



Falkirk Council



Clackmannanshire
Council



Managing & Preventing Harmful Sexual Behaviour Guidelines



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Strategies for Managing Concerning or Harmful Sexual Behaviour

- Masturbation
- Touching private body parts
- Unwanted hugs and kisses/personal boundaries
- Use the Circle of Friendship model to identify - 'Who can I touch?'
- Language
- Pornography
- Intimate behaviour
- Stalking/unwanted attention
- Flowchart
- Sexual bullying
- Disclosure and sexual abuse
- Cross dressing
- Sexually explicit behaviour
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- Child sexual exploitation
- Sexting

Foreword

These guidelines have been produced as a response to the sexual health needs of young people in Forth Valley. Whilst sexualised behaviour can be a natural healthy part of growing up, some children and young people may develop inappropriate/problematic habits or display sexually harmful behaviour. Other children may be victims of sexual behaviour.

Staff cannot offer advice without support and guidance through organisational policy and procedures. This document aims to provide guidance on Managing and Preventing Harmful Sexual Behaviour for all staff in schools in Forth Valley. It has been written in wider consultation with, and with input from Falkirk, Clackmannanshire and Stirling Education and NHS Forth Valley.

The purpose of the document is to allow staff whether in the role of teacher, learning assistant, janitor or administration, to use this as a reference and guide for their practice. It will support staff to understand how to respond and manage the sexual behaviours of the children and young people in their school.

Group Membership

The following people formed the original writing group for these guidelines:

Marian Boyle, Falkirk Council Education Services
Kaye Hills, Clackmannanshire Council Education Services
Helen Winton, Stirling Council Education Services
Joanne Barrie, NHS Forth Valley Central Sexual Health

Partners

With thanks to:

Woodlands School, Edinburgh for kind permission to use their original Managing Sexualised Behaviour Guidelines.
The AIM Project, Stockport for kind permission to use their monitoring form and for their advice www.aimproject.co.uk

To all who took part in the consultation including:

Barnardo's Freagarrach Team, Stirling
Central Advocacy Partners
Schools in Forth Valley
NHS Forth Valley Staff - Speech and Language Therapy, Occupational Therapy, Health Promotion, Child Protection, Looked After Children Team

What is Harmful Sexual Behaviour?

The Scottish Government's 2020 report by 'The Expert Group on Preventing Sexual Offending Involving Children and Young People' defines Harmful Sexual Behaviour(s) as:

'Sexual behaviour(s) expressed by children and young people under the age of 18 that are developmentally inappropriate and may be harmful towards self or others and/or be abusive towards another child or young person'.

Sexualised behaviour can include a range of experiences and situations.

Any child or young person experiencing harmful sexual behaviour as a victim or perpetrator will need support.

Examples include:

- Touching another child/young person's private body parts without consent.
- Being groomed online.
- 'Stalking' another young person.
- Being the victim of Child Sexual Exploitation.
- Sexting/sharing intimate photo's of an ex-partner.
- Masturbating in public places.
- Being sexually abused by a trusted adult.
- Using explicit and offensive sexual language.
- Sexting and sharing images.

Some behaviour can be age-appropriate but may need re-direction (e.g ensuring masturbating in private instead of public).

Others might be concerning. A small number of children and young people may exhibit very concerning and harmful behaviour.

When compared with adults who sexually offend, children and young people are more likely to engage in impulsive sexual activity rather than pre-planned acts.

It is also important to note that children and young people who exhibit harmful sexual behaviour are not 'mini sex offenders' and, with the right support at the right time, most do not go on to be sexual offenders in adulthood.

With early detection, intervention and support, children and young people can and do successfully change their behaviour.

Who needs support with Managing and Preventing Harmful Sexual Behaviour?

Children and young people can be victims or perpetrators of harmful sexual behaviour. Estimates suggest that around a third of all harmful sexual behaviour towards children and young people is committed by others under the age of 18, with puberty representing a peak time for sexual offending behaviour (Hackett et al 2016).

Some children and young people, however, are more at risk of demonstrating/experiencing harmful sexual behaviour than others:

1. Children with a learning disability:

- are more likely to display low-level sexualised behaviour, such as masturbation in the classroom, due to their misunderstanding of public and private.
- can also be perpetrators, e.g. touching other people's private body parts, because of their lack of recognition of boundaries and acceptable intimacy.
- are 3 - 4 times more likely to be victims of sexual abuse and child sexual exploitation because they have not been taught about sex, sexual abuse or exploitation or how to keep themselves safe.
- are more at risk of all of the above due to a lack of Relationships, Sexual Health & Parenthood Education in school.
- are less likely to get adequate and positive support for their behaviour as they are often viewed as 'eternal children' and 'a-sexual'.
- are therefore more likely to continue with unhealthy and harmful sexual behaviour in to adulthood when their behaviour may be viewed as a public nuisance or at worst a serious sexual offence.
- are 'easier targets' for perpetrators because they are often isolated with few friends and no opportunities to meet people and form 'healthy relationships'.
- Low self esteem and the natural, unfulfilled need to be liked, loved and cared for increases their vulnerability.

2. Looked After Children:

- often have low self esteem and few/no friends or stable relationships.
- are more likely to be bullied, play truant and go missing.
- have inconsistent schooling and lack of Relationships, Sexual Health & Parenthood Education.
- experience disruptive family lives with no adult guidance/supervision.
- partake in other risk taking behaviours such as drug and alcohol use.
- are more easily exploited due to their need for love, attention and approval.

Gender:

Evidence suggests that gender plays a part in harmful sexual behaviour.

- Girls tend to be younger when harmful sexual behaviour is displayed and identified.
- Whereas 95% of adolescents and adults who sexually offend are male (Hackett et al 2013).

Schools can actively promote the Prevention of harmful sexual behaviour for ALL children and young people through the effective teaching of RSHP.

Schools should, however, identify the most vulnerable children and young people in their school. By doing so, they can adopt a targeted approach for those young people who need it most. Early detection and intervention can prevent harmful sexual behaviour from occurring or escalating further.

The Appendix from page 42 onwards outlines some strategies which schools can employ.

References:

- Hackett S, Phillips J, Masson H and Balfe M (2013) Individual, Family and Abuse Characteristics of 700 British Adolescent Sexual Abusers, *Child Abuse Review* 22(4) Pp 232-245 ISSN 0952-9136
- Hackett S, Holmes D, Branigan P (2016) Harmful Sexual Behaviour Framework NSPCC.

Why we need guidelines to effectively manage sexual behaviour in schools?

Sexual behaviour is a natural healthy part of growing up.

Some children and young people, however, may develop inappropriate/problematic habits. Others may display sexually harmful behaviour. Children and young people can also be the victim of sexualised behaviour.

When this happens in school*, staff may respond and react in different ways, which can be confusing for the child or young person(s) involved.

The topic of children/young people's sexual behaviour can make some adults feel uncomfortable and this can affect the appropriateness of the response they make. Their responses are also influenced by what they understand to be 'normal' or 'acceptable'.

These guidelines have been developed to create a consistency in approach amongst all school staff, which in turn creates a shared understanding of managing sexualised behaviour.

They also provide an opportunity for staff to effectively monitor behaviour in their schools and evaluate how they respond to incidents. This can highlight the need for additional support for children and young people by way of the curriculum and also more targeted work and for teaching staff through resources and Professional Learning.

* 'school' refers to all educational establishments, including nursery schools and family centres.

The role of the School in preventing and managing harmful sexual behaviour.

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

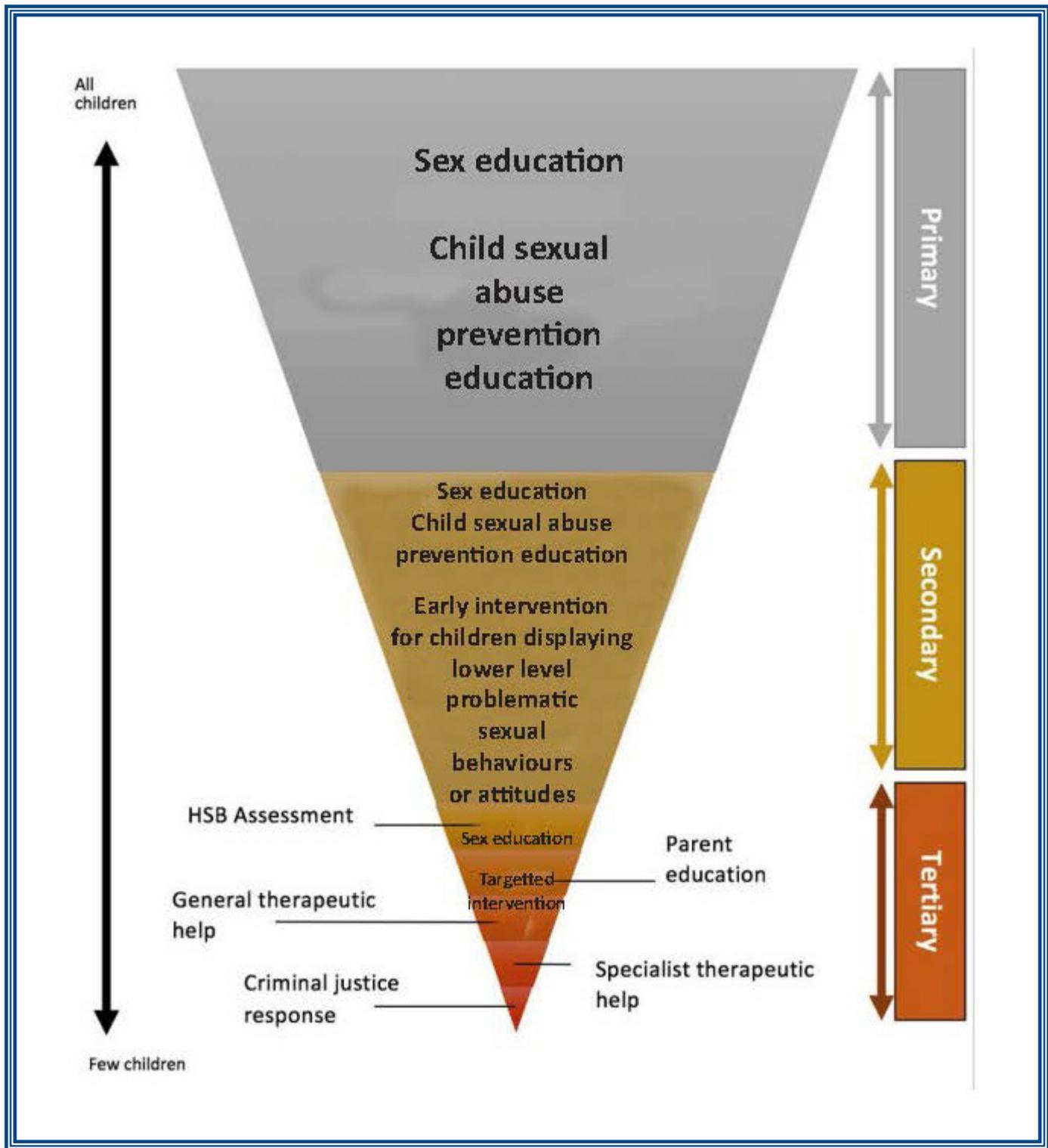
However, all children and young people have groupings of adults who come in to contact with them frequently through their childhood and adolescence, including adult family members, early Learning and child care providers, teachers and staff in primary and schools. This can continue through to apprenticeships, college and university.

Harmful Sexual Behaviour by Young People; Expert Group report (Scottish Government 2020)
<https://www.gov.scot/publications/expert-group-preventing-sexual-offending-involving-children-young-people-prevention-responses-harmful-sexual-behaviour-children-young-people/>

Schools are well placed to support children and young people in preventing and managing harmful sexual behaviour because:

- Almost all children and young people come in to contact with educational professionals.
- Teachers understand how a child best learns and develops skills and understanding.
- Key topics in Relationships, Sexual Health & Parenthood Education are taught through the Health & Wellbeing Curriculum from early years to senior level.
- Schools play a wider role in pastoral care, role modelling, developing resilience, creating friendships and social skills, instilling boundaries and a promoting a culture of respectful attitudes and behaviour.
- Schools can liaise with parents and other professionals, as required, from informal chats to more formal mechanisms such as Team Around The Child meetings.

The diagram on page 7 is adapted from the Harmful Sexual Behaviour by Young People; Expert Group report (Scottish Government 2020), demonstrates the key role of the school, particularly in delivering RSHP (sex education).



Policy Values

The policy values are:

- sexuality is a natural and healthy part of who we are
- each of us feels differently about our sexuality, and we may express it in different ways without harm or coercion to others
- we should treat each other as we would like to be treated
- we should never have to do anything sexual we don't want to do
- if we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.

These values are reflected in the National Relationships, Sexual Health & Parenthood Education resource ⁽¹⁾.

They are also firmly rooted within the United Nations Rights of the Child ⁽²⁾, Getting it Right for Every Child (GIRFEC) ⁽³⁾, National Guidance for Child Protection ⁽⁴⁾ and the Equality Act (2010) ⁽⁵⁾.

By adopting these core values each school will support the wellbeing of children and young people with a common, co-ordinated approach across all agencies.

This will ensure appropriate, proportionate and timely help to all children and young people as they need it.

Getting it right for every child (GIRFEC)

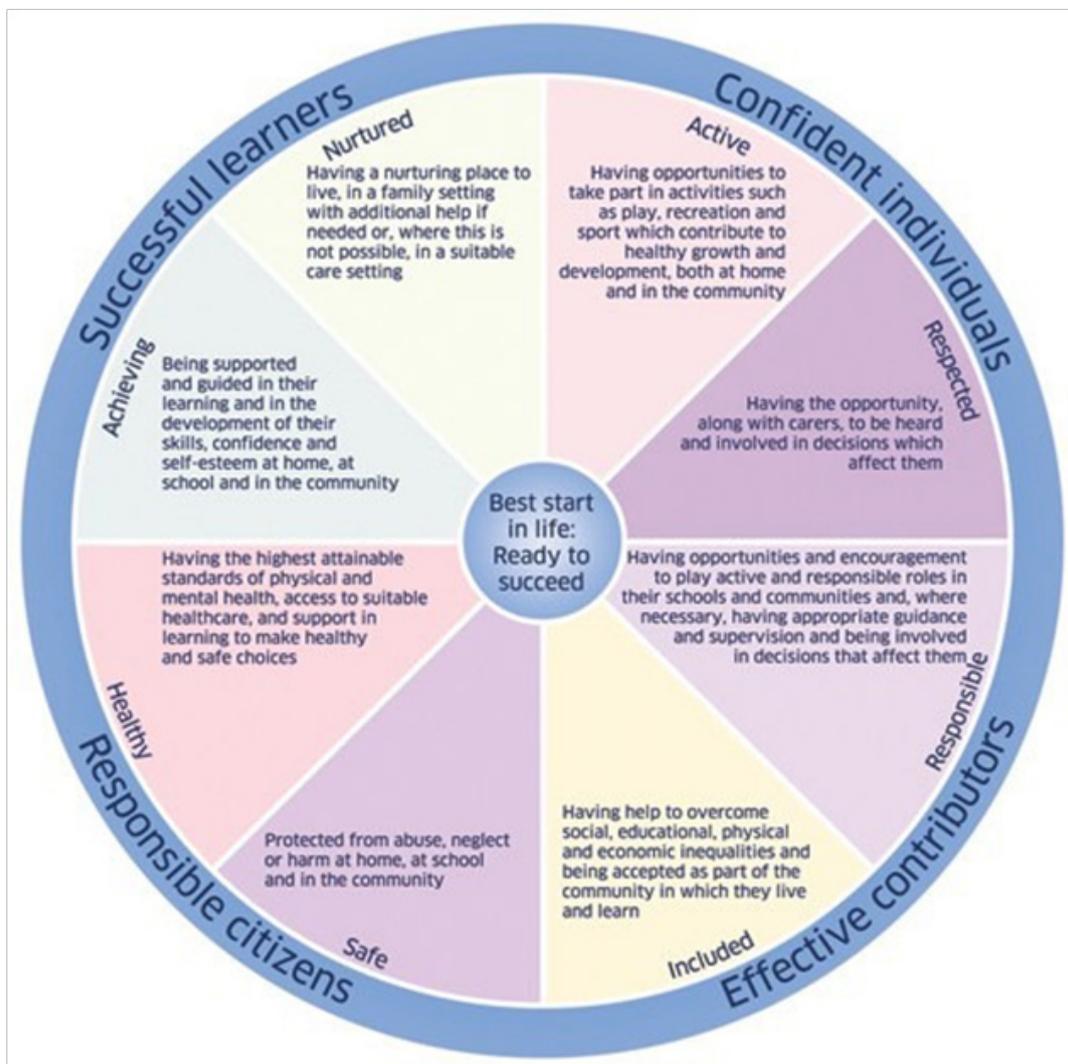
GIRFEC has a focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.

GIRFEC Values and Principles

- **Promoting the well-being of individual children and young people:** this is based on understanding how children young people develop in their families and communities and addressing their needs at the earliest possible time.
- **Keeping children and young people safe:** emotional and physical safety is fundamental and is wider than child protection.
- **Putting the child at the centre:** children and young people should have their views listened to and they should be involved in decisions that affect them.
- **Taking a whole child approach:** recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life.
- **Building on strengths and promoting resilience:** using a child or young person's existing networks and support where possible.
- **Building a competent workforce to promote children and young people's well-being:** committed to contributing individual learning and development and improvement of inter-professional practice.

References:

1. Relationships, Sexual Health & Parenthood Education resource
<https://rshp.scot/>
2. UN Rights of The Child (1989)
https://www.unicef.org.uk/crc/files/Rights_overview.pdf
3. Getting it Right for Every Child (GIRFEC) (2012)
<https://www.scotland.gov.uk/topics/people/young-people/gettingitright>
4. National Guidance for Child Protection in Scotland (2010)
<https://www.scotland.gov.uk/Publications/2010/12/09134441/0>
5. Equality Act (2010)
<https://www.legislation.gov.uk/ukpga/2010/15/contents>



Introduction

Some children and young people may need help and guidance in relation to sexual behaviour if it becomes harmful or problematic. Similarly, some staff may need support and guidance in this sensitive area to ensure that consistency and best practice are pursued for the benefit of the child or young person.

This document is designed to:

- provide staff with relevant information
- increase staff confidence and competence in dealing with situations relating to sexual behaviour
- give clear guidance on how to respond to specific situations
- provide a range of resources to support staff.

Children and young people require consistent information and opportunities to develop skills relating to their sexual health and wellbeing.

These guidelines should be adopted by **all** school staff, whether in the role of teacher, learning assistant, janitor or administration. They are also relevant for the wider community and everyone involved in the wellbeing of a child or young person.

Good Practice in Schools

The Code of Professionalism and Conduct (COPAC) GTC (6) sets out key principles and values for teachers in Scotland. It is intended that teachers are mindful of the code in relation to the judgements and commentary they may be called upon to make in situations involving sexualised behaviour.

Good practice should include:

- senior staff and managers taking responsibility to create a climate whereby staff who feel worried or distressed about any situation in their place of work are able to approach a senior member of staff to discuss their anxieties.
- ensuring staff do not impose their own beliefs and are aware of and respect others' cultural and religious beliefs and practices.
- creating a supportive environment for children and young people in the area of sexuality and relationships through a positive attitude and sensitive approach when offering help and advice.
- offering a range of learning opportunities for children and young people to develop knowledge, skills, values and attitudes through Curriculum for Excellence, Health and Wellbeing organiser Sexual Health, Relationships and Parenthood experiences and outcomes (7). This should include learning about Consent, Healthy Relationships, Abuse and Exploitation.
- ensuring that all children and young people - including those with additional support needs - are entitled to confidentiality and respect and access to appropriate advice, information and services (8).
- all staff are confident and competent in Child Protection procedures and understand their responsibility to report abuse or illegal acts in line with child protection procedures (see child protection flowchart).
- supporting children, young people and staff to understand and to use appropriate sexual language.
- offering Professional Learning opportunities to support staff confidence and competence in dealing with sexualised behaviour.

References:

6. Code of Professionalism and Conduct, Duty of Care
<https://www.gtcs.org.uk/standards/copac.aspx>
7. Health and Wellbeing, Education Scotland (2010)
<https://www.educationscotland.gov.uk/learningteachingandassessment/curriculumareas/healthandwellbeing/index.asp>
8. The Scottish Child Law Centre Offers a wide range of information on childrens rights
<https://www.sclc.org.uk> including confidentiality.

The Legal Context of Sexual Behaviour

These guidelines are underpinned by legal and national guidance.

Under the Sexual Offences (Scotland) Act 2009:

- It is still illegal to have sex under the age of 16.

This does not mean, however, that all underage sex amongst young people aged 13 - 15 is a Child Protection concern.

Young people aged 13 - 15 can be deemed competent to consent to sexual activity. Individual consideration should be given in every case of sexual activity involving someone aged 13 - 15 as to what approach is in the young person's best interest.

Practice should be dictated by local and national guidance.

- If the under-age sexual activity involves children under the age of 13, the concerns must be passed on in accordance with local Child Protection procedures.
- Children under the age of 13 are considered unable to consent to any sexual act.

<https://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill>

National Guidance on Underage Sexual Activity (2010)

This sets out good practice for professionals and aims to strike a balance between assuring the freedom of young people to make decisions about their own lives, and protecting them from activity which could give rise to immediate harm and/or longer term adverse consequences to one or both of them:

- If someone is aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact on the young person(s) and whether this behaviour is a Child Protection concern.
- Where sexual activity involves young people who are 13 or over, a range of issues should be considered before a decision is taken.
- In all cases the best interests of the young person is the most important thing to think about. Given that between a third and half of young people in Scotland have sex before they reach their sixteenth birthdays and only a small proportion of these have been subjected to sexual abuse, the young person's best interests will most often be served by maintaining their confidentiality.

<https://www.scotland.gov.uk/Publications/2010/12/02143509/1>

Care and Risk Management

The Scottish Government's National Child Protection Guidance and the Getting it right for every child (GIRFEC) approach provides a national framework for agencies and practitioners at local level to draw up and agree on their ways of working to promote and protect the welfare and safety of children and young people.

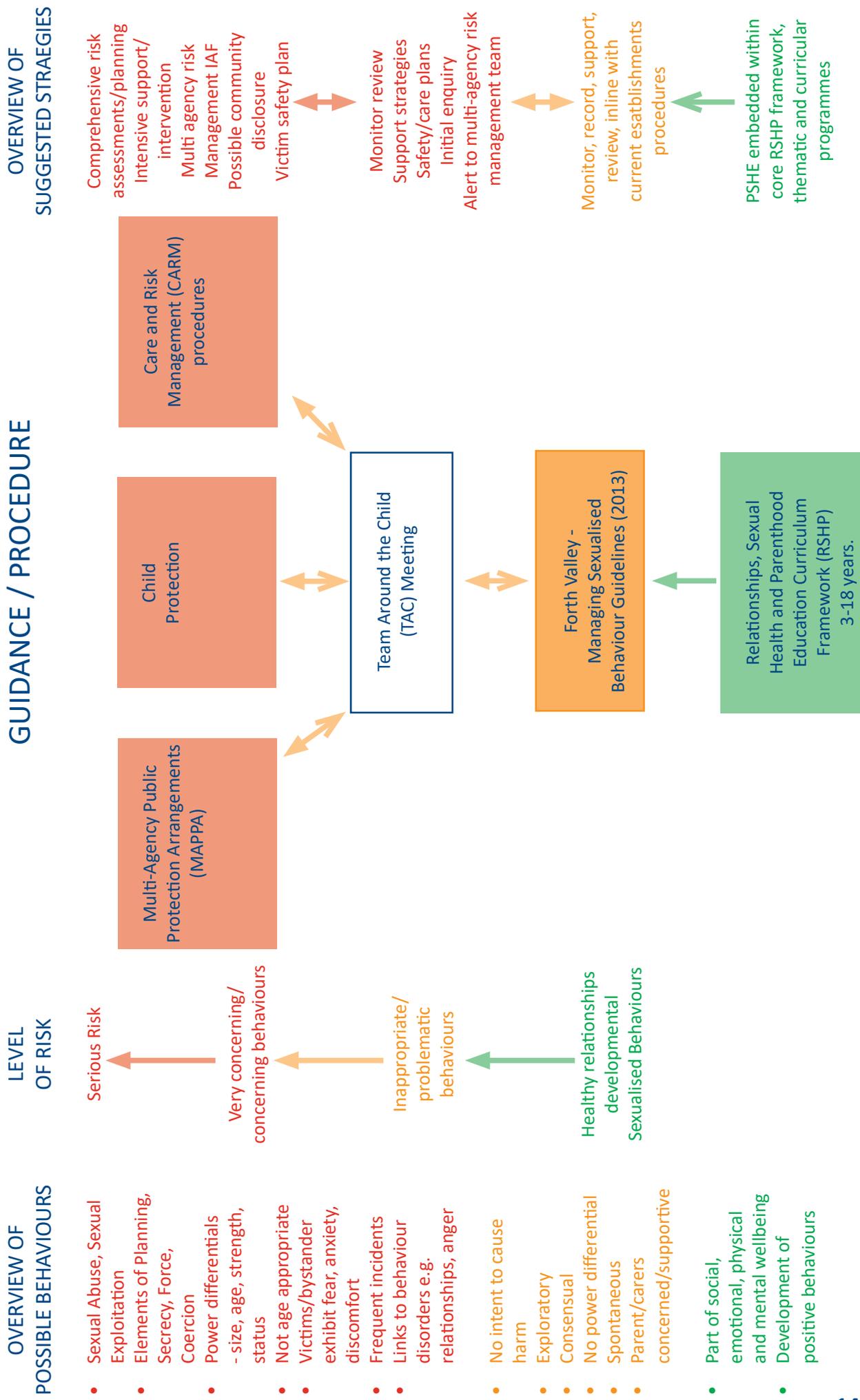
However, there are specific circumstances in which children and young people may be at risk of significant harm as a result of sexual activity, behaviours, abuse and exploitation when additional guidance is needed.

The national CARM(Care and Risk Management)Guidance and Educational Establishment Guidance regarding Planning Response for Children and Young People who Present Risk of Serious Sexual Harm and The Affected Parties aims to assist schools by:

- providing a clear pathway for the management and planning for young people who may be at risk
- highlighting the key principles of the Managing and Preventing Harmful Sexual Behaviour Guidance to provide support for young people and to assist practitioners in making a high quality assessment of the needs and risks to the individual young person.

<https://www.gov.scot/resource/doc/223323/0060122.pdf>

OVERVIEW OF PLANNING RESPONSES AND MANAGEMENT OF SEXUAL BEHAVIOURS (2014)



Management of Sexualised Behaviour Incidents

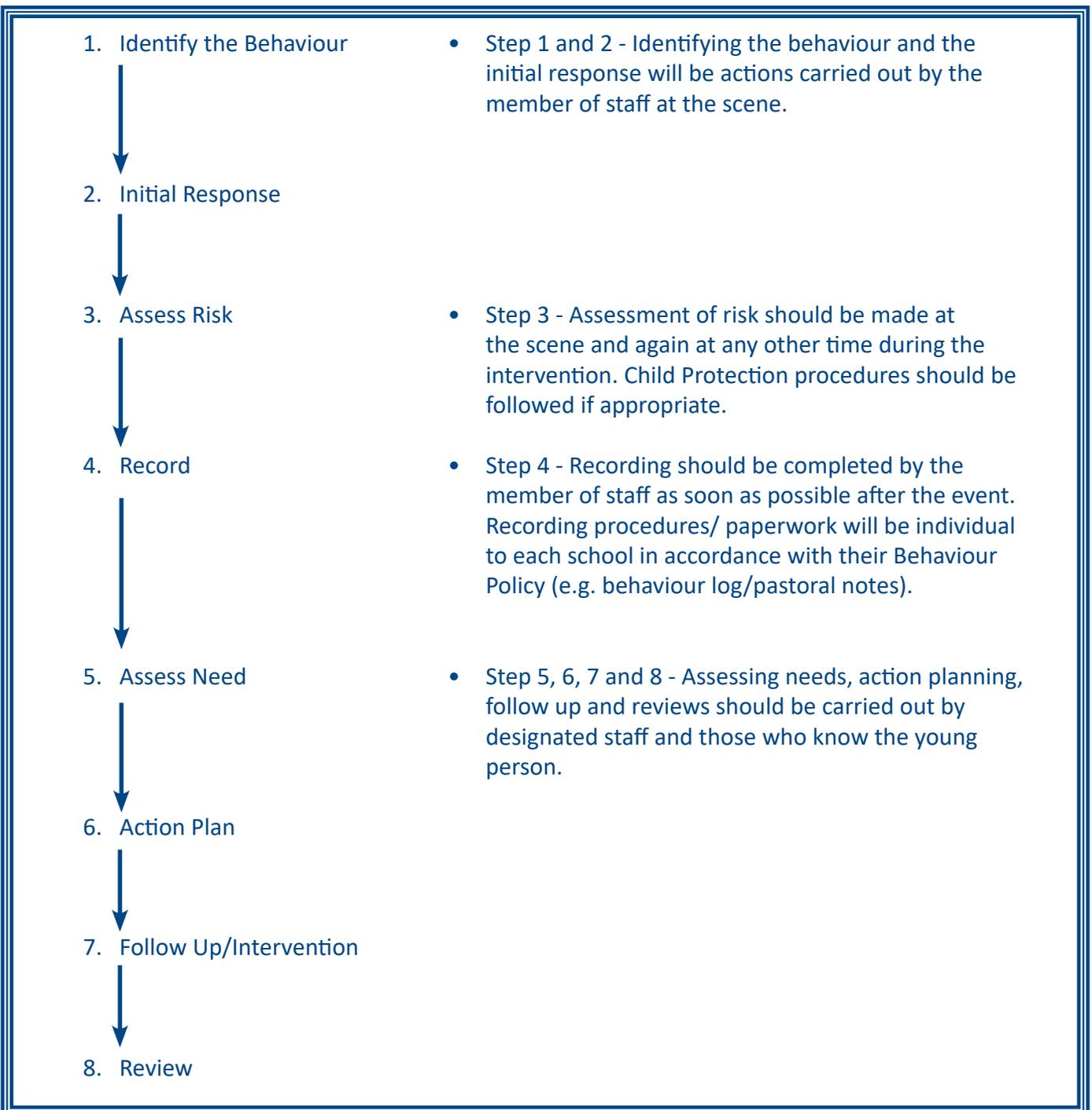
Roles and Responsibilities

This section covers:

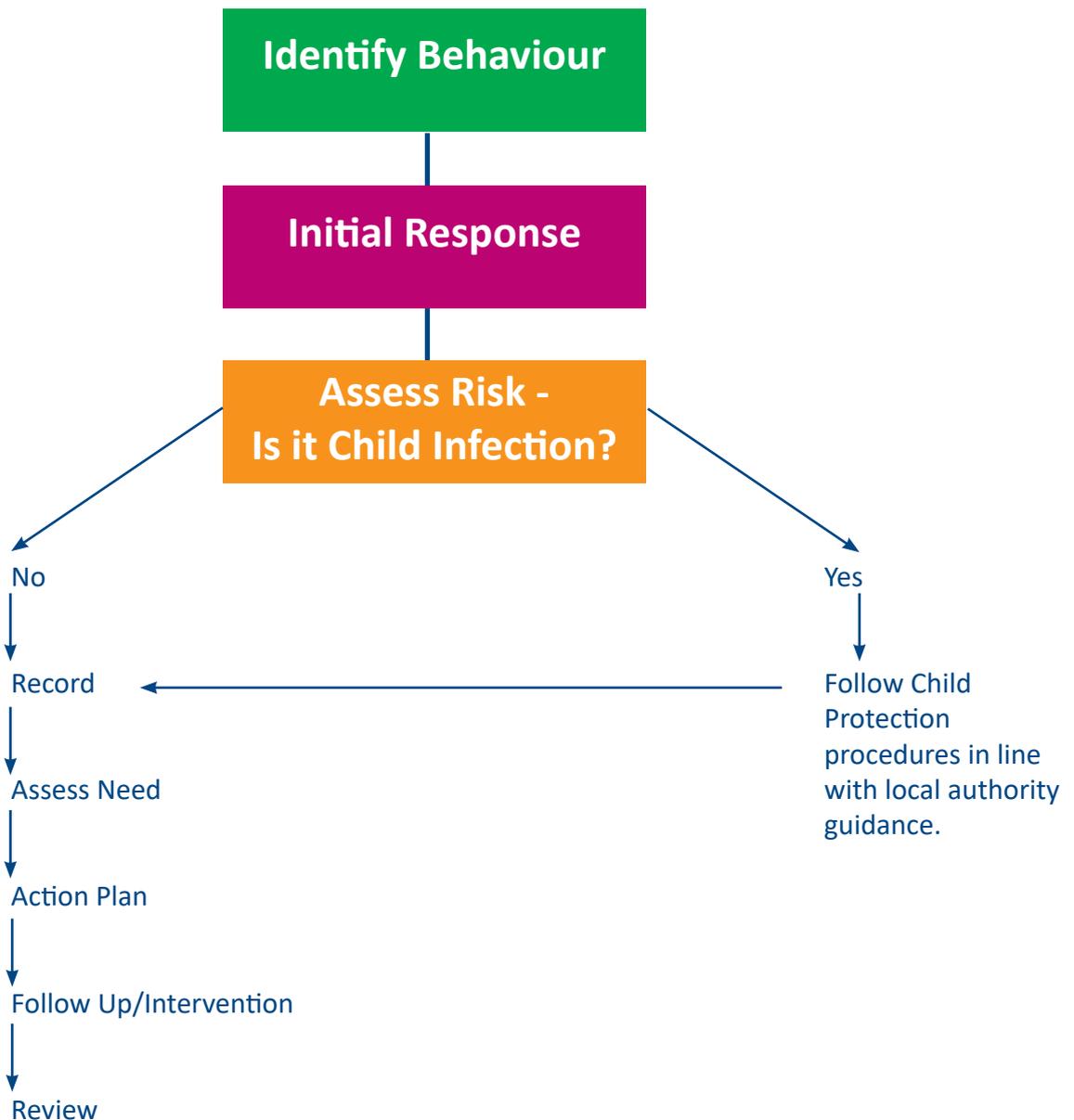
1. Management of Sexualised Behaviour Incidents.
2. Management of Incidents and Child Protection.

It relies on staff using their professional judgement and knowledge of the child or young person to establish an appropriate course of action.

Management of incidents should follow a step-by-step approach:



Management of Incidents and Child Protection



* The Integrated Assessment Framework should be used to support decision making when identifying a young person's needs. This is a process in which professionals work together to support children/young people and work collaboratively with parents/carers.

It is used to gather and share information about the child/young person's development, family and school context, and the context of the wider community, in order to identify the most appropriate strategies and supports. The process applies whether additional support is provided by a single agency or by multiple agencies and services.

<https://www.falkirk.gov.uk/services/specialist/girfec/iaf/pdf/Appendix3.pdf>

* Not all children and young people will require action to be taken at each stage.

Step 1 - Identify Behaviour

Certain behaviours may not appear overtly sexual and different situations and contexts may cause more concern to some staff than others.

Societal factors and expectations can influence our response.

For example:

Gender

- Teenage boys being sexually active is often viewed as acceptable.
- Teenage girls being sexually active is often viewed as Child Protection.
- This could potentially lead to boys who are sexually abused or exploited being overlooked, or girls being demonised for natural, healthy behaviour.

Disability

- Children and young people with a learning disability are often (wrongly) viewed as a-sexual.
- This potentially leads to sexualised behaviour being dismissed or ignored, often in young children.
- Conversely, normal, healthy sexualised behaviour which then occurs in teenage years is then disapproved of and 'stamped out'.

Relationship with Young Person

- Some young people may present as 'more difficult' than others in terms of attitude and behaviour. It may be easier to believe that some young people choose to have 'chaotic lives' than intervene.

It is important that we afford all young people the same consistent approach.

Our own morals and values can also influence how we decide to respond.

It should be noted that whilst factors such as age and stage will influence how a situation is perceived, personal and moral values should not.

For example:

- finding 2 boys together with their trousers down
- a girl masturbating in the classroom
- a boy touching a teacher's breast
- overhearing a girl telling classmates that she is having sex
- one boy calling a classmate 'gayboy'.

These incidents could be deemed as:

- accidental
- non-sexual
- playful
- a natural curiosity
- teenage bravado
- experimental
- sexual
- harmful
- abusive or exploitative.

Identifying sexualised behaviour in children requires an understanding of the nature of behaviour and what is age and stage appropriate.

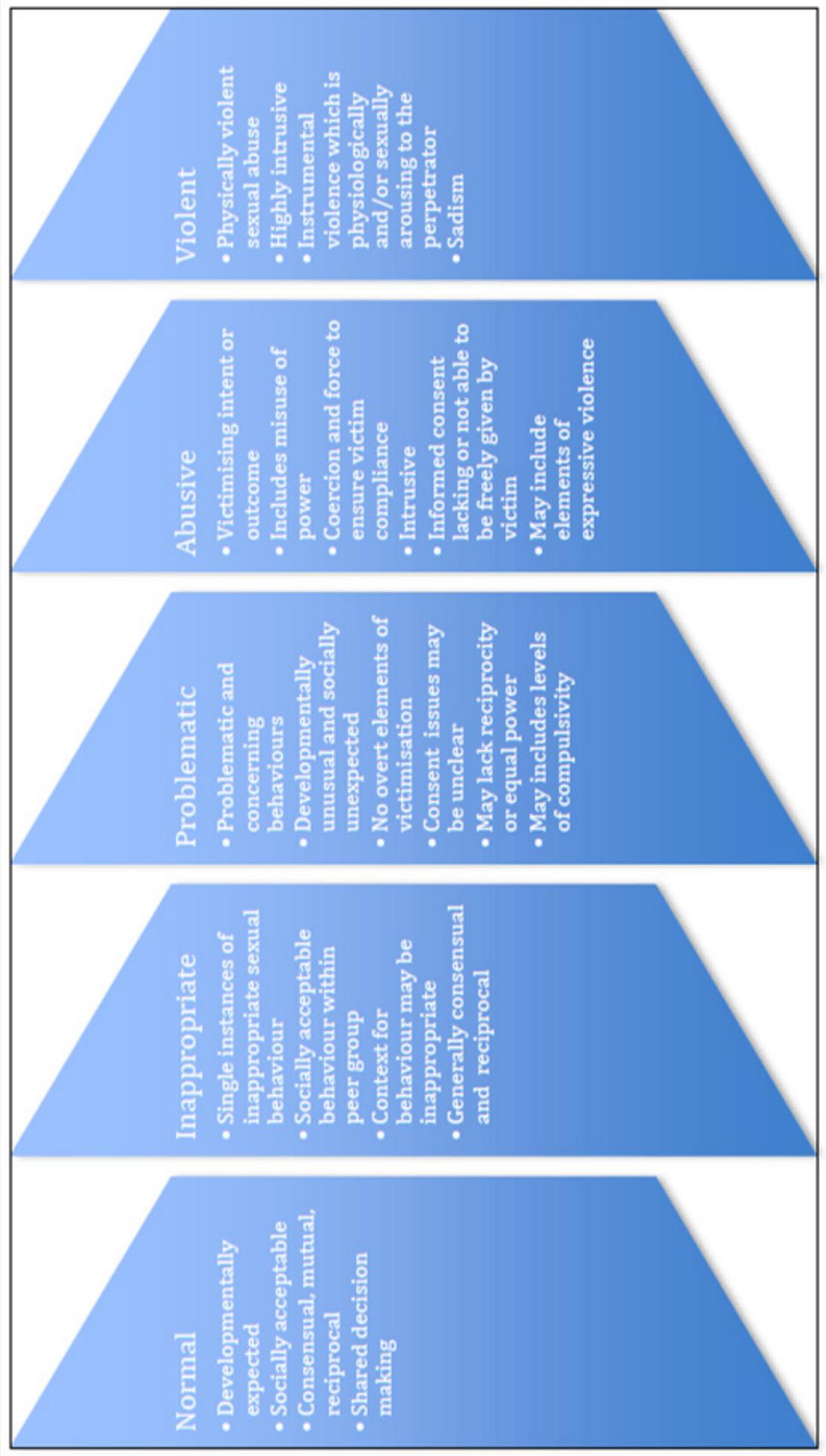
The following Behaviour Charts give some guidance, although staff should remember that sexual development is influenced by many factors and should be considered in context.

Hackett's Continuum of Behaviours (page 19) considers the nature of the behaviour and can include motive. Cavanagh-Johnson's charts (page 20 - 23) include more specific behaviours.

Adapted from Gil 1993; Cavanagh Johnson 1999; Ryan 2000; Barentt et al, 2007 and Hackett 2010.

References:

- Barnett, M; Glaquinto, A; Hunter, L & Worth, C (2007) Age appropriate sexual behaviour in children and young people. SECASA and Gatehouse Centre, Melbourne.
- Cavanagh Johnson, T. (1999) Understanding your Child's Sexual Behaviour. New Harbinger Publications.
- Gil, E & Johnson, TC (1993) Sexualised Children; Assessment and treatment of sexualised children who molest children. Launch Press, Rockville.
- Hackett, S (2010) A continuum of children and young people' sexual behaviours.
- Ryan, G. (2000) 'Childhood sexuality; A decade of study. Research and Curriculum development.' In Child Abuse and Neglect 24 (1) 33 - 48.



Sexual behaviours of children aged 0 - 4 years: Infant, toddler and pre-school.

Age appropriate sexual behaviours

- **Touching or rubbing their own genitals.**
- **Enjoying being nude.**
- **Showing others their genitals.**
- **Playing doctors and nurses.**
- **Playing mummies and daddies.**
- **Touching or looking at the private parts of other children or familiar adults**
- **Using slang words/dirty language for bathroom and sexual functions, talking about 'sex'.**

Concerning sexual behaviours

- **Persistent masturbation that does not cease when told to stop.**
- **Forcing another child to engage in sexual play.**
- **Sexualising play with dolls such as 'humping' a teddy bear.**
- **Touching the private parts of adults not known to the child.**
- **Chronic peeping behaviour.**

Very concerning sexual behaviours

- **Touching or rubbing themselves to the exclusion of normal childhood activities; hurting their own genitals by rubbing or touching.**
- **Simulating sex with other children, with or without clothes on.**
- **Oral sex.**
- **Sexual play involving forceful anal or vaginal penetration with objects.**

*** Some age appropriate behaviours may still need addressing and discouraging.**

Sexual behaviours of children aged 5 - 7 years: Early school years.

Age appropriate sexual behaviours

- Self-touching including masturbating.
- 'Show me yours/I'll show you mine' with same age children.
- Hearing and telling age appropriate 'dirty' jokes.
- Playing mummies and daddies.
- Kissing, holding hands.
- Mimicking or practicing observed behaviours such as pinching a bottom.
- Increased curiosity in adult sexual behaviour ('where do babies come from?' etc).

Concerning sexual behaviours

- Continually rubbing/touching their own genitals in public.
- Persistent use of dirty words.
- Wanting to play sex games with much older or younger children.
- Continually wanting to touch the private parts of other children.
- Chronic peeping behaviour.

Very concerning sexual behaviours

- Touching or rubbing themselves persistently in private or public to the exclusion of normal childhood activities.
- Rubbing their genitals on other people.
- Forcing other children to play sexual games.
- Sexual knowledge too advanced for their age.
- Talking about sex and sexual acts habitually.

* Some age appropriate behaviours may still need addressing and discouraging.

Sexual behaviours of children aged 8 - 12 years: Pre-adolescence.

Age appropriate sexual behaviours

- Occasional masturbation.
- 'Show me yours/I'll show you mine' with peers.
- Kissing and flirting.
- Genital or reproduction conversations with peers.
- 'Dirty' words or jokes with their peer group.

Concerning sexual behaviours

- Attempting to expose others' genitals.
- Sexual knowledge too advanced for their age once context is considered.
- Pre-occupation with masturbation.
- Mutual masturbation/group masturbation.
- Single occurrence of peeping, exposing, obscenities, pornographic interest (sources include the internet, pay TV, videos, DVDs and magazines).
- Simulating foreplay or intercourse with peers with their clothes on.

Very concerning sexual behaviours

- Compulsive masturbation, including task interruption to masturbate.
- Repeated or chronic peeping, exposing or using obscenities.
- Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines).
- Degradation/humiliation of themselves or others using sexual themes.
- Touching the genitals of others without permission.
- Sexually explicit threats - written or verbal.
- Forced exposure of others' genitals.
- Simulating intercourse with peers with clothes off.
- Penetration of dolls, children or animals.

* Some age appropriate behaviours may still need addressing and discouraging.

Sexual behaviours of children aged 13 - 18 years: Adolescence to adulthood.

Age appropriate sexual behaviours

- Sexually explicit conversations with peers.
- Obscenities and jokes within the cultural norm.
- Flirting.
- Interest in erotica.
- Use of internet to chat online.
- Solitary masturbation.
- Interest/participation in one-on-one relationship.
- Sexual activity - low level (kissing) to heavy petting.
- Consensual sexual intercourse.

Concerning sexual behaviours

- Sexual pre-occupation that interferes with daily functions (e.g. masturbation).
- Pre-occupation with pornography.
- Pre-occupation with chatting online, giving out personal details, meeting online acquaintances.
- Sexually aggressive themes/obscenities.
- Single occurrence of peeping, exposing, using obscenities.
- Unsafe sexual practices.

Very concerning sexual behaviours

- Compulsive masturbation, especially chronic or public.
- Repeated or chronic peeping, exposing or using obscenities.
- Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines).
- Degradation/humiliation of themselves or others using sexual themes.
- Touching the genitals of others without permission.
- Sexually explicit threats - written or verbal.
- Sending nude or sexually provocative images or self or others.
- Penetration of dolls, children or animals.
- Genital injury to self or others.
- Sexual harassment forced sexual contact.
- Forced exposure of others' genitals.
- Sexually explicit talk with younger children.
- Sexual contact with others of significant age/developmental differences.

* Some age appropriate behaviours may still need addressing and discouraging.

Step 2 - Initial Response

The initial response to the sexualised behaviour should depend on the ability and understanding of the child/young person. Consistent approaches (including language) should be used by all members of staff within each establishment when dealing with sexualised behaviour.

Having a consistent initial response to behaviour is important in:

Giving clarity to the young person

Receiving mixed messages only creates confusion e.g. one staff member accepts a behaviour, another ignores the behaviour, one discourages it, another addresses it.

Allowing the staff member to respond appropriately to a situation

Without guidance a staff member could panic, appear judgemental, allow their own embarrassment to cloud the situation.

Diffusing a situation

Some behaviours are displayed to gain a response/seek attention. If all staff give the same response it can take the motive out of the behaviour.

* Please note - this checklist is adapted from the Managing Sexualised Behaviour guidelines from Woodlands School, Edinburgh. It was designed specifically for their own students according to their age, ability and types of behaviour displayed.

Schools should develop their own checklist to reflect the needs of their own staff and students.

Types of sexualised behaviour		Cause concern? YES or NO	Possible Response
Inappropriate language.			
1.	"I fancy..../I love..../I'm going out with...."	No	General conversation about growing up.
2.	"I want to have sex with..../shag..../go down on...."	Yes	It's not okay. Record behaviour.
3.	"....shags his mum/...slept with his sister"	Yes	It's not okay. Sexual bullying. Record behaviour. Possible child protection issue.
4.	"....is a slag/....is a slut/....is a tart/is a prostitute"	Yes	It's not okay. Inappropriate use of language. Sexual bullying. Record behaviour. Possible child protection issue.

5.	"...is gay/...is a lesbo"	Yes	It's not okay. Sexual bullying. Record behaviour.
6.	sexually explicit talk	Yes	It's not okay. Record behaviour. Possible child protection issue.
7.	sexual comment aimed at staff	Yes	It's not okay. Sexual harrassment. Record behaviour.

Non-physical contact.

8.	Inappropriate dress/revealing clothes/buttons/zip unfastened.	Yes	It's not okay. Quiet word, pupil sort out clothes. Consider if with intent. Record behaviour.
9.	Provocative gestures e.g. 'finger/wanker sign' made towards another.	Yes	It's not okay. Sexual bullying. Record behaviour.
10.	Exposing own private parts.	Yes	It's not okay. Quiet word. Consider if with intent. Record behaviour.
11.	Fondling own private parts.	Yes	It's not okay. Record behaviour.
12.	Masturbation in a public place.	Yes	It's not okay. Record behaviour.
13.	Masturbation in school toilet.	Yes	It's not okay. Record behaviour.

Physical contact between pupils.

14.	Holding hands.	No	
15.	Hugs as greeting/saying goodbye.	No	
16.	Unwanted cuddles/kisses/touches.	Yes	It's not okay. Record behaviour.
17.	Kissing	Yes	It's not okay. Record behaviour.
18.	Fondling over clothing.	Yes	It's not okay. Record behaviour. Consider intent/consent. Possible child protection issue.
19.	Fondling under clothing.	Yes	It's not okay. Record behaviour. Consider intent/consent. Possible child protection issue.
20.	Exposing the private parts of others.	Yes	It's not okay. Record behaviour. Possible child protection issue.
21.	Genital injury to self or others.	Yes	It's not okay. Record behaviour. Possible child protection issue.
22.	Simulating sex.	Yes	It's not okay. Record behaviour. Possible child protection issue.
23.	Penetrative sex.	Yes	It's not okay. Record behaviour. Possible child protection issue.

Physical contact made between pupils/staff and vice versa.

24	Staff care on injury to student.	No	Explanation given and permission sought from young person.
25	Intimate care.	No	Explanation given and permission sought from young person. Wear gloves, follow Intimate Care guidelines.
26	Student looking up teachers skirt.	Yes	It's not okay. Record behaviour.

Other

27.	Using pornography.	Yes	It's not okay. Record behaviour. Possible child protection issue - depending on content.
28.	Exposing others to pornography.	Yes	It's not okay. Record behaviour. Possible child protection issue.
29.	Sending or sharing nude or provocative pictures of self or others (sexting) by electronic devices (mobile phones, internet etc).	Yes	It's not okay. Record behaviour. Possible child protection issue.
30.	Use of sexualised language on internet, social networking sites, mobile phones etc.	Yes	It's not okay. Record behaviour. Possible child protection issue.

- This checklist is not exhaustive and can not reflect all situations. Schools should develop their own checklists based on the age, ability and behaviour of their students and add to this as new situations arise.
- Please note that this checklist relates to behaviour in school. Children and young people should be aware that some behaviours not acceptable in school are okay at home and in private (e.g. masturbation).
- Some serious sexually harmful behaviours are illegal under the Sexual Offences Act (2009).

Further guidance is available from:

<http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill/bill-provisions>

The checklist uses 'It's not okay' as a standard initial response. This can be adapted or elaborated upon. Younger children, or students with limited vocabulary/communication may need hand signals, signs, symbols or gestures alongside a verbal command. Schools should develop a response based on the needs of their own students. The important aspect is that all staff give the same initial response (which can be copied at home and elsewhere) to aid consistency.

After the initial response, more dialogue may take place.

For example:

A young woman unbuttons her blouse in the classroom.

Response - thumbs down sign/shake of head/say 'It's not okay...' (avoid, "not appropriate" as this can be confusing).

Further dialogue - e.g. "It's not okay to... unbutton your blouse like that because... it shows off too much of your body and makes others feel uncomfortable. Now I want you to... do up the buttons on your blouse."

Alternatively, the initial response could simply be 'That's not okay', to be followed up by further dialogue at a more appropriate time.

First responders may choose to speak to the student in front of others only when:

- they know the student and his or her circumstances
- they are sure they have the students attention
- it won't humiliate the student
- it won't cause distress to the student who was mistreated
- they want the other students to 'hear the message'.

The follow up dialogue should be carried out as soon as possible after the situation takes place.

Further examples of initial approaches:

A young man masturbates in the classroom. Response - thumbs down sign/shake of head/say 'It's not okay...'

Further dialogue - 'It's not okay to masturbate (touch your penis/private body parts) in the classroom. You can only do that in a private place. Now I want you to put your hands... (on the table).

A young woman and young man are kissing and fondling each other by the lockers. Response - It's not okay (to behave like that in school) (plus sign/gesture if required).

'It's not okay to kiss and cuddle in a public place like school. It makes other people feel uncomfortable. Now I want you to stop kissing and cuddling and... (go to class).

As a female teacher is bending over to reach for a book, a male student tries to look up her skirt.

Response - It's not okay (to do that) (plus sign/gesture if appropriate).

'It's not okay to look up my skirt or anyone else's. That is sexual harassment. Now I want you to (go back to your seat) Or (that behaviour is not acceptable in school. See me after class please).

Step 3 - Assess Risk

The first assessment of risk will be undertaken by the member of staff at the scene who witnesses the incident or has concerns.

They should ask themselves:

- Is this behaviour which needs to be addressed but not Child Protection? (low level risk)
- Or is this a Child Protection concern? (high level risk)

Examples of Low Level Risk

- Pinching the teacher's bottom.
- Masturbating in the classroom.
- Exposing own genitals.

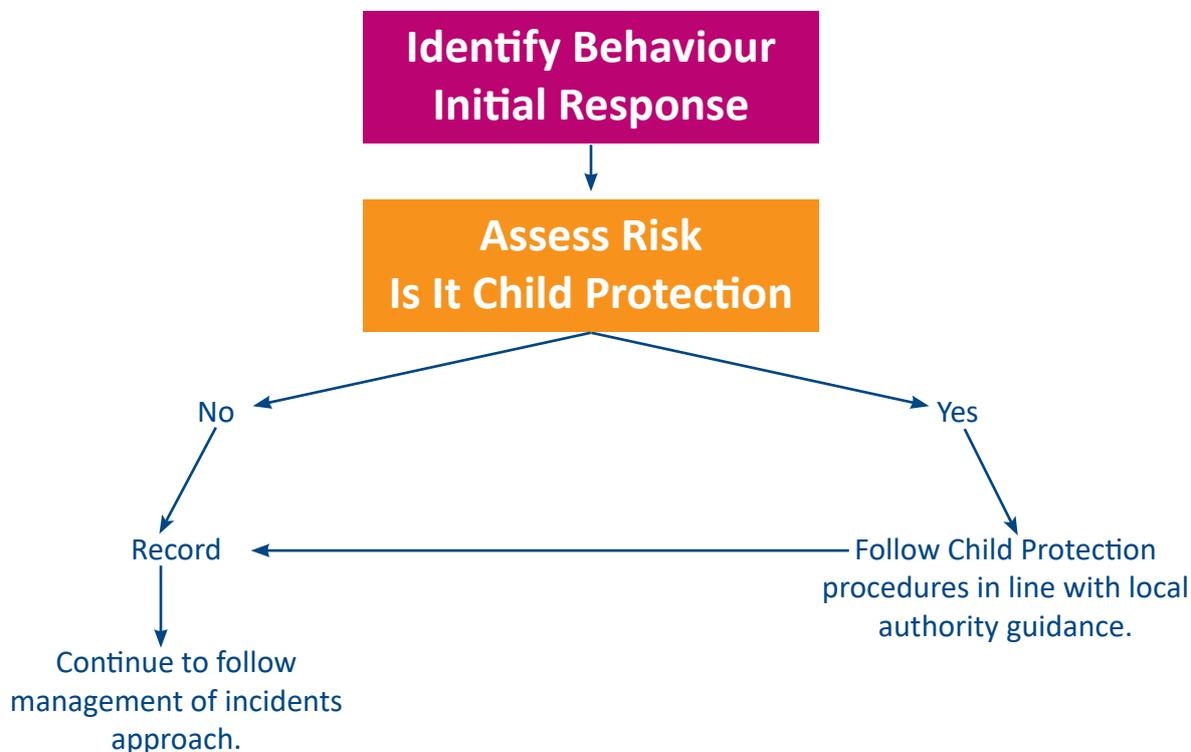
(Assuming this is a single incident and age and stage appropriate).

Action required = record behaviour and note concern (behaviour log/pastoral notes).

Examples of High Level Risk

- A young person discloses abuse/exploitation.
- An abusive incident is witnessed (assault, rape).
- Sending or sharing nude pictures of self or others (including by internet or mobile phone).

Action required = follow Child Protection procedures.



* Schools will have their own Child Protection procedures in line with the Integrated Assessment Framework across Forth Valley.

* Schools should continue to follow good practice outlined in this Guidance alongside a CP referral.

Step 4 - Record

Incidents of behaviour will be recorded in line with the school's own policy on Behaviour/ Child Protection (behaviour log/pastoral notes).

The benefit of recording all behaviour is that the situation can be assessed by a number of people, rather than being the sole judgement of one staff member.

Recording can identify repeated and habitual behaviour, monitor interventions and progress and identify any additional support required.

Information should be factual.

The level of detail will depend on the action and behaviour, but could include:

- name and date
- type of behaviour
- context of behaviour
- where the behaviour took place
- relationship between child and other person involved
- response of other person involved
- response of the child
- what was attempted to address that behaviour and what was the child's response?
- what was response of the child's parent if told of incident?

All efforts should be made to help the child/young person to communicate their own account of events and explanation of their behaviour.

An assessment of knowledge and understanding may be useful at this stage. For example, do they understand public and private? Do they know what that word/ language actually means? Were they copying something? Looking for attention? Could there be a sensory reason?

Those affected by the behaviour should also have their views recorded. This may include the victim(s) and also any bystanders, if appropriate.

Staff should remember that this information will be shared and is accessible to the young person. All data should be processed fairly and lawfully under the Data Protection Act (1998).

The following page contains a checklist of questions, taken from a Sexual Behaviour Monitoring Form from the AIM Project* and recommended for use by schools by Barnardos' Freagarrach service for Managing Sexualised Behaviour.

As schools often refer young people to Barnardos, it is useful for schools to follow a similar example of collating and providing information.

*Courtesy of AIM project - www.aimproject.org.uk/index.php.

Sexual Behaviours Monitoring Form

Courtesy of AIM Project

<http://www.aimproject.org.uk/index.php>

Child/Adolescents Name: _____

Date of Incident: _____

Form completed by (should be the person who observed or had the incident reported to them).

- **Type of behaviour:**
Describe in as much detail as possible, what the child/young person did or said:
- **Context of the behaviour:**
Was the behaviour spontaneous or planned? Was there use of force threat or coercion?
- **Relationship between the child/young person involved:**
Are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/young person may be more in control than the other e.g. size, ability, status, strength differences?
- **Response of other children/young person, adult involved:**
Did they engage freely? Were they uncomfortable? Were they anxious or fearful?
- **Response of the child/young person:**
Were they defensive, denying, aggressive, angry or were they passive; or were they embarrassed , regretful and taking responsibility?
- **What was attempted to address the behaviour and what was the child/young person's response to that?**
Could the child/young person be easily focused on another task, or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?
- **What was the response of the parents if informed of their child's sexual behaviour?**

Signed/Date: _____

Step 5 - Assess Need

When sexual behaviours are identified as inappropriate or offending, staff must think about why the child or young person is exhibiting the behaviour.

Every effort should be made to discuss the matter with the child/young person and obtain their account of the situation and reason for their behaviour. They may be able to explain exactly what they think their needs are.

When children or young people do not have the language, experience or ability to seek help, staff must look carefully at their behaviour to find out what they need.

Reasons for behaviour could include:

- lack of Relationships, Sexual Health & Parenthood Education (most commonly children with a learning disability and Looked After Children)
- instability at home, chaotic lives
- lack of adult guidance/supervision
- bullying or being bullied
- boredom
- loneliness
- lack of privacy
- poor boundaries
- no knowledge of public/private and acceptable behaviour
- fear/lack or understanding of puberty and body changes
- emotional, physical or sexual abuse
- neglect
- communication difficulties
- depression
- anxiety or confusion
- curiosity
- attention needs
- gender issues
- sexuality issues
- grief and loss
- frustration
- medical attention
- need for physical activity
- over protection.

Needs could include:

- access to Relationships, Sexual Health & Parenthood Education
- steps to create a more stable home life
- zero tolerance to bullying
- access to activities, hobbies, social outlets
- opportunities to make friends, meet partners
- privacy and respect
- clear rules and boundaries
- health reviews which include sexual health
- medical checks
- putting their sexual health needs on the agenda of other professionals/support staff

- awareness raising and training for their support workers, parents, carers
- access to sexual health services
- freedom to make choices and gain experiences
- support and comfort
- raising of self esteem
- assistance with communication
- outlets to education, information and learning
- counselling.

A Young person’s Checklist, based on the ‘Good Lives Model’ and the GIRFEC SHANARRI wheel can be found on the next page.

This checklist should be used in Team Around The Child and Child Protection meetings.

Level of concern and level of response needed will be different depending on the circumstances and the individual(s) involved. A number of factors need to be considered when deciding upon appropriate follow up action or intervention. This may involve other colleagues and staff.

Intention also plays a part in the assessment. This will depend upon knowledge of the child and whether the behaviour was:

- random through natural self exploration
- repeated
- intended as bullying
- premeditated action to gain attention or annoy others
- influenced by an imbalance of power.

Attempts at secrecy, reaction/remorse, understanding of possible consequences and seriousness of actions also need to be considered.

Assessments should also examine prior interventions (at home, at school, with outside agencies) in order to plan the next step.

Understanding the child or adolescent and the issues that may be contributing to the behaviour, guides the planning of effective intervention.

An assessment may require no intervention if the behaviour is healthy and natural.

Supporting the Victim

The vulnerability and needs of the victim(s) should also be taken in to account. Key vulnerability factors are:

- Having a learning disability, being a Looked After Child, being bullied, having low self esteem, lack of Relationships, Sexual Health & Parenthood Education, no adult guidance/supervision, low self-esteem, disrupted family life, inconsistent school attendance, few/no stable friendships and relationships, partaking in other risk taking behaviours such as drugs and alcohol, going missing.

Young person's Checklist, based on the 'Good Lives Model' and the GIRFEC SHANARRI wheel.

<p>Having Fun Hobbies, interests, activities, clubs, being active.</p>	
<p>Achieving Being good at something. Improving and progressing. Having confidence and self-esteem. Feeling good about ourselves. Pride</p>	
<p>Being my own person Independence, decision making. Ability to say yes and no. Rights and freedom. Opportunities to choose. Having a voice. Being respected.</p>	
<p>Having people in my life Real friends, family, boyfriends/girlfriends, role models. Reciprocal relationships. Safe online contacts. Being loved. Feeling loved. Giving love. Feeling nurtured and safe.</p>	
<p>Having purpose and making a difference Being included. Part of a school or a community. Having an important role. Being responsible. Having responsibility for something (work, volunteer, mentor, school prefect, group leader).</p>	

<p>Being Safe Free from abuse and harm. Protection without over-protection. Ability to identify neglect; physical, emotional and sexual abuse; bullying; violence; coercive behaviour who to ask for help.</p>	
<p>Emotional Health Happiness. Feelings, Range of emotions. Coping strategies. Resilience. People to talk to in confidence.</p>	
<p>Sexual Health Receiving Relationship. Sexual Health & Parenthood Education in school. Having a boyfriend/girlfriend/partner. Being intimate. Sexual Orientation. Having the skills and knowledge to make healthy choices and be safe.</p>	
<p>General Health Mobility. Pain, discomfort. Inclusion. Access to support and services. Rights and freedom to make unhealthy choices and understand the risks. Knowledge and skills to make healthy choices.</p>	

Step 6 - Action Plan

For most young people, increasing and improving their knowledge, skills and understanding through Relationships, Sexual Health & Parenthood Education in school will see a marked reduction in harmful sexual behaviour.

The Expert Group on Preventing Sexual Offending Involving Children and Young People (Scottish Gov 2020) recommends the new National RSHP resource as to 'go-to-place' where professionals and parents can seek out relevant resources. <https://rshp.scot/>

There will be instances of behavior, however, where staff believe it is necessary to go beyond teaching delivered through the curriculum, or management in immediate response to the behaviour. This may include targeted work with individuals or groups to address behaviours which put the young person or others at risk; or behaviours which are repeated or habitual.

The targeted work should be complemented by the Relationships, Sexual Health & Parenthood Education curriculum, but not replace it. Formal Relationships, Sexual Health & Parenthood education programmes play a significant part in assisting children and young people with the skills and knowledge to reduce sexual risk taking behaviour and to keep themselves safe (Kirby et al 1997).

The diagram on page 38 highlights possible interventions at stages of Primary Prevention (all children), Secondary (low level concerning behaviour) and Tertiary (more serious harmful sexual behaviour).

Before any actions are taken there are five questions staff need to ask themselves when they are concerned about a child or young person. These are taken from GIRFEC guidelines.

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

Additionally, staff will need to consider more specific questions. For example:

- How does this young person learn/communicate?
- Who should deliver this intervention?
- Where will the intervention take place?
- When does the intervention begin?
- When will we review progress?

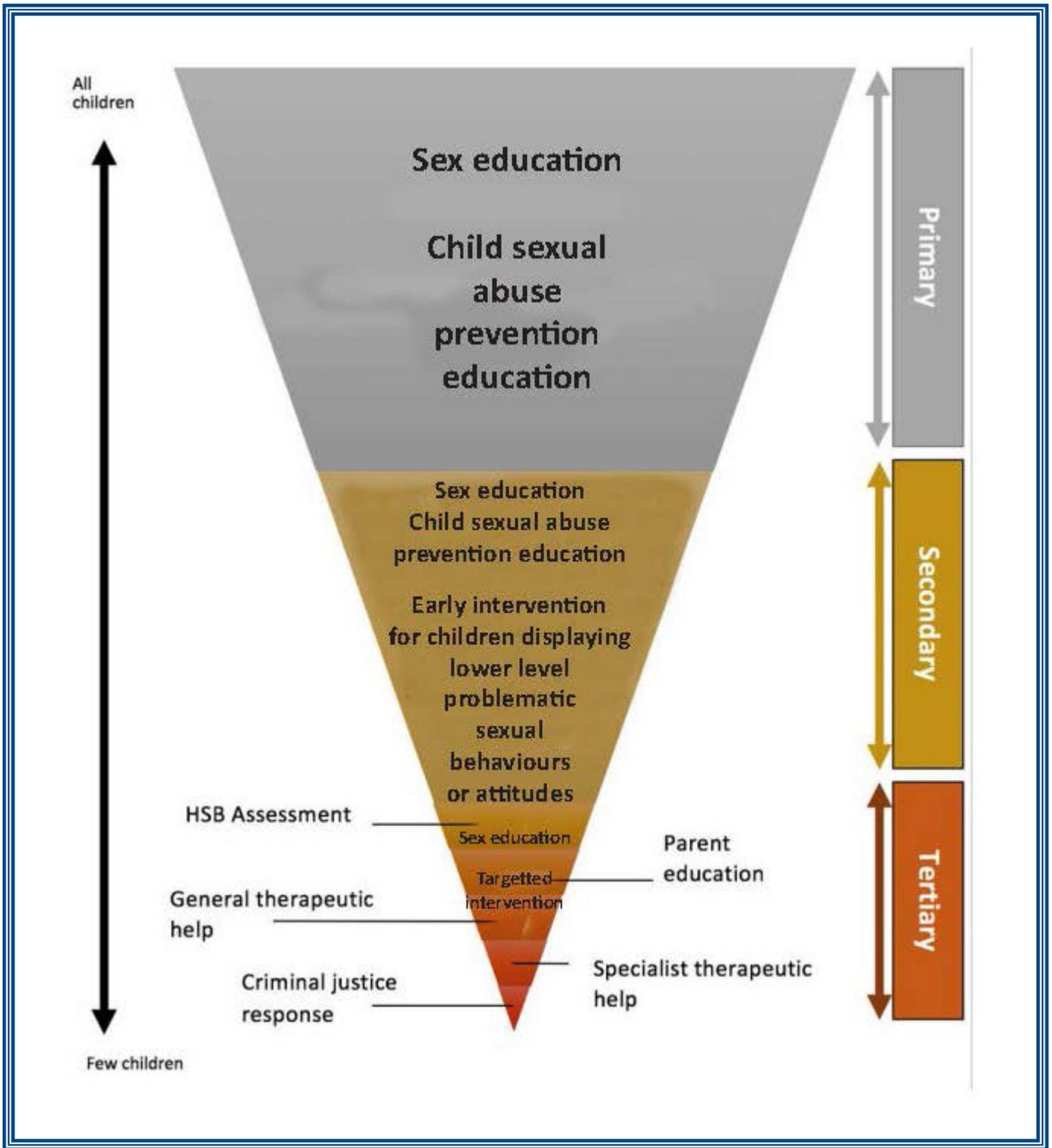
Other aspects of good practice should be considered:

- Both the school and parent/carer should work together to design and deliver the appropriate intervention. They will know the needs of the child or young person better than anyone else.
- If the intervention takes place at both home and school, the child or young person will receive a consistent message and approach.

- The people delivering the intervention should be the people most familiar to the child or young person as they will understand how the child communicates and learns. This will be teaching staff and parents/carers.
- Some children, in particular those with a learning disability, may take longer to process learning and engage in behaviour change.
- Some children and young people require repetition of messages/learning.

Reference:

Kirby, D. and Coyle, K. (1997) School-based programs to reduce sexual risk-taking behavior. *Children and Youth Services Review* ,19, 415 - 436.



The targeted intervention will be driven by the needs of the child. Managing concerning or harmful sexual behaviour, however, can involve a range of aspects.

Some effective strategies which schools employ include:

- teaching Relationships, Sexual Health and Parenthood Education (RSHPE), including Healthy Relationships, Consent, Sexual Abuse and Exploitation
- using the Good Lives Model to assess the holistic needs of each young person
- meaningful consequences for inappropriate behaviour
- positive reinforcement for appropriate behaviour
- consistency between all staff and carers across all environments
- meaningful tasks, e.g. work, volunteering
- list of appropriate activities for redirection
- discuss behaviour management with all staff and put in writing
- staff training and support programme on RSHPE, Managing & Preventing Harmful Sexual Behaviour, Child Sexual Exploitation, Child Protection etc
- 'script' for staff/carers to redirect behaviour appropriately and consistently
- policy development
- work with families/carers
- having a key member of staff to talk to
- relevant therapy services
- psychiatric assessment
- check for infections and/or irritations (medical staff)
- review medication for side effects (medical staff)
- monitor/record behaviour
- evaluate and review strategies
- make clear rules, e.g. use a rules' chart/poster
- social activities, e.g. dancing, bbq's, clubs
- hobbies, e.g. painting, gym, interest groups
- support friendships and relationships, access to social situations, buddy systems, safe dating opportunities
- communication aids
- display 'public'/'private' signs in appropriate rooms and refer to them
- model and teach about privacy and boundaries in everyday life
- supply lubricant and/or condoms
- intimate care guidelines for staff
- social stories
- referral to other services.

Step 7 - Follow Up/Intervention

For the majority of children and young people, targeted interventions are more successful when delivered by people they know and people who understand how they learn and communicate. This will be the parent/carer and teacher.

In some circumstances, where school/home intervention has not fully succeeded, or the behaviour is of a very serious nature, support from partner agencies may be necessary. In some cases, Child Protection concerns may emerge at this stage and procedures followed.

This diagram is a general guide to determine:

- when no intervention is required
- when the intervention can be managed within the school environment (and duplicated/complimented by work at home)
- when further discussion with appropriate agencies may need to take place when a referral is required.

	No Intervention Needed	School Intervention	Home Intervention	Enquiry to Outside Agency	Referral
Age Appropriate Behaviour					
Concerning (Low Level)					
Concerning (Medium Level)					
Harmful					

Step 8 - Review

Once the intervention has been designed and delivery has been allocated and agreed upon, a review date should be set.

This allows all parties to meet and monitor progress, make changes as required and plan the next step.

The review may consider:

The effectiveness of the programme

- Has any behaviour change been observed?
- What is working?
- What is not so successful?
- Does the content or style or delivery need adjusting?

The needs of the child or young person

- Have their needs been met?
- Have their needs changed?

The success of those delivering the intervention

- Do staff, parents or carers need more support, additional training or better resources?

Timescale

- Is this realistic?

Whilst research shows that targeted interventions can be highly effective in reducing sexually harmful behaviour in children and young people (Veneziano & Veneziano 2002) this intervention can take anywhere between a few weeks to 2 years (in high risk cases).

Some children and young people, in particular those with a learning disability, may also take longer to process the information. Any intervention may need repeating several times.

Contributory factors

- What is contributing to the success?
- What may be the barriers? Policy, staffing, parenting, home circumstances, friendship groups, medication etc can all play a part in managing sexualised behaviour.

* If the initial intervention has been successful no further intervention may be required. Reference: Veneziano, C. & Veneziano, L. (2002). Adolescent Sex Offenders: A Review of the Literature. *Trauma, Violence & Abuse*, 3, 247-260.

Appendix
Strategies for
Managing Concerning
or Harmful Sexual
Behaviour

Masturbation

John is 14 and frequently touches his penis in the classroom. He becomes angry, embarrassed and upset if the teacher says anything in front of the class.

Strategies

- Record when it is happening. Where? How frequently? Are there triggers/patterns/ habits?
- Ask John why he is masturbating. Think of other possibilities. Is it boredom? Attention seeking? Comfort? A doctor could check his medication (medication can affect erection/ejaculation/orgasm leading to frustration) and also ensure there is no infection to the penis. Check his washing routine - personal hygiene may be the reason for an infection (allergy to soap etc).
- Help John to understand that it is ok for him to touch his penis, but only in a private place.
- Instead of saying something in front of the class, and causing embarrassment, use a subtle sign/ signal for John if he touches himself which means 'stop'. (Tap on the desk, point to an object, hold up a sign, make a gesture).
- Assess Need - carry out a Good Lives Model checklist.
- Talk to John's parents/carers. Does he does this in public at home? Does he can have private time at home to masturbate (e.g bedroom). If he is being allowed to touch himself at home in a public room, he must be redirected to his bedroom. John then has a consistent message at home and school.
- Explain to John that he can not do this in the classroom and why.
- Use a social story.
 - Sometimes when I am in school I want to touch or rub my penis.
 - It is not okay to touch my penis in school.
 - School is a public place.
 - When I am in school I must remember not to touch or rub my penis.
 - If I want to touch my penis I can do this in a private place.
 - My bedroom is a private place.
 - I can go into my bedroom when I am at home.
 - I must shut my curtains so that nobody can see me.
 - I can touch and rub my penis in my bedroom.
 - Afterwards I must wash my hands.



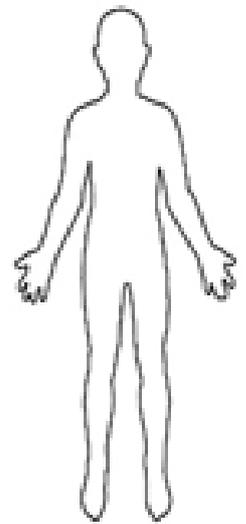
- Parent/carer could have a 'do not disturb' sign for John to use when he wants time alone.
- Use photographs of his bedroom and bathroom to re-inforce private areas.
- Teach about public and private in Relationships, Sexual Health & Parenthood Education - include public/private places and private parts of the body.
- Teach the class about 'when can we touch the private parts of our body?' (bathing, checking for lumps and bumps, masturbation).
- Include masturbation as a topic within 'puberty' - reinforcing that masturbation is natural and a part of growing up.
- Explain about the Law and the repercussions of masturbating in public.
- Help John to understand how other people might feel about him touching himself in public (embarrassed etc.).
- Introduce re-direction. For example, give John a soft ball to squeeze when he feels he wants to touch himself.
- Ask parents/carers to use the same sign/signal at home if John masturbates in a public room.
- If frequent rubbing (with hand, or rubbing up against objects) is causing soreness, look at safer alternatives. Condoms and lubricant can help, vibrating cushions to rub up against, other softer materials.
- Speech and Language Therapy can identify communication techniques if teachers and parents need assistance to convey messages/learning to John.
- Occupational Therapy can offer techniques such as deep massage (arms, legs etc.) to take John's attention away from masturbating and help him relax. They can also advise on sensory toys.

Touching private body parts

Helen is 12 years old and is in a wheelchair. When female teachers stand close to Helen, she often reaches up to touch their breasts. She has also tried to put the teacher's hand on to her own breast.

Strategies

- Record when this happens. Who does it involve? Are there any triggers or patterns emerging?
- Talk to Helen. Why is Helen doing this? Is she copying behaviour? Is this linked to abuse? Is it attention seeking? Is she looking for a certain response by her behaviour? Is it curiosity?
- Talk to her parents. Does she do this at home? Does she have privacy at home to look at and to explore her own body?
- Assess need. Carry out a Good Lives Model checklist.
- Develop a consistent response from staff. 'You shouldn't touch other people's breasts. Breasts are private body parts'. Ensure all staff do this and do not dismiss it as 'accidental'.
- Teach about public and private parts of the body in RSHP.
- Teach about touching and private touching using a body outline.



'Is it OK to touch someone here? Or here?'

Develop a social story.

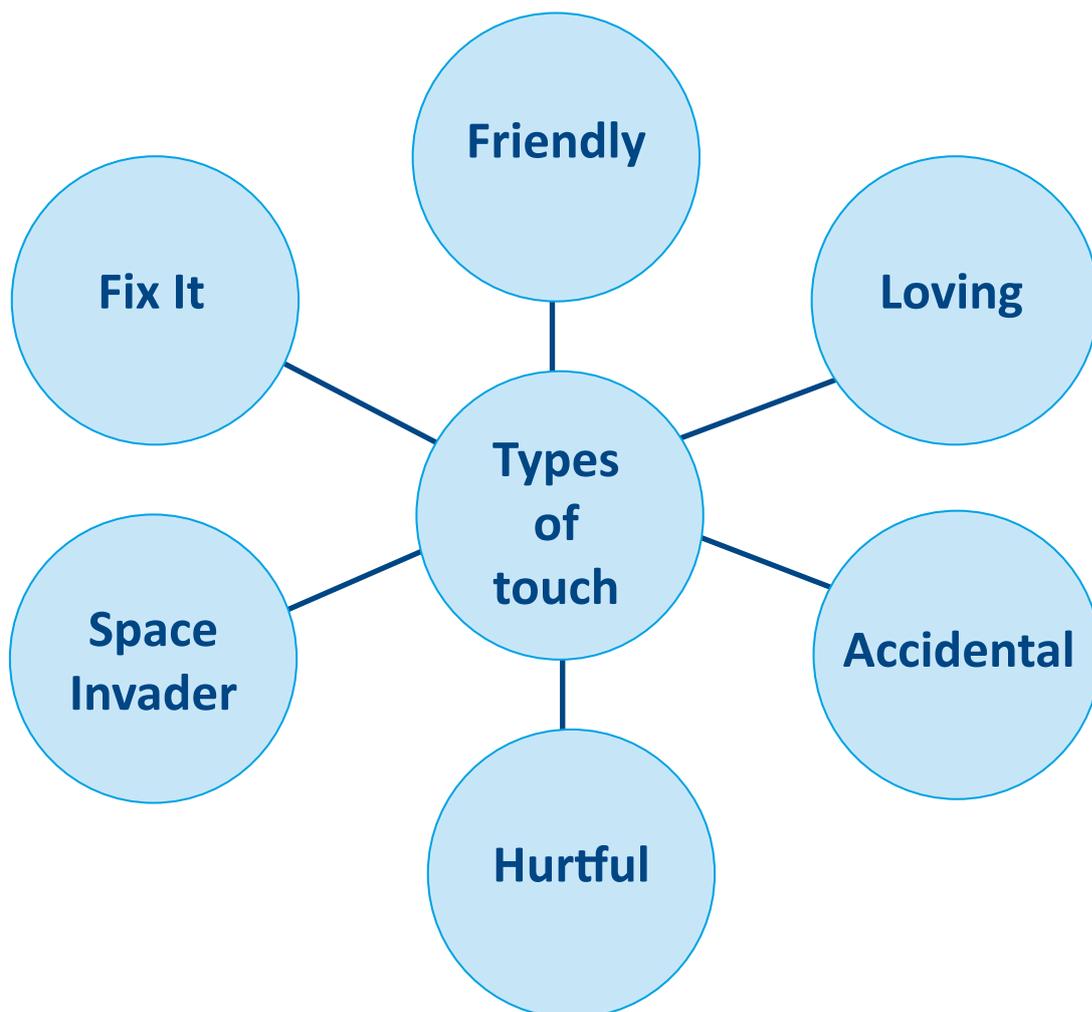
- Ask parents to discuss body parts and private body parts with Helen at bedtime and bathtime.
- Help Helen to understand how other people might feel about being touched (upset, angry, embarrassed).
- Discuss the Law and repercussions of touching other people and other people touching you.
- Adopt guidelines in school for handling and intimate care in order to model good touch/bad touch - e.g. staff helping with Helen with sanitary protection/keeping clean. Explain situation, ask permission, use gloves, keep door closed for privacy.
- Set a good example - look at lifting and handling techniques - avoid touching private body parts e.g. breasts when lifting underarm.

Unwanted hugs and kisses/personal boundaries

Penny is nine years old. She can be very affectionate. This includes hugging and kissing and sitting on people's knees. Some staff like to give hugs back, but others are worried that this gives the wrong impression. She also hugs students and some parents have now complained.

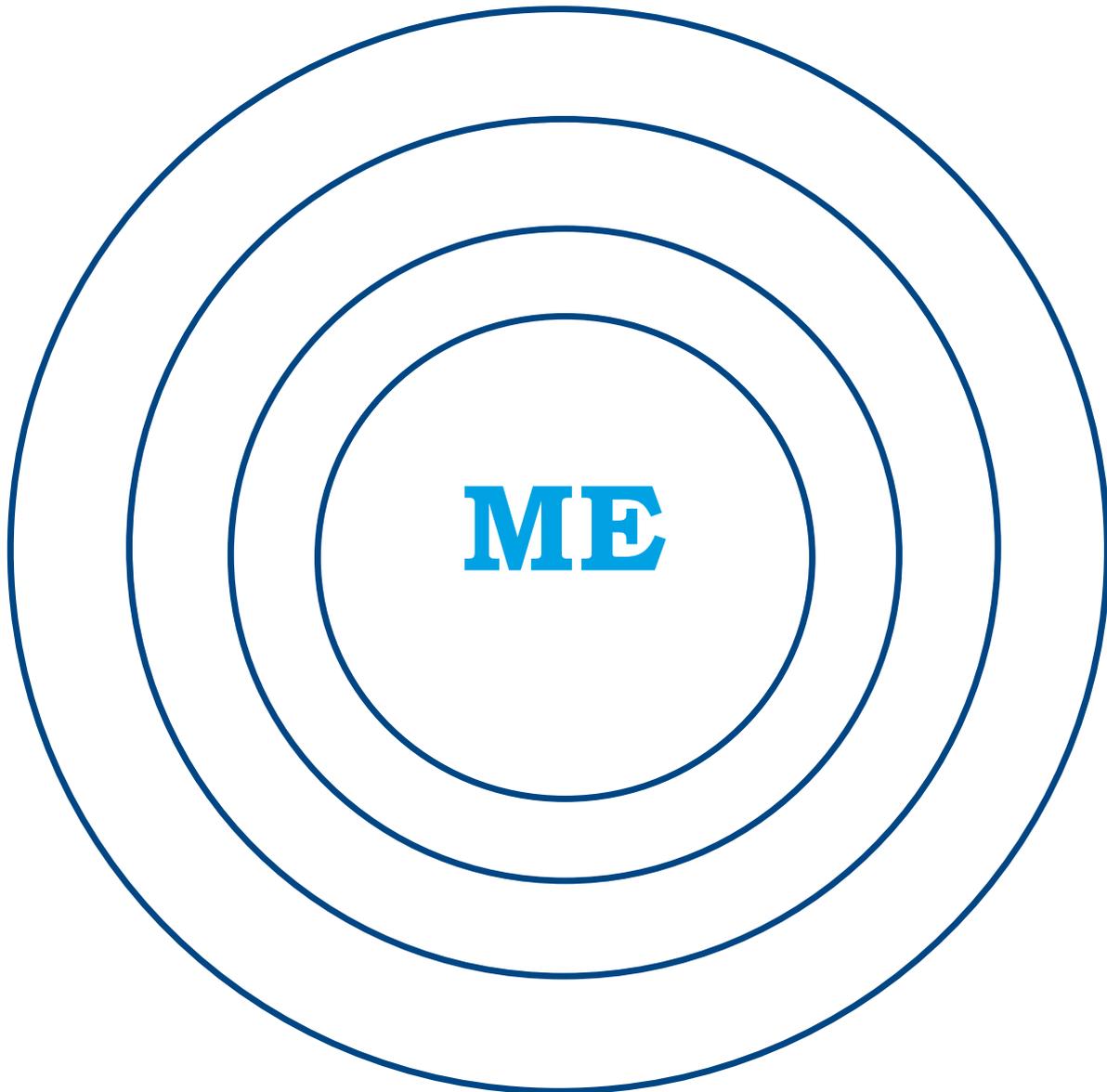
Strategies

- Why does Penny do this? What is her explanation? Can she get this feeling of security from something else?
- Carry out a Good Lives Model checklist.
- Develop school guidelines/agreement about acceptable personal contact for all staff to follow.
- Introduce 'acceptable touches' in school e.g. handshake.
- Talk to parents about how she behaves at home (does she hug strangers?).
- Teach Penny and her class about different types of touch and boundaries in RSHP.



- Explore with the class how it might feel to be hugged when you don't want to be. Use role play to practise saying 'no'. The class will learn about boundaries and also about assertiveness and keeping themselves safe.

Use the Circle of Friendship model to identify - 'Who can I touch?'



- Penny writes her name (or 'me') in the centre and then the names of her closest family and friends in the next circle. Then the names of people she knows well, but are not as close (teachers, support staff, neighbours). The last circle will be people she might say hello or wave to - the postman, the bus driver etc.
- This can be used to discuss 'who can I touch?' 'who can touch me?' and 'who can I talk to about... (Sex? My period? Growing up?)'.
- Explain the Law and possible repercussions of hugging/kissing etc. with strangers or people who do not want that level of intimacy.
- Have a sign or signal ready and a response for when Penny demonstrates that behaviour; 'Penny, that's not okay. Hugs are for (your mum). We shake hands in school'.

Language

Thomas has started to use sexually explicit words in the classroom. He is 12 years old and may have picked this up from his older brother. He enjoys shocking other pupils and recently started asking the girls about their 'pussies'.

Strategies

- Record exactly what Thomas says, when and who to. Is there a pattern emerging? Are there triggers?
- Talk to Thomas. Why is Thomas doing this? Does he need attention? Can he get this from something else?
- Carry out a Good Lives Model checklist.
- Talk to Thomas about his language. Explain that he can't use those words in school.
- Ask him to write all the words down. Where has he learned these words? Does he know the meaning of them? (He could simply be copying something he heard).
- Teach about private body parts and their correct names in RSHP.
- Do a language exercise with the class:

On 3 pieces of flipchart write Male sexual parts, Female sexual parts and Sexual activity. In groups, students have 3 minutes to write down as many words they know, then the flipchart is swapped until all students have written on all 3 flipcharts.

Display the flipchart and discuss different words.

Agree which words are acceptable/not acceptable and in what context (with your friends/in school/with your parent/with a doctor...).

Discuss why certain words may be offensive.

If a student uses a word that is not an agreed word, or out of context, remind the class.

- Have a set response if an offensive word is used. 'It is not okay to use that word in school. I want you to apologise to the class'.
- Talk to parents about Thomas' use of language. Ask parent/carer to adopt the same response if he uses offensive language at home.
- Consider restorative practice if offensive language continues to be directed at certain children/young people.
- Talk to parents if concerned. Is he using this language at home? Could he be picking it up from pornography? If so, can they put parental controls on? Remember that it is usual to be curious about sex at this age - he just needs age and stage appropriate information instead (such as RSHP).

Pornography

Brian is 13 and brought a pornographic magazine in to school to show his friends. A teacher confiscated it but was not unduly concerned. There are now rumours that he has explicit images on his mobile phone. Last week a teacher caught Brian sneaking in to the girls changing room trying to take pictures of them naked.

Strategies

- Talk to Brian to find out if this is true. Tell Brian he must delete the images at once if he has not already done so. Staff should NOT view the material unless absolutely necessary.
- Think about why Brian is looking at these images. It is natural for someone his age to be curious about sex. But could there be a healthier way to explore this area of interest? Such as RSHP?
- Find out where Brian got the magazine.
- Talk to Brian about the images on his phone. Explain that taking and sharing images (sexting) is against the law.
- Talk to Brian's parents - how is he accessing this material via his phone? What about his home computer?
- Explain to Brian about the Law and consequences around pornography and sharing explicit images.
- Invite the Police to talk to the class about internet safety.
- Look at staff training to increase own knowledge of the internet.
- Teach RSHP to the class, including pornography, sexual images, male and female stereotypes, how men and women are presented in the media.
- Teach the class about positive relationships in RSHPE.

Intimate behaviour

Simon and Carl, both 15, have been found in the changing rooms together with their trousers and underwear down. They were standing close to each other but jumped apart when the teacher came in.

The teacher was embarrassed and wasn't sure what to do. He did note, however, that although both boys have some additional support needs, neither looked unhappy to be there and there seemed no obvious sign of coercion.

No other incidents have been reported but there are rumours that they are a couple and other students have been calling them 'gayboy'.

Strategies

- Adopt a response 'It's not okay to behave like that in school. School is a public place. Get dressed properly and go back to class'.
- Write down exactly what was seen and said.
- Talk to the boys about the situation. Try and establish what was happening. Ensure that neither of the boys seem to have been coerced.
- Explain that behaviour like that is not acceptable in school.
- Find out why Simon and Carl behaved in that way.
- Are they simply curious about private body parts? Has this been taught already in RSHP?
- Do they want to have a relationship? Do they have access to meeting other boys or girls? Is the changing room the only privacy they have? Carry out a Good Lives Model checklist for a holistic view of support needed.
- Teach about boyfriends and girlfriends in RSHP education and include same sex relationships. For example:

What relationship could these 2 people have?

What kind of things might they do together?



- Reinforce that 2 boys (as well as 2 girls, or a boy & a girl) can have a relationship, but sex is illegal under 16 and sexual behaviour can only be done in a private place.
- Talk to parents about their son's opportunities for social activities/meeting people. Can school help with this?
- Ensure the school has a policy on LGBT and that all staff are aware of this.
- Agree on 'acceptable language' to be used in school. The use of 'gayboy' could be sexual or homophobic. It may be copycat language with no intended meaning, but it is still offensive and unacceptable. Ensure that all staff respond to the use of unacceptable language.

Do not assume that Simon or Carl are gay. They may, or may not be. They may not be sure. They might not want to label themselves as having any particular sexual orientation at the moment.

- It is important that staff do not (intentionally or unintentionally) 'out' them as gay to parents, other colleagues, students or anyone else.
- Being gay is not something that Simon or Carl needs to talk about, or decide upon now. Or ever, if they choose. However, it may be useful to get information and advice from LGBT Youth or LGBT Health. They support professionals, parents and carers and adults/young people.
- Remember that having a learning disability does not exclude someone from having relationships. Even if a person cannot consent to sex, they can still consent to intimacy and love.

Stalking/unwanted attention

Jamie is 15 and on the autistic spectrum. He has recently become fixated on Louise. He stares at her during class, follows her around school and has now begun turning up outside her house. Louise does not have the same feelings for Jamie and is becoming increasingly anxious about his behaviour.

Strategies

- Talk to Jamie. Why is Jamie behaving this way? Does he want a girlfriend? Does he have the opportunity to meet other girls? Carry out a Good Lives Model checklist.
- Ask Jamie to write down how he feels about Louise. He can draw a picture of himself with different thought bubbles. Ask Jamie to write down what Louise may be feeling. Try to develop a sense of empathy.
- Keep in mind that Jamie's thoughts and feelings are natural and healthy. It is perfectly age-appropriate for him to have a crush on someone/fancy them.

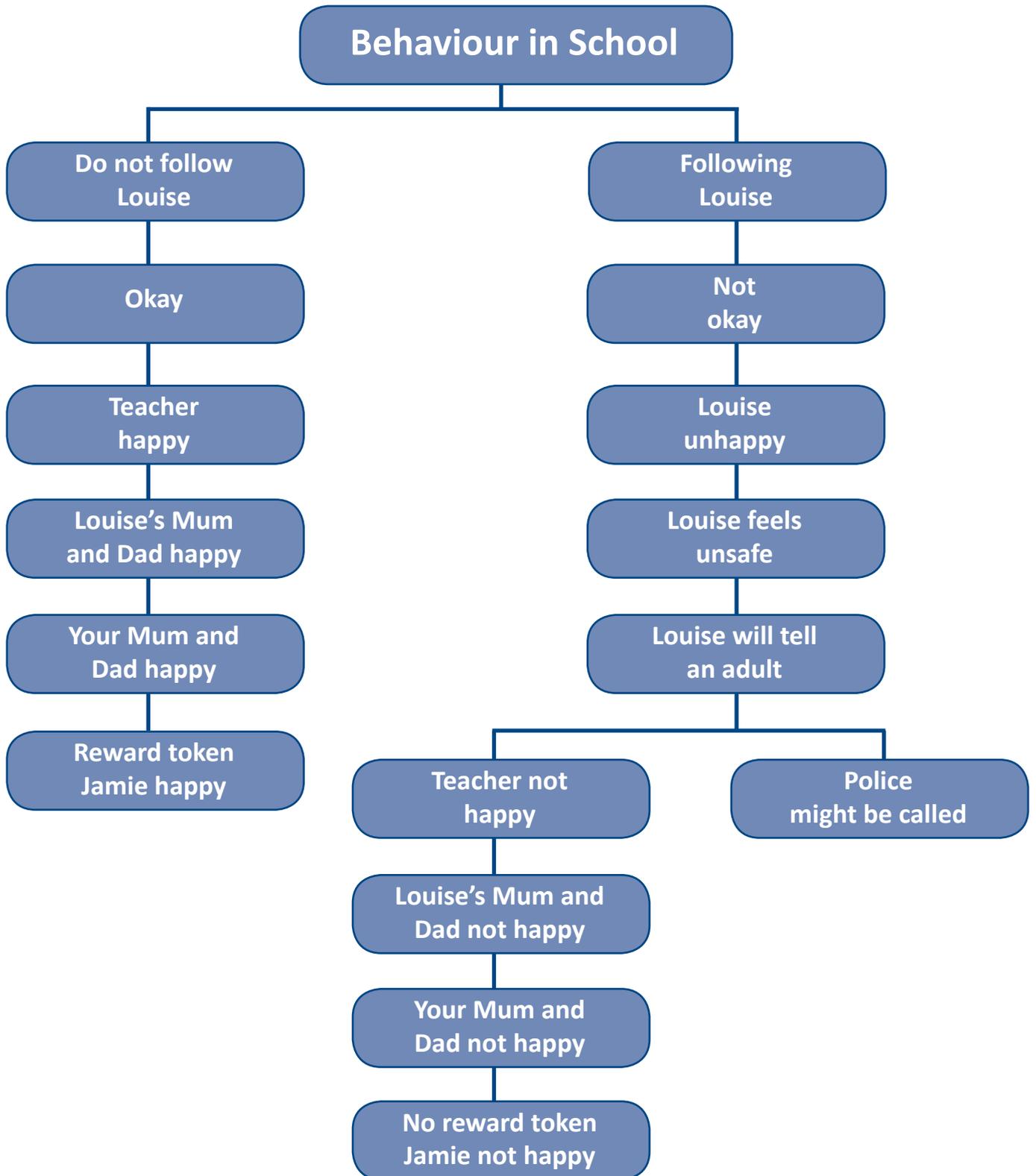
The problem is the way in which his thoughts and feelings manifest themselves.

Help Jamie to understand that it is OK to fancy someone, but there are better ways to show someone that you like them. (You can ask them out, for example).

- Put in practical arrangements for example sitting apart/away from view in class. Put in place activities after school so that Jamie can not follow Louise home.
- Develop a consistent response from teachers, Louise, Jamie's parents and Louise's parents to address his behaviour and reinforce the message. 'It's not okay to follow Louise around. It makes her uncomfortable. Now go... (home/back to class)'.
- Use diversionary tactics/activities.
- Teach Jamie and the class about boyfriends and girlfriends in Relationships, Sexual Health & Parenthood Education. This should include where to meet, what to say, chat-up-lines, appropriate behaviour.
- Teach the class about positive relationships in RSHP.
- Roleplay 'acceptable behaviour' with friends/boyfriends/girlfriends.
- Explain about the Law on unwanted attention.

Flowchart

Use a flowchart to map out behaviour and consequences. Add a reward token if the child or young person responds to this:



Sexual bullying

Sylvia is 14 and Richard is 16. When a teacher found Sylvia crying in the corridor, she told the teacher that Richard had pushed her against the lockers and tried to pull her skirt up. He hadn't succeeded but Sylvia was frightened. Richard has been aggressive with other boys lately too.

Strategies

- Talk to Richard and tell him what you have heard.
- Find out why Richard behaved like that. Was Sylvia targeted intentionally or was it a random attack? Record Richard's and Sylvia's version of events.
- Talk to Richard's parents about his behaviour at home. Is he displaying anything similar outside of school? Could a Good Lives Model checklist help to identify his wider needs?
- What about his other aggressive behaviour? Follow your school's Behaviour Policy guidelines.
- Support Sylvia. Develop a response for her to say if Richard approaches her again and a teacher she can go to for support.
- Work with Richard to help him understand how Sylvia is feeling, and other boys he has been aggressive with.
- Consider restorative practice.
- Consider anger management.
- Explain to Richard about the Law and consequences of assault and sexual assault and touching someone under the age of 16.
- Help Richard to explore his feelings through emotional literacy. Develop coping strategies, identify triggers.
- Look at short term practical arrangements if necessary - working away from other pupils, being escorted to class.
- Introduce behaviour targets and praise positive behaviour. Duplicate this work at home if required.
- Cover a range of topics as a class in Relationships, Sexual Health & Parenthood Education - including emotions, puberty (hormonal changes to how we feel), assertiveness, keeping safe, friendships and relationships, respect and responsibility, abuse, gender based violence, sex and the Law.
- Look at whole-school initiatives regarding gender based violence such as MVP, 16 days of action, White Ribbon.

Disclosure and sexual abuse

Tilly, a 10 year old girl, was sexually abused as a young child. She sometimes discloses information about her sexual abuse and uses sexually explicit language at inappropriate times. Tilly's parents are concerned that involving Tilly in Relationships, Sexual Health and Parenthood Education classes will only encourage her and increase the risk of her displaying this sexualised behaviour.

Strategies

- Develop a strategy for dealing with her inappropriate language/disclosures at inappropriate times. All teachers and parents agree on a response e.g. "That language is not appropriate to use in school Tilly. I don't want to hear it again". "That's a private topic for a private conversation Tilly, not something to share in class. Come and have a chat with me after please".
- Record when and where these incidents occur. See if there are any patterns or triggers. Tilly may deliberately choose to behave in this way with a particular teacher, or in a particular class.
- Do not assume that all bad behaviour is related to the sexual abuse.
- Separate the issues which need addressing. One is her use of language at inappropriate times. Two is ensuring that the RSHP programme is suitable for and of benefit to Tilly.
- Consider the needs of the child as paramount (GIRFEC approach). Tilly is more in need than most other children to learn about positive relationships, respect and consent. RSHP Education can teach her that other, better relationships exist and challenge her negative experiences.
- Talk to her parents about the benefits of RSHP. They should meet with the Headteacher to discuss concerns and to look at any resources before consider withdrawing Tilly from RSHP. Singling a child out 'for withdrawal' can attract more unwanted attention and make them feel 'more different'.
- Withdrawing a child who has been abused also sends a message that says 'Something bad has already happened to you. There's no point giving you this education. It's too late for you. The damage is done'.
- As Tilly is ten years old, speak to her about how she feels about being involved in the RSHP programme. The Voice of the Child is essential.
- Let Tilly and her parents view the resources in advance so they have time to ask any questions and know what lies ahead.
- Remember that withdrawing Tilly from RSHP Education (an age and stage appropriate curriculum) probably means that she will get 'second hand' information in the playground instead and from other less suitable sources.
- Consider if Tilly also needs one-to-one work as well as RSHP classes, or support from outside agencies for counselling.
- Do not assume that Tilly (or any other child) will disclose during RSHP Education. Most children disclose to one person in a private situation where they feel comfortable. Provide Tilly, and all students, the opportunity to confide in a teacher if they wish to do so.
- Ensure that Tilly, and all students, know who they can talk to and who can help.

- Make sure your RSHP curriculum meets the needs of all the students in the school, especially those with additional support needs. Disabled children are three times more likely to be victims of sexual abuse, especially if they have difficulties with speech or language.
- Look at the content of the RSHP curriculum to ensure that it includes healthy behaviours and relationships and aspects of abuse, in line with the Health and Wellbeing outcomes and experiences. Primary school learning outcomes include:

I am learning about respect for my body and what behaviour is right and wrong. I know who I should talk to if I am worried about this - HWB HWB 0-49a/HWB 1-49a.

I know that all forms of abuse are wrong and I am developing the skills to keep myself safe and get help if I need it - HWB 2-49a.

Cross dressing

Terry is 14 and lives with his parents and his older sister. His parents are concerned since they discovered that he was stealing his sister's underwear so that he can wear it himself. He only wears the underwear in private in his bedroom. They have asked the school for help as they worry he may be transgender.

Strategies

Although Terry's behaviour is primarily a concern outwith school, it would be good practice to support parents with this. There will be topics within Relationships, Sexual Health and Parenthood Education taught in school which the parents can replicate at home.

Collect and record the facts. When is he cross-dressing? When does he have access to private time? Where is he stealing the underwear from? When? Is the underwear he chooses clean, soiled or a mixture of both?

Break the situation down so that you can all see the issues and any concerns:

1. Terry is cross-dressing in a private place. He knows the difference between public and private which is good.
2. Terry is stealing his sister's underwear. This is a problem.
3. Apart from stealing, Terry is doing nothing wrong and harming nobody else.
4. Terry may be transgender and, if so, may need support. This is something we can talk to him about over time.

Have a trusted adult speak to Terry. Be clear what you want to say first and what you are trying to achieve. The main issues are:

- He should not be stealing his sister's underwear.
- Making sure he is happy and ok. Reassuring him he has done nothing wrong by cross-dressing. Letting him know that you will support him if he wants to talk about it.

If Terry is choosing clean underwear (or a mixture) the issue of stealing can be readily solved by allowing Terry to have his own supply of underwear. He may need support to buy these. Be aware that he may want new ones on regular occasions. Unless his needs are met, he will continue to steal if this is his only option.

If Terry is choosing only soiled underwear, find out why. It may be a sensory choice. Or it may be that unclean underwear is his only option (e.g. his only access might be the laundry basket).

Some people do have sexual fetishes around smells and odours. Again, this is something usually kept private and - if it involves clothing or footwear from another person - it is normally with their consent. If it is done without their consent, they may be upset, angry, disgusted. If Terry's actions involves this fetish, he would need to understand about privacy and, more importantly, how his actions and behaviour may affect another person.

Terry should understand that cross-dressing does not mean that he is Transgender or that he is gay. Men who are happy being male and heterosexual may also cross-dress.

If Terry chooses to explore being Transgender, reassure him that nothing would happen until he was sure of what he wanted. Transitioning is a thorough and lengthy process and not something anyone is hurried in to.

Being Transgender is not something that Terry needs to talk about, or decide upon now. Or ever, if he chooses. However, it may be useful to get information and advice from LGBT Youth, LGBT Health and Scottish Transgender Alliance. They support professionals, parents and carers and adults/ young people.

Sexually explicit behaviour

Phoebe, an 11 year old girl, has been approaching boys at school asking to see their penis and offering to have sex with them. As Phoebe has additional support needs, staff are unsure if she is aware of what she is doing and of the risks.

Strategies

- Talk to Phoebe as soon as possible. Assess her knowledge and understanding. Find out what her own version and understanding of the situation is. For example:
 - Is she acting out a possible scenario of abuse she has seen or been exposed to?
 - Is she repeating/acting out a scene from a pornographic video she has been watching/forced to watch? (These are Child Protection concerns).
 - Has she been dared to do it by other children?
 - Does she want to see what a penis looks like because she's a girl and has never seen one? Is she just curious about puberty and boys bodies? If so, she may just be desperately in need of some Relationships, Sexual Health and Parenthood Education (RSHPE).
 - Does she know what she means by 'Do you want to have sex?' Could it be that her understanding of 'sex' is kissing or cuddling?
 - Could she just want boys to like her and be her 'boyfriend'? If her understanding of what 'boyfriends and girlfriends do' is based on 'sex', maybe that's what she assumes she has to offer. (Especially if she doesn't understand what it is).
- Phoebe may just need to be given more RSHPE. Remember that children are more vulnerable to abuse and exploitation if they have little or no knowledge or education.
- Prioritise Phoebe's learning of body parts, puberty, gender, how babies are made, relationships/boyfriends/girlfriends, Sex and the Law. Without this information, Phoebe may approach the wrong person and put herself in a very vulnerable situation.
- Phoebe's use of inappropriate language also needs to be addressed. Develop a strategy for dealing with her inappropriate language. All teachers and parents agree on a response e.g. "That language is not appropriate to use in school Phoebe. I don't want to hear it again. Come and have a chat with me after please".
- Record when and where these incidents occur. See if there are any patterns or triggers. Phoebe may deliberately choose to behave in this way with particular students or in a particular class in order to gain attention, get out of lessons, embarrass a teacher, make her peers laugh.

On-line grooming

Greg is 15 and likes to spend a lot of time on Facebook. Greg tells his friend Emily that he has met a boy online who is also 15 and wants to meet him. His name is Peter and he has already dared Greg to take his clothes off in front of the webcam, but Greg hasn't had the guts to do it yet. Emily is concerned and tells a teacher.

Strategies

- Speak to Greg as soon as possible about the boy he has met online. Get his side of the story.
- Outline the different scenarios and risks:
 - Peter could be 15 and he might just be larking around. But taking your clothes off in front of a webcam is potentially dangerous as it can be shared and used against you for money or other forms of exploitation.
 - Peter may not be who he says he is. Talk to Greg about the dangers of going to meet with someone who you don't know. Be honest and help him to identify what the actual risks might be: e.g. murdered, raped, assaulted, kidnapped.
- Think of ways of making a situation safer. Even if Peter is a real 15 year old boy who he wants to meet, he should:
 - Tell his parents/carers or a trusted adult who he is meeting and where he is going, arrange to meet in a public place and take a friend along, take his phone and some money.
- Ensure that Greg and all the other students are taught about Healthy Relationships, including same-sex relationships.
- Also teach about Online Safety, Sexting, Grooming, Sexual Abuse and Sexual Exploitation in Relationships, Sexual Health & Parenthood Education (alongside Healthy Relationships, Intimacy, Sex, Consent, The Law).
- Greg may be meeting boys online for friendships or relationships because he has no other opportunity to meet them. Make Greg aware of support and social groups and 'safer places' to meet others.
- Remind Greg he can report the incident (of being asked to strip for the webcam) to the Police, Social services, Child Protection co-ordinator in school, through the Thinkuknow website etc.
- Speak to Greg about support at home from his parents. It would be helpful for parents/ carers to know who Greg is talking to online so they can help to protect him. However, bear in mind that Greg - if he is gay - might not have 'come out' to his family as yet.

Child sexual exploitation

Daisy is 14 and has a mild learning disability. Although she attends mainstream school, she doesn't appear to have many friends. Recently, however, a teacher has noticed that she is regularly being picked up outside school by an older man in a car.

The teacher has spoken to Daisy about this and she says it is her boyfriend. The teacher is quite concerned but Daisy says she is happy and loves him.

Strategies

- Report this as a Child Protection concern.
- Speak to Daisy about her relationship. Record her story. What is the age gap? Where did they meet? What kind of relationship is it? Do her parents/carers know?
- Be aware that Daisy may not disclose anything (for a number of reasons including being afraid to tell someone, or that she thinks she is happy and in love). Even so, there can still be an investigation.
- Complete a vulnerability checklist. The fact that Daisy has a learning disability already increases her vulnerability to Child Sexual Exploitation. Are there other risk factors?

http://www.stirling.gov.uk/_documents/temporary-uploads/social-services/social-service-docs/forth-valley-cse-risk-matrix.pdf

- Make all school staff aware of the risks. Be vigilant to the situation. Make a note of the car registration, dates and times of pick-ups and any description.
- Daisy may not realise she is being exploited. Teach Daisy (and all other students) about Healthy Relationships, Consent, Abuse, Exploitation and The Law within Relationships, Sexual Health & Parenthood Education.
- Carry out a Good Lives Model checklist. It may be that Daisy is at more risk of being exploited because she is unfulfilled in other areas of her life. For example, if she has few opportunities to socialise and meet friends or boyfriends/ girlfriends, she is much more vulnerable to CSE and grooming.

Sexting

Emma (age 15) has confided in her guidance teacher that her ex-boyfriend, Zac, (also 15), has an image on his phone of her topless.

He asked her for it months ago, when they were going out, and she agreed to send it to him. Since they broke up she has asked him to delete it and he said he 'might do'. She is worried he will share it with his friends as revenge.

Strategies

- Speak to the lead for Child Protection in school.
- This member of staff should then speak to both Emma and to Zac to get their sides of the story.
- Reassure Emma that the school take this very seriously and will support her.
- Find out from Zac - has he deleted the image? Does he know the consequences of keeping that image? Or the consequences of sharing that image?
- Zac should delete the image immediately if he has not done so already. Staff should NOT view the image unless absolutely necessary.

If the image is deleted and not been shared, the school may choose to deal with the incident in a number of ways:

- Educating Zac and Emma and the whole school on sexting (this can be done through RSHPE), asking the school police officer to come in to classes and speak to the children about Sexting and the Law, providing advice and guidance and information to parents. Be mindful that Emma may want this dealt with discreetly.

If the image has been shared already, where has it been shared? Is it a small number of young friends who can delete it and keep the damage contained? Can the school manage this themselves? If so, the school should take responsibility to ensure all the young people who have the image are spoken to and delete the image. Put in good practice initiatives as above.

If shared widely, or if adults involved, this would need to be reported to the police as Child Protection.

* Although Emma willingly sent the image, it is illegal to share the picture. If she had been coerced or groomed in to providing the photo, it would be a Child Protection concern.

* If the image/images had included sexual acts that were not age-appropriate, it would be a Child Protection concern.

