



HM Inspectorate
of Probation



Children and young people who have displayed harmful sexual behaviour

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Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth justice services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth justice services.

This report was kindly produced by Stuart Allardyce and Peter Yates to assist those working with young people who have displayed harmful sexual behaviour (HSB). As is set out, children and young people may display a variety of sexual behaviours, ranging on a continuum from developmentally expected and harmless behaviour through more worrying or problematic behaviour, to harmful and sexually violent behaviour. Adopting Hackett's (2026) revised conceptualisation, HSB is a term representing behaviours with clear victimisation or exploitation, which may be displayed by different kinds of children in different contexts (family, organisational, community, and online). Assessing what constitutes 'developmentally expected' sexual behaviour at different developmental stages and differentiating this from problematic or harmful sexual behaviour is not straightforward, with practitioners needing to build understanding of the social, emotional and cognitive development of the young person, while paying attention to any concerns in relation to reciprocity, relational context, informed consent, power imbalances, and exploitation.

Just as there is a continuum of behaviours, there needs to be a continuum of responses to HSB, and great care must be taken neither to over-respond nor under-respond to the risks and needs of these children. Planning and delivery must be tailored to the level of risk to and from the young person, their age, and the contexts in which they live and in which the HSB has taken place. Crucially, proportionate risk management measures need to be balanced by a supportive approach, paying attention to sexual interests, development and preoccupations, working towards the resolution of any past trauma, and helping young people to move on from their HSB through developing their emotional regulation, relationship and social skills. Bearing in mind that such skills need to be developed within the community, it is essential to work collaboratively and involve the family (with appropriate support), the school, and other community agencies. In essence, a holistic, ecologically-orientated and developmentally-sensitive approach is required, facilitating longer-term healthy development.



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The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation

1. Introduction

In an overview of studies examining the prevalence of child sexual abuse in England and Wales, Karsna and Cain (2026) concluded that at least 20 per cent of girls and 10 per cent of boys – around one in six children overall – are sexually abused during childhood. Studies examining online harm suggest that even larger proportions of children have experienced harmful sexual experiences, with up to one in four children in the UK experiencing sexual harm online by the time they turn 16 (Stevenson et al., 2026). While children and young people are thus often the victims of both online and offline sexual harm, what is often not considered is that a significant proportion of those who cause sexual harm to children are themselves under the age of 18.

The proportion of sexual crime perpetrated by young people themselves has, however, been known for some time. Information gathered from the police on the perpetrators of sexual offences against children in England and Wales by the Office of the Children's Commissioner (2015) identified 34,241 perpetrators over a two-year period (April 2012 to March 2014), one-third of whom – where age was known – were under the age of 18. A more recent analysis of all recorded crime involving children as victims in England and Wales in 2023 found that, where perpetrator age was recorded, just over half of the cases (52 per cent) involved reports of children aged 10 to 17 offending against other children. Fourteen was the most common age for coming to the attention of the police (Vulnerability Knowledge and Practice Programme, 2025).

The scale of sexual harm caused by young people themselves is also borne out by population-based prevalence studies. In the last major UK study of child maltreatment, Radford et al. (2011) found that 66 per cent of contact sexual abuse reported by children and young people was by other children under the age of 18. A more recent Australian child maltreatment study (Mathews et al., 2024) found that 16–24-year-olds were more likely to have been sexually abused by an adolescent than by an adult. The official youth justice statistics indicate that proven sexual offences by children rose by 47 per cent in 2023/24, a larger rise than for any other offence group, and by a further six per cent in the following year (Youth Justice Board, 2025; 2026).

In practice this means that most professionals working in childcare, safeguarding and youth justice will work with cases involving harmful sexual behaviour (HSB) at some point during their career. Many will do so on a regular basis. In addition, professionals who work with adults in the justice system are likely at some stage to work with adults who displayed HSB during adolescence.

Despite its prevalence and the increasing recognition of HSB as an important theme in child safeguarding, evidence-based service delivery and practitioner confidence are often lacking in responding to young people who display HSB. In particular, a common feature of poor practice in working with this client group is treating children and young people as 'mini adult sex offenders' and failing to bring a holistic, ecologically-orientated and developmentally-sensitive approach (Allardyce and Yates, 2018). Clements and colleagues (2017) surveyed 500 professionals working across a range of agencies in six participating local authority areas, asking respondents about their confidence in identification of HSB as well as in assessment and intervention with children who had sexually harmed others. Many practitioners and carers felt that they did not necessarily have the knowledge and skills for working directly with children displaying HSB. Notably, this included significant proportions of those who had worked with several such children over the previous year. Confidence did not increase with the number of

HSB cases staff had worked with. Other studies have highlighted similar gaps in knowledge and expertise amongst teachers (McInnes and Ey, 2020; Philander, 2018) and education psychologists (Waters, 2019).

These findings echo those of Quadara et al. (2020), who surveyed practitioners working for HSB services in Australia. The practitioners identified several challenges in how different service systems intersected and interacted in responding to young people who had displayed HSB, which could undermine the enabling principles of family/carer engagement, assessment, case planning, and supporting care and safety plans. Some of these challenges included:

- different thresholds, assessments, and prioritisation of risk amongst child protection colleagues
- differing levels of knowledge and specialisation regarding HSB between specialist services and child protection workers
- different expectations about capacity and role of child protection services as a key partner agency in safety plans
- instability and breakdown in care placements, possibly because carers were insufficiently supported to care for children who had displayed HSB.

Studies have shown relatively poor outcomes for children and young people who have displayed HSB in relation to welfare indicators such as housing, employment, mental and physical health, family relations and intimate partner relations (Hackett et al., 2024). Although there may be many underlying reasons, the labelling and stigmatisation of young people for behaviour that rarely persists into adulthood may be critical factors. It is therefore vitally important for professionals to have access to information and evidence to help build confidence and high-quality practice in working with this client group. With this in mind, this paper has been written to provide an up-to-date and accessible resource for practitioners.

2. Understanding and responding to harmful sexual behaviour by children

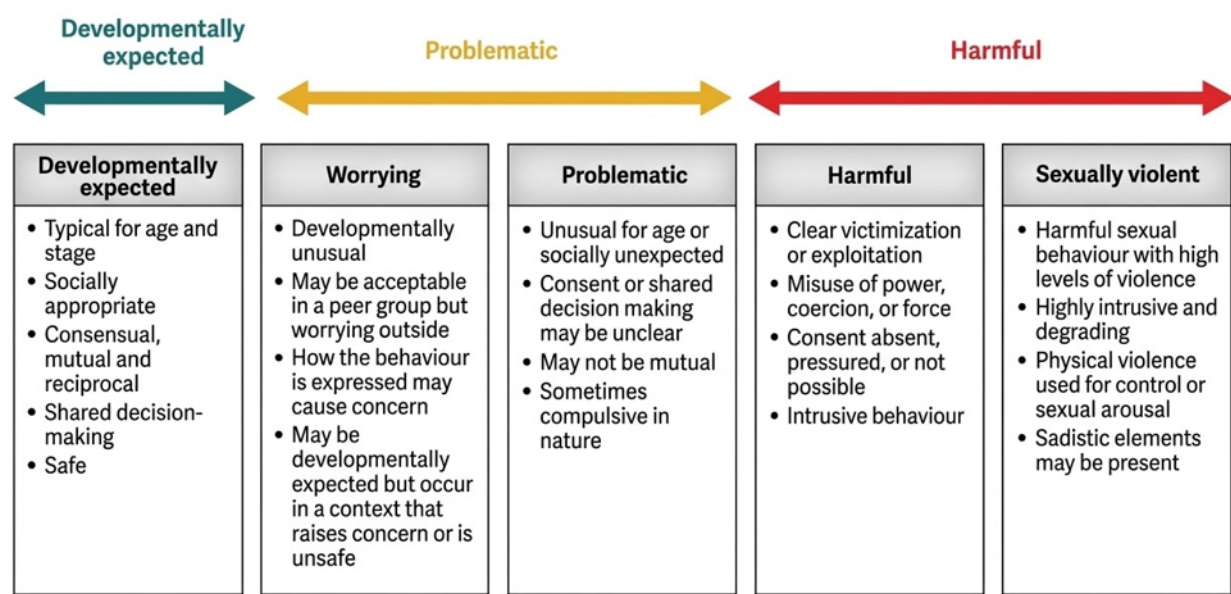
2.1 Understanding children’s sexual behaviour

Although a wide range of terms have been used to describe situations when adults become concerned about children’s sexual behaviour, this phenomenon has increasingly been described as ‘harmful sexual behaviour’ (HSB) in the UK, Australia and other jurisdictions. Hackett et al. (2019, p.13) define this term as follows:

‘Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult.’

As set out in Figure 1, children’s sexual behaviours may best be described as lying on a continuum from developmentally expected, through worrying, problematic, harmful and sexually violent behaviours (Hackett, 2026).

Figure 1: The Hackett continuum of harmful sexual behaviour (Hackett, 2026)



Developmental and contextual lens across all strands:

Child/development: age and developmental capacity • neurodevelopmental profile • understanding
Relationship/context: consent and reciprocity • equality and power • relational and peer context • culture, gender and identity • digital context • location
Pattern/impact: frequency and persistence • emotional tone • intrusiveness • impact, harm and safety

HSB is therefore a term representing behaviours with clear victimisation and exploitation. However, it has previously been used to describe heterogeneity of behaviours including inappropriate or problematic sexual behaviour as well as behaviour where victimisation is clear or involves sexual violence. In a justice setting it is therefore important to differentiate HSB that may constitute an offence from that which would not.

Practitioners' ability to determine if a child's sexual behaviour is harmful will be based on an understanding of what constitutes developmentally expected sexual behaviour in childhood as

well as an awareness of the social, emotional and cognitive development of the child or young person, while paying attention to any concerns in relation to reciprocity, relational context, informed consent, power imbalances, and exploitation. Children and young people may display developmentally expected sexual behaviours from early childhood onwards. For pre-pubescent children this means:

‘Natural and healthy sexual exploration... an information-gathering process wherein children explore each other’s and their own bodies by looking and touching (e.g. playing doctor), as well as exploring gender roles and behaviours (e.g. playing house)... The child’s interest in sex and sexuality is balanced by curiosity about other aspects of his or her life... The feelings of the children regarding the sexual behaviour are generally light-hearted and spontaneous.’ (Johnson, 2016 p. 1-2)

For adolescents this means behaviours that may include *‘kissing, flirting and foreplay (touching, fondling), [that] are more goal orientated towards intimacy, sexual arousal and orgasm’* (Araji, 2004, pp.20-22).

Assessing what constitutes developmentally expected sexual behaviour at each developmental stage is not straightforward. Some behaviours that are developmentally expected in young children are concerning if they continue into adolescence; other behaviours, expected in adolescence, would be concerning in younger children (Friedrich et al., 1998).

The level of assessment should be proportionate to the behaviours displayed, requiring only brief assessment when the behaviour is judged to be developmentally expected, but requiring more comprehensive assessment if initial indications are that the behaviour is problematic or harmful. Detailed assessment of children’s sexual behaviour is indicated if the behaviour meets any or all of the following criteria (Chaffin et al., 2002):

- it occurs at a frequency greater than would be developmentally expected
- it interferes with the child’s development
- it occurs with coercion, intimidation, or force
- it is associated with emotional distress
- it occurs between children of divergent ages or developmental abilities
- it repeatedly recurs in secrecy after intervention by caregivers.

Resources such as the [Brook Traffic Lights tool](#) and the [Young People’s Sexual Behaviours Mapping Tool](#) can be useful in recognising potential child protection concerns in relation to children’s sexual behaviour.

It is also important to recognise that HSB can occur in four different contexts:

Family settings: The vast majority of in-person sexual abuse by children and young people takes place within domestic spaces such as the family home or the homes of relatives or friends (Finkelhor, 2009). Between one quarter and one half of HSB involves relatives or siblings as victims (Thomsen et al., 2023; see also [Academic Insights 2025/10](#) by McCartan et al.), with 94 per cent of sibling sexual abuse having been reported to take place within the home of the child responsible or child harmed (Mullins et al., 2026). Abuse in substitute care settings can also occur.

Organisational settings: This includes HSB in primary and secondary schools as well as residential group living environments. Such sexual harm generally involves peers (including adolescent intimate partner violence) and in some contexts is described as peer-on-peer abuse (Firmin, 2018). There is growing awareness of abuse in school settings, with data collected by

the Guardian revealing that at least 8,500 sexual offences against under-13s were recorded by police as having occurred on school premises or nearby between 2021 and 2025 – equivalent to 4.7 offences reported each day. The data also detailed reports of at least 2,300 sexual offences against children aged 13 to 16, and almost 2,000 rapes and attempted rapes, with more than a third of the rape victims being children under 13. Bearing in mind that these figures were based on data provided by 33 of the 43 police forces in England and Wales, the true figures were likely to be significantly higher (The Guardian, 2026). In 2020, the UK-based activist Soma Sara established the *Everyone's Invited* website, where young people and young adults could share testimonies of sexual abuse or harassment experienced in school, college or university settings. By July 2025 the website hosted 52,499 testimonials from almost every secondary school in the UK.

Community settings: Sexual abuse in public spaces, open and accessible to the community at large, is less prevalent than in domestic and organisational settings (Smallbone and Wortley, 2000). Stranger rape offences by adolescents can happen but are rare. Acts of public indecency or peer sexual abuse, such as involving girls being pressured and coerced into sexual acts by boys, often in gang or group settings, are much more common. This may often occur in community spaces where young people congregate (e.g. parks, playgrounds, shopping centres, fast food outlets, disused houses, and stairwells).

Online: This involves HSB that takes place exclusively online or that takes place in-person but is facilitated by new technologies. Finkelhor et al. (2024), in a US survey of 2,639 young adults, found that of those who reported sexual exploitation online, around half had been abused by a peer or another child or adolescent.

There is considerable variation in the level of seriousness of the incidents that come to the attention of child protection agencies. Many of the sexual crimes committed by children and young people in the UK are of the utmost severity: 17 per cent of rapes and 24 per cent of sexual assaults of children in England and Wales in 2023 involved a perpetrator under the age of 18 (Vulnerability Knowledge and Practice Programme, 2025). Some, however, are dealt with outside court: the number of youth cautions for sexual offences increased by 27 per cent in 2024-25 (Youth Justice Board, 2026). Just as there is a continuum of sexual behaviours, there also needs to be a continuum of responses, ranging from broad educational inputs on consent and relationships for some problematic behaviours (see, for example, the [Shore website](#) in the UK), through to multi-agency public protection arrangements for the most serious sexual offences.

2.2 The needs of children who have displayed harmful sexual behaviour

It may appear obvious to state that children are different from adults, with distinct needs and vulnerabilities arising from their developmental status. Nonetheless, children and young people who have displayed HSB are often responded to in ways that are shaped fundamentally by assessment and risk management strategies designed for adult sex offenders. Research has conclusively shown that children and young people represent a distinct population from adults who commit sexual offences, and pathways into – and out of – these behaviours are very different for children when compared to adults (Lussier and Blokland, 2014). There is now a large body of scientific evidence to support the view that children and young people who have displayed HSB are not 'mini adult sex offenders'.

They are also a highly heterogeneous population, although some general characteristics emerge from relevant research:

Gender: The majority of children and young people who have displayed HSB are boys. Only between three and seven per cent of those who come to the attention of services are girls (Finkelhor et al., 2009; Fox, 2017; Hackett et al., 2013), although higher proportions of girls are identified in cohorts of children under the age of 12. Assessment and intervention should consider and address the role of masculinity and masculine identity (see [Academic Insights 2026/03](#) by King-Hill) as a factor in the aetiology of the behaviour. However, it is clear that girls do also display HSB and perhaps in higher numbers than official data suggest. While 8.2 per cent of sibling sexual abuse incidents reported to law enforcement in the United States involved girls as perpetrators (Krienert et al., 2024), survivor studies report up to 20 per cent of sibling sexual abuse cases involving girls as responsible for the harm (Mullins et al., 2026). Girls may be more commonly referred to services to support their needs as victims, despite presentations of behaviour similar to boys (Allardyce et al., 2021b).

Ethnicity: Ethnicity is under-examined in the literature and not always recorded in case files. Where it was reported, the ethnic background of the young people in a sample of 700 UK cases was broadly in line with that of the UK population (Hackett et al., 2013). More generally, intervention needs to be sensitive and responsive to the culture of the child and their family.

Age at onset of behaviour: Children under the age of 13 represent around one third of referrals to HSB services (Hackett et al., 2013), although children's sexual behaviour is more likely to be 'problematic' than 'harmful' in this age group, and may often be reactive to events the child has experienced or witnessed. In general, the younger the child, the more limited their cognitive development, and the more limited their repertoire of coping strategies. Most research has shown a significant rise in HSB from the age of 12 and peaking at age 14 (Finkelhor, 2009; Fox, 2017; Hackett et al., 2013). Ways of engaging children and young people need to be responsive to their stage of development.

Cognitive abilities and neurodiversity: Learning disability is consistently over-represented in studies describing children and young people who have displayed HSB. Children with learning disabilities represented 38 per cent of a sample of 700 UK cases (Hackett et al., 2013), and around one third of individuals referred to specialist services because of HSB have been reported to be autistic children (Russell et al., 2026). Approaches to assessment and intervention need to be responsive to intellectual and neurodevelopmental factors.

Experiences of abuse and maltreatment: A key theme in the research literature has been growing evidence of adverse childhood experiences and trauma amongst young people who have displayed HSB and their relevance for therapeutic interventions (Faure-Walker and Hunt, 2022). Balfe et al. (2019), for instance, found that in the total sample of 700 young people in their study, half had been sexually abused. Yoder et al. (2020) compared cumulative trauma experiences between young people who commit sexual (n=112) and non-sexual crimes (n=224) and found much higher rates of multiple traumas in the former group, although experiences of neglect were similar across both groups. Dillard and Beaujolais (2019), in a literature review examining 13 studies relating to over 16,000 adolescents adjudicated for sexual offences or identified to services because of HSB, concluded that: *'While the victim to victimizer trend is not a deterministic trajectory, the findings do lend support to a conceptualization of the population of sexually abusive youth as falling on a continuum of victimization and perpetration experiences, rather than being exclusively categorized as one or the other'* (Dillard and Beaujolais, 2019, p.643). Young people who display HSB will need to be supported to recover from any experiences of trauma, and in general the welfare needs of these children need to be addressed alongside any risks they may present.

Families of young people who have displayed HSB: Many studies report that a significant minority of the parents of children who have displayed HSB have problems with mental health and substance misuse, and a significant proportion may themselves have experienced poor parenting and childhood maltreatment (Duane and Morrison, 2004; Cherry and O'Shea, 2006). Discovering that their child has acted in a harmful sexual way towards others can place immense stress upon parents. Parents often report feelings of shock, denial, confusion, guilt, shame, anger, isolation and powerlessness. Feelings of hurt, love and anger can merge with conflicted priorities, particularly when the victim of harm is also a member of their own family (Yates et al., 2025). It may be entirely understandable that parents may cope initially by denying or minimising the seriousness of the behaviour, and such coping strategies need careful and gentle challenging. Parents require emotional containment, clear information and advice, and reassurance that most children, with appropriate help and support from professionals and the parents themselves, move on from their harmful behaviour (see section 2.3).

Victim characteristics: While the majority of children and young people who have displayed HSB are boys, the majority of victims are girls, with only around 20 per cent being boys (Finkelhor et al., 2009; Kjellgren et al., 2006). Other studies have recorded higher levels of victim crossover, with Hackett et al. (2013) finding that 30 per cent of their sample abused both males and females, while 51 per cent abused females only and 19 per cent males only. The victims of adolescents tend to be either peers or pre-pubescent children, with sexual assaults of adults being statistically uncommon. In Finkelhor et al.'s (2009) study of 13,471 US cases involving recorded sexual crime perpetrated by a child or young person, 59 per cent of victims were under the age of 12. Aside from these age and gender characteristics, the majority of victims are known to the young people who have harmed them. The victimisation of strangers is relatively rare. Risk assessments need to consider victim characteristics and make proportionate judgements about who may be at future risk of harm.

The impact of child sexual abuse generally is well documented, and studies of sibling sexual abuse have found that it can be every bit as harmful as sexual abuse by a parent (Yates et al., 2025). There is little research, however, on the impact of sexual abuse by children and young people more generally, although McKibbin and colleagues (2026), in a study of 26 victim-survivors harmed by other children, found their experiences echoed many of the findings about victim-survivors of adult-perpetrated child sexual abuse. The negative, lifelong impacts across all socioecological fields appear to be the same.

Nature of behaviour: A wide range of sexually abusive behaviours are described in various studies, although there is considerable diversity in how behaviours are defined and classified. In Finkelhor et al.'s (2009) sample, 24 per cent of cases involved rape, 13 per cent sodomy, and 49 per cent fondling. In an upcoming study (Hackett and Butterby, in preparation), analysis of 512 instances of sexual behaviour reported to police in a single UK geographical area over a 12-month period found that 58 per cent of cases were abusive, involving victimisation or coercion. One in five cases (20 per cent) were better described as problematic, where there was no identified victimising intent, including 'inappropriate touch' between prepubescent children and adolescent sharing of unsolicited images amongst peers. Sixteen per cent were worrying or developmentally expected, raising questions about how children's behaviours are perceived, regulated and policed.

Causes of behaviour: There is no single theory that explains the aetiology of all HSB. McKibbin and colleagues (2024) reviewed 43 papers examining factors associated with the onset of HSB. They identified 10 'pathways':

- child sexual abuse victimisation
- physical and emotional abuse
- living with domestic and family violence
- disrupted attachments
- sexual arousal
- antisociality
- pornography use
- inadequate sexual boundaries
- sexual attraction to children
- hypermasculinity.

Atypical sexual interests may be present for a proportion of young people, including a sexual interest in pre-pubescent children (Seto and Lalumiere, 2010). For some of these adolescents, this may be an exclusive and potentially life-course persistent interest. Research in this area is limited, but for some young people these sexual interests will be situational or contextual in nature. Some may have developmental delay, intellectual impairment, or autism. Supporting children and young people to move on from their HSB will therefore need to be responsive to their developmental and communication needs, involve therapeutic interventions regarding trauma, and include support to develop emotional regulation and social skills, paying attention to sexual interests, development and preoccupations.

Reoffending: Reitzel and Carbonell's meta-analysis (2006) of relevant studies found sexual recidivism rates of 19 per cent for young people who had not participated in interventions and seven per cent for those who had, while UK data suggests that the overall proven reoffending rate for those children whose index offence was a sexual offence is nine per cent (Youth Justice Board, 2026). Welfare outcomes in relation to employment, physical and mental health, and family and intimate partner relationships are often poor for a significant minority of young people who come to the attention of services because of HSB (Hackett et al., 2011). Assessment and intervention should consider that the majority of young people do not go on to reoffend sexually even without any intervention, and take seriously the potential for labelling and stigmatisation effects of unnecessary intervention. Assessment and intervention must also address risks beyond those of sexual harm as well as the wider welfare outcomes for these young people.

2.3 Responding to harmful sexual behaviours

Immediate responses to HSB depend on interacting considerations relating to the level of risk to and from the child and young person, their age, and the contexts in which they live and in which the HSB has taken place. The primary professional consideration must be to safeguard and promote the wellbeing of the children involved, which will include deciding whether action should be taken under child protection procedures, both to protect the victim and to address concerns about what may underpin the child's HSB. Where concerns are below the threshold of significant harm towards or caused by a child, there may still be a need for co-ordinated assessment and support to address underlying needs.

There is broad consensus across the current literature that effective intervention should extend beyond individual work and should include school and community supports as well as family engagement (e.g. Shlonsky et al., 2017; Quadara et al., 2020). Parents have a critical role to play in promoting safety and helping their child to move on from their harmful behaviour. The parents' strengths and protective capacities need to be identified and harnessed, as well as offering sensitive support to help parents to understand the likely causes of the harmful behaviour and the recommended collaborative responses to it.

A risk assessment should be carried out to determine whether the child or young person should remain within the family home and, if necessary, to inform the decision as to what might be an appropriate alternative placement. Such assessments should draw on a recognised and

validated tool where possible, such as AIM-3, J-SOAP II or PROFESOR (Leonard and Hackett, 2019; Prentky and Righthand, 2003; Worling, 2017). This should be bolstered by an analysis of family dynamics, including sibling dynamics where relevant.

In order to explain the underlying mechanism of the presenting behaviour and direct intervention, the assessment should formulate (Logan, 2014):

- the predisposing factors underlying the behaviour
- the precipitating factors that help us to understand the dynamic nature of risk
- the perpetuating factors that may serve to maintain the behaviour
- the protective factors that can help to mitigate risks and reduce risks in the longer term.

In simple terms, the assessment needs to answer the following questions:

- Why has the young person behaved in this way?
- How likely are they to do it again? To whom? And in what circumstances?
- What do we need to do now to manage the risks that are presented?
- What do we need to do in the longer term to reduce the levels of risk presented and to help the child to move on from their harmful behaviour?

It is likely to be helpful to consult with practitioners experienced in the area of children and young people's HSB when attempting such a risk formulation. In the event that an alternative placement is needed, residential staff or foster carers need to be fully informed about the HSB and a risk management plan drawn up to support the placement. Teamwork between all involved is the key to safety.

Every child's plan must be holistic and tailored to the needs of the particular child, the risks they may present, and the context in which they live. Proportionate risk management measures are essential but must be balanced with nurture, encouragement, and opportunities for the child to develop healthier social and relationship skills. Disproportionate risk management plans which stifle children's opportunities to develop social skills are likely to increase the risks of harmful behaviour in the future. Such skills need to be developed within the community, so it is essential to involve the family, the school, and other community agencies. A recent systematic review of evidence around assessments and interventions in relation to HSB concluded that current models and evaluations do not sufficiently emphasise wellbeing outcomes (McPherson et al., 2024) and fail to recognise that stopping a young person from sexually abusing others is insufficient as the only intervention goal (Hackett et al., 2024).

Plans should build on those skills and relationships that promote resilience. In general, each child requires individual attention within a systemic approach so they become more able to:

- overcome any problems with emotional and sexual regulation
- understand their own feelings and behaviours as well as the feelings and behaviours of others
- work towards resolution of any past trauma
- develop social and relationship skills in the context of home, school, and community
- meet their own needs in a socially acceptable way
- sustain longer-term change, anticipating future stresses they may encounter.

The Good Lives Model (GLM) adapted for work with young people is increasingly widespread as a practice model in the UK. In a survey of 39 UK service providers it was the most commonly cited intervention (Allardyce, Yates and Krother, 2021) and it is referred to in [NICE guidance](#). The basic tenet of the model is that children and young people who engage in HSB try to meet basic and universal needs in inappropriate ways. The goal of assessment is to identify what

those needs may have been, and the intervention is then framed around working towards the young person's engagement in alternative activities to meet those needs in more socially appropriate ways. GLM helps facilitate an ecological approach by providing clear and practical ways in which parents, carers and others can be involved in supporting the intervention plan and helping the child meet their needs in more pro-social ways.

[The youth-based adaptation of the model](#) recognises that children and young people will rarely have the skills, knowledge and authority to make significant changes in how they live their lives; they need the positive support of adults around them to make these changes. The model allows an element of co-construction, with goals set in partnership between practitioner and child. Evaluative data to date is positive (Print, 2013) and practitioners have reported finding it useful for ensuring that interventions are holistic, socially orientated, and encourage social development within the context of natural maturation (Vaswani and Simpson, 2015).

There is some consensus in the research and practice literature that involvement of family and carers is critical in intervention. NICE guidance notes that key goals in interventions should include '*encourag[ing] caring relationships between the child or young person and their family and carer, if it is safe to do so*' and '*Help[ing] carers create a sense of belonging and trust to ensure the child or young person feels safe, valued and protected*'. A recent systematic review of empirical evidence noted that family-based interventions contributed to reductions in reoffending, but there was a lack of evidence to date which clearly explored the specific nature of both family involvement and family-focussed interventions (Pritchard et al., 2025).

The role of schools should not be underappreciated in interventions for this client group. Yoder et al. (2016), in a study that tried to identify school-based risk and protective factors, retrospectively examined treatment provider records of 85 US young people who had been adjudicated for sexual offences. All were males, with a mean age of 14. One finding of this study was that disruptions to the school environment or more school changes led to reduced likelihood for treatment success, including treatment dropout. Low attachment to a new school environment and displacement from peer group were noted as issues for those required to move school. If moving to a different school is necessary, attention to transitions will be key. Unfortunately, our experience as practitioners tells us that school exclusion is far too common for many young people who have displayed HSB and will be particularly disruptive for those who have pro-social peers at school and who are progressing well educationally.

Conversely, the results of the Yoder et al. study showed that treatment success, measured by both treatment completion and specific outcomes, was positively associated with school-based protective factors. This was particularly true where young people engaged in extracurricular activities and when there was a member of a multi-disciplinary team connected to the school. The authors concluded that as young people are embedded in many ecological systems, school representatives – much like family members or caregivers – should be included in the active planning, communication, and supervision of those who have displayed HSB. This not only demonstrates that the school is committed to the success of the young person in moving on from harm but also provides for continuity in developing safety plans, identifying risk-taking behaviours, and granting privileges.

3. Conclusion

Children who have displayed HSB are children first and foremost, and whilst we must take seriously any risks they may present, this needs to be balanced by a supportive approach to help children and meet their wider welfare needs.

Children may display HSB in different contexts: family; organisational; community; and online. Risk and needs assessments must be responsive to these different contexts, and to the social, emotional and cognitive development of each individual young person. The risks of engaging in further harmful behaviour for most – although not all – children are low, and great care must be taken neither to over-respond nor under-respond to the risks and needs of these children.

Practitioners need to maintain a level of reflexivity around their attitudes and values so as not to respond to these children as mini-adult sex offenders. Additionally, due consideration needs to be given to early interventions when concerns are identified, working collaboratively with others (families, schools, and other community agencies) and foregrounding proportionate psychoeducational approaches to nudge children and young people onto more healthy developmental pathways (Cairns et al., 2026).

Implications for practice

- Determine where the behaviour sits on the developmental and contextual continuum.
- Assess both the risk **from** and risk **to** the child displaying the behaviour.
- Avoid applying adult sexual-offending assumptions or interventions without developmental adaptation.
- Formulate the behaviour rather than relying solely on a risk category or assessment score.
- Involve parents or carers, schools and relevant community agencies where safe and appropriate.
- Keep restrictions proportionate and review them regularly.
- Include wellbeing, relationships, education and healthy development as explicit outcomes.
- Plan for sustainable reintegration rather than risk containment alone.

References

- Allardyce, S. and Yates, P.M. (2013). 'Assessing risk of victim crossover with children and young people who display harmful sexual behaviours', *Child Abuse Review*, 22, pp. 255-267.
- Allardyce, S. and Yates, P. (2018). *Working with children and young people who have displayed harmful sexual behaviour*. Dunedin Academic Press.
- Allardyce, S., Yates, P. and Krothe, G. (2021). *Future directions in intervention with children and young people who have displayed harmful sexual behaviour*. NSPCC.
- Allardyce, S., Yates, P. and Wareham, S. (2021b). 'How could a gender sensitive approach help us to identify and respond to children who have displayed harmful sexual behaviour?', in Bradbury-Jones, C. and Isham, L. (eds.) *Understanding gender-based violence: An essential textbook for nurses, healthcare professionals and social workers*. Springer.
- Araji, S.K. (1997). *Sexually aggressive children: Coming to understand them*. Thousand Oaks, California, Sage Publications.
- Araji, S.K. (2004). *Preadolescents and Adolescents: Evaluating Normative and Non- normative Sexual Behaviours and Development*. Abingdon, Taylor Francis
- Balfe, M., Hackett, S., Masson, H. and Phillips, J. (2019). 'The disrupted sociologies of young people with harmful sexual behaviours', *Journal of Sexual Aggression*, 25(2), pp. 177-192.
- Cairns, Lynne O., Hackett, S. and Rabe, J. (2026) 'Into the conceptual "sin bin": the contested positioning of children who display harmful sexual behaviours', *Journal of Sexual Aggression*, 1-18.
- Caldwell, M.F. (2002). 'What we do not know about juvenile sexual reoffense risk', *Child Maltreatment*, 7, pp. 291-302.
- Chaffin, M., Letourneau, E. and Silovsky, J.F. (2002). 'Adults, adolescents, and children who sexually abuse children: A developmental perspective' in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C. and Reid, T.A. (eds.) *The APSAC handbook on child maltreatment*. Thousand Oaks, CA: Sage Publications.
- Cherry, C. and O'Shea, D. (2006). 'Therapeutic work with families of young people who sexually abuse' in Erooga, M. and Masson, H (eds.). *Children and Young People Who Sexually Abuse Others*. Routledge: Abingdon, pp. 200-214.
- Clements, K., Ryder, B., Mortimer, E. and Holmes, D. (2017). *Workforce Perspectives on Harmful Sexual Behaviour: Findings from the Local Authorities Research Consortium 7*. London: National Children's Bureau.
- Dillard, R. and Beaujolais, B. (2019). 'Trauma and adolescents who engage in sexually abusive behavior: a review of the literature', *Journal of Child Sexual Abuse*, 28(6), pp. 629-648.
- Duane, Y. and Morrison, T. (2004). 'Families of young people who sexually abuse', in O'Reilly, G., Carr, A., Marshall, W.L. and Beckett, R. (eds.) *The Handbook of Clinical intervention with Young People who Sexually Abuse*. Abingdon: Taylor Francis.

- Faure-Walker, D. and Hunt, N. (2022). 'The prevalence of adverse childhood experiences among children and adolescents who display harmful sexual behaviour: a review of the existing research', *Journal of child & adolescent trauma*, 15(4), pp. 1051-1061.
- Finkelhor, D., Ormrod, R. and Chaffin, M. (2009). Juveniles Who Commit Sex Offenses Against Minors, *Juvenile Justice Bulletin*.
- Finkelhor, D., Turner, H. and Colburn, D. (2022). 'Prevalence of online sexual offenses against children in the US', *JAMA network open*, 5(10), e2234471.
- Finkelhor, D., Turner, H. and Colburn, D. (2024). 'The prevalence of child sexual abuse with online sexual abuse added', *Child Abuse & Neglect*, 149, 106634.
- Firmin, C. (2018). 'Contextual risk, individualised responses: An assessment of safeguarding responses to nine cases of peer-on-peer abuse', *Child Abuse Review*, 27(1), pp. 42-57.
- Fox, B. (2017). 'What makes a difference?: Evaluating the key distinctions and predictors of sexual and non-sexual offending among male and female juvenile offenders', *Journal of Criminal Psychology*, 7, pp. 134-150.
- Friedrich, W.N., Fisher, J., Broughton, D., Houston, M. and Shafran, C.R. (1998). 'Normative sexual behavior in children: A contemporary sample', *Pediatrics*, 101, e9.
- Hackett, S. (2026). 'The Hackett continuum revised: a developmentally and contextually informed framework for children's sexual behaviour', *Journal of Sexual Aggression*, pp. 1-26.
- Hackett, S. and Butterby (in prep) cited in Hackett, S. (2025). *Study on sexual violence and harmful sexual behaviour displayed by children: Nature, causes, consequences and responses*.
- Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2011). *Recidivism, desistance and life course trajectories of young sexual abusers. An in-depth follow-up study, 10 years on*. Durham University.
- Hackett, S., Phillips, J., Masson, H. and Balfe, M. (2013). 'Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers', *Child Abuse Review*, 22, pp. 232-245.
- Hackett, S., Holmes, D. and Branigan, P. (2019). *Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours (2nd ed)*. London: NSPCC.
- Hackett, S., Darling, A.J., Balfe, M., Masson, H. and Phillips, J. (2024). 'Life course outcomes and developmental pathways for children and young people with harmful sexual behaviour', *Journal of Sexual Aggression*, 30(2), pp. 145–165.
- Hollis, V., Belton, E. and Team, N.E. (2017). *Children and Young People who Engage in Technology-Assisted Harmful Sexual Behaviour*. London: NSPCC.
- Johnson, T.C. (2016) *Updated and Expanded - Understanding children's sexual behaviors - What's natural and healthy*. Available at: www.tcavjohn.com (Accessed: 02 September 2026).
- Karsna, K. and Cain, S. (2026). *The scale and nature of child sexual abuse: Review of evidence*. Centre of expertise on child sexual abuse. Essex Barnardo House.
- King-Hill, S. (2026). *Reframing masculinity for young men and boys*, HM Inspectorate of Probation Academic Insights 2026/03.

- Kjellgren, C., Wassberg, A., Carlberg, M., Långström, N. and Svedin, C.G. (2006). 'Adolescent sexual offenders: A total survey of referrals to social services in Sweden and subgroup characteristics', *Sexual Abuse*, 18, pp. 357-372.
- Krienert, J.L., Walsh, J.A. and Ingold, K.A. (2024). 'An empirical analysis of sibling sexual abuse: Examining offender, victim, and event characteristics in national incident-based reporting system (nibrs) data, 2018–2022', *Child Abuse & Neglect*, 162(3).
- Leonard, M. and Hackett, S. (2019). *The AIM3 Assessment Model: Assessment of Adolescents and Harmful Sexual Behaviour*. Manchester: The AIM Project.
- Lussier, P. and Blokland, A. (2014). 'The adolescence-adulthood transition and Robins's continuity paradox: Criminal career patterns of juvenile and adult sex offenders in a prospective longitudinal birth cohort study', *Journal of Criminal Justice*, 42, pp. 153-163.
- McPherson, L., Vosz, M., Gatwiri, K., Hitchcock, C., Tucci, J., Mitchell, J., ... and Macnamara, N. (2024). 'Approaches to assessment and intervention with children and young people who engage in harmful sexual behavior: A scoping review', *Trauma, Violence, & Abuse*, 25(2), pp. 1585-1598.
- Mathews, B., Finkelhor, D., Pacella, R., Scott, J.G., Higgins, D.J., Meinck, F., Erskine, H.E., Thomas, H.J., Lawrence, D., Malacova, E., Haslam, D.M. and Collin-Vézina, D. (2024). 'Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey', *Child Abuse & Neglect*, 147.
- McCartan, K., King-Hill, S., Adams, A. and Russell, D. (2025). *Understanding sibling sexual behaviour and abuse: A form of harmful sexual behaviour in children and young people*, HM Inspectorate of Probation Academic Insights 2025/10.
- McInnes, E. and Ey, L.-A. (2020). 'Responding to problematic sexual behaviours of primary school children: supporting care and education staff', *Sex Education*, 20(1), pp. 75-89.
- McKibbin, G., Green, J., Humphreys, C. and Tyler, M. (2024). 'Pathways to onset of harmful sexual behavior', *Victims & Offenders*, 19(5), pp. 739-777.
- McKibbin, G., Kuruppu, J., Hackett, S., Hamilton, B., Humphreys, C. and Lynch, O. (2026). "'The Victims Become the Scapegoats' – Victim-Survivors' Experiences of Children's Harmful Sexual Behavior', *Victims & Offenders*, 21(2), pp. 258-279.
- Mullins, E. et al. (2026). 'Sibling sexual abuse: What do we know about the characteristics of sibling sexual abuse? Stage 2 analysis of a 2-stage scoping review', *Child Abuse & Neglect*, 178.
- Office of the Children's Commissioner. (2015). *Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action*. London Office of the Children's Commissioner.
- Philander, R. (2018). *Management of children with sexual behaviour problems, between the ages of five to nine years old, by educators and social workers*. University of the Western Cape.
- Prentky, R. and Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) Manual*. Bridgewater, MA, Justice Resource Institute.
- Print, B. (2013). *The Good Lives Model for Adolescents who Sexually Harm*. Brandon, Vermont: Safer Society Foundation

Pritchard, E., Merdian, H.L. and Gresswell, M. (2025). 'The effectiveness of family interventions for harmful sexual behaviour in young people: a systematic review', *Journal of Sexual Aggression*, 32(2), pp. 375-406.

Quadara, A., O'Brien, W., Ball, O., Douglas, W. and Vu, L. (2020). *Good practice in delivering and evaluating interventions for young people with harmful sexual behaviours*. Sydney: ANROWS.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.

Reitzel, L.R. and Carbonell, J.L. (2006). 'The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis'. *Sexual Abuse*, 18, pp. 401-421.

Russell, D., King-Hill, S., Allardyce, S. and Allely, C. (2026). *Harmful Sexual Behaviour and Autism: Working with Children and Young People*. Jessica Kingsley Publishers.

Seto, M.C. and Lalumière, M.L. (2010). 'What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis'. *Psychological Bulletin*, 136(4), pp.526-575.

Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J. and Kissinger, L. (2017). *Rapid evidence assessment: Current best evidence in the therapeutic treatment of children with problem or harmful sexual behaviours, and children who have sexually offended*. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Smallbone, S. and Wortley, R.K. (2000). *Child sexual abuse in Queensland: Offender characteristics and modus operandi*. Brisbane: Queensland Crime Commission and Queensland Police Service.

Stevenson, J.G., Krzeczowska, A., Moore, C., McFeeters, A., Li, S., Martellozzo, E. and Fry, D. (2026). *Into the Light Index: Data Update on Global Technology-Facilitated Child Sexual Exploitation and Abuse 2026*. Edinburgh: Childlight – Global Child Safety Institute. Available at: <https://doi.org/10.7488/ds/8122> (Accessed: 02 September 2026).

The Guardian (2026). *Thousands of child-on-child sexual offences reported at schools in England and Wales* [Online]. Available at: <https://www.theguardian.com/education/2026/oct/04/child-on-child-sexual-abuse-schools-england-and-wales> (Accessed: 15 October 2026).

Thomsen, L., Ogilvie, J. and Rynne, J. (2023). 'Adverse childhood experiences and psychosocial functioning problems for youths who sexually harm siblings', *Journal of Sexual Aggression*, 29(3), pp. 374-390.

Vaswani, N. and Simpson, S. (2015). *The use of Safer Lives in Scotland with young people displaying sexually harmful behaviours*. Glasgow Centre for Youth and Criminal Justice / University of Strathclyde.

Vulnerability Knowledge and Practice Programme (2025). *National analysis of police recorded child sexual abuse and exploitation (CSAE) crimes (2023) report for England and Wales*. Norfolk: Vulnerability Knowledge and Practice Programme.

Waters, J. (2019). *Turning a blind eye? Teachers' lived experiences of child-on-child harmful sexual behaviour at three schools in the UK. An interpretative phenomenological analysis*. Cardiff University

Worling, J.R. (2017). *PROFESOR: Protective+ risk observations for eliminating sexual offense recidivism* (Online). Available at: <http://www.drjamesworling.com/profesor.html> (Accessed: 02 September 2026).

Yates, P. et al. (2025). 'Sibling sexual abuse: What do we know? What do we need to know? Stage 1 analysis of a 2-stage scoping review', *Child Abuse & Neglect*, 162(3).

Yoder, J.R., Hansen, J., Ruch, D. and Hodge, A. (2016). 'Effects of school-based risk and protective factors on treatment success among youth adjudicated of a sexual crime', *Journal of Child Sexual Abuse*, 25(3), pp. 310-325.

Yoder, J., Grady, M.D., Brown, A. and Dillard, R. (2020). 'Criminogenic needs as intervening factors in the relation between insecure attachments and youth sexual violence', *Sexual Abuse*, 32(3), pp. 247-272.

Youth Justice Board. (2025). *Youth Justice Statistics 2023-2024: Insights*. London. Youth Justice Board.

Youth Justice Board (2026). *Youth Justice Statistics 2024-25*. Available at: <https://www.gov.uk/government/statistics/youth-justice-statistics-2024-to-2025/youth-justice-statistics-2024-to-2025#children-cautioned-or-sentenced> (Accessed: 02 September 2026).

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