Key messages from research

Harmful sexual behaviour

The term 'harmful sexual behaviour' (HSB) is used to describe a continuum of sexual behaviours, from normal to abusive and violent. There is a range of common and healthy behaviours at different developmental stages. When a child or young person behaves in ways considered to be outside this range, their behaviour may be called 'harmful' because it is harmful to themselves or others.

Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, which should help professionals identify which behaviours are potentially harmful and which represent healthy sexual development.

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

In 2011, the Department for Education of the UK Government published a review of the commercialisation and sexualisation of childhood, examining the pressures children are under to grow up too quickly. Letting children be children:

Report of an Independent Review of the Commercialisation and Sexualisation of Childhood (Bailey, 2011) draws on research with children and

young people and identifies how our culture has become increasingly sexual and sexualised. This can be evidenced by the increase in sexualised and gender-stereotyped clothing, products and services for children. In addition, the report considers the pressures on children from a range of commercial sources such as companies who 'push the boundaries' when advertising to them. The report recommended defining a child as under the age of 16 in all types of advertising regulation.

In 2013, the Children's Commissioner for Wales published a joint funded report designed and conducted by Professor El Renold of Cardiff University. Boys and Girls Speak Out: A Qualitative Study of Children's Gender and Sexual **Cultures** (Children's Commissioner for Wales, 2013) explores how sexuality and sexual learning are part of children's everyday lives. Children are actively negotiating and learning about the contradictory ways in which sexuality shapes who they are, how they feel in their bodies, how they relate to others and how others relate to them. The report found that adults' fears of children 'growing up too soon' are disconnected from children's own experiences. Boys and girls who took part in the work talked about 'looking older' or 'looking sexy' in very different ways (Children's Commissioner for Wales, 2013, p.39). 'Looking older' (e.g. wearing high heels or cultivating 'six packs') was rarely about 'being sexy' for children aged 10-12. For a few children, particularly girls, ageing up was a bid for social autonomy and a desire to be given more freedom by other adults in their lives. For others, looking young was risky and looking older was about protecting themselves from peer violence in their community. Girls of all ages talked about their bodies being constantly judged and valued. In addition, many girls reported experiencing verbal sexual harassment from within their own peer culture (boys and girls) and from older boys, and more so in public places than online. The report found that many children, although still young, were angry about having to live in a sexist peer culture and society.

In 2017, the NSPCC published the <u>Impact and evidence series: Children and young people who engage in technology-assisted harmful sexual behaviour.</u> A study of their behaviours, backgrounds, and characteristics (Hollis and Belton, 2017). This report draws on data from the NSPCC's Turn the Page service, which supports children and young people aged 5-18 who display harmful sexual behaviour. The report draws on a sample of 91 boys and young men. The study found that the most common form of technology-assisted harmful sexual behaviour was the possession or distribution of indecent images, this includes sexting images, developmentally inappropriate use of pornography, sending sexual texts, including sexting without images and exposing other

children and young people to pornography.

In 2017, Stonewall Cymru published a report School Report Cymru: The experiences of lesbian, gay, bi and trans young people in Wales' schools in 2017 (Stonewall Cymru, 2017). This report finds that more than half of lesbian, gay, bisexual, transgender or questioning (LGBTQ+) pupils in Wales (including 73% of transgender pupils) are bullied at school for being LGBT. Three in five LGBTQ+ pupils 'frequently' or 'often' hear homophobic language in school. Nine in ten LGBTQ+ pupils regularly hear phrases such as 'that's so gay' or 'you're so gay'. However, around half of LGBTQ+ pupils who experience homophobic, biphobic and transphobic bullying never tell anyone about it.

In 2018, the Centre of Expertise on Child Sexual Abuse published a report, Key messages from research on children and young people who display harmful sexual behaviour (McNeish and Scott, 2018). The Centre of expertise on CSA is an independent multi-disciplinary team, funded by the Home Office. Hosted by Barnardo's, the team works closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. The report states that there are no accurate figures on the full spectrum of HSB. The majority of children and young people displaying HSB do not become sexual offenders as adults. HSB in pre-adolescent children is more likely to be at the 'inappropriate' or 'problematic' end of the continuum rather than being 'abusive' or 'violent' (McNeish and Scott, 2018, p.2). Young children may be 'acting out' abuse they have experienced themselves or responding to other trauma and neglect. The early teens are the peak time for the occurrence of HSB, most of which is displayed by boys. There are some gender differences, with girls tending to be younger when their HSB is identified.

The report states that there is limited published research on effective interventions, particularly at the 'problematic' end of the HSB continuum. However, there is a general consensus that interventions need to be holistic and child focused and involve families. Services should avoid stigmatising children and young people as 'mini adult sex offenders' (McNeish and Scott, p.2). The most effective prevention education takes a 'whole school' approach to healthy relationships, is longer-term and involves young people in development and delivery. Bovarnick and Scott (2016), as quoted in McNeish and Scott (2018, p.7), argue that 'alongside classroom-based sessions, the best schools consider how they promote healthy relationships across the curriculum, in their bullying and safeguarding policies, in their pastoral support and in the information and support

they provide to parents'.

In 2020, the NSPCC explored the safety of children and young people in the UK, using 10 indicators in their report, How safe are our children 2020? (Bentley et al., 2020). In the chapter on adolescent harmful sexual behaviour (HSB), the report states that the law in relation to sexual offences was never developed with the needs of children and young people who display HSB in mind. According to the report, this makes it often an ineffective and stigmatising process for dealing with incidents of HSB amongst adolescents. This research highlights that under-18s may be responsible for at least one third of recorded sexual offences against children and young people in the UK. The vast majority of abuse is perpetrated by boys, with girls typically over-represented among victims. The average onset of HSB among boys tends to be around the ages of 13 to 14, coinciding with the onset of puberty.

The report states that preventing children and young people who have displayed HSB from abusing further victims is a key safeguarding goal. But young people who have displayed these behaviours also need to be protected and, like their victims, have a right to nurture, respect, family life, education and social inclusion. That means embedding these rights in responses for young people who have displayed harmful sexual behaviour, even when their actions have caused considerable harm to others.

The reports says that all young people need to have support and guidance from trusted adults, to answer their questions and help them to navigate their sexual development in a safe and positive way. All need positive and consistent messages from the adults responsible for their welfare (professionally or otherwise) about sex and relationships, and about keeping safe and being respectful on and offline.

In 2021, in their report 'I trust them' Children and Young People in Wales: sources of resilience in the community: Results of Welsh Women's Aid's Survey, Welsh Women's Aid (2021b) explored sources of resilience in communities through an online questionnaire for 13 to 25-year-olds. The report found that the internet is widely considered as one of the main sources of support for children and young people. Eighty per cent of respondents said they consult the internet for support and guidance. No one stated that they would seek support from the Police. Young people aged 13-17 were also less likely to seek support from 'education'. The supportive qualities most valued by young people were receiving impartial advice, being trusted, feeling safe, and not being judged.

The main barrier to seeking support was lack of trust that conversations would remain confidential, particularly professionals informing parents. Other barriers included feeling unwelcome and lacking in confidence.