



# **Kent and Medway Working with Children and Young People who are Sexually Active or Displaying Harmful Sexual Behaviour**

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<b>Summary of Purpose</b>	This practice guidance is designed to guide the response of all professionals who have a responsibility for children within the statutory, private or voluntary sector within Kent and Medway who come into contact with children and young people under the age of 18 who are sexually active or who may be displaying harmful sexual behaviour.
<b>Accessibility</b>	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.
<b>Equalities Impact Assessment</b>	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.
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<b>Policy Review Date</b>	This document will be reviewed in September 2027.

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## **1. Introduction**

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### **1.1 Forward**

These procedures and guidance are designed to assist professionals to identify where children and young people's sexual activity and relationships are through mutual consent, or present as harmful or abusive; and the children and young people who may need protection or additional services. Professionals working in schools and colleges should also ensure they are aware of and are following the statutory '[Keeping Children Safe in Education](#)' guidance; specific advice is currently available in 'Part five: Child-on-child sexual violence and sexual harassment'.

When it is identified that a child under the age of 18 is sexually active or engaging in sexualised behaviour there needs to be an appropriate response and assessment of risk. This is to ensure they are accessing support and education, such as sexual health services, but also that they are not being abused or exploited. This guidance recognises that whilst sexual activity involving young people may not be lawful i.e., under the age of consent (16 years) it is not always abusive or seriously harmful. It also recognises that sexual activity with a child under the age of 13 is a criminal offence and must be reported.

Professionals working with young people should ensure that personal beliefs do not influence professional assessments and judgements. If there is any conflict this should be discussed with line management.

### **1.2 Purpose of these procedures**

This practice guidance is designed to guide the response of all professionals who have a responsibility for children within the statutory, private or voluntary sector within Kent and Medway who come into contact with children and young people under the age of 18 who are sexually active, or who may be displaying harmful sexual behaviour.

It is important to be clear that children who are sexually active and children who display harmful sexual behaviour are separate. Whilst there maybe overlap, there are different responses needed, and as such this guidance is split into two sections. Section One considers working with children and young people who are sexually active, whilst Section Two focuses on working with children and young people who are displaying harmful sexual behaviours.

### **1.3 Scope of the procedures**

For the purpose of this guidance, sexual activity relates to intercourse, other penetrative acts or sexual touching. Sexual touching includes any part of the body, clothed or unclothed, either with a body part or with an object.

Sexual behaviours, which are also considered in this guidance, range from developing a sexual interest, solitary masturbation, through to other sexual activities.

These procedures and guidance are gender neutral and apply to all children and young people under the age of 18, regardless of their sexual orientation. Professionals also need to consider

the individual needs of children at all levels of cognitive and physical development, including for example, those who may require additional support to communicate, or whose cognitive development is not aligned with their chronological age.

Professionals also need to bear in mind the particular needs of children and young people that present with learning or physical disability and how the children and young people communicate due to their disability.

#### **1.4 Consent**

The age of consent to sexual activity in the UK is 16 years. The age of consent is the same regardless of the gender identity or sexual orientation of a person and whether the sexual activity is between people of the same or different gender.

*Although the age of consent remains at 16, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse, coercion or exploitation. Young people, including those under 13, will continue to have the right to confidential advice on contraception, condoms, pregnancy and abortion.<sup>1</sup>*

The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity.

The Sexual Offences Act 2003 (amended in 2022) makes it an offence for someone (18 or above) in a position of trust to engage in sexual activity with a child (under the age of 18) in their care, or to cause or incite that child to engage in or watch sexual activity, even if that child is over the age of consent (16 or over). The legislation sets out which roles and settings are classed as 'positions of trust' and includes setting such as hospitals/clinics, residential settings, religious settings, sports settings, and schools or other educational institutions. Examples of persons who may be considered to have a position of trust includes babysitters, foster carers, teachers, care workers, sports coaches, faith leaders, youth justice workers and social workers.

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another; it can be withdrawn at any time during sexual activity and each time activity occurs. Further information about consent can be found from [Rape Crisis England & Wales – Sexual consent](#).

When considering issues of consent, professionals should be aware of the Fraser guidelines:

- Does the child have the capacity to consent i.e., the age and understanding to make a choice about whether or not to take part in the sexual activity at the time in question?
- Was the child in a position to make that choice freely, and was not constrained in anyway?

Capacity may be impacted by substances for example, if substances cause a loss of capacity/understanding then consent is void. Capacity may also be affected by age, power imbalance, education or mental and/or physical disabilities. If consent is given whilst the child

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<sup>1</sup> Home Office Communications Directorate (May 2004) *Working within the Sexual Offences Act 2003*

is under duress or is coerced into a sexual act then the consent is void; this may be through the use of threats or violence.

#### Children under the age of 13

A child under 13 is not legally capable of consenting to sexual activity. Under the Sexual Offences Act 2003, penetrative sex with a child under 13 is classed as rape. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child where there is penetrative sex or other intimate sexual activity; ***any cases involving an under 13 should always be discussed with safeguarding leads and referrals made to the Local Authority Children's Services and police.***

#### Children and young people aged 13-15

Sexual activity with a child under the age of 16 is an offence. Consideration for assessment is needed in all cases of sexual activity involving a child aged 13-15. Where it is consensual between children of the same or similar age (13-15) it may be less serious than if the child were under 13 but may nevertheless have serious consequences for the welfare of the young person. A professional should make this assessment using the risk assessment tool and guidance contained in these procedures.

#### Young people aged 16-17

Consensual sexual activity is not an offence with young people who have reached the age of 16, with the exception that it is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them<sup>2</sup>.

However, young people aged 16 and 17 are still vulnerable to harm through an abusive sexual relationship, and sexual activity involving a 16 or 17-year-old may still involve harm or the risk of harm or exploitation.

The fact that the young person is older than the age of consent should not exclude them from being safeguarded; child protection procedures apply to children up until their eighteenth birthday.

#### **1.5 Confidentiality**

All professionals must respect the duty of confidentiality to a young person where the young person is assessed as being competent to make their own decisions unless there are concerns of a child protection nature, which require this duty to be breached. Professionals should seek advice from their designated safeguarding lead if they do not feel confident in assessing whether a young person is competent.

The test of competency in respect of underage sexual activity falls within the ambit of the Gillick competency, which is detailed below. Decisions to share information with parents require professionals to use their judgement and should be informed by the guidance on

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<sup>2</sup> <https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/abuse-of-position-of-trust>

## Information Sharing and Confidentiality in the Kent and Medway Safeguarding Children Procedures.

### Informing parents and carers

For those children who are referred to children's services and the police, it will normally be necessary for professionals to inform the parent or carer of the reasons for the enquiries being made. This may be highly sensitive for any children and/or young people involved. Further support can be offered to parents at this stated with The Lucy Faithfull Foundation through their [Stop it Now helpline](#) and [Harmful Sexual Behaviour Prevention Toolkit](#) and other resources.

### **1.6 Gillick competency and Fraser guidelines<sup>3</sup>**

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

*"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."* Mr Justice Woolfe 1985

### How are the Fraser guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice, where doctor is stated below, other health professional will also apply:

*"...a doctor could proceed to give advice and treatment provided he is satisfied in the following criteria: 1) that the girl (although under the age of 16 years of age) will understand his advice; 2) that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice; 3) that she is very likely to continue having sexual intercourse with or without contraceptive treatment; 4) that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer; 5) that her best interests require him to give her contraceptive advice, treatment or both without the parental consent."*

There are no age constraints in assessing Fraser competence and health professionals may lawfully provide contraception to children under the age of 13. However, the risk assessment tool should always be used to establish whether the child or young person is suffering

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<sup>3</sup> <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

significant harm and decisions made accordingly, including a referral where a child is under the age of 13.

### How is Gillick competency assessed?

Lord Scarman's comments in his judgement of the Gillick case in the House of Lords (1985) are often referred to as the test of "Gillick competency".

*"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."*

He also commented more generally on parents' versus children's rights:

*"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."*

## **2. Section One: Working with Children and Young People who are Sexually Active**

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### **2.1 Understanding sexual development and behaviour<sup>4</sup>**

There are four stages of childhood sexual development. Just like every other part of growing up, some children mature sooner or later than others. Children with developmental delays including special educational needs and disabilities (SEND) may not follow these age guides.

Infancy from 0-4 years: Even at this stage, sexual behaviour is beginning to emerge through actions like; kissing and hugging; showing curiosity about private body parts; talking about private body parts; using words like poo, willy and bum; playing "house" or "doctors and nurses" type games with other children, touching, rubbing or showing off their genitals or masturbating as a comfort habit. Most children start understanding gender roles and gender identity.

Children aged from 5-9 years: As children get older, they become more aware of the need for privacy whilst also; (as above) showing curiosity about private body parts but respecting privacy; talking about private body parts and sometimes showing them off; using swear and sex words they've heard other people say; touching, rubbing, or showing others their private parts.

Pre-adolescents from 10-12 years: Children are getting more curious about sex and sexual behaviour through: kissing, hugging and "dating" other children; being interested in other people's body parts and the changes that happen in puberty; asking about relationships and

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<sup>4</sup> <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/signs-symptoms-effects/>

sexual behaviour; looking for information about sex, which may lead them to finding online porn and masturbating in private.

Adolescents from 13-16 years: As puberty starts, sexual behaviour becomes more private with: kissing, hugging, dating and forming longer-lasting relationships; being interested in and asking questions about body parts, relationships and sexuality; using sexual language and talking about sex with friends; looking for sexual pictures or online porn; masturbating in private and experimenting sexually with the same age group.

It is also important to acknowledge that in today's modern society, some of this behaviour may take place online. Please see section 3.4 for additional information.

## **2.2 Responding to sexually active children and young people**

The flowchart outlined at 4.2 indicates the pathway for considering what actions should be taken. The Kent and Medway Risk Assessment Tool for Sexually Active Young People at 4.3 has been developed in order to explore the level of risk or concern which may be associated with sexual activity of a child or young person.

Professionals must decide in the circumstances of each case whether or not behaviour directed at another child should be categorised as harmful. Harmful sexual activity should be referred to the Kent Front Door Service or Medway Single Point of Access in order for consideration to be given to the child or young person's need for a service via Early Help and/or Children's Social Work Service.

All cases of children under the age of 13 believed to be engaged in penetrative sexual relationships or intimate sexual activity should immediately be referred to the Local Authority Children's Services and the Police. The Local Authority Children's Services will discuss the case with the Kent Police Vulnerability Investigation Team (under 18s) and convene a Strategy Discussion as appropriate.

Any professional who is unsure of the need for a referral/request for support must seek advice from the safeguarding lead within their agency or contact the Kent Front Door Service or Medway Single Point of Access for a consultation. Education settings can also seek specific advice via the Kent Education Safeguarding Service or Medway Education Safeguarding Officers.

In exceptional circumstances a decision may be made not to inform the child or young person's parents/carers. The circumstances that might lead to such a decision being made to withhold information are:

- There would be risk of significant harm to any child(ren) or young person(s) involved, or their partner, if their parents/carers were to become aware that their child was sexually active. Practitioners should be mindful that relationship dynamics, gender, sexuality, faith and culture may present additional difficulties or fears for the child or young person.

- The child or young person's ability to access confidential sexual advice would be compromised if their parents/carers were advised and the Strategy Discussion has decided on the information available at the Section 47 enquiries were not required or that the child or young person was not found to be suffering significant harm.
- There is a risk of contaminating evidence in a criminal investigation.

If a parent/carer makes a referral to the Local Authority Children's Service, that their child is sexually active, then the matter may be dealt with by completing the Risk Assessment Tool (4.3) with the child or young person and their parent/carer, on a Child in Need basis and in consultation with Kent Police or via a Strategy Discussion and Section 47 enquiries.

In all cases of underage sexual activity that come to the attention of the Local Authority Children's Services and where the other party can be identified, then the Social Worker will always obtain a check of the Police indices in the first instance. This should also apply to those aged 16 or 17, where there are concerns that behaviour may be harmful or involve a breach of a position of trust, or where the young person has additional needs.

### **2.3 Responding to Individual Cases of Children and Young People Who Engage in Mutual Experimental or Sexual Activity**

Where an agency involved knows that a child or young person is sexually active, and the risk assessment does not raise concerns, the professional should continue to make arrangements for the child or young person to receive confidential advice and support from appropriate sexual health or other relevant services and also implement appropriate safety planning approaches for all children/young people concerned. The circumstances of the case should be regularly reviewed with the child or young person using the Risk Assessment Tool in section 4.3 as trust develops and more information becomes available. Additional tools and resources in section 5 may also be helpful for practitioners.

### **2.4 Abuse through Sexual Exploitation**

If there are concerns that the child or young person may be at risk of abuse through sexual exploitation (where children or young people in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, accommodation, food, drugs, money or affections, creating/exchanging nude or semi-nude images, grooming etc.) a referral to the Local Authority Children's Services and police must be made in accordance with the Kent and Medway Safeguarding Children Procedures.

Practitioners should refer to the [Kent and Medway Child Sexual Exploitation Procedure](#) and links for Kent are: [Kent and Medway Child Exploitation Toolkit. For Medway only practitioners the toolkit is available here.](#)

### **3. Section Two: Working with Children and Young People who display Harmful Sexual Behaviour**

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#### **3.1 Harmful Sexual Behaviour**

Harmful sexual behaviour may include:

- Using sexually explicit words and phrases
- Technology assisted harmful sexual behaviour, for example, online sexual harassment/bullying, viewing/sharing pornography, consensual or non-consensual sharing of nude and semi-nude images and/or videos (including 'cyber-flashing').
- Taking/downloading/viewing/streaming indecent images of children
- Inappropriate touching of themselves
- Making sexual 'jokes'
- Exposure of their own genitals and or encouraging/coercing others
- Using sexual violence or threats
- Coercing others into sexual behaviour
- Engaging with problematic or harmful sexual activity
- Full penetrative sex with other children and/or adults (Note: where an adult, over 18, is involved, this may also be child sexual abuse).

Sexual behaviour between children is also considered harmful if one of the children is much older, particularly if there is more than two years difference in age or if one of the children is pre-pubescent and the other isn't<sup>5</sup>.

A younger child can abuse an older child, particularly if they have power over them, for example, if the older child has a disability<sup>6</sup>.

Harmful sexual behaviour can occur between two or more children of any age or sex. It can also occur through a group of children assaulting or harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face-to-face (both physically and verbally) and can also occur simultaneously between the two.

Harmful sexual behaviour can, in some cases, progress on a continuum. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying harmful sexual behaviour may have experienced their own abuse and trauma and it is important that they are offered appropriate support.

Where it is assessed that the sexual behaviour is harmful the professional should continue to make arrangements for the young person to receive appropriate advice and support, for example, emergency contraception alongside referrals to children's services.

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<sup>5</sup> Davies, 2012

<sup>6</sup> Rich, 2011

In all such cases there should be an agreement with the young person to establish means by which the harm can be reduced. The circumstances of the case must then be regularly reviewed using the risk assessment tool in conjunction with the young person and in line with any safeguarding processes in place.

Where a practitioner is concerned that behaviour presents a risk of significant harm to a child or young person, they can have a consultation with children's services unless there is a risk of immediate harm, when a child protection referral must be made.

### **3.2 Establishing whether a child or young person's sexual behaviour is harmful**

To support professionals to identify if sexual behaviour is harmful the KSCMP and MSCP support the use of [Hackett's Continuum of Sexualised Behaviour](#), which has been built into the Kent and Medway risk assessment tool. The continuum uses RAG (red, amber, green) rating and describes behaviours as developmentally typical, problematic or harmful. It can be viewed and downloaded via the NSPCC website: [Responding to children who display sexualised behaviour \(nspcc.org.uk\)](http://www.nspcc.org.uk)

The Brook Sexual Behaviours Traffic Light Tool is available to practitioners with subscription cost.

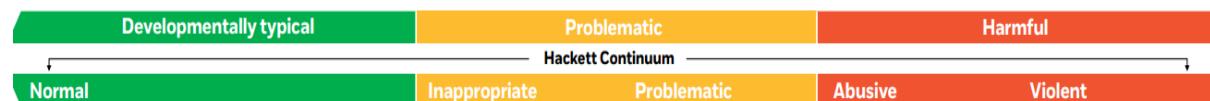
Carson (2014) suggests professionals use the checklist below to gather relevant information to make a decision about the immediate level of concern about a child or young person who is acting out sexually.

	<b>Healthy</b>	<b>Problematic</b>	<b>Harmful</b>
<b>Type of sexual behaviour</b>	Age appropriate, mutual and exploratory.	Not age appropriate, some sexual language or self-masturbation as the only form of comfort and regulation of arousal. Result of peer pressure.	Adult sexual activity, for example, intercourse, oral sex etc. Extreme self-masturbation causing pain or injury. Sex with animals.
<b>Context of behaviour</b>	Open, light-hearted and spontaneous.	No secrecy or force or intent to cause harm, but children and young people involved seem uncomfortable. Masturbation is in public or becoming more noticeable.	Behaviour is planned, secretive – there are elements of threat, force and coercion. Masturbation which involves high levels of intense emotions for the child, for example, anger, sexual arousal, insecurity and their main means of regulating emotions.
<b>Child and young person's</b>	Happy, embarrassed, able to take	Child ashamed, may initially struggle to	Child angry, fearful, aggressive, distressed

<b>emotional response when challenged about their behaviour</b>	responsibility for their behaviour and its effects on others (dependent on age and understanding).	take responsibility for their behaviour but can demonstrate remorse and empathy.	or conversely passive, lacking in understanding why anyone would be worried. Cannot take responsibilities for their behaviour, blames others and does not show empathy.
<b>Response of other children, young people and adults targeted</b>	Engaging freely, happy	Uncomfortable, unhappy with behaviour but not fearful or anxious. If behaviour directed at adults, they feel uncomfortable.	Unhappy, fearful, anxious and/or distressed. Could be physically hurt. Adults may feel intimidated.
<b>Power dynamics</b>	Similar age, ability and would normally play together. There are no factors to suggest a power imbalance.	Children and young people who would not normally play together or there may be some subtle factors or dynamics which suggest one child or young person is more in control than the other.	Children and young people who would not normally play together or there are clear power differences, for example, due to age, size, status, ability, strength etc.
<b>Frequency of behaviour</b>	Behaviour is age appropriate, ad-hoc and not main focus for the child or young person. The child or young person is interested in other things.	Some inappropriate sexual behaviour for age, however the child or young person has interest in other things, behaviour is intermittent, but may be increasing in frequency.	Frequent incidents and child or young person seem focussed on behaviour, from which they seem to seek comfort/reassurance or control. It is disproportionate to other aspects of their life.
<b>Persistence of the behaviour</b>	Behaviour is age appropriate, ad-hoc and not main focus for the child or young person. The child or young person is interested in other things.	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. The child or young person is responsive to some intervention.	Child or young person cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to

			other aspects of their life. It appears to be compulsive and the main way they seek comfort/attention or control.
<b>Parental relation</b>	Accepting of the concern and supportive of their child.	Parents/carers struggling with accepting the behaviour/seeking alternative explanations.	Denial, minimisation of the behaviour. Blaming of the victim, threatening victim and family. Rejecting the child or young person. Harsh punishment of the child.

To support professionals to identify if sexual behaviour is harmful the KSCMP and MSCP support the use of [Hackett's Continuum of Sexualised Behaviour](#), which has been built into the Kent and Medway Risk Assessment Tool for Sexually Active Young People (see section 4.3).



The continuum uses RAG (red, amber, green) rating and describes behaviours as developmentally typical, problematic or harmful. It can be viewed and downloaded via the [NSPCC website: Responding to children who display sexualised behaviour](#).

Additional tools and resources in section 5 may also be helpful in supporting practitioners undertake risk assessments. The Brook Sexual Behaviours Traffic Light Tool is also available to practitioners with subscription cost.

Carson (2004) suggests professionals use the checklist below to gather relevant information to make a decision about the immediate level of concern about a child or young person who is exhibiting sexual behaviours.

	Developmentally Typical (Healthy / Normal)	Problematic (Inappropriate/Problematic)	Harmful (abusive/Violet)
Type of sexual behaviour	Age appropriate, mutual and exploratory.	Not age appropriate, some sexual language or self-masturbation as the only form of comfort and	Adult sexual activity for example, intercourse, oral sex etc.

		regulation of arousal. Result of peer pressure.	
Context of behaviour	Open, light-hearted and spontaneous.	No secrecy or force or intent to cause harm, but children and young people involved seem uncomfortable. Masturbation is in public or becoming more noticeable.	Behaviour is planned, secretive – there are elements of threat, force and coercion. Masturbation which involves high levels of intense emotions for the child for example, anger, sexual arousal, insecurity and their main means of regulating emotions.
Child and young person's emotional response when challenged about their behaviour	Happy, embarrassed, able to take responsibility for their behaviour and its effects on others (dependent on age and understanding)?	Child ashamed, may initially struggle to take responsibility for their behaviour but can demonstrate remorse and empathy.	Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried. Cannot take responsibilities for their behaviour, blames others and does not show empathy.
Response of other children, young people and adults targeted	Engaging freely, happy.	Uncomfortable, unhappy with behaviour but not fearful or anxious. If behaviour directed at adults, they feel uncomfortable.	Unhappy, fearful, anxious and/or distressed. Could be physically hurt. Adults may feel intimidated.
Power dynamics	Similar age, ability and would normally play together. There are no factors to suggest a power imbalance.	Children and young people who would not normally play together or there may be some subtle factors or dynamics which suggest one child or young person is more in control than the other.	Children and young people who would not normally play together or there are clear power differences for example, due to age, size, status, ability, strength etc.
Frequency of behaviour	Behaviour is age appropriate, appropriate, ad-hoc and not main	Some inappropriate sexual behaviour for age, however the child or young person has interest in other things,	Frequent incidents and child or young person seem focussed on behaviour, from which

	focus for the child or young person. The child or young person is interested in other things.	behaviour is intermittent, but may be increasing in frequency.	they seem to seek comfort/reassurance or control. It is disproportionate to other aspects of their life.
Persistence of the behaviour	Behaviour is age appropriate, ad-hoc and not main focus for the child or young person. The child or young person is interested in other things.	Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. The child or young person is responsive to some intervention.	Child or young person cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to other aspects of their life. It appears to be compulsive and the main way they seek comfort/attention or control.
Parental relation	Accepting of the concern and supportive of their child.	Parents/carers struggling with accepting the behaviour/seeking alternative explanations.	Denial, minimisation of the behaviour. Blaming of the victim, threatening victim, and family. Rejecting the child or young person. Harsh punishment of the child.

### 3.3 Children and young people who display harmful sexual behaviour

Children and young people who display harmful sexual behaviour are often developing their own sexuality and understanding of relationships. Research clearly indicates that good assessment and early intervention, which addresses risk and builds resilience for the child or young person, produce the best outcomes for this kind of behaviour.

When considering if a sexual behaviour may be harmful, the following questions may help inform professional decision making:

- Has it occurred before or more often than would be developmentally expected?
- Does it interfere with the child or young person's development?
- Is there any element of coercion, intimidation, or force?
- Has it caused emotional distress for any child(ren) or young person(s) involved?
- Has it occurred between child(ren) or young person(s) of different ages or developmental ability?

- Is there any level of secrecy involved?  
Have there been previous occurrences and/or interventions?

### **3.4 Technology Assisted Harmful Sexual Behaviour**

The internet and use of technology plays a powerful role in children and young peoples' lives, including their development of self-identity, thought, sexuality, and self-expression. The internet can allow children and young people space and agency to talk about worries or problems they may be too embarrassed to talk about; it can allow them to access advice and support and can strengthen and build positive relationships and/or support networks. Unfortunately, technology can also expose children and young people to harmful sexual content or harmful/abusive sexual behaviour or offer opportunities for them to abuse, exploit or harass others.

Technology assisted harmful sexual behaviour (TA-HSB) is when one or more child(ren) or young people use the internet or technology such as mobile phones or social media to engage in sexual behaviour or activity which is considered inappropriate and/or harmful given their age or stage of development. Examples of technology assisted harmful sexual behaviour can include:

- Consensual and non-consensual taking or sending or live streaming of 'nude or semi-nude', sexual or sexualised images or videos by young people under the age of 18
  - This is sometimes described by professionals as 'youth produced/involved' or 'self-generated' sexual imagery, indecent images of children (the legal term used to define sexual or sexualised images and videos of children and young people under the age of 18 as per the Protection of Children Act 1978, amended by the Sexual Offences Act 2003), 'sexting' or child sexual abuse material. If this behaviour is identified, please respond in line with the Kent and Medway 'Responding to nude and semi-nude image sharing: guidance for professionals.'
  - Non-consensual image taking/sharing may also include online voyeurism, for example 'upskirting' (which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm) and 'revenge pornography' (non-consensual sharing of or threatening to share intimate images). These terms are more often used in the context of adult-to-adult non-consensual image sharing offences outlined in s.33-35 of the Criminal Justice and Courts Act 2015, Voyeurism (Offences) Act 2019 and s.67A of the Sexual Offences Act 2003. In most cases, if a child under 18 is involved, these issues should be considered and responded to as child sexual abuse.
  - S66A of the Online Safety Act 2023 makes it an offence to intention send or give a photograph or film of any person's genitals to other person if it is intended that the recipient will be caused alarm, distress, or humiliation, or the sender does so for the purpose of obtaining sexual gratification and is reckless as to whether the recipient will be caused alarm, distress, or

humiliation. The offence is commonly referred to a 'cyber-flashing' however can relate to circumstances where an image is sent via any electronic or other means, shown to another person, or placing it for a particular person to find.

- Online sexual exploitation, coercion and/or threats
- Online sexual harassment and/or bullying
- Accessing adult content/pornography at an inappropriate age or stage of development, or accessing content that is extreme or violent
- Exposing other children/young people to pornography or other sexually harmful content/behaviour.

This list is not exhaustive and some of these behaviours may meet the legal thresholds of a sexual offence.

Technology assisted harmful sexual behaviour can occur on a spectrum, and may be standalone, or part of a wider pattern of harmful sexual behaviour. These behaviours may be harmful only to the child(ren)/young person(s) engaging in them or may be directly harmful to another person or a group. Approaches to technology assisted harmful sexual behaviour should be consistent with offline concerns, however additional action may also be required to preserve any digital 'evidence' in the case that it may be required as part of a formal or informal investigation, and where an offence has been committed, to prevent any further criminal activity.

### **3.5 Responding to Individual Cases of Harmful Sexual Behaviour**

Where it is assessed that the sexual activity is problematic or harmful, professionals should make arrangements for the child or young person to receive appropriate advice and support, and refer to other agencies as required, such as sexual health services, following the Kent and Medway Safeguarding Children Procedures. Professionals working in schools and colleges should ensure they respond in line with the statutory [Keeping Children Safe in Education](#) guidance.

In all cases, there should be an agreement with the child or young person to establish means by which the harm can be reduced. The circumstance of the case should then be regularly reviewed using an appropriate risk assessment tool (for example the tool in section 4.3 where a child or young person is sexually active or resources in section 5) in conjunction with the children or young people involved and their families/support, as appropriate.

If concerns are significant or persist, consideration for consultation with the Designated Safeguarding Lead (if not already involved) and/or Local Authority Children's Services should be made. Proportional information can also be shared including the child or young person's name to check if they are known to the Local Authority Children's Services without this being treated as a referral.

Professionals can make a request for intelligence checks from the Kent Police. The request can be made using the designated request form which should be securely emailed to Kent Kroner House email address or the Safeguarding MASH team at Medway.

Kent intelligence request form	Medway intelligence request form
 New Police Check Request Form for KC	 MASH Check Template.docx

When a criminal offence has been committed, a multi-agency response should be explored and criminal justice response and formal sanction against a child or young person should only be considered in exceptional circumstances, for example, where there is evidence of exploitation and/or 'grooming', profit motivation, malicious intent and/or persistent behaviour.

### **3.6 Responding to Individual Cases of Violent or Abusive Sexually Harmful Behaviour**

Where a practitioner has concerns that a behaviour or relationship presents a risk of significant harm, such as being violent or abusive, they should have a consultation with the Local Authority Children's Services, unless there is a risk of immediate harm where an immediate referral should be made. During the consultation, the practitioner can also request a consultation with the Kent Police Vulnerability Investigation Team (under 18), if details of the other party are known, or other offences such as a breach of position of trust are thought to have occurred.

If a referral is needed, practitioner should [submit a Request for Support](#) in Kent or in [Medway complete the Safeguarding contact and referral form](#). Depending on the concern, it may be appropriate to seek consent of the child or young person before making a referral, for example there is a duty of confidentiality in respect of sexual activity, unless there are concerns of a child protection nature, or to do so place a child at risk or could compromise an investigation. In an emergency, the referral should be made verbally and followed by a written referral within 40 hours, as described in the Kent and Medway Safeguarding Children Procedures. If used, any risk assessment tool can be securely sent at the time of the referral.

If there is doubt about how to manage the issues of consent and competing demands regarding preserving evidence then a consultation should be made with the Local Authority Children's Services before informing the child or young person.

### **3.7 Principles of Working with Children and Young People who have Harmful or Problematic Sexual Behaviour**

Early and effective intervention with children and young people who sexually harm others may play an important part in protecting children and young people, by preventing the continuation or escalation of abusive behaviour. The complex nature of these situations requires a coordinated, multi-disciplinary approach, which addresses both child protection and criminal justice issues.

Working with children and young people who are alleged to have sexually harmed must recognise that such children and young people are likely to have considerable needs themselves, and in some cases, they may pose a significant risk of harm to other children and young people and/or adults. Evidence suggests that children and young people who are

alleged to have sexually abused others may have suffered considerable disruption in their lives, been exposed to violence, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences. Such children and young people are likely to be Children in Need, and some will be suffering from, or at risk of, significant harm and may themselves need protection.

The needs of children and young people who are alleged to have sexually harmed should be considered separately from the needs of their alleged victims. Young people who sexually harm others have a right to be consulted and involved in all matters and decisions that affect their lives and their parents/carers have a right to information, respect and participation in matters that affect their family.

Children and young people who sexually harm others should be held responsible for their abusive behaviour, however, the reasons why young people sexually abuse is multi-faceted. To explore these further a full risk assessment and an assessment of their needs must be carried out, considering the context of the specific situation. Different agencies may have separate assessment criteria and guidance, so assessments should be shared between relevant professionals, and the understanding of why a young person is behaving as they are, should be formulated through a multi-agency discussion.

### **3.8 Assessment of Children and Young People Exhibiting Harmful Sexual Behaviour**

Regardless of age, when a child or young person has been risk assessed as displaying sexually harmful or abusive sexual behaviour, they should be referred to NELFT for assessment and support, and the local NELFT Complex Pathway Lead should be invited to meetings where the risks and concerns are being discussed. An Assessment, Implementation and Moving On (AIM) assessment may be completed as part of this.

The request for NELFT assessment and support can be found at NELFT, [How to get in touch and refer.](#)

Consultation regarding the referred child or young person can be requested via NELFT by telephoning 0300 123 4496.

#### **3.8.1 Under 12's (AIM assessment)**

Cases involving children either under the age of 12 years or who have learning difficulties/disability meaning that their mental capacity is below the age of 12 years:

- May result in a decision not to instigate criminal proceedings due to their lack of maturity and/or the degree of their understanding of the consequences of their sexually harmful behaviour;
- Will result, if under the age of criminal responsibility, in no Police or Court action being taken.

#### **AIM 2 – Children Aged 12 years and above (above the age of criminal responsibility)**

If an AIM 2 assessment is required and the case is within the criminal justice process (i.e. there is an allocated Youth Justice Worker), agreement should be reached between the allocated

Social Worker and Youth Justice Worker about who is best placed to make the referral to NELFT for assessment.

*N.B. for those Social Workers who are trained in AIM assessment, a decision should be with NELFT about sharing the assessment process jointly.*

The assessed level of risk will inform the Youth Justice assessment and Child and Family assessment.

### **3.8.2 AIM3 Assessment (Medway)**

The Medway Youth Offending Service facilitate the use of AIM3 (assessment, implementation and moving on) assessment tool in Medway. The tool provides a framework for initial assessment and is designed to guide intervention and to identify risk and protective factors for perpetrators of harmful sexual behaviours.

The AIM3 model can be applied with children and young people between the ages of 12 to 18 years, who have displayed harmful sexual behaviour, against children, adolescents and/or adults, within the family, outside the family and in stranger abuse. The model is also applicable for young people with learning disabilities.

The AIM3 assessment tool will be considered at the front door of Children's Services in partnership with the youth offending service and in parallel with other child safeguarding procedures.

It is important to note that the child may be both a victim and perpetrator of harmful sexual behaviour.

### **3.9 Safety planning**

When working with children who display harmful sexual behaviour it may be helpful to consider safety planning with the child and their family. Individual practitioners should consider the appropriate resources or tools available to their service. Advice for practitioners may be available, for example via your agency designated safeguarding lead. Education settings should follow the statutory 'Keeping Children Safe in Education' guidance and can seek specific advice at any stage on responding to concerns via the Kent or Medway Education Safeguarding Services.

## **4. Responding**

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#### **4.1 Reporting concerns**

##### Kent

If you are worried about the safety of a child or young person please complete a request for support via the [Kent Children's portal](#).

If a child is in immediate danger, call the emergency services using 999.

If you need to make contact out of working hours, please call the Out of Hours Services on 03000 419191.

##### Medway

If you have a concern about a child, you can contact Medway First Response and report your concerns through the referral and contact form.

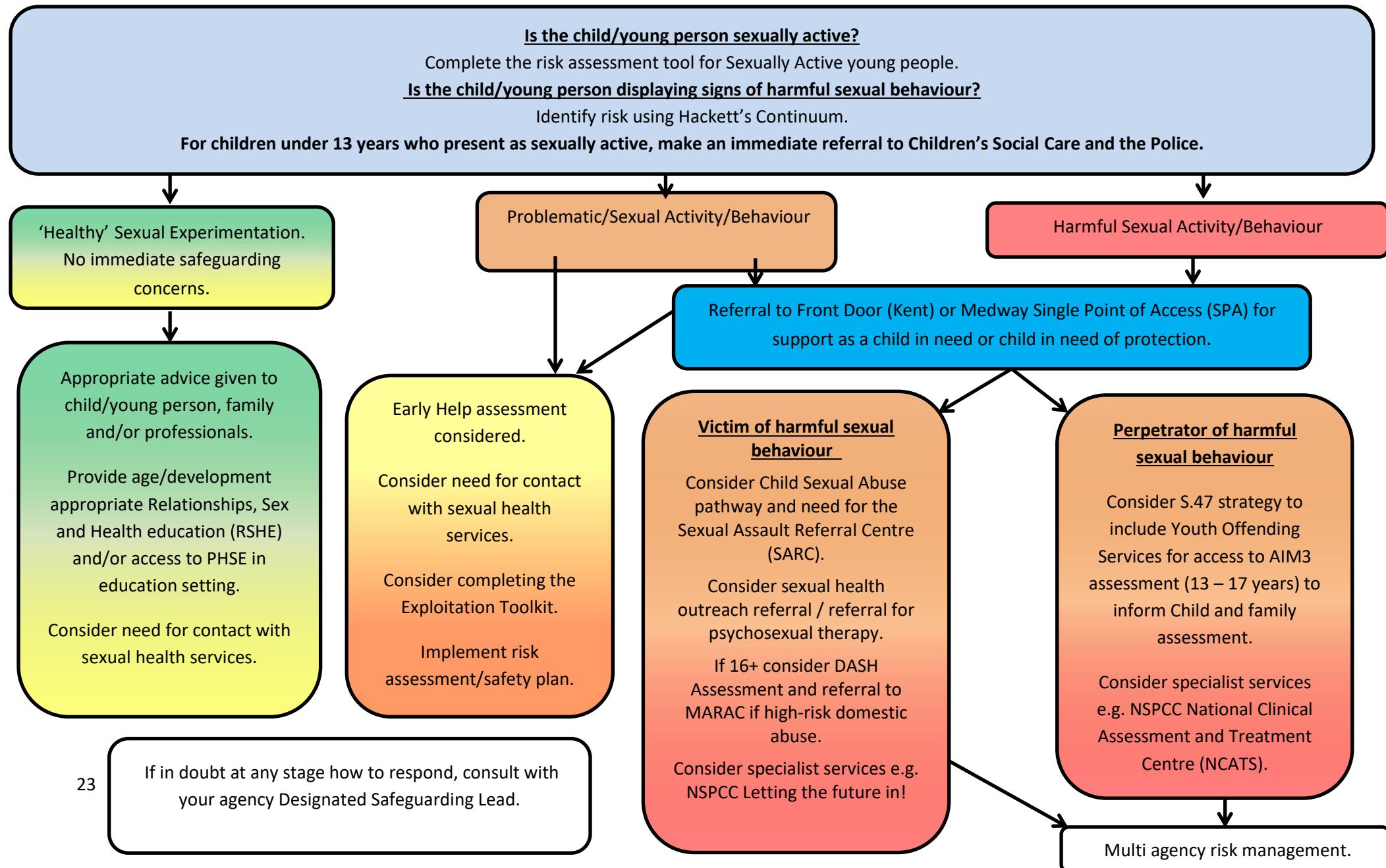
[Medway First Response service - Report a child safeguarding concern](#)

Monday to Friday between 9am to 5pm on 01634 334 466.

Out of hours on 03000 419 191.

[Medway Safeguarding Children Partnership \(MSCP\) – worried about a child](#)

## 4.2 Flowchart for responding to harmful sexual behaviour and/or sexually active children and young people



#### 4.3 Using the Kent and Medway Risk Assessment Tool for sexually active young people

The starting point for assessment begins with making professional judgements involving the age and power dynamics in children and young people's sexual relationships, which can be a complex undertaking and may require consultation with a Designated Safeguarding Lead.

The risk assessment tool below identifies a range of indicators that should be considered when assessing the potential risk of harm to a child or young person that has been identified as sexually active; including disabilities and learning difficulties. The tool should be completed with the information known by the professionals at the time and can be reviewed as more information becomes available. It is a dynamic assessment tool and so can, and should as a model of best practice, be repeated.

The assessment tool will support professionals to make a judgement as to the level of risk to associate with the child's behaviour.

Cases of underage sexual activity which present a cause for concern are likely to raise difficult issues and should be handled particularly sensitively. Children and young people may need time to establish trust before sufficient information is available to make an informed assessment of their needs and any risk of harm.

#### **Guidance notes on how to use the Kent and Medway Risk Assessment Tool for Sexually Active Young People:**

To assist professional judgement, it is recommended that you use Hackett's Sexualised Behaviour Continuum. If in doubt – **CONSULT**.

Hackett's continuum presents sexualised behaviour on a continuum ranging from normal, to inappropriate, problematic, abusive and violent (Hackett, 2010).



The full continuum guidance can be found at the link [here](#).

Consideration for assessment	Indicators of safety or risk/harm
1. What is the age of the child/young person?	<ul style="list-style-type: none"><li>Sexual activity at a young age is a very strong indicator that there are risks to the welfare of children and possibly others. This is particularly relevant if one of the parties is pre-pubertal. Children under 13 cannot lawfully give consent to sexual activity and there must be a referral to children's social services and the police.</li><li>If the young person is under 16 years of age, follow Fraser guidelines.</li></ul>
2. Is the child/young person sexually active or likely to be soon?	<ul style="list-style-type: none"><li>If sexual activity is planned or occurring, give appropriate advice to inform them of their rights and responsibilities, such as legalities of sex under 13 and 16 and unprotected sexual intercourse.</li></ul>

	<ul style="list-style-type: none"> <li>• If yes, refer to Fraser guidelines and continue.</li> </ul>
3. What is known about the context of sexual activity?	<ul style="list-style-type: none"> <li>• If occurring or likely to occur, give appropriate advice and support around contraception and risks of sexually transmitted infections (ST).</li> <li>• What type of sexual activity?</li> <li>• When was last sexual activity and where did the activity take place?</li> <li>• Age young person first had sex?</li> <li>• Are there more than two other persons involved in the sexual activity?</li> <li>• How does the child/young person perceive/feel about the activity?</li> <li>• Is there a pattern of casual sexual relationships with different partners?</li> <li>• Is the alleged incident a 'one-off', a 'relationship', or a sustained pattern of abuse/activity? <i>A 'one-off' incident can still be harmful. Sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature.</i></li> <li>• Are there any ongoing risks posed to the child/young person or others, such as peers, family members, siblings or professionals?</li> <li>• Has a crime been committed?</li> </ul>
4. Details of sexual partner/s.	<ul style="list-style-type: none"> <li>• Obtain name and age, if possible, how they met, locality, details of whether this is a regular partner and length of relationship.</li> <li>• Is the partner/s known to agencies i.e., social services, police or probation?</li> <li>• Is the relationship reasonably equal and consensual?</li> <li>• Is there an age differential greater than 2 years or is there another power imbalance, such as a child/young person has SEND? <i>If so, consider additional risk factors. Power imbalances can occur in many different forms including threats and aggression. Same age relationships may still be exploitative.</i></li> <li>• What is their occupation? Is there a breach of trust in their job role?</li> </ul>
5. Is the parent/carer aware of the sexual activity or relationship?	<ul style="list-style-type: none"> <li>• Is this relationship a secret? If so, why? Note children come from diverse backgrounds and may be in relationships where the dynamics and features may not have been or be able to be openly discussed within their families and/or support networks. These should be explored with them in</li> </ul>

	<p>an age/ability appropriate way.</p> <ul style="list-style-type: none"> <li>• Explain openly and honestly, what, and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child/young person or others at increased risk of significant harm.</li> <li>• If aware, do parents/carers deny, minimise, or accept any concerns?</li> </ul>
<p>6. What is the ability, attitude, level of maturity and behaviour of the child/young person?</p>	<ul style="list-style-type: none"> <li>• Are there any disabilities or learning difficulties affecting choice? If over 16, the Mental Capacity Act 2005 applies. Children and young people with special educational needs or disabilities are more likely to be abused than non-disabled children. However, children and young people with SEND have a right to a private life, which should be respected.</li> <li>• Is the child/young person withdrawn or anxious?</li> <li>• Does the child/young person deny, minimise, or accept the concerns?</li> <li>• Is the child/young person willing to work with the professionals to reduce the concerns? Is this realistic?</li> </ul>
<p>7. What is the child/young person's living circumstances and background?</p>	<ul style="list-style-type: none"> <li>• Has there been any involvement with a social worker or Early Help assistance for any of the family members?</li> <li>• Are any other professionals/services involved?</li> <li>• Is the child/young person in education, employment, or training? If so, is the education setting aware or have any concerns? Do you need to take any action if the child/young person is not on a school/college roll?</li> <li>• Are any family members or friends known sex offenders or pose a sexual risk to children?</li> </ul>
<p>8. Is the young person using drugs/alcohol/substances currently or previously?</p>	<ul style="list-style-type: none"> <li>• If yes, misusing substances or alcohol may place them at increased risk of harm, as they may be unable to give informed consent. Consider if a referral to another community service should be discussed.</li> <li>• Is alcohol or drugs being used as a dis-inhibitor?</li> </ul>
<p>9. Are there indicators of self-harm or wider mental health concerns for the young person?</p>	<ul style="list-style-type: none"> <li>• If yes, what type of self-harm or mental health issues?</li> <li>• Have they had CAMHS involvement or other therapeutic/wellbeing/mental health intervention? If not, does the child/young person need/agree to be referred?</li> </ul>

<p>10. Are there any signs of grooming or exploitation?</p>	<ul style="list-style-type: none"> <li>Are there behaviours consistent with grooming? For example, being secretive, having money or new things such as clothes or mobile phones/devices, spending more or less time on devices, more time away from home or going missing, sexual activity being encouraged or in return for alcohol or substances including cigarettes/vapes?</li> <li>If yes, use the Kent and Medway Exploitation guidance. If unclear, consult with the named lead professional for safeguarding/designated safeguarding lead in your organisation or children's social care/services.</li> </ul>
<p>11. Is the child/YP at risk of sexual harm online?</p>	<ul style="list-style-type: none"> <li>Has child/young person been coerced, bullied, harassed, or groomed into online sexual behaviour/activity by an adult or another child/young person?</li> <li>Is the child/young person planning to meet someone offline, or has already met with someone because of or following online contact?</li> <li>Is the 'relationship' entirely online? Note – this does not necessarily reduce risks as sexual abuse and exploitation can take place entirely online.</li> <li>Is the child/young person involved in the creating or sharing of inappropriate content online?</li> <li>Has there been taking/sharing of consensual or non-consensual nude or semi-nude images/videos of anyone under the age of 18? If so, access the Kent and Medway Nude or Semi-Nude image sharing guidance.</li> <li>What sites/apps/services are being used? Note – the focus should be on the behaviours and risks rather than specific apps/platforms. However, online dating apps and most social media platforms will be age restricted and restrictions will vary from platform to platform but is typically 13+, 16+ or 18+ subject to the content (for example, adult content/dating apps will be 18+) or the websites terms and conditions. Specialist online safety advice/support may be necessary to inform decision making.</li> </ul>
<p>12. Are there any signs of domestic abuse?</p>	<ul style="list-style-type: none"> <li>Is there evidence of coercion, stalking, harassment, bribery, or an imbalance in the relationship?</li> <li>Is a partner restricting or controlling their life, threatening, or intimidating them, slapping, hitting, or punching, pressured, or forced to have sex?</li> </ul>

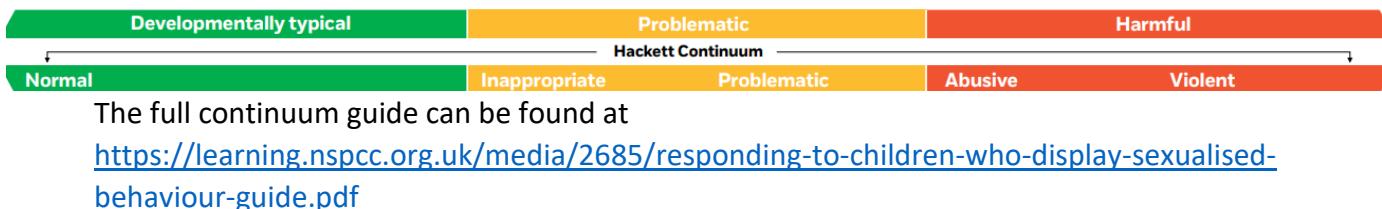
#### 4.4. Kent and Medway Risk Tool for Sexually Active Young People Template

## Kent and Medway Risk Assessment Tool for Sexually Active Young People

This risk assessment tool should be used in conjunction with the Kent and Medway Working with Children and Young People who are Sexually Active or Displaying Harmful Sexual Behaviour procedures. Consideration should also be given to the Kent and Medway Exploitation Toolkit and procedure.

To assist professional judgement, it is recommended that you use 'Hackett's Sexualised Behaviour Continuum'. If in doubt - **CONSULT**.

Hackett's continuum presents sexualised behaviour on a Continuum ranging from normal, to inappropriate, problematic, abusive and violent (Hackett, 2010)



The full continuum guide can be found at

<https://learning.nspcc.org.uk/media/2685/responding-to-children-who-display-sexualised-behaviour-guide.pdf>

### Child/Young Persons Details

Name of Child/Young Person	
DOB/Age	
Gender	
Ethnic Origin	
First Language	
NHS Number	
GP/Surgery	
Address (if known)	
Contact information	
Employed/unemployed/In education	
School/College (If relevant)	

### Considerations for Assessment

Consideration for assessment	Indicators of safety or risk/harm
1. What is the age of the child/young person?	
2. Is the child/young person sexually active or likely to be soon?	
3. What is known about the context of sexual activity?	
4. Details of sexual partner/s.	

5. Is the parent/carer aware of the sexual activity or relationship?	
6. What is the ability, attitude, level of maturity and behaviour of the child/young person?	
7. What is the child/young persons living circumstances and background?	
8. Is the young person using drugs/alcohol/substances currently or previously?	
9. Are there indicators of self-harm or wider mental health concerns for the young person?	
10. Are there any signs of grooming or exploitation?	
11. Is the child/YP at risk of sexual harm online?	
12. Are there any signs of domestic abuse?	

## Outcomes of Risk Assessment

<b>Summary of risk assessment:</b>
<p><b>Consider to be: (Circle as appropriate)</b></p> <ul style="list-style-type: none"> <li>• Normal/developmentally appropriate sexually active behaviour</li> <li>• Problematic sexually active behaviour</li> <li>• Harmful sexually active behaviour</li> </ul>

Action Taken	Yes	No	Further details
If you have concerns, have they been discussed with the child/young person?			
I am continuing to provide ongoing advice and support.			
Have you discussed your concerns with a safeguarding lead?			
Are you making a referral? (See local pathways guidance) If so, where?			
A copy of this risk assessment has been uploaded/saved in the child/young person's record.			
Any other actions			

<b>Risk assessment completed via virtual/face to face assessment (please circle)</b>
Name of practitioner/person completing risk assessment
Signature
Designation/role
Organisation
Date
Signature of child/young person

## 5. Further resources

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QR code for Sexual health services across East Kent and Medway

### **West/North Kent (Maidstone and Tunbridge Wells Hospital) Sexual Health Services:**

- Phone - 01622 225 713
- [Young person services - Maidstone and Tunbridge Wells NHS Trust \(mtw.nhs.uk\)](https://mtw.nhs.uk/young-persons-service)
- [Sexual Health Services - Maidstone and Tunbridge Wells NHS Trust \(mtw.nhs.uk\)](https://mtw.nhs.uk/sexual-health)

### **East Kent (Kent Community Health Foundation Trust) includes Swale and Medway:**

- Phone - 0300 790 0245
- Web chat: - [Live chat | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://kentcht.nhs.uk/service/sexual-health/)
- Text: 07401 302946
- Email: [kchft.sexualhealthservice@nhs.net](mailto:kchft.sexualhealthservice@nhs.net)
- Website: [www.kentcht.nhs.uk/service/sexual-health/](https://www.kentcht.nhs.uk/service/sexual-health/)
- <https://linktr.ee/KCHFTsexhealth>

### Medway (Kent Community Health Foundation Trust)

- Phone - 0300 123 1678
- Web chat: [Live chat | Clover St. \(cloverstreet.nhs.uk\)](https://cloverstreet.nhs.uk/)
- Text: 07401 302946
- Email: [kchft.sexualhealthservice@nhs.net](mailto:kchft.sexualhealthservice@nhs.net)
- Website: [Under 25s | Clover St. \(cloverstreet.nhs.uk\)](https://cloverstreet.nhs.uk/)
- <https://linktr.ee/KCHFTsexhealth>

### Kent School Health:

- Telephone 0300 123 5205 option 2 - Single Point of Access (SPA)
- [nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net](mailto:nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net)  
[Online referral form](#)
- Info regarding School Health : [Secondary school \(aged 11-19\) | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://kentcht.nhs.uk/service/secondary-school-aged-11-19)

### Medway School Health:

- [School Nursing: Medway Community Healthcare](#)

### [National Standards for Youth Justice Services](#)

## Keeping Children Safe in Education: Part Five Child-on-child sexual violence and sexual harassment

South West Grid for learning: [Harmful Sexual Behaviour resources](#)

UK Council for Internet Safety (UKCIS): [Sharing nudes and semi-nudes: advice for education settings working with children and young people](#)

### Childnet International:

- [Just a Joke?](#)
- [Step Up, Speak Up!](#)
- [Guidance and training for schools and professionals](#)
- [Online Sexual Harassment: Advice Leaflets](#)

### Lucy Faithfull Foundation:

- [Stop it Now! Helpline](#)
- [Parents Protect](#)

### The Marie Collins Foundation

NSPCC:

- [What is harmful sexual behaviour?](#)
- [Childline](#)
- [Report Remove](#)

### Internet Watch Foundation (IWF)

### UK Safer Internet Centre

- [Professionals Online Safety Helpline](#)
- [Report Harmful Content](#)
- [Revenge Porn Helpline](#)

PHSE Associate:

- [PSHE resources for schools](#)

Centre of expertise on child sexual abuse (CSA Centre)

- [Safety planning in education](#): A guide for professionals supporting children following incidents of harmful sexual behaviour

NHS link: Help after sexual assault or rape: [Help after rape and sexual assault - NHS \(www.nhs.uk\)](#)