

Young People and Sexually Harmful Behaviour in Scotland

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This paper provides an analysis of data on 189 Scottish children and young people involved in sexually harmful behaviour who were referred to or active in specialist sexual behaviour services during 2004. The data was drawn from a monitoring form designed as a tool for use by practitioners to collect consistent core information as a basis for future work with young people.

Data continues to be gathered through the monitoring form and will progressively provide a much larger sample from which descriptive information can be summarised about Scottish children and young people involved in sexually harmful behaviour. The purpose of this paper is to provide practitioners, policy makers, academics and students, interested in such children and young people in Scotland, with the first detailed description of their backgrounds. The paper looks at gender, age and legal status (for example, whether under compulsory supervision). It also explores backgrounds in terms of trauma and emotional disruption, the sexually harmful behaviour itself and relationship to victims.

On the basis of such preliminary data it is not possible to offer clear and unambiguous advice or recommendations about social work with such children and young people. The paper does, however, explore some suggestions for developing effective practice strategies and thereby seeks to raise the debate about children and young people involved in sexually harmful behaviour.

Background

National guidance for the monitoring and supervision of young people involved in sexually harmful behaviour is currently being developed in Scotland. The aim is to

- create measures to improve the identification, risk assessment, planning for and management of such young people;
- create specialist programmes to address offending, in both community and residential settings;
- ensure workers have sufficient expertise;
- ensure young people are supervised appropriately as they move from youth into the adult justice system, and that appropriate information is transferred with them;
- ensure all services for this group are supported by quality assurance systems (Irving, 2005).

Estimates suggest that between a quarter and a third of all cases of sexual abuse in the UK are perpetrated by children and young people. Yet systems and services designed to respond to and prevent such behaviour are relatively under developed. There are a growing number of UK studies on the efficacy of intervention although little research has been published on the experiences and views of young people, and their families, who receive such services. Definitional problems exist in determining how best to classify and respond to children and young people who present sexually problematic or harmful behaviour, which can range from minor inappropriate behaviour to serious and harmful behaviour.

The recent report on the Colyn Evans case in Fife (SWIA 2005) and Registering the Risk (Irving 2005) highlight an urgent need to examine the ways in which professionals and systems respond to young people, and make use of the growing body of relevant research evidence. This paper reports on work of the Criminal Justice Social Work Development Centre's National Development (Champion) Group on working with young people involved in sexually harmful behaviour in the context of these recent developments. As information on children and young people involved in sexually problematic or harmful behaviour was virtually non-existent in Scotland, part of the Development Group's remit was to establish a profile of children and young people known to specialist services in Scotland in order to assist future development and effectiveness.

A monitoring form was designed as a tool for use by practitioners to collect consistent core information as a basis for future work in this area. The tool was piloted by gathering data on all known cases opened between 1 January 2004 and 31 December 2004, along with all active cases at 1 January 2004. Data on 189 children and young people were gathered from 8 of the 16 postcode areas in Scotland, a geographical area stretching from the Highlands through to Dumfries and Galloway and including 6 local authorities. The data returns highlighted some problems of design and interpretation with the monitoring forms which will be refined on the basis of this experience. Nonetheless, following Hackett *et al.*'s survey (2003), the data represents the first systematic attempt to generate data on children and young people involved in sexually problematic or harmful behaviour in Scotland.

The Scottish data used in this paper is drawn from the monitoring form. A fuller report, including the monitoring form, is available at www.cjsw.ac.uk.

The Scottish Executive has introduced requirements for the police, local authorities and others to establish joint arrangements for managing those who pose risks by sexual and violent offending. The ViSOR (Violent and Sex Offender Registration) system (http://www.pito.org.uk/what_we_do/intelligence_investigation/visor.htm), adopted in all Scottish police forces and being piloted in three local authorities, will improve ability to share intelligence on these individuals and those suspected of being a risk. However, the tragic case involving Colyn Evans highlighted that further work is urgently needed on the management and supervision of young people, in particular, who are involved in sexually harmful behaviour.

Colyn Evans was sentenced to life imprisonment in June, 2005 for the murder of Karen Dewar. An enquiry report by Fife Constabulary and Fife Council was followed by a review of the management of the case undertaken jointly by Her Majesty's Inspectorate of Constabulary (HMIC) and the Social Work Inspection Agency (SWIA) (SWIA 2005). While there was a general consensus in these reports that it would have been impossible to predict that Evans' behaviour would escalate to murder, 'considerable shortcomings' in the handling of this case were identified as were a series of local and national issues that require to be addressed to increase protection to the public and to improve the care and management of such young people.

The Inspectors' report recognised that managing and caring for young people involved in sexual offences and the risks they pose is not a straightforward process. They noted inappropriate responses to referrals, inadequacies in supervision and case management, failure in the use of the available information to assess risk and to share assessments, and the absence of shared decision making. While these were identified as local issues in the particular case, they are issues that all Scottish authorities need to give consideration to in relation to their day to day planning and management of young people involved in sexually harmful behaviour. The report also identified key issues requiring attention nationally. These include:

- reviewing policy and practice relating to young people with sexually problematic or harmful behaviour;
- risk management planning for all cases where there are concerns about risk of harm to others;
- reviewing the training needs of staff working with such young people;
- reviewing supervision and recording policies to ensure case records reflect important decisions that are discussed and agreed with supervisors;
- ensuring that all decision making procedures and processes are documented;
- addressing data management issues;
- identifying current areas of best practice and producing a national action plan to ensure such practices are used in all appropriate circumstances;
- ensuring that ViSOR links effectively with other databases to ensure other relevant agencies can access the system;
- reviewing the processes between the Care Commission and those purchasing services, to ensure there are clear lines of responsibility and accountability for sharing information about the quality of arrangements at residential schools;
- providing public agencies with a framework to assess adolescent sexual offenders which can be used consistently throughout Scotland;
- developing a national strategy for meeting the needs of young people displaying sexually problematic or harmful behaviour;
- providing specialist programmes which are subject to robust external quality control;
- reviewing current guidance, including definitions, on the management of 'non-registered' people who pose significant risk;
- establishing an inter-agency unit to develop training, create and disseminate the necessary protocols and procedures to improve practice across Scotland.

Much of the research literature in this area has tended to be based on populations of convicted adult offenders and what is known about children and adolescents remains limited. However a number of recent publications have reviewed UK systems and practice, and suggest that the problem of sexual abuse by children is better appreciated both by the professional community and by government than a decade ago (Hackett *et al.* 2003; Hackett 2004).

Research strongly supports the view that the vast majority of adolescents engaging in sexually abusive behaviours are male, even taking into account under-reporting of young females, although knowledge is growing about a small number of young women whose sexual behaviours are harmful to others. In terms of their personal characteristics, young men involved in sexually harmful behaviours are typically portrayed as having a number of social skills difficulties, a lack of sexual knowledge and high levels of social anxiety. For some, the combination of low social competence, low self-esteem, emotional loneliness, and feelings of sexual inadequacy, can lead to problems in establishing appropriate intimate relationships and their attempts to resolve this through abusive sexual interactions with children. It was previously thought that the 'typical' young person with sexual behaviour problems was a male in his mid to late adolescent years. However, the onset of puberty is now recognised as a peak time for the development of such behaviours (Hackett 2004; Taylor 2003).

There is still much debate about the likelihood of children and young people presenting with sexually problematic or harmful behaviours becoming adult sex offenders. To date research suggests that this is not

the case for the majority of young people. In a six year follow-up study of a sample of 148 adolescents, only 5% of young people who had been offered ‘treatment’ as a result of their sexual behaviours had re-offended sexually in this time period, as had 18 per cent of those who had not received such intervention (Worling and Curwen 2000). Research suggests that non-sexual re-offending is more common than sexual recidivism in this group, which supports the need for intervention to focus on broad-based behavioural and developmental goals, and not solely on preventing further sexual abuse.

There appears to be a general consensus amongst specialists in the field that children and young people who display sexually problematic behaviour or who have harmed and abused others require focused and integrated work, which targets both the harmful sexual behaviour and addresses more general areas of unmet need. Many of these young people share characteristics with other young people who have a wide range of social difficulties, have histories characterised by multiple abuse and disadvantage, and have often come to the attention of social work and other professionals many years before their problematic behaviour emerges. Exposure to a multiplicity of interacting adversities appears to have a greater impact on subsequent behaviour than any single trauma. The evidence supports an approach that deals with these difficulties in a child-centred and holistic way consistent with the approach of Scotland’s Children’s Hearing system.

Families of children and young people involved in sexually problematic or harmful behaviours often experience multiple difficulties. Domestic violence, parental criminality and substance misuse, a lack of sexual boundaries, a history of sexual abuse in the family, and being removed from the family home can be part of a catalogue of difficulties in the lives of these children and young people (Manocha and Mezey 1998). At the same time many parents whose children display sexually harmful behaviours are lonely and isolated, and often face considerable social stigma and hostility in reaction to their child’s behaviour. The need to engage and work with the parents of these children and young people is indicated strongly by the few studies that currently exist and is likely to be vital to the success of any intervention designed to address the risks posed by their behaviours (Hackett *et al.* 2005).

While there are many shared characteristics in the backgrounds and presentation of these children and young people, there is also considerable diversity between them. This applies not only to the behaviour displayed but also to broader developmental issues relating to their age, family background, educational and intellectual capacities, experiences and motivations. Good individual assessment and intervention plans tailored to individual needs and risk are vital. Specific groups such as young people with learning disabilities who have sexually abused are a particularly vulnerable and neglected group, and are likely to need specific and tailored intervention.

The characteristics of very young children who become involved in problematic or harmful sexual behaviour seem fundamentally different to those who first become involved in sexually harmful behaviours in adolescence. Many of these children had extensive histories of victimisation (Hackett 2004).

Scottish Children and Young People Involved in Sexually Problematic or Harmful Behaviour

Information was gathered on 189 Scottish children and young people referred or active in 2004. Not all monitoring forms were completed in full and actual percentages of available data are used below.

Gender

In line with the findings from other studies, the highest proportion of children and young people identified in this Scottish sample were male (94%), with only 6% (11) being female. Females were less likely to be residing with their parents at time of referral (18%) than were males (49%) and were more likely to have been reported as experiencing emotional abuse and neglect. Early care-giving environment was more likely to have been recorded as ‘insecure’ for females (82%) than males (47%). With regard to problematic or harmful sexual behaviour itself, all females were recorded as perpetrating contact behaviour only (see below) and all knew their victims.

Although the numbers of females are small, females seemed to demonstrate higher levels of vulnerability and different patterns of problem sexual behaviour, and consequently are likely to require specialist and

distinctive provision. The Scottish Executive's 10 Point Action Plan (2002:7) requires all local authorities to make special provision for females involved in offending.

Age

Dates of birth were not routinely recorded on the monitoring schedule because of concerns over confidentiality. However the age of children and young people at January 2005 was established for 171 of the 189 returns. This ranged from 5 to 20 years old, with the highest proportion (36%) being aged 13 to 15 years. Those aged 16 to 17 comprised a further 24% of the sample, with those aged 8 to 12 comprising 19%. Most of those over 16 had been active cases for some time and were still in contact with services due to particular vulnerability or risk and were either subject to compulsory measures or receiving assistance as part of voluntary after care under the Children (Scotland) Act 1995. Children aged 7 or under accounted for 3% of the sample, while those aged 18 or over accounted for 9%.

Not surprisingly many of the children and young people were well known to social work services at an early age. Nearly three quarters were under 12 when first in contact with social work. Almost half (48%) were under the age of criminal responsibility (8 years) with 19% of the sample being 4 or under. Around a fifth (21%) were aged 13 to 15; and the remainder were 16 or over at time of first contact with social work. The age at which these young people came into contact with the specialist services for dealing with their problematic behaviour, that lead to their inclusion in this exercise, was recorded in 93 of the 189 returns, with ages ranging from 9 to 17 years¹. Half (51%) of these 93 children and young people were referred between the ages of 13 and 15, while 30% were referred between the ages of 9 and 12.

Children under 8 at their first contact with social work were more likely than older children to have come to the attention of social work for child protection or child care issues. Children aged 8 to 12 at first contact were most likely to first come to the attention of social work in relation to child protection issues as opposed to offending or being beyond parental control. Those aged 16 and over were most likely to have come to the attention of social work for reasons of offending; no details of the type of offending are recorded.

Legal and Monitoring status

Less than half of the young people (40%) were currently subject to a supervision requirement although nearly half (49%) were 'known' to the Reporter to the Children's Panel. It was not possible to establish from the returns how many of these compulsory orders were directly based on the problem sexual behaviour. This may reflect a weakness in the monitoring form, which will be rectified, but may equally reflect issues of agency recording and the operation of the Children's Hearings. Females were more likely to have been the subject of some form of Supervision Order (73%) than males (39%), and were more likely to have been 'looked after' under the Children (Scotland) Act 1995 (81% of females compared to 53% of males). A number of young people (11%) were reported awaiting either a trial or a Children's Hearing. Less than a third (30%) of the young people had been placed on the child protection register and only a very small percentage of the young people in the sample, 8% (15), had been placed on the sex offender's register by a criminal court.

While many of the children and young people (41%) had been subject to compulsory measures at some time in their lives, a little under half (45%) were recorded as working on a 'voluntarily' basis at the point of the survey. Also, 33% were not subject to any form of monitoring or review through child protection registration, sex offender registration or a supervision requirement at the time of the survey. While it is to be assumed that those working on a voluntary basis were subject to some form of internal review, the proportion not subject to formal monitoring is substantial. It is not possible to ascertain if this simply reflects the low risks and needs presented by these children or whether a 'rule of optimism', noted in many inquiries, is operating.

¹ Given that the youngest client age at January 2005 was 5 years old, the age at current referral to specialist sexual behaviour services will obviously be younger than the age 9 stated here.

Disruption and Trauma

Most of the children and young people referred for sexually problematic or harmful behaviour had experienced some kind of significant disruption to family life. At the time of referral just under half (48%) were recorded as living with parents or family and just over half in non-family care (52%) including foster care (30%). Of those reported as currently living with the birth parent(s), 7 had previously been in non-family care. In around two-thirds of cases (68%) care giving in the child's early years was reported as being insecure; the remaining third (32%) was recorded as secure. Information on trauma and negative environmental experiences were also recorded. Few children (12%) were recorded as experiencing no trauma while parental separation, abuse and neglect, and bullying was frequently recorded. Most children and young people were recorded as experiencing multiple trauma and disruption and over two thirds (70%) had experienced some specific form of abuse or neglect. In addition, a third (32%) were reported as having a learning difficulty and 15% were diagnosed as ADHD (Attention Deficit Hyperactivity Disorder).

Problematic and Harmful Sexual Behaviour

The nature of the sexual behaviour displayed was recorded using a number of measures. Classification based upon the Cavanagh-Johnson (1998) continuum of sexual behaviour in children was used. Not all practitioners use this classification so information was recorded in 142 cases (75%) only, with 36 of these having a 'don't know' response. Also, as Cavanagh-Johnson cautions against using this classification for children over the age of 12, the findings here must be treated with some caution. At least 46 of the 142 clients for whom this information was recorded were aged 13 or over at the time of referral and the Cavanagh-Johnson classification was used in the absence of any other. The classification consists of

- *Reactive sexual behaviour*: children who have been sexually abused and where their sexualised behaviour is a way of acting out confusion concerning their own experiences of being a victim of abuse.
- *Extensive mutual sexual behaviour*: refers to more pervasive and focused sexualised behaviours usually acted out on peers or siblings with persuasion but without force or coercion.
- *Abusive sexual behaviour*: refers to children whose sexual thoughts and actions are impulsive, compulsive and/or aggressive and who use coercion with victims.

The most common type of behaviour recorded (60%) involved *abusive sexual behaviour* followed by *reactive sexual behaviour* (51%), with those involved in *extensive mutual sexual behaviour* (17%) much less common. The classification allows for more than one category and the data includes multiple classification.

Information was gathered on the sexual behaviour involving physical force, manipulation or threats. Manipulation as part of the sexual behaviour was recorded in 70% of cases, physical force in 46% and the use of threats in 34%; multiple responses are included. Evidence of intent behind the sexual behaviour was largely unknown or considered insufficient to comment on. Around 12% of responses indicated that there was no intent present, while there was considered to be enough evidence to indicate intent in 39% of cases.

The way in which sexually problematic or harmful behaviour was manifest was recorded using the categories of *contact behaviour* (47%), *non-contact behaviour* (13%) or both (40%). The most common contact behaviours were touching others' genitals, either over clothing (37%) or under clothing (35%), while the most commonly recorded non-contact behaviour was abusive language (30%). Where the information was available (160 cases) around one third (31%) of the children and young people had one incident recorded, while half (51%) had been involved in up to 3 incidents. One quarter (23%) had been involved in between 5 to 10 incidents, and a small but notable number (16%; n=25) had been involved in 11 or more incidents.

Victims

Almost three-quarters of the children and young people had been involved with three victims or less, with most (41%) only involved with one victim. Over one quarter had four or more victims recorded. In most recorded cases (73%) young people knew their victims, with the victim frequently a sibling (27%). Victims

were more likely to be female (70%) than male (61%); 39% were recorded as having female victims only, 29% male victims only and 32% both male and female victims. Males were less likely to have only male victims, while female were likely to have only male victims. Unknown victims were recorded in only 15% of cases and this increased with the age of the young person. Only males were recorded as being involved with unknown victims and only in a very small number (5%) had a mix of known and unknown victims recorded

Concerning non sexual behaviour was also recorded for almost half of the children and young people (47%). Incidents of interpersonal violence and bullying were recorded for nearly a quarter of them (23% in each case). In a very small number of cases (10% or less in each category), incidents such as animal cruelty, self-harm, substance misuse, fire-raising and inappropriate urination/defecation were recorded in individual cases.

Summary

From the data reported above and from other information gathered too extensive to report here, it is clear that children and young people in contact with specialist services because of sexually problematic or harmful behaviour, display a wide range of characteristics, backgrounds and behaviours. However two broadly distinctive groups seem to emerge from this Scottish data which may require different approaches in terms of service provision and systems response.

The first group are those whose problematic sexual behaviour began to emerge at a young age, generally at 12 years or under. They were predominantly male, likely to be 'looked-after' at the time of their referral and to have had numerous out of home placements. Their first contact with social work services generally came as a result of child care or protection concerns and many were made subject to compulsory measures. Assessment of risk at the time of the referral was most likely to be recorded as low. They were likely to have experienced disruption and multiple traumas, and their early care-giving experience was most often recorded as insecure. Other concerning non-sexual behaviour such as cruelty to animals and fire-raising was likely to be recorded for this group. The sexually problematic or harmful behaviour itself was most often classified as reactive sexual behaviour occurring at home. These children were more likely to be involved in multiple incidents and to have multiple victims, both male and female. The victims were most likely to be siblings or at least known to the child.

The second group were young people aged 13 and above when the sexually problematic or harmful behaviour first emerged. All were males, many in the care of their family at the time of referral. These young people seemed to have had a relatively secure early care-giving experience, and to have been subject to few obvious traumas or negative environmental experiences. Their first contact with social work was often related to some form of offending, though only a small proportion had had involvement with social work services prior to their referral for problem sexual behaviour. Their sexual behaviour was considered more serious and focused (specific) than younger children and assessment of risk at time of the referral was likely to be recorded as high. Referral to the service by the courts was higher than average for the whole sample. The likelihood of engaging with them on their sexually harmful behaviour on a voluntarily basis seemed low. The problem sexual behaviour was likely to be classified as abusive sexual behaviour accompanied by the use of force, manipulation and threats. None displayed extensive mutual sexual behaviour. A high proportion of the behaviour took place in the outside community while the number of victims and incidents tended to be low. Most of these young males had only female victims, and over one quarter (27%) of victims were recorded as unknown.

The data on these Scottish children and young people present many similarities with that reported in the literature at the beginning of this paper and highlight the complex challenges in responding effectively to children and young people involved in sexually problematic or harmful behaviour.

Intervening Effectively

Research into the effectiveness of interventions with children and young people who have displayed problematic and harmful sexual behaviours is still limited. Nonetheless there is evidence to suggest that targeted interventions can be highly effective in reducing risk even for those considered ‘high risk’. As with all children and young people in trouble in Scotland, assessment and intervention should be holistic and multi-systemic in nature and address the specific difficulties in the context of meeting the broad range of social and developmental objectives presented by most of these children and young people.

Research seems equally clear that whilst the number of young people likely to pose a great danger to others is very small, we do not have a wide range of well established assessment tools to identify precisely who they are. Hackett *et al.* (2003) found a number of tools being used across the UK including ASSET (Youth Justice Board 2000), YLS/CMI (Hoge *et al.* 2002b), LSI-R (Andrews and Bonta 1999), ACE (Gibbs 1999), AIM (Print *et al.* 2001), which, with the exception of the latter, were not designed for the purpose of assessing risk of harm from such children and young people. Some specialist agencies in Scotland such as HALT in Glasgow and Lighthouse in Edinburgh have devised their own assessment frameworks. Given the uncertain nature of prediction in this field, it has been argued that we may never have very precise predictive tools (Morrison 2003). As a consequence good professional judgment and effective case management systems are a vital part of an effective response to monitoring, supervising and caring for these children and young people. Assessment should include an examination of onset, motivating factors, types of behaviour exhibited, changes in the behaviours over time and responses to attempts to resolve such behaviours. This should accompany

- a social history including significant loss, trauma and disruption;
- prior experiences of victimisation;
- wider social functioning, relationships and interactions;
- other behavioural issues;
- family environment and parenting style (see Barnardo’s 2005 and Chaffin *et al.* 2002 for greater detail).

The Inspectorate report on Colyn Evans recommended that specially designed programmes be delivered to young people displaying sexually problematic or harmful behaviour at a national level and be subject to robust external quality control measures. Programmes of intervention designed to focus exclusively on sexually abusive behaviours in young people seem limited in value if not part of an integrated developmental plan which is ‘multi modal’ and includes work focusing on personal development, family and relationships, and educational attainment (Righthand and Welch 2001).

Reviews suggest that approaches most in use are cognitive-behavioural ones which link thinking, feeling and behaviour, alongside relapse prevention, and psycho-social and educative approaches. Intervention plans should be tailored to the specific needs/risks of the individual and family, rather than applied mechanically to all. It seems clear that highly confrontational and punitive methods, sometimes adopted in dealing with adult sex offenders are likely to be counter-productive with children and young people. Equally there is little support for the use of medication as an effective means of controlling sexual behaviour with children and young people (Youth Justice Board 2005).

Intervention with families seems at least as important as individual work with the child. Most families, even the most problematic, have some strengths to build on. Intervention should assist parents develop a sense of self efficacy, to develop an effective parenting style in order to challenge and deal with problematic behaviour in a constructive and consistent way.

Meta-analytic reviews on What Works? with behavioural problems (Carr 2000) suggest a continuum of intervention is likely to be required from parent training in behaviour management, (more than 45hrs for a 12 month period) to family therapy (FFT) (up to 36 hrs) to multi-systemic therapy (MST) (up to 20 hours between 2 and 47 months) to special fostering. These kinds of interventions show promising

results in varying combinations of intensity and duration and are likely to be required alongside specialist programmes: for children under 8, parent training supported by telephone contact; for those aged 8-12 parent training supplemented by individual work on social skills and problem solving; for adolescents FFT aimed at helping parents develop problem solving skills to improve family communication and behaviour management, combined with individual interventions; for severe and long term adolescent problems MST aimed at improving functioning in a range of social systems, family, peer group, school, and the community. Specialist fostering has shown promising outcomes for young people with severe behavioural difficulties.

Developing an Effective Strategy

Sexually harmful behaviour by children and young people is likely to come to the attention of the Child Protection, Children's Hearing or Court systems at some time. However the Scottish evidence presented above indicates that at any given moment, many of the children or young people will not be subject to any robust system of monitoring or supervision. An effective strategy is required to ensure the respective pathways safeguard both the best interests of the child or young person and consider the interests of any potential victims.

Only a criminal court can place a person on the sex offender register and young people appearing before a Children's Hearing are not subject to these requirements. While Scottish Office Circular No: SWSG 4/99 advises local authorities of procedures for 'serious incident reporting', the guidance was not designed specifically to deal with vulnerable and risky children and young people. Children's Hearings can apply compulsory measures of supervision until a young person is 18 (s.70(3) Children (Scotland) Act 1995). While the paramount consideration is the best interests of the child, s.16(5) provides for a Children's Hearing to act 'in order to protect members of the public from serious harm (whether or not physical harm)'. Local authorities also have a range of duties and responsibilities to support young people beyond school leaving age by preparing them for when they cease being looked after (s.17), in providing suitable accommodation (s.25(3)) and providing advice, guidance and assistance (s.29) until their 19th birthday and in some circumstances until their 21st birthday. The SWIA report on Colyn Evans expressed concern that the management of young people dealt with through the Children's Hearing System are outside the terms of the Sex Offender's legislation and argues that young people involved in sexually harmful behaviour cannot just be cared for, the risks their behaviour presents must be managed effectively.

The ViSOR system can provide for monitoring of 'non registered' people who present ongoing risk to others because of sexual or violent offences. However the structure and approach remains a matter of judgment and often subject to interpretation. At the same time there is little clarity in the respective roles of local authority children services, including throughcare and after care provision, youth justice services and criminal justice social work in managing and caring for such children and young people, in collaboration with the police and other professionals.

There is strong support for graduated intervention for children and young people which does not label those who do not present a significant risk to others, or indeed that labels any child, as a 'sex offender'. The emphasis should be on intervention with children at the earliest opportunity following the identification of sexually problematic behaviours. Where, however, children and young people present significant risks to others, a robust and rigorous system of registration should be considered under Child Protection responsibilities; protection both in the best interests of the young person and of their potential victims, and which would operate alongside the use of compulsory measures. The number of young people in the study over 16 (37%) highlights the importance of Transitional Planning for leaving the Children's Hearings System and/or entering the Criminal Justice System.

Whatever the strategic developments in the future, current risk assessments should be integral to ongoing care planning and taken into account in case planning where there are potential risks to others. Few specialist assessment tools are available and none are specifically for females. The AIM (Assessment, Intervention and Moving on) assessment framework (Print *et al.* 2000) provides guidance for a wide range of practitioners including children, youth justice and criminal justice social workers, police, education,

and health professionals, and provides a common language and a shared approach to tackling sexually harmful behaviour. Risk Matrix 2000 (Thornton 2000) has been adopted by police and social work across Scotland for use for males aged at least 18 who have been convicted of a sex offence, but was not designed for use with children and young people. Other standardised assessment tools currently in use in Scotland such as ASSET, ONSET (Youth Justice Board 2003) and YLS/CMI can assist in identifying general crime related risks and social needs, and contribute to comprehensive and integrated action plans and to data management.

Work with young people involved in sexually harmful behaviour requires high levels of training and support for practitioners and their managers. The Inspectorate report recommended the establishment of an inter agency delivery unit to develop and lead training, create and disseminate the necessary protocols, standard procedures and monitoring mechanisms to improve practice across Scotland. It is hoped that this report will contribute to the realisation of these recommendations. Further analyses of the developing data base will help to reinforce the knowledge already gained from the monitoring but it is clear that more detailed research is required into the backgrounds of children and young people who display sexually harmful behaviour and how best to work with them. In the meantime, a number of specialist services currently exist and the Centre's Development Group members can provide specialist support and advice. Contact details can be found at www.cjsw.ac.uk.

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The Centre intends to establish an effective network for information exchange, dialogue and dissemination of good practice in Scotland. A 'virtual centre' to link practitioners and managers throughout Scotland and beyond is now available. Please see the website for further details.

Contact CJSW

We want to hear from you! Tell us what you think of the briefing paper and the website. If you have original data and/or would like to write a briefing paper or to share good ideas or any 'wee gems' about your practice, let us know. You can contact us at cjsw@ed.ac.uk

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