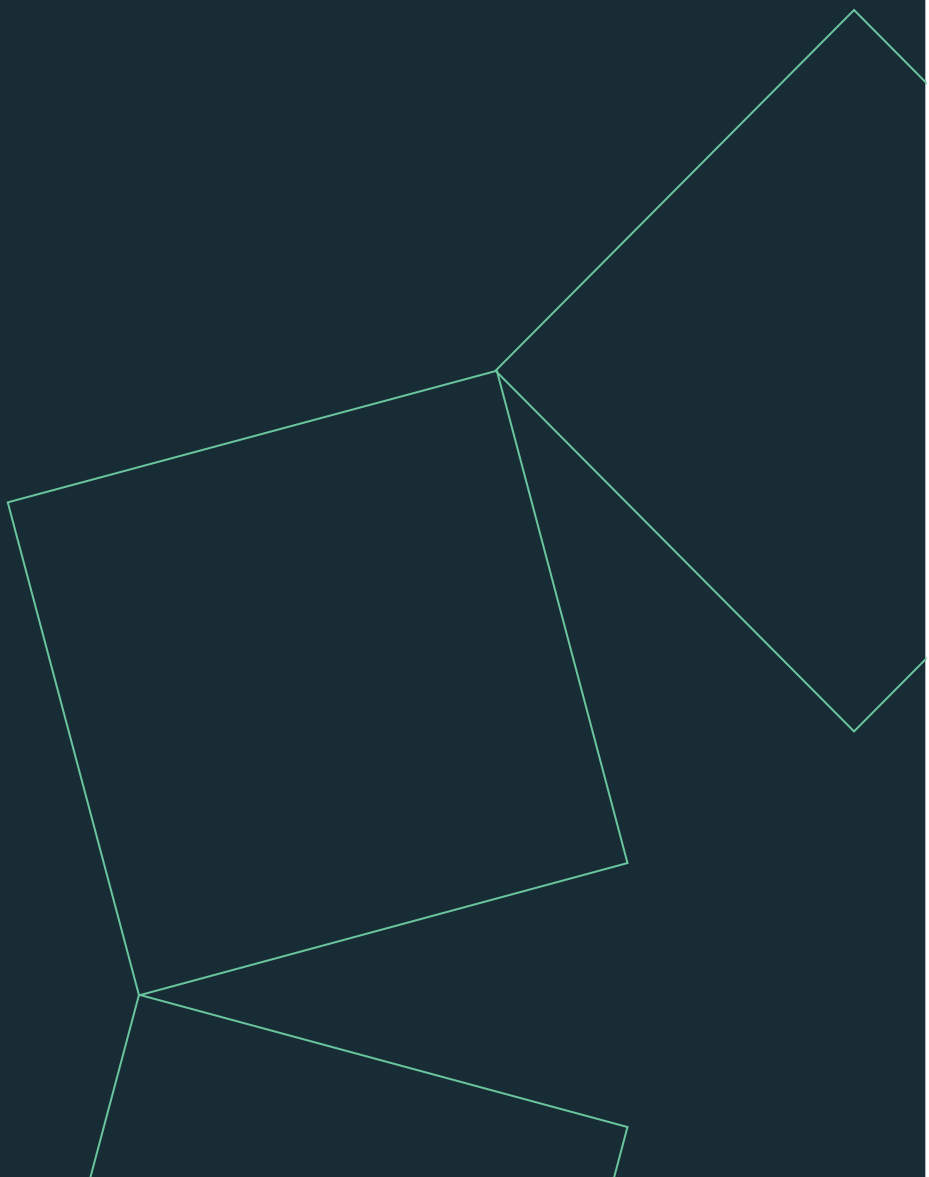
OFG Education

Hillingdon Grange SCHOOL

HARMFUL SEXUAL BEHAVIOUR (HSB) GUIDANCE



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Terminology

- "Our teams" and" "team member/s" include everyone working in Outcomes First Group's settings and services in a paid or unpaid capacity, including employees, consultants, agency staff, trainees and contractors. For Blenheim schools, volunteers are included in this definition.
- "Parents and carers" refer to the person or -people with legal parental responsibility for the child/young person
- "Students" refers to all children and young people being educated and supported at the setting or service

1.0 PURPOSE OF THIS GUIDANCE

It is important that all team members have a good understanding of how children and young people develop sexually as this helps recognise which sexual behaviours are developmentally typical and identify if a student is displaying behaviour that is problematic or harmful.

This guidance provides information to help team members understand, identify and respond to Harmful Sexual Behaviour (HSB) experienced or displayed by students. It is an additional document to our ***Child-on-child Abuse Policy*** and must be read and applied alongside that policy and the ***Safeguarding Policy***.

2.0 OUR APPROACH

We are committed to addressing HSB in a way that is trauma-informed, non-shaming, and developmentally appropriate. Our approach prioritises education, wellbeing, and the creation of a safe environment for all students.

2.1 Key principles

- **Safeguarding First:** Every response to HSB is guided by our safeguarding responsibilities, ensuring the safety and support of all those involved. A contextual safeguarding approach will be taken to understand, and respond to, any occurrences of HSB, recognising that children and young people who display harmful behaviours must be seen as vulnerable themselves;
- **Understanding not judging:** We understand HSB can stem from a range of complex factors including unmet emotional needs, exposure to inappropriate materials, developmental challenges, or a lack of understanding about consent. Our interventions seek to understand and respond to the underlying cause.
- **Therapeutic response:** Team members are trained to respond to incidents with calm, compassionate, and trauma-aware practice, to minimise further harm and promote recovery.
- **Restorative practice:** Where appropriate, restorative conversations and processes may be used to help repair relationships, build empathy, and foster accountability without blame.
- **Supportive Intervention Plans:** Individual support plans will be developed in collaboration with relevant professionals to ensure responses are tailored, consistent, and grounded in the student's best interests.
- **Individual risk assessment and safety plan:** Following an incident or concern involving HSB, the DSL should consider whether an is required. This should address the safety, wellbeing, and educational needs of all children involved and should be reviewed regularly.
- **Education & Awareness:** We promote healthy relationships, consent, boundaries, and respect through our curriculum and wider school culture. We equip students with the tools they need to recognise and challenge inappropriate behaviours.
- **Challenging inappropriate conduct:** We recognise that sexist, misogynistic or misandrist language, attitudes and behaviours may contribute to a culture in which HSB, sexual harassment and sexual violence can occur. Such behaviours will be challenged, recorded and addressed appropriately.
- Team members are expected to:

    - Engage with students using calm, respectful and trauma-aware language
    - Have a non-judgemental approach
    - Create emotionally safe spaces that support reflection and regulation
    - Implement restorative approaches where appropriate
    - Collaborate with families and professionals to develop supportive plans

2.2 Working with families and agencies

We maintain open, honest, and respectful communication with parents and carers and work closely with external professionals, including mental health and safeguarding services, to ensure a multi-agency, wraparound approach.

2.3 Use of language and approach

Our setting recognises that language used in national guidance and academic frameworks as set out below —such as the NSPCC HSB Framework, Brook's Traffic Light Tool, and Hackett's Continuum Model —can include terms like "normal," "concerning," "abusive," or "highly deviant" to describe behaviours across a

spectrum. While these descriptors help professionals identify, assess, and respond to sexual behaviours, we interpret such terminology within a developmental and trauma-informed context.

We understand that students may display sexual behaviours for a variety of reasons, including curiosity, unmet needs, trauma, limited understanding of boundaries and sometimes because they are experiencing abuse.

We avoid making immediate assumptions when observing behaviours that involve touching of own genitals as such actions may arise from non-sexual factors, including self-soothing for sensory regulation, managing anxiety, or alleviating physical discomfort. The full context and possible underlying causes must be considered. Our approach always prioritises safeguarding whilst avoiding rigid categorisation, emphasising therapeutic support, emotional safety, and developmentally appropriate guidance.

All references to external frameworks in this policy are aligned with our commitment to maintaining a non-punitive, non-shaming response to HSB. Team members are trained to engage with this language sensitively and in ways that uphold dignity and foster recovery for all involved.

2.4 Prevention and Early Identification

We recognise that effective prevention is the most important way to reduce the risk of harmful sexual behaviour. Through our curriculum, pastoral support, therapeutic approaches, and safeguarding systems we seek to identify concerns at the earliest opportunity.

Prevention includes:

- Teaching healthy relationships, consent, and respectful behaviour.
- Challenging sexist, misogynistic, misandrist, and sexually inappropriate language.
- Monitoring patterns of behaviour, peer dynamics, and emerging concerns.
- Supporting students who may be vulnerable through SEND, trauma, adverse childhood experiences, or social isolation.
- Working proactively with parents and carers.
- Engaging specialist services where concerns begin to emerge before behaviour escalates.

3.0 WHAT IS HARMFUL SEXUAL BEHAVIOUR (HSB)?

HSB can include the use of sexually explicit words or phrases, inappropriate touching, using sexual violence or threats, penetrative sex with other children and young people. In line with Part Five of KCSIE 2026, the school/college recognises harmful sexual behaviour, sexual harassment and sexual violence as behaviours that exist on a continuum. They can occur in person (both physically and verbally) and online and are never acceptable. Early identification and proportionate intervention are essential to prevent escalation and safeguard all children and young people involved.
HSB can occur between two children/young people of **any age and sex**. It can occur through a group of children or young people harming a single child/young person or group of children and young people. It may also involve the creation, possession, viewing or sharing of self-generated intimate images and videos, including content created or manipulated using artificial intelligence (AI), such as deepfakes.

All team members working with students are advised to maintain an attitude of **'it could happen here."** Schools and colleges should be aware of and respond appropriately to all reports and concerns about HSB both online and offline, including those that have happened outside of the setting.

Age and stages of development are critical factors in HSB; however, it is not defined by these factors. Sexual behaviour between children or young people can be considered harmful if there is a power differential, e.g. one child is much older (developmentally or chronologically), particularly if there is more than two years difference or if one child is pre-pubescent and the other is not. However, a younger child can display HSB towards an older child, particularly if they have power over them, for example, if the older child has complex needs, is smaller in stature or has other vulnerabilities. Power differential is a key factor in understanding the risk associated with HSB.

Evidence shows that girls are more likely to be subject to sexual violence and sexual harassment than boys, and that boys are more likely to perpetrate such violence and harassment, however either gender can be victim or perpetrator.

The importance of distinguishing between problematic and abusive sexual behaviour (HSB) is recognised. Understanding where the behaviour falls on a spectrum is essential to being able to respond appropriately to it.

3.1 Definition and tools we use

We are committed to recognising and responding to HSB in a manner that is developmentally informed, non-punitive, and guided by national frameworks and safeguarding principles.

- HSB is defined as: "Developmentally inappropriate sexual behaviour which is displayed by children and young people, and which may be harmful or abusive" (Hackett, 2014). These behaviours may be directed toward oneself, peers, or adults.
- To assess and respond appropriately to sexual behaviours, we use the Brook Traffic Light Tool. This resource supports the Designated Safeguarding Leads (DSL) and other team members in identifying whether behaviour is:
  - Appropriate for the individual's developmental stage
  - Concerning and requiring attention
  - Harmful or abusive and in need of safeguarding intervention

- All DSLs, their deputies, and relevant safeguarding team members are expected to complete the **Brook e-learning module on the Traffic Light Tool** to ensure consistent and informed responses.
- We also apply Hackett's Continuum Model (2010) to understand sexual behaviours within a developmental context. This approach allows team member to consider the motivations, meanings, and potential impact of behaviour, acknowledging the spectrum from typical developmental behaviour to highly concerning actions.

4.0 STAGES OF SEXUAL DEVELOPMENT

Sexual development begins in infancy and is a natural part of growing up. Some children and young people may develop later or earlier than others depending on their understanding, their own overall development and environment. The NSPCC provides some examples of age-appropriate healthy sexual behaviour.

0- to 4-years-old

At this stage, children display natural exploratory behaviour emerging for the first time such as:

- enjoying being naked
- kissing and hugging people they know well, for example friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of other people
- being curious about the differences between boys and girls
- talking about private body parts and their functions, using words like 'willy', 'bum', 'poo'
- role playing about different relationships, for example marriage.

5- to 9-year-olds

As children get a little older, they become more conscious of sex and their own sexuality. This can be displayed by:

- becoming more aware of the need for privacy
- asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships
- kissing, hugging and holding hands with a boyfriend or girlfriend
- using swear words or slang to talk about sex after hearing other people use them.

9- to 13-year-olds

During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (this might lead to accidentally finding sexual pictures/ videos)
- masturbating in private

13- to 17-year-olds

During adolescence, sexual behaviour becomes more private with young people, and they begin to explore their sexual identity. They might be:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm
- experimenting sexually with the same age group

- looking for sexual pictures or videos online.

5.0 UNDERSTANDING SEXUAL BEHAVIOUR

It is essential that those working with children and young people can distinguish normal from abnormal sexual behaviours. Hackett's Continuum Model (2010) demonstrates the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant.

Healthy sexual behaviours are:
- Developmentally expected and age appropriate
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

Problematic Sexual behaviours are:
- Problematic and concerning behaviours
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent issues may be unclear
- May lack reciprocity or equal power and may include levels of compulsivity

Abusive Sexual behaviours are:
- Victimising intent or outcome
- Includes misuse of power
- Coercion and force to ensure victim compliance, may include elements of expressive violence
- Intrusive
- Informed consent lacking, or not able to be freely given by victim

Sexual harassment between children and young people means 'unwanted conduct of a sexual nature'. It can occur online and/or face to face and can occur simultaneously between the two. Sexual harassment is likely to violate an individual's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

All team members should recognise that children and young people are capable of abusing others in the online and offline worlds. Team members should be clear about their setting's policy and procedures with regard to child-on-child abuse (Please see ***Child-on-child Policy***).

6.0 RISK FACTORS

Peer relationships are increasingly influential during adolescence, setting social norms which inform young people's experiences, behaviours and choices and determine peer status. These relationships are, in turn, shaped by, and shape, the school, neighbourhood and online contexts in which they develop." (Dr Carlene Firmin).

Peer groups, communities and social media activity can be either key risk factors or key protective factors.

Children and young people can develop harmful sexual behaviours because of trauma or abuse.

They may have experienced:

- Physical abuse, emotional abuse and/or sexual abuse
- Severe neglect
- Parental rejection
- Family breakdown
- Domestic abuse (including witnessing domestic abuse)
- Parental substance misuse

It is important to remember that being abused does not mean that children or young people will go on to abuse others.

Key risk factors and vulnerabilities of young people who sexually abuse others are that they may:

- have poor self-regulation and coping skills
- experience social anxiety and a sense of social inadequacy
- have poorly internalised rules for social behaviour
- possess a poorly developed or primitive sense of morality
- lack secure and confident attachments to others
- exercise limited self-control, act out their emotional experiences through negative/ inappropriate behaviour
- have little insight into the feelings and needs of others and, indeed, their own emotions
- place their own needs and feelings ahead of the needs and feelings of others
- exhibit a poorly defined sense of personal boundaries having developed strong and not easily corrected cognitive distortions about others, themselves, and the world
- struggle to interact socially or have issues with social competence.

Team members must remember this is not an exhaustive list and **must** remain alert to possible signs of sexual abuse, violence, harassment or harmful behaviours by children and young people.

For students with special educational needs or disabilities (SEND), and multiple complex co-occurring needs, it can be difficult for team members to distinguish between signs of abuse and behaviour that is part of the student's condition. Team members should be alert to ***changes*** in their behaviour and always consider all possible causes of this.

7.0 REPORTING CONCERNS

Team members must follow ***Section 4.0 Responding to Alleged Incidents and Concerns*** of the ***Child-on-child Abuse Policy*** and ***Section 10.0*** of the ***Safeguarding Policy*** if they have any concerns that a student is at risk of harm or has been harmed. Team members must act immediately and report any concerns, however small they may seem as soon as possible, to the DSL or their deputies**, within one working day**, and document this on the setting's electronic recording system.

The team member who made the report to the DSL has a responsibility to ensure that action has been taken about the concern on the **following day,** and that the concern is documented on the system. If action is not

taken in a timely way as the team member sees fit, they have a duty to escalate their concerns to the Headteacher, Principal or equivalent or Regional Director/Operations Director.

8.0 THERAPEUTIC AND SUPPORTIVE RESPONSE

The management of any safeguarding risk to all our students must always be the first priority. We are also committed to recognising and responding to HSB in a way that is compassionate, developmentally informed, and focused on recovery, education, and emotional wellbeing. Assessment of HSB will consider the wider context in which the behaviour occurred, including peer relationships, online activity, social media use, gaming environments and community influences.

Team members can seek support for from the Group's in-house clinical team for psychological expertise and support regarding trauma-informed best practice. The Clinical Team can also undertake developmentally appropriate assessments drawing on structured approaches where appropriate. Please contact the in-house Clinical Team for further information.

Where the level of concern indicates that specialist intervention may be required, the DSL should work with Children's Social Care and relevant agencies to consider referrals to specialist services. This may include Child and Adolescent Mental Health Services (CAMHS), Youth Justice Services (YJS), specialist Harmful Sexual Behaviour services, local authority safeguarding teams, and other professionals able to undertake assessment and intervention.

9.0 HELPFUL TOOLKITS AND INFORMATION

The Lucy Faithfull Foundation has developed a HSB Toolkit, which provides support, advice and information on how to prevent it, links to organisations and helplines, resources about HSB, internet safety, sexual development and preventing child sexual abuse.
In collaboration with the Home Office, the Lucy Faithfull Foundation has also developed Shore Space, an online resource which works to prevent HSB. Shore Space offers a confidential chat service supporting young people who are concerned about their own or someone else's sexual thoughts and behaviour.

The NSPCC provides free and independent advice about HSB: Protecting children from harmful sexual behaviour and HSB framework and audit

Beyond Referrals | Contextual Safeguarding provides a school self-assessment toolkit and guidance for addressing HSB in schools.

Stop It Now - provides a guide for parents, carers and professionals to help everyone do their part in keeping children safe, they also run a free confidential helpline.

NICE guidance: Harmful sexual behaviour among children and young people

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