CHILDREN AND YOUNG PEOPLE IN CONFLICT WITH THE LAW: POLICY, PRACTICE AND LEGISLATION

Section 15: Managing Risk of Serious Harm

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Contents

1. Introduction

Any approach responding to the risk of serious harm from aspects of a child's behaviour towards self, others, or both must be through child protection, and grounded in child's rights and developmental principles. Balancing the rights of individuals alongside those of the wider community is critical. A child protection lens promotes a comprehensive response that considers the safety, health, and developmental needs of all children involved, both those who may cause harm and those harmed. Embedding the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC) into risk practice by ensuring all actions are non-discriminatory (Art.2), promote the child's best interest (Art.3), support their right to life and development (Art.6), and provide opportunities for their voice to meaningfully shape decisions (Art.12) (Council of Europe, 2010; UNCRC, 1989) whichever formal risk reduction process is utilised, is essential. It is important to apply risk practice frameworks equitably to all children ensuring they receive appropriate support tailored to their needs without discrimination.

Taking a human rights-based approach holding children at the centre prioritises their safety, wellbeing, and development recognising that in order to support their evolving capacities and transition into adulthood they require a range of supports to promote their increasing agency, citizenship and positive contribution to society (CRC/C/GC/20, 2026). By embedding the UNCRC guiding principles into risk practice and processes this will create interventions that are rights based, equitable, and supportive of a child, and their support systems. These guiding principles are also enshrined in GIRFEC and the Whole System Approach (WSA) (Scottish Government, 2021).

Recognising the inherent power imbalance when there are concerns of a risk of serious harm from aspects of a child's behaviour, requires a collaborative and empathic approach that comes from a strengths perspective, maintaining open communication and awareness of cultural sensitivities. Such responses to children do not minimise the potential and actual harm caused. Rather, this demands we understand how the harmful behaviour has occurred, what needs it may be meeting, so that safe opportunities can be created for a child to develop positive ways of thinking, relating to others and meeting their needs.

This child first approach (Case & Browning, 2021) necessitates a developmental, systemic and trauma informed approach to address, and reduce the potential or severity of harm from children's distress behaviour (Sadie et al., 2023). It is only through building capacity and skills that the likelihood of harm occurring and the impact of any such harm will be reduced beyond the involvement of services. If a child is only seen through the 'risk of serious harm lens', the response may prioritise risk management measures such as containment and control. This dual approach ensures a model that is focused on protection at an individual and community level, whilst building capacity and support behaviour change.

Many children whose behaviour may pose a risk of serious harm to others will have complex needs and may have experienced multiple traumas in their lives (Creeden, 2013). Services therefore need to manage the risks children's behaviour may present, in order to promote public safety, whilst respecting their rights as children and supporting them to address their behaviour and realise their full potential (see Section 3).

A high level of knowledge and expertise is therefore required. As some teams will infrequently work with children and young people whose behaviour presents a risk of serious harm, it is

important practitioners can access support from specialists with experience to share knowledge and skills. Appropriate, high-quality reflective supervision and support to staff is essential, as responding to and reducing harmful behaviours of a serious nature can cause high levels of stress and anxiety for professionals, at times causing conflict across the responding systems when trying to step beyond the often binary responses when a child's behaviour causes harm to others (Firmin et al., 2024; Marshall, 2024; Shaw & Greenhow, 2019). This can be exacerbated by public attention and media coverage, consequently driving risk averse practice (Hickey & Wallis, 2023; Sprott, 1996).

2. Reframing Harmful Behaviour

2.1 Harmful Behaviour as Distress Behaviour

Some children and young people will present with behaviour that causes harm to themselves and others. This may often be described as challenging behaviour. However, reframing this challenging behaviour as distress behaviour enables us to view such behaviours in terms of what the child may be communicating through these behaviours that can be harmful to themselves, as well as others (Sadie et al., 2023). We must recognise the impact of the consequences not only to the child harmed, but also on the child acting harmfully. Developmental opportunities can be hindered, as often this will result in restrictions and in some cases deprivation of liberty when a child's behaviour causes or has the potential to cause serious harm. It is important to recognise there is often an overlap between behaviours that cause harm to self and harm to others (Murphy, 2018).

This reframing does not minimise the harm or potential harm that a child or young person's behaviour may or has caused but seeks to ensure that it is understood through the lens of child protection. By protecting children from causing harm this protects others as well as the child themselves. It is only by understanding the impact of a child's life and the relationships and spaces in which they live that interventions and supports can respond to their needs, whilst building capacity and the skills required within the child and their network of support, to realise their potential.

Distressed behaviour can take many forms including:

- Verbal and Physical abuse
- Self-Harm
- Violence
- Anger
- Harmful Sexual Behaviour
- Refusal to stick to rules and boundaries
- Body Image and Appearance Related Harms
- Bullying - online and offline
- Ideological harm
- Child and Adolescent to Parent Violence and Abuse (CAPVA).

2.2 Continuum of Harm

Children's behaviour must be seen on a continuum. This recognises that many of the underlying factors (social environment, trauma, family context, neurodevelopmental presentations, poverty, community) and their interaction, can contribute to the development of different types of harmful behaviours. This can include children displaying similar behaviours for different reasons, or different behaviours for similar needs (Hackett, 2010; Mcneish et al., 2023).

Considering children's harmful behaviour as occurring along a continuum supports proportionate, holistic responses to a child and their support system, matching the severity and context of the behaviour. This must be framed within a holistic understanding of the child and their support networks, not just at an individual level but for those caring for and supporting the child. It is imperative to consider for the child and their parents or carers and wider support, the developmental stage and capacity, any experiences of trauma and how the system and individuals may be affected by this, neurodiversity needs and the wider context within which the behaviour has developed, and how it has been effective for the child. This reframing aligns with a public health and trauma-informed model of prevention and early intervention. It is important to recognise that not all harmful behaviour displayed by children and young people suggests they will continue this through adolescence into adulthood. Many children will not continue to present with harmful behaviour if given appropriate supports (Allardyce & Yates, 2018).

This approach does not exclude specialist interventions, recognising that for some behaviours such support may be required when the practitioners involved do not have the necessary skills and experience. However, when a specialist response is required, this must be integrated within a child protection response and an overarching, unified framework of child-centred risk practice and support (Council of Europe, 2008; Risk Management Authority, 2025).

3. Key Messages from Research on Harmful Behaviour by Children and Young People

Children and young people can display a wide range of harmful behaviours that as mentioned may appear distinct on the surface - such as violence, harmful sexual behaviour, online abuse, and ideological harm. However, research consistently shows that these behaviours frequently co-occur and emerge from shared underlying vulnerabilities, such as trauma, exclusion, adverse childhood experiences, and unmet emotional or developmental needs (Firmin & Lloyd, 2020; Hackett, 2014; McAra & McVie, 2010)

Many children displaying one form of harmful behaviour are often navigating others, which are often (though not always) shaped by intersecting experiences of disadvantage, discrimination or neglect (Allnock & Atkinson, 2019; Firmin et al., 2021; NSPCC, 2019).

This intersectionality underscores the importance of a continuum approach to understanding harm, rather than viewing behaviours in isolation or through narrow category types (Firmin & Lloyd, 2020; The Promise, 2020). It also highlights the importance of a rights-based framework that reflects all a child's rights particularly those that relate to education, health, protection from violence, and recovery (Council of Europe, 2022; UNCRC, 2019). By considering the

complexity and potential overlap of different forms of harm, systems are better equipped to respond in ways that are holistic, contextual, and focused on both support and accountability (McAra & McVie, 2010; Scottish Government, 2021).

The following overview of different types of harm is not exhaustive but serves to illustrate the range of behaviours children may engage in or be affected by. Each example highlights how these behaviours are often underpinned by shared drivers and intersect with one another—reinforcing the value of understanding them through a continuum and rights-based lens.

3.1 Violence

Recorded violent crime has continued to reduce in Scotland, with a decrease of 2% from the end of December 2023 to the end of December 2024, with violent crime having fallen by 58% from 2008-09 to 2021- 22 (Scottish Government, 2025; Scottish Government, 2019a). Over the past 20 years the greatest reduction in homicide victims has been in the 16-24 years age group, and in the past five years between 2019-20 to 2023-24 this reduced to 29 in comparison to the 5years between 2004-05 to 2008-09 when 125 young people aged 16-24yeras were victims of homicide (Scottish Government, 2024). Although the number of children and young people engaging in violent behaviour is difficult to determine in Scotland, it appears that the biggest overall contribution to the reduction in violence is the reduction of incidents involving the use of weapons in public places (Skott & McVie, 2019). Offences of Homicide, Attempted Murder, Serious Assault and Robbery have all decreased across the age groups, however, the largest decreases were seen for those aged 16-24 years (Scottish Government, 2019). Despite this significant decrease, levels of violence appear to remain disproportionately high for male children and young people in the most deprived areas (Batchelor et al., 2019).

Information from the Scottish Police Authority (September, 2024) highlights that whilst violent crime recorded during 2023-2024 was higher than in recent years, mostly due to higher than usual levels of common assault being recorded, crime in Scotland remains at its lowest levels since 1974 (pg3). The same briefing paper notes that common assault accounted for 91.6% of all violent crime in the referenced year. During the referenced timeframe there were 13,695 violent crimes recorded where a young person was identified as the person responsible, the majority were common assaults (63.2%) and a further 31.7% were for threatening and abusive behaviour. These two crime types account for 19 out of 20 violent crimes where a young person has been identified as an accused.

These crimes are noted as occurring:

- Just over a quarter in open spaces
- Just under a quarter in residential schools/accommodation (raises questions regarding criminalisation of looked after children)
- Approximately 10% identified as taking place in educational premises (again, raises questions as to proportionate and appropriate responses to such behaviour).

Whilst non-fatal violence is more common and in contradiction to the available data is a growing concern among practitioners across Scotland about an apparent recent increase in violent incidents involving children and young people. These concerns often relate to increased weapon carrying, knife incidents, and group-based harm which may be associated with criminal exploitation or group-based issues, particularly in urban and economically

deprived areas. Although current statistical data does not yet fully capture these trends, professional reports and local intelligence highlight a shift in the nature and context of youth violence that warrants urgent attention and further investigation (Fraser et al., 2024).

A developmental, trauma-informed lens helps practitioners to interpret violence as often rooted in unmet needs or disrupted relationships. Children who exhibit harmful behaviours frequently have experiences of victimisation, adversity, or exclusion. However, it must be recognised that not all harmful behaviour stems from experiences of trauma and may be triggered by other factors. Thus, whilst trauma may be one lens that may assist in understanding how a behaviour may have developed, other factors must also be considered to ensure responses and interventions are guided by the right understanding.

This balanced understanding must underpin risk management approaches, and be accompanied by consistent efforts to identify strengths, restore safety, and support change. As highlighted in the FRAME for Children and Young People (Scottish Government, 2021) and the Risk Management Authority's revised Standards and Guidelines for Risk Management (2025), effective responses to serious harm should always begin with the child's unique story, identity and rights.

Definition of Violence

Violence is a broad term that can be difficult to define with precision with distinctions often made between various type of violence. The World Health Organisation (WHO) defines violence as:

> "*The intentional use of physical force of power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation*"

(Krug et al., 2002, p. 5).

The WHO (1969) categorises violence by the way it is inflicted: physical; sexual; psychological attack; and deprivation. The key elements highlighted in this definition include level of intent, whether coercion or force is used, and the potential for harm whether this is realised or not (Risk Management, 2011; Scottish Government, 2021).

There is often overlap between violent behaviour and harmful sexual behaviour (HSB). Some incidents, such as sexual assaults may be both sexual and violent. However, not all violent behaviour has a sexual component, and many HSB may not present as violent but instead are exploitative and coercive in other ways (Council of Europe, 2025; Hackett, 2010; Mcneish et al., 2023). Furthermore, in consideration of taking a continuum approach it is important to recognise that there may also be what appears harmful sexual behaviours that are not driven by sexual needs but stem from other needs such as collecting behaviours which may be associated with neurodivergent presentations and/or autism spectrum diagnosis (Raising Children Network, 2023). It is also important to recognise that behaviours may evolve to meet different needs from that which they initially stemmed, thus non-sexual harmful behaviours may later in a child's developmental stage begin to meet sexual needs or vice-versa (Hackett et al., 2016).

Childhood violence is a complex phenomenon. The Edinburgh Study of Youth Transitions and Crime has found that violence was common in early teenage years. However, this declined significantly over time (McAra & McVie, 2016). Most children who are involved in serious or continuing violent behaviour also engage in a wider range of harmful behaviours, such as non-violent offending behaviour, substance use, self-harm, unauthorised absences etc (Murphy, 2018). However, for some children, violence is the exclusive form of harmful behaviour.

Violence often co-occurs with other mental health difficulties or mental disorder. A study examining the mental health needs of children referred to a specialist project in Scotland, due to concern about their risk of harm to others, found that over 60% of the children were displaying symptoms indicating that they would likely meet the diagnostic criteria for four or more psychiatric diagnoses. Attachment disorder and post-traumatic stress disorder were overwhelmingly the most prevalent (Murphy, 2018). In a minority of cases, psychopathic traits can be a factor in violent behaviour, especially when aggression persists into and throughout adulthood. Although the early signs of psychopathy can be identified in adolescence, there continues to be differing views on the appropriateness such diagnosis in childhood. Concern often relates to the potential impact of stigmatising and labelling children and importantly the fact that personality is still evolving and highly malleable in the pre-adult years. Thus, only a qualified practitioner with an understanding of child development, using recognised and validated assessment tools, should consider any such diagnosis in adolescence. This is because it can be difficult to disentangle from other potential diagnoses linked to trauma, attachment and neurodevelopmental issues (Johnstone, 2017).

Violence is a predominantly male activity. In a Scottish context, most of the offending behaviour by females continues to be non-violent, and over the past ten years there is no evidence to suggest that it is increasing. Although the number of females convicted of a violent crime appeared to be on the increase in the early 2000s (McIvor & Burman, 2011), there is no recent evidence that this is the case. In fact, the evidence indicates that violent behaviour by females is decreasing, albeit at a less dramatic rate than in males (Scottish Government, 2019b). The Edinburgh Study on Youth Transitions in Crime found that whilst 33% of boys reported involvement in one or more episodes of violence at age 15, only 12% of girls reported this (McAra & McVie, 2010) (see Section 7: Diversity).

Persistent violent behaviour by children is associated with victimisation and social adversity. The Edinburgh Study of Youth Transitions and Crime (McAra & McVie, 2010) found that key predictors of violent behaviour for boys at age 15 are:

- Self-harm
- Crime victimisation
- Family crises
- Adult harassment
- Bullying
- Alcohol and drug use
- Early initiation of violence by age 12
- Poor parental monitoring
- Weak school attachment
- Peer offending.

Factors for girls were similar, although under-age sexual activity and risk taking were also factors statistically present in the lives of girls involved with violent behaviour at age 15. Children referred to the Interventions for Vulnerable Youth (IVY) service due to their potential risk of causing serious harm to others were found to have experienced high levels of adversity (Murphy, 2018; Vaswani, 2018).

Children at risk of serious violent behaviour often display violent behaviours in early years. Research examining a group of children referred to a specialist project in Scotland, due to concerns about their risk of harm to others, found that the mean age of first violence was ten years old, with two fifths of them engaging in violent behaviour prior to 11 years old (Murphy, 2018). There are a range of factors which may be predictive of future violence. These include;

- Bullying or being bullied
- Sporadic displays of aggression and becoming withdrawn
- Truanting from school
- Early formal involvement with police
- Associating with peer groups engaging in antisocial behaviour
- Behaviours such as fire setting and abuse towards animals
- Substance misuse before age 11
- Lack of positive peer influences in early adolescence.

(Loeber & Farrington, 2001).

Most individuals who engage in racially motivated violence are young and male. In Scotland, reports of hate crime have risen over recent years (Hamad, 2017). Those who engage in hate crime tend to be young, white, male, have previous convictions and be unemployed or in low paid employment (Hamad, 2017). One study that examined religiously aggravated offending in Scotland in 2015-16 found that 41% of the charges were against individuals aged 16-30, and 90% of charges were against males (Scottish Government, 2016).

However, data from COPFS (SG, 2024) highlights that in 2023-24, of the 5,992 accused in charges which contained at least one hate crime element, 4,736 or 79% were male. Accused were relatively more likely to be male for religiously aggravated charges (89%) and relatively less likely to be male for transgender identity charges (75%). In addition, that for the period 2023-24, 7% of accused in charges which contained at least one hate crime element were aged under 18, with a further 7% aged 18 to 20. Accused aged over 40 made up 37% of the total. Accused were relatively more likely to be aged 20 or younger for transgender identity charges (27%) and relatively less likely to be aged over 40 for disability charges (24%).

Children need 'safe spaces'. Despite the drop in violence within Scotland a new trend has began to emerge of online related. There has been work done on 'safe spaces' to prevent violence but this needs to continue and be built upon. (Fraser et al., 2024).

Intimate Partner Violence or teenage relationship abuse should not be ignored as an issue with children and young people. An NSPCC study of teenage partner violence found that one in four girls reported partner violence, with one in nine girls reporting serious partner violence (Barter, McCarry, Berridge, & Evans, 2009). In Scotland, in 2021-22 there were 302 incidents of domestic abuse recorded by the police where the victim and accused were both

under the age of 16 years. The number of incidents increased to 1,105 when the victim and accused were both under the age of 19 years. Under-reporting of this form of violence means that it often doesn't come to the attention of professionals working with children; however, the social prevalence of such behaviours may suggest that attitudes towards gender should be integrated into general intervention work around interpersonal violence.

Child and Adolescent to Parent Violence and Abuse (CAPVA) is often a hidden harm that takes the form of family abuse where children/adolescents use a range of harmful behaviours towards parents/caregivers in an attempt to get their own way, hurt or punish, communicate distress and/or control their environment (Baker & Bonnick, 2021). Abuse can also be sexual in nature. It can affect families from all cultures and backgrounds, and whilst both mothers and fathers are victims there is a gendered element with mothers tending to be the focus of the behaviour with sons being more likely to be noted by services.

> *"Abusive behaviour can represent an intentionally harmful and controlling dynamic with similarities to the 'emotional terrorism' of intimate partner abuse, or can be unintentionally harmful, representing 'functional' or 'expressive' forms of aggression used to communicate distress, anxiety or trauma. In many cases, it can involve both forms or can begin as expressive violence and develop into more coercive forms of abuse as time goes on. Abuse also often extends to other family members such as siblings or grandparents."*

(Baker & Bonnick, 2021).

3.2 Harmful Sexual Behaviour (HSB)

Sexual exploration and experimentation are normal parts of child and adolescent development and are important in shaping sexual identity and an understanding of relationships with others (Scottish Government, 2024). As part of this process, children may stretch the boundaries of developmentally expected behaviour in ways that are non-abusive. Distinguishing between experimental childhood sexual behaviour and inappropriate or abusive sexual behaviour can be a complex task (Scottish Government, 2024). It requires practitioners to have an understanding of healthy normative behaviour and issues of informed consent, power imbalance and exploitation (McCarlie, 2009). Further guidance on this subject can be found in the National Guidance on Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns. The Expert Group on Preventing Sexual Offending Involving Children and Young People identified the Brook Traffic Light Tool and Hackett's Continuum of children and young people's sexual behaviours as useful aids to assist practitioners in understanding the developmental appropriateness of sexual behaviours. Stop It Now have designed a tool to help parents and carers understand if a child's sexual behaviour is age-appropriate.

HSB has been defined as:

> *"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."*

This is in line with the definition adopted by the Expert Group on Preventing Sexual Offending Involving Children and Young People (Scottish Government, 2020).

HSB encompasses a range of behaviours, and the above definition recognises that sexual behaviours displayed by children can be problematic and harmful, but not necessarily coercive or abusive. Early intervention with problematic behaviours can reduce the escalation of HSB and prevent harm from occurring which may result in a child coming into conflict with the law.

In the UK, around 3% of all crimes committed by children and young people are sexual crimes. A consistent finding in the research is that around one third of sexual offences against children are committed by children under the age of 18 years old (Hackett et al., 2013) with a more recent study by the Centre of Expertise on Child Sexual Abuse acknowledging that the true prevalence is unknown. However, available data indicates that children are responsible for a significant proportion of child sexual abuse (Mcneish et al., 2023). An NSPCC report also highlighted that two thirds (65.9%) of contact sexual abuse experienced by children under 18 years was carried out by someone aged under 18. It is widely acknowledged that these figures are likely to be an underestimate of the level of HSB that occurs as many incidents will not be reported or detected; one study has found that four out of five children (82.7%) aged 11-17 who experienced contact sexual abuse from a peer did not tell anyone else about it (Radford et al., 2011). The Centre for Child Sexual Abuse (Mcneish et al.) 2023 reflects that a significant majority of HSB where a child is involved occurs between children that know each other, with Yates and Allardyce (2021) estimating that between one quarter and half of incidents of HSB involves siblings or close relatives such as cousins, nephews and nieces.

Scottish Government figures for recorded crime in Scotland indicate that sexual crimes continue to account for 5% of all crimes recorded in 2023-2024, just as the previous two years. The number of sexual crimes recorded by the police in Scotland decreased by 1% from 14,602 in 2022-23 to 14,484 in 2023-24. The 'Other Sexual Crimes' category has previously been on an upward trend for some time, with crimes increasing from 666 in 2013-14 to 1,707 in 2021-22 (up 156%). However, there was a 9% decrease in the most recent year, from 1,707 crimes recorded in 2021-22 to 1,559 in 2022-23. Research estimates that the growth was largely due to growth in cyber-enabled 'Other Sexual Crimes' such as 'Communicating indecently' and Cause to view sexual activity or images.' Almost a quarter of cyber-enabled crime had a victim and perpetrator who were both under the age of 16 years in 2016-17 (compared to 8% for non-cyber enabled crimes). A further 28% of these crimes were committed by 16–19-year-olds. This increase led to the setting up of an Expert Group on Preventing Sexual Offending involving children and young people. This group, which reported in 2020, commissioned research to further understand the prevalence and nature of HSB involving children in Scotland. Over a two-year period, there were 260 cases involving children reported to Crown Office and Procurator Fiscal Service (COPFS) by the police. A random sample of 96 of these cases was examined and revealed there were 45 cases of children charged with rape, attempted rape and/or sexual assault; 45 cases charged with 'other sexual crimes'; and six cases charged with both categories of offences (Scottish Government, 2020). The group also examined the 216 children referred to the Scottish Children's Reporter Administration (SCRA) in 2016-17 for allegedly committing at least one sexual offence. Of these, 29 were referred for rape and attempted rape, 101 for sexual assault and 117 for 'other sexual crimes.'

Adolescent white males continue to form the largest group of those who exhibit HSB. However, those from minority ethnic groups, younger children, females and those with a learning disability are to a lesser extent included in any statistical figures (Radford et al., 2011).

Key Messages from Research: Harmful Sexual Behaviour

- **Work with children who display HSB requires a child protection approach.** In all cases where a child presents with HSB, immediate consideration should be given to whether child protection measures are required, either to protect the individual harmed or because there is concern about what has caused the child who has harmed to behave in this way. This is covered in Part 4 of the National Guidance for Child Protection of Scotland.

- **Differences in profiles exist across types of HSB.** Research by Mcneish et al. (2023) has shown that there may be a range of differences between children who harm young children and those who harm peers; engage in contact and non-contact offending; only commit sexual crimes and those who commit non sexual offences and other offences; and those who engage in sexual offending on their own and those who engage in this behaviour within a group (Höing et al., 2010). Children with intellectual difficulties are often significantly overrepresented in those who have engaged in HSB (Hackett et al., 2013). This group are a particularly vulnerable and neglected group and may need specific intervention responses (O'Callaghan, 1998). The differences in profile highlight the importance of taking a holistic approach that understands the child within the context of their experiences, relationships and environments where they live their life.

- **The developmental pathways into HSB may vary between groups.** A Scottish study indicated that there may be different developmental pathways for boys and girls, and for those who develop these behaviours prior to adolescence and during adolescence (Hutton & Whyte, 2006). Girls in the study also had a much higher presentation of disclosed experiences of having been sexually abused, whilst children who started to display HSB before the age of 12 years seemed to have experienced more trauma and potentially negative environments than those over 12. Whilst limited, research also indicates that those engaged in Technology Assisted-Harmful Sexual Behaviour (TA-HSB) display different characteristics to those engaged in offline HSB and those engaged in dual behaviours (Jackson-Hollis & Belton, 2017; Scottish Government, 2020).

- **Most children who display HSB will not engage in further HSB.** Whilst there will be a small sub-group who may continue such behaviours into adulthood, research shows that targeted interventions can be highly effective in reducing risk, even for those children and young people where there is a higher risk of continuing harmful behaviours (Worling & Långström, 2003). Comprehensive assessment and multi-agency risk management through the Care and Risk Management (CARM) process, detailed in the Framework for Risk Assessment, Management and Evaluation (FRAME) with children aged 12-17 can assist in identifying individuals who may be at higher risk of continuing these behaviours into adulthood, without the provision of appropriate supports.

- **Sexual abuse often takes place in a secretive context and can involve targeting, coercion, or bribery.** Children who display HSB will often be known to the person who has been harmed and will sometimes be related (Yates & Allardyce, 2021). The person who has been harmed may be young and vulnerable and may be deemed not to be a 'credible witness'. When working with children, HSB can often be difficult evidentially to prove and we will not always have a clear legal mandate for assessment and intervention work. Motivation and engagement skills are necessary, along with careful consideration of ethical reasons for whether we should or should not engage in intervention work that directly discusses the HSB (Allardyce & McAfee, 2016).

- **Children displaying HSB should not be treated or responded to as 'mini adults.'** A holistic child-centred approach that considers the child across all the systems within which they exist - family, education, peer, and community - is crucial. Children benefit from more individualised and child-focussed interventions than the group work approaches designed for adults who engage in sexual offending (Hackett, 2014).

HSB and Technology

Children access the internet via phones, tablets, and computers for a range of diverse reasons and most offer them positive learning and development opportunities. Technology use is now thoroughly embedded in children's daily lives, with 91% of 12-15 years-olds and 49% of 8-11 year olds in the UK having their own smart phone (Ofcom, 2021). Research indicates that around a fifth to a half of all children and young people have been exposed to pornography online by the age of 16 years (Belton & Hollis, 2016). A recent UK survey of 11–16-year-olds found that 48% of them had seen online pornography, with the likelihood increasing as the age of the respondent group increased. Of those who reported seeing online pornography 34% reported seeing it once a week or more (Martellozzo et al., 2020). Furthermore, a survey of boys in HMP&YOI Polmont reported that their source of receiving information regarding sex was from online pornography (Scottish Government, 2020). Research conducted by the Children's Commissioner for England (2023) found that children were frequently exposed to online violent pornography that depicted 'coercive, degrading or pain-inducing sex acts', with 79% of those surveyed indicating they had been exposed to violent pornography before the age of 18. This is particularly concerning when considering the nature of a significant majority of online pornography, which may be exposing children to material which often depicts sexual behaviour within a context of aggression, abuse, violence, male dominance and female submissiveness that they are not developmentally sophisticated enough to interrogate critically. At very least for some children such exposure may create models of what is expected within sexual encounters and relationships, distorting expectations of behaviour, and body images that are both unrealistic and potentially harmful (Children's Commissioner for England, 2023).

There remains limited research regarding the link between inappropriate use of interactive technologies and HSB (Quayle, 2017). Again, it is important to consider that the impact of viewing pornography may be influenced by many factors that must be understood such as the type of material viewed, frequency and intensity, motivation for seeking out such material (Svedin et al., 2011). However, some broad areas of concern emerge from the literature in relation to internet use:

- Recent research that considered the impact of viewing online pornography found some evidence that those who used pornography frequently were more likely to engage in

physically aggressive acts (Children's Commissioner for England, 2023). Some research indicates the link between pornography use and self-reported sexually coercive behaviour has been found to be statistically significant (Stanley et al., 2018). There are some who argue that, with the increased availability of high-speed internet access and ease of access to pornography, pornography can become addictive in nature (Wilson, 2017).

- Vulnerable and often isolated groups such as those with intellectual difficulties or lesbian, gay, bisexual, transgender and questioning (LGBTQ) can often use the internet as a resource to explore their sexual identity and it can be one of the few sources of information available to them. It is thought that this may contribute to the risk of accessing inappropriate or illegal material, or being made vulnerable to grooming or exploitation (Palmer, 2015). Research by (The Trevor Project, 2024). The has evidenced LGBTQ+ young people have experienced disproportionate levels of sexual violence in comparison to heterosexual and cisgender peers.

- Children in conflict with the law through their use of technology, often have no history of offending behaviour or contact with social services, are of above average intellectual function and from backgrounds which differ to those of the general offending population e.g. not from deprived backgrounds (Aebi et al., 2014; Jackson-Hollis & Belton, 2017; Palmer, 2015; Scottish Government, 2020).

- Children and young people are estimated to be responsible for downloading between three and 15% of indecent images of children (IIOC) (Aebi et al., 2014; Belton & Hollis, 2016). This should raise questions, as referenced above, as to the motivation behind accessing/ viewing such images, the age of the child in the image viewed and the age of the child viewing the image as they may be seeking age appropriate individuals, and the motivation for the behaviour.

- A recent survey in Scotland highlighted that most children (78%) were aware that it is an offence to take a nude photo of themselves and share it if they are under 18. However, when boys in HMP&YOI Polmont were asked this question, only one of them was aware that it was illegal (Scottish Government, 2020). This also raises questions about how we ensure all children have access to the correct information and can understand it. It also may reflect that understanding what is legal and illegal is not always the prescient concern in the moment when children may make decisions that are potentially harmful for them and others.

3.3 Radicalisation and Harmful Ideologies

Children and young people can be drawn into harmful ideologies that promote violence, hate, or extremist worldviews for a wide range of reasons many of which mirror the drivers of other forms of harm. For some, this draw is not intentional or ideological, but instead rooted in developmental curiosity, a desire for belonging, status, or identity, or even sheer happenstance such as exposure through gaming platforms, social media like TikTok, or private messaging apps. These pathways are varied and, while research remains limited, there is growing consensus that radicalisation in young people is rarely about formal "membership" in extremist groups (White et al., 2024). Instead, it often reflects an intersectionality of a range of factors such as unmet needs, emotional vulnerability,

neurodevelopmental differences, experiences of discrimination, social isolation, as well as developmentally normative behaviour, such as sensation-seeking and identity exploration (Polizzi, 2025; Stephens & Sieckelinck, 2019) see also (Steinberg, 2022).

It is important to consider not only the starting point of this behaviour but how it can evolve. For example, a child accessing violent content or beheading videos online out of morbid curiosity may be on a path that gradually shifts whether through reinforcement from organised individuals or groups, or digital spaces that are unmoderated and serve to echo such beliefs, and ideologies normalising such views creating ideological alignment or deeper involvement (Corner et al., 2019; Gill et al., 2015; Weimann, 2012). These journeys increasingly reflect psychosocial forms of harm and require responses rooted in child protection principles, not criminalised or adult-centric risk management (Borum, 2025; United Nations Office on Drugs and Crime, 2017). A response that is developmentally attuned, trauma-responsive, and anchored in a rights-based understanding is also essential in this context (Decety et al., 2018).

The approach to understanding and responding to radicalisation must therefore echo the wider need for a developmental lens—one that moves beyond adult-informed perspectives and instead recognises the complexity of adolescent development. This requires a holistic view of children and young people across their lived experiences, developmental stage, relationships, environments, and both their strengths and vulnerabilities, as well as those held within the systems around them (Borum, 2025; Decety et al., 2018).

Taking a developmental approach means recognising that risk emerges through the child's relationships, experiences, and environments (Borum, 2025; Masten & Cicchetti, 2010). During adolescence children and young people are navigating rapid changes across identity, thinking, emotions, and social worlds, which makes them more open to influence, but also more open to support (Blakemore & Mills, 2014; Steinberg, 2022). As identified within FRAME (Scottish Government, 2021) Structured Professional Judgment (SPJ) provides a useful framework for making sense of this complexity. It's not about predicting who will cause harm, but understanding *why this young person, in this context, at this time*, through a lens that includes strengths, needs, and contextual dynamics (Borum, 2025; Hart & Vargen, 2023) recognises the need to protect children in such contexts.

Thus, a continuum approach to harm, that is flexible to recognise that many of the same characteristics or experiences such as a strong sense of justice, group belonging, or moral conviction can be protective in some contexts and harmful in others (Feddes et al., 2023; Shaw et al., 2024; Swann et al., 2024) is required. When we respond to radicalisation as a purely ideological or criminal issue detached from the child's development, trauma, and needs we not only misunderstand it, but risk causing further harm. We must consider in this context what our understanding that children's experiences may be similar however they can result in very different outcomes, and conversely that similar harmful behaviours may stem from very different needs and drivers means. Failure to do so results in responses that are reactive, exclusionary, and fear-driven, ultimately making it harder for children and young people to seek help and less likely that communities will be safe (Bronsard et al., 2022; Kenyon & Simpson, 2024; Marsden & Lee, 2022)

A truly developmental approach keeps the child and young person's rights, relationships, and capacity for growth at the centre. It promotes proportionate, relational, and responsive practice, grounded in understanding, not judgement and rooted in hope, not fear (Lerner & Steinberg, 2009).

4. Policy Context and Legislation

Whilst the principles and process of assessing and managing the risk of serious harm should be consistently applied in every case, the nature of the risk management arrangements and processes that will be put in place will depend on whether a child's behaviour is being managed under the welfare or criminal justice legislation.

In both cases, practice should be governed and directed by several key practice frameworks, namely:

- United Nations Convention on the Rights of the Child (UNCRC)
- Getting it Right for Every Child (GIRFEC)
- National Guidance for Child Protection of Scotland
- National Risk Framework (NRF)
- Framework for Risk Assessment, Management and Evaluation (FRAME) with children aged 12-17 and the Care and Risk Management (CARM) process

When working with children who pose a risk of serious harm through aspects of their behaviour (Allardyce & McAfee, 2016), in accordance with GIRFEC, practitioners should:

- Put the child at the centre and develop a shared understanding within and across agencies,
- Use common tools, language, and processes,
- Consider the child as a whole,
- Promote closer working where necessary with other practitioners.

In working with children who display behaviour which poses or may cause serious harm, the NRF (which is currently being updated) is designed to assess wider welfare and child protection concerns and may need to be applied in line with GIRFEC national practice guidance where such concerns are present. The Care and Risk Management (CARM) process, is a suggested best practice example that seeks to implement the FRAME practice standards in a rights upholding, child centred way that is developmentally, systemically and trauma informed. The guidance was developed to promote child focussed multi-agency practice that values the diversity of the roles, skills and knowledge of the various agencies involved. It is underpinned by GIRFEC and a shared understanding of the language, principles, and processes of risk management practice. It is also underpinned by the UNCRC articles. Whilst all articles are interdependent and indivisible the following articles may have particular resonance in responding, reducing and managing the risk of harmful behaviours, and are summarised on the UNICEF website as:

- Article 3 (best interests of the child): The best interests of the child must be a primary consideration in all decisions and actions that affect children.

- Article 12 (respect for the views of the child): Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right always applies, for example during immigration proceedings, housing decisions or the child's day-to-day home life. It is

not enough to seek the child's views but evidence and communicate how their and their parents/ carers views have been considered and informed the decisions taken.

- Article 20 (children unable to live with their family): If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language, and religion.

- Article 37 (inhumane treatment and detention): Children must not be tortured, sentenced to the death penalty, or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained, or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care and be able to keep in contact with their family, the interlink with article 20 reflects how a child's support needs to communicate must be upheld for example where English is not their first language or their parents. Children must not be put in prison with adults.

- Article 39 (recovery from trauma and reintegration): Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect, and social life.

- Article 40 (juvenile justice): A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate back into society.

4.1 Decision-making Processes

If a child aged 12-17 years old has been charged with a serious offence, there is a presumption that the child (until the full implementation of the Children (Care & Justice) (Scotland) Act 2024 this remains applicable only for children under 16s and those 16/17 years subject to CSO through CHS) will be referred to the Children's Reporter (Gibson, 2019). However, this presumption may be overridden and it may be jointly reported to the Procurator Fiscal (PF) in line with the Lord Advocate's Guidelines. A decision will be made by the PF where the case will be heard.

Where there is consideration that the risks posed by parts of a child's behaviour present significant harm to others, and formal risk management processes are required, the CARM process supports the multi-agency management of risk and is applicable irrespective of whether the child is subject to the CHS or the criminal justice system. CARM provides local authorities and practitioners with a template for child-centred practice in risk assessment, management and reduction with children whose behaviour may present a risk of serious harm to others within the context of GIRFEC and the Whole System Approach. CARM recognises risk management as the way we each jointly and distinctively reduce and, where possible, prevent the physical and psychological harm to others taking a child protection approach recognising that this is best achieved by protecting the child whose behaviour may cause harm from causing such harm.

CARM should be the primary framework for multi-agency planning for children aged 12-17years. In the small number of cases where Multi-Agency Public Protection Arrangements (MAPPA) is legally required (due to notification requirements), and irrespective of whether

they are remitted to the CHS, practitioners must ensure it is adapted to children's developmental and rights based needs (Dyer, 2017). All outcomes should be recorded in the Child's Plan, and practice must be child-friendly and trauma-responsive.

Inclusion of a child in MAPPA may also occur if they have been convicted of a crime which suggests that they may pose a risk of serious harm, are subject to statutory supervision in the community and where active multi-agency management is necessary to protect the public. MAPPA is the legislated management of risk and governed by Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. Any child who is subject to notification requirements under the Sexual Offences Act 2003 will be managed via MAPPA.

The processes relating to MAPPA are outlined in the MAPPA National Guidance (2022). The principles of evidence-based multi-agency risk assessment and planning are integral components of the MAPPA approach and the same principles within the FRAME guidance applied through a child lens. If a child should transition from the CARM process to being involved in the MAPPA process care must be taken to ensure it is adapted to meet the child's needs. Trying fit the child into an adult risk management process is unlikely to have the desired impact of reducing the potential or impact of harm occurring.

4.2 Risk Assessment Practice

All risk assessments should follow a process through which the best available information is identified, analysed, evaluated, and communicated to inform decision-making and action about managing and reducing risk. Whilst the focus of these steps and practice may vary depending on the needs, age, and developmental stage of the individual involved, as well as their parents and support systems, it must consider the social, emotional, psychological and contextual factors underpinning their behaviour. It must be proportionate, trauma-informed and responsive, as well as rights and strengths based (Risk Management Authority, 2025), with the broad process should always remain the same.

Where parts of a child's behaviour pose a risk of serious harm to others, the understanding and assessment of risk of harm should be comprehensive enough to provide a scrutiny of the risk. It should include a narrative formulation to explore the function of behaviours, patterns over-time, precipitating factors, protective factors or strengths that could be leveraged to become protective factors, and capacity for change (Hartnett et al., 2016; Risk Management Authority, 2025; Scottish Government, 2021). This will involve developing an understanding of the child and their support systems in terms of their development, attitudes, beliefs, coping strategies, behavioural patterns, relationships, goals, and environments in which they exist and the relationships across and within these contexts; child must not be understood in isolation.

If an appropriate and effective risk management and risk reduction plan is to be developed it must be collaboratively with the child and their parent/carer. It is essential for their participation and involvement to establish a good understanding of what they see as needing to change in their life, what might motivate that change and how the change process can best be supported over time as well and integrate with the view and assessments of professionals to aid prioritising and sequencing supports and interventions. This is the core of the WSA and also reflects the need to embed whole family support as identified within The Promise (2020). Pathways must be created if not in place which ensure universal access to holistic whole family

support that meets the needs of children and their family with more intensive support where required and reflects the 10 principles of family support:

- Community based
- Responsive and timely
- Work with family assets
- Empowerment and agency
- Flexible
- Holistic and relational
- Therapeutic
- Non-stigmatising
- Patient and persistent
- Underpinned by children's rights.

FRAME with children aged 12-17 highlights that assessment is a process that involves four key aspects: Identification, Analysis, Evaluation and Communication.

4.3 Identification

This step involves gathering and reviewing all relevant information across the wider systems within which the child lives, and identifying the:

- Historical and current factors relevant to the child and how these might impact and influence further harmful behaviour (vulnerabilities) or desistance (strengths)
- Nature of previous and current harmful behaviour
- Seriousness of previous and current harmful behaviour

In accordance with the GIRFEC National Practice Model and FRAME with children aged 12-17, this information should be gathered from a range of sources, including from the child themselves, family perspectives, multi-agency contributions, and records including chronologies.

4.4 Direct Work with the Child and their Support System

The child and their family will be a very important source of information and building effective and meaningful relationships with them will be critical. Direct work with them should seek to identify information about the following:

- An exploration of beliefs and attitudes that may underpin their harmful behaviour,
- The child's understanding of their own history and any prior experiences of victimisation,
- The family's understanding of their history, understanding of how this may influence the child's development and coping strategies
- Analysis of the function of the concerning behaviours (Fraser et al., 2010),
- Strengths, skills, and resources,
- Future plans and goals,
- Exploration of learning style,
- Understanding any speech, language and communication needs

- Consideration of developmental or neurodevelopmental needs
- Experience of previous interventions/support - what was helpful/unhelpful?

4.5 Involving Families in the Assessment Process

In addition to gathering information from the child, it is vital to recognise the important roles that parents and carers play in informing risk assessment.

Parents need to be involved with comprehensive assessments in meaningful ways; however, many parents whose children have been involved in harmful behaviour face social stigma, rejection, and hostility in reaction to their child's behaviour and may need considerable support. They may also struggle with acknowledging personal trauma or the extent of their child's behaviours. Engaging parents/carers using examples from Facing the Future (Hackett, 2001) can assist in addressing their emotional experiences or reactions.

It is important to recognise that parents and family's may be experiencing a range of conflicting emotions and creating a space in which they can express their emotions and feelings without judgement is critical. Also, to recognise that this is likely to be a traumatic and overwhelming experience for them, as well as the child, and their presenting behaviour which may be denial or disassociation is likely to be masking a complex interaction of feelings and emotions such as shame, guilt, grief and loss, as well as anger and fear.

Providing practical support at such times can be most helpful, providing information as often and in ways that they understand as they may not be able to process it due to stress, reassurance of walking alongside them throughout the journey and creating opportunity for agency and validation is important.

4.6 Risk Assessment Tools

The information gathered and the identification of the type of harmful and concerning behaviour(s), should inform which validated assessment tool(s) is appropriate. Risk assessment tools ground the assessment in an evidence base and aid consideration of risk. FRAME recommends utilising a structured professional judgement approach. It is the responsibility of the practitioner and the agency to be clear about which risk assessment tools they utilise within their local authority area. This may be guided by the Risk Assessment Tools Evaluation Directory (RATED) produced by the Risk Management Authority.

An appropriate tool is one that is suitable for the individual and in its application, practitioners should be aware of the impact of age, gender, race, mental health, and cognitive ability. To ensure that decision-making is responsible, ethical, and defensible, risk assessment tools must be applied in line with the guidance provided by the authors of the instrument and should only be undertaken by practitioners who are competent in the use of the instrument.

4.7 Analysis/Formulation

Having identified the relevant information from a broad range of sources, it will be necessary to analyse the relevance of this information in relation to the harmful behaviour. The analysis should include:

- Detailed analysis of past and current harmful behaviour in terms of the pattern, nature, seriousness, and likelihood.
- Application of a functional analysis to explore how, why, and when harmful behaviour occurs, periods when it doesn't occur, and any relevant risk and protective factors (strengths and vulnerabilities).
- A formulation that offers an understanding of the interaction and respective role of vulnerabilities and strengths as well as any protective factors relating to an episode of harmful behaviour; it should help to identify triggers and early warning signs which may assist in recognising and responding to imminence and inform meaningful risk reduction interventions.
- Identification of likely future plausible scenarios where harm may be more likely to occur, based on the evidence you have to inform the risk management and risk reduction plan, to develop contingency measures to prevent or reduce the impact of further harmful behaviour.

Used in the context of risk assessment, formulation is the process by which you generate a hypothesis about the factors which have contributed to a person developing harmful behaviours, and the factors which maintain those behaviours. The purpose is to help identify individualised targets for intervention that will manage and importantly reduce the risk of the harmful behaviour occurring. Formulation is the step that bridges the gap between identification and evaluation, by allowing us to analyse the risks as they apply to the individual. Formulation:

- Helps us consider how general theoretical or empirical knowledge applies to the story of the individual and family that we are working with,
- Helps us to understand why a difficulty exists rather than simply describing a set of symptoms, problems, or risk factors,
- Bridges the gap between describing risk and intervening to manage and reduce risk,
- Guides intervention by showing us the pathway that led to the behaviour,
- Is individually sensitive and specific,
- Allows us to understand complex or co-morbid cases where numerous problems exist together and interact with each other,
- Should additionally be trauma, vulnerability, developmentally and systemically informed, recognising that harmful behaviour is often a response to unmet need.
- Sequencing and prioritising interventions and support, using analysis and formulation to understand what order interventions must be sequenced. This builds the layers of skills upon which more complex and sophisticated skills and abilities evolve, that children may have missed in their development or not been taught as they focussed on survival skills.
- Being clear what external strategies will be required from others until the child and family can build their skills and abilities that allows responsibility for managing harmful behaviours to move to the family system and the child's ability to internalise the new skills and abilities becomes embedded. It must also recognise that some children may always need levels of external support to manage the potential for harm.

One of the most used methods of case formulation is the four Ps. For each P you identify the factors, circumstances, or behaviours, which contribute to the harmful behaviour:

- **Predisposing** - factors in the individuals past that may increase their tendency or vulnerability towards harmful behaviour. These might include impulsivity, early exposure to violence, insecure attachments with caregivers, neurological disorders etc.
- **Precipitating** - events or circumstances that may trigger the behaviour or disinhibit usual behavioural controls. These can be motivators or disinhibitors and might include intoxication, emotional collapse, a perceived slight or rejection etc.
- **Perpetuating** - factors that cause the risk of harm to remain. These might be impeders or unresolved vulnerabilities such as lack of parental management, a cognitive impairment, a learning disability, lack of stable/safe home etc.
- **Protective** - aspects of the individual that are functioning well or environmental circumstances that moderate the risk. These might include significant pro-social relationships, medication, motivation to engage in supervision etc.

Having identified the relevant factors for each P, the formulation combines the information and analysis into a narrative, which hypothesises how the various factors contribute to and influence the problematic behaviour.

Scenario Planning: An important part of moving from the assessment process to the risk management and risk reduction phase involves identifying how risk factors may manifest in the future. This helps to identify what action needs to be built into the risk management plan to avert these situations through trying to, "identify *potential early warning signs, monitoring and preventative strategies, and contingency measures aimed at avoiding negative outcomes and promoting more positive scenarios*" (Risk Management Authority, 2025, p. 17). Scenario planning can prove useful when considering what actions are required to manage the risk and involves a series of steps. Creating scenarios is not an attempt to predict harm but increasing understanding of the risks that need to be managed (Risk Management Authority, 2025).

Risk Management Authority (2025) suggests that each type of seriously harmful behaviour relevant to an individual and their context should have a 'likely' scenario detailing:

- 'What' – What is the risk? (What behaviours the child may engage in?);
- 'Who' – Who might be at risk from these behaviours? (Strangers, partner/ex-partner, other children, previous victims, associates, neighbours, identifiable groups, other), are there particular relevant victim characteristics? (Age, gender, vulnerability, relationship to the individual, race/ethnicity, professionals working with the individual, other);
- 'When' – When is the child more likely to engage in these behaviours? (Particular contexts, circumstances or environments);
- 'Why' – What would the motivations of the child be (what would they be looking to get out of the behaviours?);
- 'How' – Are there particular methods the child might use to engage in the behaviours?

A likely scenario can be made up of various components:

- A 'similar' scenario, such as a repeat of previous behaviours resulting in the same or similar harmful behaviour;
- A 'better' scenario, is there a realistic aspect of the child's behaviour that could show an improvement and what might be the impact, could there be a cessation of the

harmful behaviour and evidence of using other more helpful skills or a reduction in the frequency, seriousness or type of harmful behaviour;

- A 'worse' scenario, an escalation in the harmful behaviour such as a shift from low level violence to the use of a weapon, or could there be an increase in the physical or psychological impact of the child's harmful behaviour.

Credible scenarios should be analysed to identify the potential early warning signs, protective factors and/ or strength as well as vulnerabilities and/ or risk factors. Suitable preventive strategies and contingency measures should be developed to avoid the negative scenarios and promote scenarios that are more positive. These strategies should be incorporated into the risk management plan. It is important to create opportunities where positive behaviours and skills can be practiced safely, monitoring for evidence of these behaviours occurring across different contexts and different relationships will provide reliable evidence that risk reduction efforts are working (Risk Management Authority, 2025).

4.8 Evaluation and Communication

The third and fourth steps in the risk assessment process are evaluation and the communication of this. An assessment can guide a variety of decision-making processes, including Children's Hearings, CARM and/or Child Protection meetings, secure care screening groups and MAPPA. The purpose of the assessment is to inform the decision-making; the formulation and conclusions should be evaluated against the relevant decision-making criteria to determine the most appropriate course of action. The criteria may vary depending on the purpose of the risk assessment, and the circumstances and context of the child. In almost every case, evaluation will aid the decision-making process as to whether support, intervention strategies, and potential restrictions can safely hold a child in the community or whether deprivation of liberty is the only way to keep the child and others safe.

Risk is dynamic and influenced by context and time. As such, a risk assessment needs to capture the complex, changeable nature of risk and communicate an understanding of that risk in a manner that is relevant to the current task and the context of the particular decision-making process.

Terms such as 'high risk' have traditionally been used to attempt to highlight that children present a risk of serious harm, yet such terms fail to capture strengths and positive attributes and fail to identify the behaviour as a part of the child and not their whole identity. Labelling a child in this way also poses a challenge in a world of multi-agency working, creating stigma and assumptions based on subjective understanding and opinions informed by different professional viewpoints and agendas. This is irrespective of multi-agency positioning of GRIFEC which has sought to create a shared language.

A comprehensive assessment should end with not just recommendations, but clear actions attributable to individuals and/or agencies with discernible timescales. These should be drawn from a clear analysis of the behavioural concerns in a developmental context, a careful needs assessment and a detailed assessment of risk specific to that individual. The final report should include the following:

- A description of the problem (summarising the nature of the harmful behaviour and the likely scenarios that indicate what needs to be managed as well as promoted).

- The child and family's views and evidenced inclusion into decision-making and interventions and supports.
- A description of the process of assessment that has been followed (i.e. details of the sources that have informed the report, any risk assessment tools that have been used, and any particular methodology that has been applied).
- A summary of the relevant background information. This should include but not be limited to details about family structure and function; education; social, relational and sexual development; physical and mental health issues; substance misuse, any history of trauma and resilience factors.
- Findings from any risk assessment tools.
- An analysis of previous harmful or problematic behaviour and any attempts to modify it.
- A risk formulation which explains how and why the behaviour developed and how it is maintained.
- A summary of the likely and plausible future risk scenarios outlining who is at potential risk, the nature of the risk, the likelihood of the event occurring, and the possible triggers and outcomes.
- A summary of risk recommendations and actions, with a note of who is responsible for carrying these out (and associated timescales) that indicates how such measures will seek to manage the risks posed.
- Clear interventions to build skills and capacity highlighting strengths and how these can be promoted and increased; for both the child and their support system.
- Gaps and limitations to the assessment and what has been attempted to bridge these.

As noted, summarising risk in terms of high, medium, or low, provides no explanation of the risks posed by a child's behaviour, thus it might be helpful to conclude a risk assessment by offering an opinion on the following factors:

- The likelihood of the behaviour continuing or re-occurring,
- The imminence of the behaviour,
- The nature of harm most likely to be posed,
- Those likely to be harmed,
- The impact of the behaviour if it was to happen.

Additional consideration – frequency of review: Risk is dynamic, changing with time and context, so risk assessments must be reviewed and updated regularly, particularly if there is a significant change in circumstances (for example, further harmful behaviour or a move from secure care back to the community). This is particularly important given the developmental changes that can occur in childhood and the fact that their circumstances can change quickly. Reports should note when risk of harm should be re-assessed with, "mechanisms in place to facilitate supplementary reviews in response to significant positive progress, sudden deterioration, or significant change' (Risk Management Authority, 2025, p. 20).

Additional consideration - limits of professional competence: During the process of the assessment, if the worker identifies case-specific issues that may extend beyond the boundaries of professional training, qualification and expertise (Risk Management Authority, 2011), this should be referred back to the worker's manager to allow a decision to be made on how to proceed. The issues identified may require a decision to be made on the allocation of resources.

For defensible decision-making to take place and to ensure proportionate responses to risk, a range of risk management options should be considered.

5. Risk Management Practice

Local authorities should have in place a risk management process for children who display behaviours that pose a risk of serious harm that is firmly located within child protection. FRAME with children aged 12-17 proposes the CARM process as a best practice formal risk management process. It may be adopted by local authorities as a process with adequate alterations to represent local needs; however, local processes should be signed off by Child Protection Committees (CPCs) and grounded within broader public protection structures and processes (e.g. Community Planning Partnerships). Additionally, local authorities should be cognisant of areas of overlap and the need for CARM processes to complement rather than conflict with existing arrangements (e.g. secure screening panels). See table below.

Where aspects of a child's behaviour pose a risk of serious harm, a plan should be developed which clearly outlines how those risks will be managed and reduced. The key areas of this plan should be integrated with the Child's Plan.

The document 'FRAME with children aged 12-17' should be referred to for more detail on meeting these requirements.

The operational requirements for implementing CARM are as follows:

Requirement 1: Referrals to CARM must be made within one day of the behaviour coming to light.

Requirement 2: The initial CARM meeting should take place as soon as possible and no later than 21 calendar days after the referral discussion.

Requirement 3: CARM chair must identify appropriate practitioner to complete necessary risk assessments.

Requirement 4: Where a risk assessment has been completed in advance this should be provided five working days in advance to the chair.

Requirement 5: Lead professional is responsible for updating the Child's Plan to incorporate the risk management strategies.

Requirement 6: The CARM chair will establish attendees' views as to whether the child requires ongoing risk management through the CARM process or not, and the reasons why.

Requirement 7: Decision of CARM meeting should be reached by consensus, where this is not, it should be recorded and the chair will make final decision whether CARM process is required or not.

Requirement 8: A full minute approved by the chair of the CARM meeting must be circulated to attendees within 15 calendar days.

Requirement 9: The lead professional must communicate key decisions of the CARM meeting to the child and their parent/carer on the same day.

Requirement 10: CPC will provide oversight and scrutiny of the functioning of the CARM process, the decision-making, views of children and their parents/ carers involved.

Requirement 11: When a child subject to the CARM process has been involved in an incident, where further harm has resulted from their behaviour, the CARM chair must notify the CPC for consideration about whether a Learning Review is required.

5.1 Risk Management Plans

A risk management plan must be strengths based, trauma informed and developed collaboratively. It should contain several core elements:

- A risk assessment,
- Identification of the type of risks to be managed,
- The risk factors/vulnerabilities to be addressed and protective factors/strengths to be developed,
- Risk management strategies - monitoring, supervision, victim safety planning and intervention,
- Identification of early warning signs or measures of positive change,
- Contingency measures,
- Limitations.

An example of a reporting format for a risk management plan suitable for use with children can be found within 'FRAME with children aged 12-17'.

5.2 Monitoring

Monitoring involves several observational activities intended to identify changes, which indicate progress or deterioration and engagement with supports and interventions. These may be factors that could indicate imminence of harmful behaviour, a change in the type of harm posed, or a decrease in the current risk of harm. Monitoring is an active component of risk management, as it supports contingency planning and informs readiness to respond to change. For monitoring to be effective the professionals and adults supporting and working with a child, including their family, need to be aware of the events and behaviours to be observed (Risk Management Authority, 2025).

Examples of areas that might warrant monitoring include:
- Frequency of aggressive incidents,
- Frequency of unauthorised absences,
- Use of pornography (e.g. amount of time/content),
- Frequency of substance use, and type of substances used,
- The individuals the young person is spending time with,
- Where they are spending time,
- Frequency of engaging with supports and seeking advice/guidance,
- Frequency of engaging in positive activities or with positive peers,
- Use of social networking sites and the content of these,
- Emotional state and any changes in emotion or ability to regulate emotions.

Decisions on what requires to be monitored should be individualised and proportionate to the risk of harm presented. Prominence should be given to key factors, which may indicate that the risk of harm is escalating or imminent. Depending on the child's situation these could be monitored via parents/carers, professionals, and importantly the child themselves, or in some instances, through electronic monitoring.

5.3 Supervision

This refers to both the activity of overseeing the administering of interventions or supports and engaging with a child to establish a meaningful relationship to effectively include them and their support system in the process of change (Risk Management Authority, 2025). In terms of criminal matters supervision also relates to ensuring this is done in line with legislation and procedures to ensure and noted conditions or restrictions are applied (Risk Management Authority, 2025).

Supervision strategies should be informed by the formulation with vulnerabilities and needs amenable to change being supervised through supervision activities. Examples include:
- Building a relationship with an individual, and their family (those important to the child and part of their support network)
- Pro-social modelling
- Building social capital and competency through support networks, education and employment, as well as volunteering and mentoring
- Motivating an individual to engage and participate, and includes their wider supports
- Structured intervention that develop skills and strategies to promote pro-social alternatives
- Restricting association, preventing contact with specific peers or adults (including previous or potential victims),
- Restricting activity e.g. preventing a child from attending classes unsupervised,
- Restricting movement e.g. curfews, travel bans and prevention from going to certain areas,
- Preventing telephone or postal contact with previous victims.

A balance must be struck between the child's rights and the safety of others, and this can only be done through a detailed individualised assessment of risk and need, leading to tailored and necessary supervision arrangements. Thought needs to be given to whether risk management becomes so restrictive that the child loses out on significant life experiences. So, they miss out on 'positive' risk taking experiences, like those that most children experience in an age and stage appropriate way, or that risk is inadvertently increased through lack of safe developmental opportunities e.g. restricting opportunities to develop social/relationship skills without also providing scaffolded and varied contexts a child can safely practice using and developing their skills to feel confident and increase sense of agency.

Supervision needs to be linked with monitoring, as if a child is struggling to engage then the reasons for this need to be understood to adapt to a way that works for the child. This is also critical as in terms of court orders non-engagement can result in action being taken which has significant implications for a child liberty. Conversely, the more evidence there is that an individual can self-manage and that external circumstances are stable and supportive, then the less need there should be for supervision. This is obviously a dynamic balance that may change over time and there must be evidence across all systems and contexts within which a child exists to support assessment of reducing risk management strategies.

5.4 Victim Safety Planning

This is a risk management activity focused on the safety of individuals or groups who may be at risk of victimisation or re-victimisation, with a view to devising preventative or contingency strategies. Victim safety planning should centre on working collaboratively with victims and potential victims to enhance their safety. The Trauma Informed Justice Framework (NHS Education for Scotland, 2023) provides a framework for supporting individuals who have been harmed, recognising that re-traumatisation can be reduced by minimising the need to repeatedly recall events, maximise trust and psychological as well as physical safety, consistency, and promoting choice and control.

These principles are fundamental to relationship-based practice and are reflected in the GIRFEC practice model for working with children and families. It is also critical to recognise that often those whose behaviour causes harm may themselves have been- or continue to be- victims of harm that is often not recognised or has been addressed. The system's tendency to separate those harmed and those whose behaviour causes harm into binary categories often fails to capture the complexity of individual experiences, and can hinder effective, compassionate responses.

Situations where a child has harmed another child at the same school (or is alleged to have done so) can be particularly challenging and raise issues in relation to victim safety planning. These difficulties are like those found in other institutions (e.g., a child in a residential setting who alleges that another individual has assaulted them). Specific arrangements will be necessary to promote safety and parents/carers will need transparency about action taken. Robust safety plans should be produced, cognisant of the risks posed in the community, at home, school, or other environments as appropriate.

Where a decision is made to exclude a pupil on grounds of physical or sexual behaviour, this ultimately needs to be premised on a multi-agency assessment of risk. Those making decisions to exclude should ensure consideration of children's rights informs how their education continues to be provided for, and the protective role school and education plays in children's lives. That exclusion may reduce the risk of harm in a specific aspect of the school context, it may increase risk of harm shifting it to a different context such as the community or the child's home as well as longer-term implications for creating strengths and social competence.

5.5 Interventions

Interventions can be delivered through supervision or may involve referral to other services. In complex cases, a range of interventions may be required, and these should be coordinated within the risk management plan.

Evidence suggests that as already stated interventions must be tailored to a child's needs, and understanding, interventions that use cognitive behavioural, problem solving and skills learning approaches can be effective.

However, research indicates that interventions with children should be:

- **Holistic**: focusing on the child's needs across all dimensions of their life and development.

- **Systemic**: involving families, parents/carers, schools, community, to improve children's social environments and attachment relationships.
- **Goal-specific**: designed to address specific issues relating to the child's harmful behaviours and building skills and abilities.
- **Developmentally orientated**: being sensitive to the child's age and stage of development.

There is a growing international evidence base for the effectiveness of **Multi-Systemic Therapy** (MST) with violent behaviour (Henggeler et al., 1997) and harmful sexual behaviour (Letourneau et al., 2009), although the initial evidence of effectiveness in the UK is limited (Fonagy et al., 2017). Based on social ecological theory, MST is an intensive home-based intervention for families of children with social, emotional, and behavioural problems. MST provides an alternative to out-of-home placements and is designed to address the comprehensive array of factors that contribute to the increased risk of offending, across multiple systems (i.e. individual, family, peer, school, community). MST is one of 18 'model' (and one of the 6 'model plus') programmes that meet the high scientific standards effectiveness of Blueprints for Violence Prevention; a project of the Center for the Study and Prevention of Violence at the University of Colorado.

The Good Lives Model (GLM) (Ward, 2002) is a strengths-based approach, premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of re-offending/harmful behaviour. The authors of the GLM describe offending/harmful behaviour as a way of meeting everyday human needs by inappropriate means. By identifying the person's needs and offering appropriate activities or strategies to meet those needs, this might prevent a repeat of harmful behaviours.

In terms of other approaches, increasingly **solution focused approaches** have been employed with children who have engaged in HSB. The 'signs of safety' approach (Myers, 2005; Turnell & Edwards, 1997) is employed by some services in Scotland, and supporters of the solution focused approach stress the importance of collaborative, interactive and motivational methods for working with this group (Jenkins, 2005). There is some evidence that strengths-based, solution focused and empowering approaches are critical in interventions with vulnerable families and have positive effects on behavioural problems displayed by children, and children who have engaged in offending/harmful behaviour (MacLeod & Nelson, 2000; Seagram, 1997; Woods, 2011).

However, to reduce the likelihood of harmful behaviour in the future, interventions also need to consider the context in which the harm has occurred, as harmful behaviours often occur between peers in shared social spaces such as schools, parks, or on the streets. Interventions should therefore also consider peer groups, the locations of harm and patterns of harmful behaviour within these. Simply focusing on the individual child and the family context could result in missed opportunities to prevent further harm (Firmin, 2017). The Contextual Safeguarding approach developed by Firmin and colleagues is helpful when the harmful behaviour is occurring out with the home.

Interventions with children where parts of their behaviour pose a risk of serious harm to others is most effective when the young person is in a stable environment and opportunities to re-engage in harmful behaviours are minimised.

In summary, there is a developing evidence base highlighting that the interventions that are effective in reducing harmful behaviours tend to be holistic, trauma-informed, systemic, and address the contexts where harm occurs (Moodie et al., 2015; National Institute for Health and Care Excellence, 2016; Quadara & O'Brien, 2020; Whyte, 2001; Youth Endowment Fund, 2020). See Section 3

Deprivation of liberty as a measure of last resort

As defined in Article 37(b) of the UNCRC, deprivation of liberty should only be used 'as a measure of last resort and for the shortest appropriate period of time'. Effective risk practice and the use of robust community supports can mitigate against the need to deprive children of their liberty, whilst also maintaining public protection.

6. Staff Supervision and Support

Many professionals find providing guidance and support to individuals charged with serious offences highly rewarding (Kadambi & Truscott, 2006), but most require specific support in their work in this area. Work around HSB involves exposing staff to issues around sexual abuse, which may require them to address personal issues around sexual behaviour and sexual identity with children. Similarly, work around violent behaviour can often require self-reflection about power, gender relationships and values surrounding what is inherently considered to be right and wrong. The cost of not providing this support - in terms of the personal impact, as well as the worker's capacity to provide containment and boundaries - can be considerable (Hackett & Masson, 2006).

In particular, the influence of transference and counter-transference issues with this client group can compromise the ability of staff to balance risks and needs, if practitioners are insufficiently reflective and do not have opportunities to explore the personal impact of the work upon them (Bankes, 2001). Impact on team dynamics can also be a factor if support is unsatisfactory (Morrison, 2004). The right level of experience and training is clearly necessary to undertake extensive work with this client group, alongside strong organisational frameworks.

Learning themes from Significant Case Reviews often highlight the need for improvements in staff training, supervision and support (Care Inspectorate, 2016; Glasgow Child Protection Committee, 2013). In particular, the need for reflective supervision practices is often highlighted so that there can be constructive challenge about judgements and progress in reducing risk. This is especially important in complex cases. The Scottish Social Services Council's (SSSC) Step into Leadership resource contains a useful supervision learning resource, which promotes good practice in supervision across social work and social services, although it is also applicable across other services.

Both front line practitioners and their line managers working with children and young people involved in serious violent or sexual offending should:

- Be appropriately qualified and experienced for the role they are required to undertake,
- Have access to training to support their role and which enhances their skills,
- Have regular supervision (1:1 and group),
- Have access to appropriate support mechanisms,
- Have access to counselling if required.

7. Conclusion

Some children will, at times, display behaviours that pose a risk of serious harm. Our role is to understand these behaviours through robust, holistic assessment, recognising the systems and experiences that have shaped each child. Risk practice must be child-centred, theory-informed, and focused on building strengths and safe support networks.

There is no one-size-fits-all solution. Risk practice must be flexible, reflective, and responsive, ensuring interventions are meaningful, proportionate, and adaptive to change.

By protecting children from acting harmfully, we not only uphold their rights and support their development, we also create safer communities and reduce the number of future victims. Children must be seen as children first, with every opportunity given for growth, recovery, and a safer, brighter future.

8. References

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