A range of services are required for children and young people who display sexually abusive or sexually violent behaviours. These include:

- Support, case management and coordination in frontline settings supported by specialised services as needed.
- Community-based teams, including Forensic CAMHS (in NHS GGC) and the voluntary sector (such as the NSPCC or Barnardo's) at local level, who can assess and offer interventions to children and young people (and their parents, carers and families) presenting with problematic and abusive sexual behaviours, supported where necessary with input from a regional specialist service with consultation and training. Community-based teams would be well-placed to provide consultation and advice to schools on children presenting with sexual behaviour problems in educational settings.
- A small number of therapeutic residential facilities for children and young people who have displayed HSB based around the UK to allow for intensive, supervised treatment of children whose needs cannot be met safely in the community.
- Provision in secure settings, for comprehensive assessments and interventions that address the young person's risks and needs, linked to sentence planning (if they have been convicted), the Child's Plan and transitions within the secure estate and to the community.
- Provision in young offenders institutes, although numbers are very low each year. Under 18s convicted of a sexual offence will be allocated to social work caseload and will be subject to Integrated Case Management (ICM) processes. If they have sufficient time they will be offered the opportunity to engage in assessment for intervention work. They will also have access to other services to meet their needs<sup>6</sup>.
- [Interventions for Vulnerable Youth \(IVY\)](#) is a national specialist psychological and social work service hosted by Kibble. IVY provides professional consultation and advice, psychological assessment and psychological intervention for those young people aged 12-18 who present a significant risk of harm to others by any sort of behaviour, including harmful sexual behaviour.

<sup>6</sup> The Children (Care and Justice) (Scotland) Bill due to be enacted in 2024 will legally remove the option of detaining under 18s in Young Offender Institutions (YOIs). The involvement of staff who work in YOIs with under 18s is therefore, time limited.

## Specialist Assessment

Where behaviour has been abusive or violent, a more comprehensive assessment is required to consider the risk of harm to others within the context of the child's broader welfare needs and any child protection concerns. The context within which this assessment takes place will differ depending on the child's age and which system responds to their behaviour. Most public protection concerns will be managed by the CARM or Vulnerable Young Persons (VYP) processes depending on locality, but following conviction at court, a child may become subject to multi-agency public protection arrangements ([MAPPA](#)) and/or sexual offender notification requirements. The purpose of MAPPA is public protection and managing the risk of serious harm posed by certain categories of individuals (i.e. individuals subject to Sexual Offender Notification Requirements, Restricted Patients, or Other Risk of Serious Harm individuals). Where a child meets any of these criteria and becomes subject to MAPPA, robust connections must be in place to support the transition of any child in this situation. It is also critical to support and ensure their understanding of the expectations and implications of non-compliance or adherence with any additional requirements such as [Sex Offender Notification Requirements](#) which may also be in place.

Regardless of which system underpins the response of professionals to the child's behaviour, the assessment will need to include an analysis of the harmful behaviour itself and the context within which it occurred to help determine the likelihood of future harm, those at risk of being harmed in the future, the severity of the potential harm and the imminence of any future harmful behaviour. Additionally, comprehensive assessments of harmful behaviour typically focus on examining the presence, and relevance, of risk factors or vulnerabilities known to be linked to the risk of future harmful behaviour as well as protective factors or strengths known to mitigate the risk of future harmful behaviour. The resulting comprehensive assessment and formulation (the process by which individual characteristics, experiences and behaviours interact) will be used to inform decision-making about proportionate measures to protect future potential victims; to identify risk factors or vulnerabilities to be addressed through interventions in order to reduce the level of risk presented; and build on protective factors and strengths to lay the foundations for supporting the child or young person's ongoing social development in safe and healthy ways.

### In short, comprehensive assessments need to answer the following questions:

- What happened?
- How did it happen? Was it planned or opportunistic? What environment did the behaviour take place in and were there factors related to the environment that created risks (e.g. poor supervision or monitoring).
- Who was harmed and how were they harmed? What do victim characteristics tells us about future risk?
- Why has the young person behaved in a harmful sexual manner?
- How likely are they to do so again, to whom and in what particular circumstances?
- What needs to be done in the short term to manage risks?
- What are the indicators of risk increasing or decreasing?
- What needs to be done in the longer term to reduce risks and to support prosocial development?
- How will progress be measured?



### All comprehensive assessments tend to follow a similar process:

- Collecting data, and identifying historical and current factors about the child, their life circumstances, family, peer group and environment as well as the context of the behaviour that supports further harmful sexual behaviour (risk factors) or desistance (strengths). This will include summary of patterns of behaviour, as well as nature and seriousness.
- Applying professional knowledge to undertake an analysis of known risks and strengths to consider the pattern, seriousness, nature and likelihood of future harmful behaviour to produce an understanding of the risk of harm (including likelihood and imminence of future harmful sexual behaviour), and the future risk of non-sexual offending.
- Use of relevant appropriate tools or psychometrics. This might include risk assessment tools but could also be things like learning, personality or intelligence measures.
- Make professional judgements about relationships, risks, safety and potential for change for the child, family and environment.
- Recommending the measures required to facilitate safety and change. This will typically include type and intensity of intervention tailored to individual, family and community characteristics and consideration of how progress will be measured.
- Ensuring meaningful communication of the assessment to those who need to act upon it.

In some cases involving sexually abusive or violent behaviour, a Care and Risk Management (CARM) meeting should co-ordinate the assessment, setting a timeline and expectations. Assessment will typically be a social work role with the social worker taking on the role of Lead Professional and co-ordinating the multi-agency assessment and response

There are various assessment tools and frameworks (including for children under the age of 12) that can helpfully guide the assessment, some of which are detailed in the Risk Management Authority's [Risk Assessment Tools Evaluation Directory](#). Crucially, when working with children any tools or frameworks used to help inform the assessment should be developmentally appropriate, support a structured professional judgment approach, and be in line with best practice guidelines and standards (Scottish Government, 2021; 2021a). Standard 7 of the Scottish Government's [Standards for those working with children in conflict with the law 2021](#) states that:



Risk assessment and formulation is a crucial step to identify which children require services, the type and intensity of service provision required and in guiding appropriate care planning. Undertaking proportionate assessment to understand and reduce the risk of harm posed by aspects of a child's behaviour is essential and must actively include the child and their views.



Assessments should be undertaken by suitably qualified and experienced professionals who have completed relevant training in child protection, harmful sexual behaviour and trauma-informed practices, and who receive relevant support and supervision.

**AIM3** is the most widely used assessment tool in social work contexts in Scotland. The **PROFESOR** tool is also used. Young people who have displayed harmful sexual behaviour may also be at risk of other kinds of offending in the future including violent offending. Use of an assessment tool such as Short-Term Assessment of Risk & Treatability: Adolescent Version (START:AV) or Structured Assessment of Violence Risk in Youth (SAVRY) may also be appropriate. For extremely complex cases a psychosexual assessment (a comprehensive psychological assessment combined with an assessment of the harmful sexual behaviour) may be beneficial.

The standards also highlight that practice must be underpinned by the [Framework for Risk Assessment Management and Evaluation \(FRAME\) for children aged 12-17](#) when assessing, and managing the risk of harm that might be posed by aspects of a child's behaviour. The FRAME Standards, Guidance and Operational Requirements for risk practice require that a proportionate approach to risk practice is taken which recognises children's rights and their inclusion in the decision-making process.

Assessments of children and young people should involve their parents and / or carers whenever possible and appropriate. An understanding of family functioning and family strengths and challenges will be necessary in helping to understand the background to the child or young person's behaviour, as well as developing any potential Child's Plan to support the child or young person. When engagement is not possible or appropriate, the reasons for not involving families should be clearly communicated in the assessment.

## Interventions

It is important that the key focus of organisations providing interventions to children who have harmed others is on recovery and reintegration into society, as well as protecting others from future harm, in line with the UNCRC.

Interventions may take place in the community, but also in custodial, secure and specialist residential settings.

Over the past few decades, when children have engaged in sexually abusive or sexually violent behaviours, the approach taken to intervention has tended to be a cognitive behavioural approach. Such interventions tend to involve analysis of the behaviour; modifying unhealthy thinking and attitudes; developing victim empathy; educating about healthy sexual relationships; managing emotions; developing coping strategies; social skills training; modifying unhealthy sexual arousal; and risk management strategies (Hackett, 2014). There is evidence-based research demonstrating that certain core principles in interventions can lead to the effectiveness of interventions with adolescents. These include the following:

- 1. Integrity** – The most effective structured cognitive behavioural interventions are those that are delivered in the way they were intended and where their delivery is regularly supervised and quality assured.
- 2. Management / Staff** – Interventions are most effective when staff are well trained and receive good support from the management within their organisations.
- 3. Risk / Needs / Responsivity** – Interventions are most effective when the level of intervention is proportionate to the level of risk and need presented, with those who have the highest needs being able to access more intensive supports; when they focus on the underlying needs that led to the harmful behaviour; and when they are delivered in various formats that are responsive to individuals learning styles.

- 4. Therapeutic style** – The therapeutic style of those delivering Interventions is critical to engagement and the development of positive therapeutic relationships which is one of the key contributors to the effectiveness of interventions.
- 5. Community Focussed** – Interventions that are delivered as ‘close to home’ as possible have the highest chance of effectiveness.
- 6. Evaluation** – Effective interventions often include a focus on ongoing evaluation and research focused on whether the intended aims and outcomes are being achieved, and if not, what can be done to improve this.

There are, however, limitations to structured cognitive behavioural interventions. One of the key limitations is that they tend to focus on changing the individual’s behaviour, whereas research tells us that wider family and societal factors can also contribute to sexually abusive and violent behaviours. This emphasis on individual change can be demotivating, especially for children who often have little control over the circumstances and contexts in which they are growing up. It is therefore increasingly recognised that for changes in behaviour to be effective and sustained, interventions should also be strengths-based and focused on understanding and providing support to families, schools, peers, and the wider community. A good example of this is the Good Lives model discussed on page 17.

Whichever intervention approach is taken, it is essential that it is developmentally appropriate, individualised, holistic and trauma informed. The focus on harmful sexual behaviour generates powerful feelings and responses which often obscure seeing the child/young person in the context of their everyday life and future. This is seen when direct work focuses only on the harmful behaviour(s) and risk (which is fundamental), while unmet needs such as social isolation and vulnerability remain. Messages from research paint a compelling picture of young people with complex life experiences and vulnerabilities, at times displaying other forms of violence or harmful behaviours including towards themselves, and navigating many of the challenges associated with different developmental stages of childhood, adolescence and young adulthood. It is important that interventions are responsive to different aspects of individuals’ lives – including social, educational and emotional development – and ‘focus unrelentingly on the future’ (Hackett et al, 2022). This includes building on strengths, positive relationships, sexual literacy, educational achievements and social inclusion. Consideration of the United Nations Rights of the Child (UNCRC), particularly the three ‘pillars’ of protection, participation and provision, offer important guiding principles for developing right’s respecting responses that recognise individual lives more holistically.

## Working Systemically

Engaging with the child and young person's family / carers are recognised as an important aspect of effective interventions (NICE 2016). The shape and focus of the intervention should be informed by an assessment and will depend on factors such as the circumstances of the child and the type of behaviour engaged in. For example, for children it is recommended the parent / carer is either directly involved in the child's session or work is undertaken with them in tandem with the child's interventions. In cases where there has been sibling sexual abuse, where the behaviour emerges in the context of family dynamics, interventions should focus holistically on the family (Allardyce & Yates 2018). In general, there is an acceptance that engaging parents in work alongside any interventions being undertaken with children and young people is recommended to enhance parents' and carers' capacity to manage and support their child. However, given the impact of harmful sexual behaviours can be so overwhelming and negative, it should not be assumed that parents will want to be involved in the interventions and they may need to be motivated and encouraged to see the value of engaging for them and their child.

## Role of schools

Research to date has shown the treatment success, measured by both treatment completion and specific outcomes are positively associated with school-based protective factors. Schools have a significant contribution to make to positive outcomes for young people who have displayed abusive sexual behaviour. Safety planning and risk management is key and [specific resources](#) are available to support this.

### Inform Young People's 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 14 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. Referrals can be made directly by phoning or emailing [The Lucy Faithfull Foundation](#). They can also provide training for professionals so they can deliver the programme.

## Additional Resources

### Prevention

**Harmful Sexual Behaviour Prevention Toolkit: Stop It Now!** toolkit designed for parents, carers, family members and professionals, to help everyone play their part in keeping children safe.

**Shore:** A website created by the Lucy Faithfull Foundation for teenagers who may be worried about their own sexual thoughts, feelings or behaviour. Includes access to direct anonymous support by livechat and email.

**A summary of Relationships, Sexual Health and Parenthood (RSHP) resources | Resources | Education Scotland:** Resources available on the Education Scotland to promote children's healthy social and sexual development.

**CEOP Education** Resources developed by CEOP for professionals, parents and children to protect children from online harm.

**Marie Collins Foundation:** Resources developed for parents and professionals in relation to online sexual abuse and exploitation.

**Healthy relationships and consent: key messages for young people - gov.scot (www.gov.scot):** A resource for professionals which aims to help them support young people in their understanding of healthy relationships and consent.

## Assessment, Response, Intervention

**NSPCC Responding to children who display sexualised behaviour guide:** One-page guide setting out the range of behaviours across the Hackett Continuum and how to respond to these.

**Underage sexual activity:** National guidance for professionals on meeting the needs of children and young people and identifying child protection concerns in relation to underage sexual activity

**AIM sexual behaviours monitoring form:** Developed by the AIM project to help adults identify level of concern raised by children's sexual behaviour.

**Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR):** A structured checklist to assist professionals to identify and summarise protective and risk factors for adolescents and emerging adults (i.e., individuals aged 12 to 25) who have offended sexually.

**Forth Valley Managing Sexual Behaviour Guideline:** Developed by Central Sexual Health team to help schools manage incidents involving sexualised behaviours.

**Family Safety Plans** Resources developed by Parents Protect for families where there are concerns about sexualised behaviour in a family setting.

**AIM Intervention Manual:** Manualised treatment manual for working with young people who have displayed sexually abusive behaviours

**Keep Safe** Manualised programme for young people aged 12 to 18 with learning disabilities who have displayed harmful sexual behaviour.

**Girl Talk Workbook for girls engaging with harmful sexual behaviour:** Free resource developed by Barnardo's

**Sibling sexual resources:** Centre of expertise on child sexual abuse have developed two resources. A knowledge and practice overview for safeguarding professionals and a guide to responding to sibling sexual behaviour for professionals.



**Sibling sexual abuse safety plan:** Resource for families where a sibling has acted in a sexual way to another sibling or close family relative

**Understanding sexualised behaviour in children:** NSPCC resources for professionals on identifying and responding to harmful sexual behaviour

**Highland Underage Sex Protocol:** This web resource aims to support professionals in Health, Education, Youth Work and Social Work settings to tell the difference between an abusive and a consensual relationship and to respond appropriately to each.

**CYCJ Developmental Intervention Approach:** The Children and Young People's Centre for Justice received funding from The Promise Partnership under the Corra Foundation, on behalf of the Scottish Government, to create a developmental intervention approach, a resource toolkit, and training for people who work closely with children behaving or communicating in a way that could, or has, brought them into contact with the law.

## **Additional resources for schools**

**Safeguarding; identify, understand and respond appropriately to sexual behaviours in young people:** Resource designed by Education Scotland to help staff in education and training settings, from early years to senior level and including ASN/EASN provision, to identify, understand and respond appropriately to sexual behaviours in young people.

**Preventing and responding to gender based violence:** a whole school framework provides support to those working with and in schools to develop and strengthen universal and targeted approaches to gender based violence.

**Safeguarding; identify, understand and respond appropriately to sexual behaviours in young people:** resource for teachers on responding to harmful sexual behaviours in school settings.

**Helping education settings identify and respond to concerns:** Resources from Centre of expertise on child sexual abuse for education professionals on safety planning in education when an incident involving harmful sexual behaviour has occurred and communicating with parents and carers when there are concerns about sexual abuse or behaviour

**A summary of Relationships, Sexual Health and Parenthood (RSHP) resources | Resources | Education Scotland:** Resources available on the Education Scotland to promote children's healthy social and sexual development.

**www.rshp.scot:** A resource for teaching across all the levels of Curriculum for Excellence linked to relationships, sexual health and parenthood (RSHP) education for children and young people. This site contains activities linked to keeping safe and consent including those with additional support needs.

**Promoting healthy relationships in schools: tackling technology-assisted harmful sexual behaviour:** Education Scotland resource, with **free training** provided to schools on tackling online harmful sexual behaviour.

## Additional resources for parents

[NSPCC](#) have produced resources for parents who are worried about their child's sexual behaviour.

[Parent's Talk Harmful Sexual Behaviour Resources](#): Resources for parents on what harmful sexual behaviour is and what to do if you have concerns about your child's behaviour, or the behaviour of a child known to them.

[What's the Problem](#): Resource for parents who are worried about their child's sexual behaviour online, including accessing pornography, viewing indecent images of children and sharing self-produced sexual images (sexting). An [Easy Read version](#) is also available.

[Parents Protect Digital Safety Plan](#): Resource for parents who are worried about their child's online behaviour

[Cyber Resilience Training](#): Stop it Now resources for parents and carers on online safety.

[Talk PANTS \(NSPCC\)](#): Prevention resource for parents promoting what helps younger children understand that their body belongs to them, and that they should tell someone they trust if anything makes them feel upset or worried. Materials also in [Makaton](#) and [Gaelic](#).

[Sex and the Law](#): CEOP's materials for parents on sex and the law.

## Other

[GIRFEC website](#): Provides an over view of the National Practice Model, and the principles and values which underpin GIRFEC.

[National Guidance for Child Protection in Scotland](#): This guidance describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children.

[Managing Risk of Harm in the Community: A guide for practitioners and managers working with Children](#): The purpose of this guide is to support the implementation of children's rights under Article 37b of the UNCRC thereby reducing the need to deprive children of their liberty, while maintaining the safety of children and others. The guide does this through providing information on the approaches and responses that can be taken in the community in order to achieve a reduction in the risk of serious harm. The aims are two-fold. Firstly, it aims to assist practitioners to consider what intensive community supports for individual children could look like. Secondly, the guide aims to assist managers to consider what could be provided locally at a service and strategic level to help practitioners and children and families.

[NSPCC HSB framework](#): This provides an evidence-informed operational framework for children and young people who have displayed harmful sexual behaviours. It aims to support local work with children and young people who have displayed HSB, and their families, by encouraging development of clear policies and procedures and local practice guidelines. It is supported by an audit tool for multi-agency partnerships to assess quality of service provision provided locally.

[Key messages from research on children and young people who display harmful sexual behaviour](#): A literature review published by the Centre of expertise on child sexual abuse.



[The Expert Group on Preventing Sexual Offending Involving Children and Young People](#): 2020 report commissioned by Scottish Government outlining recommendations in relation to tackling harmful sexual behaviour in Scotland.

[The Equally Safe Strategy](#): Scotland's strategy for preventing and eradicating violence against women and girls focusing on the need for prevention of violence.

[NICE Guidance on harmful sexual behaviour among children and young people](#): This English guideline produced by the National Institute of Clinical Excellence covers children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences. It aims to ensure these problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services.

## **Additional Sources of Support**

[Parentline](#)

[NSPCC Helpline](#)

[Childline](#)

[Marie Collins Foundation](#)

[Barnardo's](#)

### **Stop It Now! Helpline** **0800 1000 900**

The Stop It Now! helpline is available to anyone with any concerns or worries about child sexual abuse and its prevention. It is confidential and anonymous, with advice provided by child protection professionals. It can be used by parents and members of the public as well as professionals. Specific advice can be provided to anyone concerned about a young person's sexual behaviour. Adults can also receive support if they are worried about their own thoughts feelings and behaviours, or of those of someone known to them.

The helpline for free from the UK on **0808 1000 900**. Or you can use our live chat or send a secure email.

## References

- Allardyce, S., & Yates, P. (2018). Working with children and young people who have displayed harmful sexual behaviour. Dunedin Academic Press Ltd.
- Allardyce, S., Yates, P., & Wareham, S. (2021). How Could a Gender-Sensitive Approach Help Us to Identify and Respond to Children Who Have Displayed Harmful Sexual Behaviour?. Understanding Gender-Based Violence: An Essential Textbook for Nurses, Healthcare Professionals and Social Workers, 49-61.
- Araji, S. K. (2004) Preadolescents and Adolescents: Evaluating Normative and Non-normative Sexual Behaviours and Development. Abingdon, Taylor Francis
- Caldwell, M. F. 2002. What we do not know about juvenile sexual reoffense risk. Child Maltreatment, 7, 291-302
- Chaffin, M., Letourneau, E. and Silovsky, J. F. (2002) 'Adults, adolescents, and children who sexually abuse children: A developmental perspective', in Myers, J. E. B., Berliner, L., Briere, J., Hendrix, C. T., Jenny, C. and Reid, T. A. (eds) (2002) The APSAC Handbook on Child Maltreatment (2nd edn), Thousand Oaks, CA: Sage
- Expert Group (2020). The Expert Group on Preventing Sexual Offending Involving Children and Young People. Scottish Government
- Hackett, S. (2010) 'Children, young people and sexual violence', in Barter, C. and Berridge, D. (eds) (2010) Children Behaving Badly, Chichester, West Sussex: Wiley
- Hackett, S., Branigan, P, Holmes, D. (2019). Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours. NSPCC.
- Hackett, S., Darling, A. J., Balfe, M., Masson, H., & Phillips, J. (2022). Life course outcomes and developmental pathways for children and young people with harmful sexual behaviour. Journal of Sexual Aggression, 1-21.
- Hollis, V., Belton, E. and Team, N. E. (2017) Children and Young People who Engage in Technology-Assisted Harmful Sexual Behaviour, London: NSPCC.
- Johnson, T. C. (2015) Updated and expanded: Understanding children's sexual behaviors – what's natural and healthy. Available from URL: [www.tcavjohn.com](http://www.tcavjohn.com)
- Morrison, T. (2004) 'Preparing services and staff to work with young people who sexually abuse', in O'Reilly, G., Marshall, W. L., Carr, A. and Beckett, R. (eds) (2004) The Handbook of Clinical Intervention with Young People Who Sexually Abuse, Abingdon: Taylor Francis



© Crown copyright 2024



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](https://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](mailto: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](http://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: 978-1-83601-018-0

Published by The Scottish Government, April 2024

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1422874 (04/24)

W W W . g o v . s c o t