



Inter-agency Guidance for Working With Young People Involved In Sexual Behaviour

Issued: December 2021

Review due: December 2023

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1. Introduction

This protocol has been developed to assist staff to address the needs of, and minimise the risk to the safety and wellbeing of young people who are sexually active under the age of sixteen and those who are sixteen and seventeen who are subject to statutory measure of supervision. The protocol may also be used when working with young people sixteen to twenty one years old who are [vulnerable](#). It is intended for all staff working in Glasgow to ensure an appropriate and consistent response is provided to all young people who are sexually active.

According to the Glasgow City Schools Health and Wellbeing survey 2019-2020, 18% of all S1-S4 pupils said they currently had a boyfriend or girlfriend. 20% of young people in S3-S4 reported ever having engaged in sexual activity. The mean age of boyfriends/girlfriends was 13.9.

For most young people, this activity is consensual and forms part of the natural process of adolescent exploration. Although such activity may be unlawful, Scottish Government guidance recognises that it is rarely in the best interests of such young people to treat this as a criminal matter, but more appropriate to ensure services are able to provide appropriate support and guidance to young people.

For a minority of young people, sexual experience takes place in circumstances where there may be coercion, exploitation and/or abuse. In these situations, staff have a duty to ensure such risks are identified and addressed.

The protocol aims to assist practitioners in their decision-making by:-

- i. Setting out the principles upon which their practice should be based
- ii. Providing criteria to assist their assessment as set out in the Scottish Government National Guidance Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns (2010)
- iii. Providing guidance for practitioners as to what they can or should do on the basis of their assessment

2. How Should Practitioners Respond?

In all cases in relation to underage sexual activity, practitioners have a responsibility to ensure that an assessment of the young person's situation and needs is undertaken. If staff members do not have the appropriate skills and training to undertake the assessment, they have a duty to ensure that an assessment is conducted by a staff member in their own organisation or an agreed partner organisation.

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3. Assessment of Risk

Children and young people’s sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Professionals working with children and young people require an understanding of this continuum of behaviours to ensure appropriate intervention.

Hackett (2010) proposed a [continuum model](#) to demonstrate the range of sexual behaviours presented by children and young people which should help professionals identify which behaviours are potentially harmful and which represent healthy sexual development.

For the purpose of this guidance we use the terminology of ‘regular’, ‘worrying’ and ‘risky’ behaviours. Regular and worrying behaviours will not necessarily need to be referred to social work: instead, young people may benefit from school based early intervention strategies (such as responding to peer sexual abuse, exploitation and harmful sexual behaviour). Behaviours believed to be risky will need to be referred to social work by the designated Safeguarding/Child Protection lead for that organisation.

Risk assessment tool

Regular behaviours allow opportunities to give positive feedback and additional information.

Worrying behaviours signal the need to take notice and gather information to assess the appropriate action.

Risky behaviours require immediate intervention and action in line with Glasgow Child Protection / Young Person Support and Protection Procedures

AGE 9 to 12

Regular Behaviours

Worrying Behaviours

Risky Behaviours

These lists are not exhaustive but to be used as a guide.

What is Regular Behaviour?	What is Worrying Behaviour?	What is Risky Behaviour?
<p>Regular behaviours reflect developmentally typical sexual development.</p> <p>They are:</p> <ul style="list-style-type: none"> • Displayed between children or young people of similar age or developmental ability • Reflective of natural curiosity, experimentation, consensual activities and positive choices. 	<p>These behaviours have the potential to be outside of safe and healthy. They may be</p> <ul style="list-style-type: none"> • Unusual for that child or Y.P • Of potential risk due to age, or developmental differences • Of potential risk due to activity type, frequency, duration or context in which they occur 	<p>These are outside of safe and healthy behaviours</p> <p>They may be</p> <ul style="list-style-type: none"> • Excessive, secretive, compulsive, coercive, degrading or threatening • Involving significant age, developmental or power differences. • Of concern due to the activity type frequency, duration or context in which they occur.
<p>Examples of behaviours</p>	<p>Examples of behaviours</p>	<p>Examples of behaviours</p>
<ul style="list-style-type: none"> • Lone masturbation 	<ul style="list-style-type: none"> • Change in behaviour out 	<ul style="list-style-type: none"> • Exposing genitals or

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<ul style="list-style-type: none"> • Need for privacy • Use of sexual, swear and slang words • Having girl/boyfriends regardless of sexual identity. • Interest in popular culture, fashion, music, media, online games, social media. • Consensual kissing, hugging, holding hands with peer. 	<p>with their character. Such as; withdrawing from friends, mixing with new or older people, having more, or less money than usual, going missing, sudden changes in dress which may be provocative.</p> <ul style="list-style-type: none"> • Bullying or being bullied. This can be verbal, physical or on line and can involve sexual aggression and inclusive for all sexual identities. • Exhibitionism (mooning/ flashing) • Sharing personal details online. • Viewing pornographic material • Worrying about being pregnant or having STIs 	<p>masturbating in public</p> <ul style="list-style-type: none"> • Distributing naked or sexually provocative images of self or others • Sexually explicit talk with younger children • Sexual harassment • Secret contact with people they met on line. • Genital injury to self or others • Forcing other children of same age, younger or less able to take part in sexual activities. • Sexual activity e.g. Oral sex or intercourse • Presence of sexually transmitted infection STIs • Pregnancy
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AGE 13 to 17

NB. While it is considered developmentally typical for young people 13-15 years old to have a level of intimate/sexual activity with someone else of the same age, it is unlawful for 13-15 year olds to have consensual penetrative or oral sex with each other. [Sexual Offences Act \(Scotland\) 2009](#)

Regular Behaviours

Worrying Behaviours

Risky Behaviours

These lists are not exhaustive but to be used as a guide.

What is Regular Behaviour?	What is Worrying Behaviour?	What is Risky Behaviour?
<p>Regular behaviours reflect safe and healthy sexual development. They are:</p> <ul style="list-style-type: none"> • Displayed between children or young people of similar age or developmental ability • Reflective of natural curiosity, experimentation, consensual activities and positive choices. 	<p>These behaviours have the potential to be outside of safe and healthy. They may be</p> <ul style="list-style-type: none"> • Unusual for that child or Y.P • Of potential risk due to age, or developmental differences • Of potential risk due to activity type, frequency, duration or context in which they occur 	<p>These are outside of safe and healthy behaviours They may be</p> <ul style="list-style-type: none"> • Excessive, secretive, compulsive, coercive, degrading or threatening • Involving significant age, developmental or power differences. • Of concern due to the activity type frequency, duration or context in which they occur.
Examples of behaviours	Examples of behaviours	Examples of behaviours
<ul style="list-style-type: none"> • Lone masturbation • Need for privacy • Aware of body image • Sexually explicit 	<ul style="list-style-type: none"> • Accessing exploitative or violent pornography • Change in behaviour out with their character. Such 	<ul style="list-style-type: none"> • Exposing genitals or masturbating in public • preoccupation with sex, which interferes with daily

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<p>conversations with peers</p> <ul style="list-style-type: none"> • Obscenities and jokes within the current cultural norm • Interest in erotica/ pornography • Use of social media and internet • Having sexual or non-sexual relationships • Sexual activity including hugging, kissing, holding hands • Consenting sexual activity with someone of a similar age or developmental ability. • Choosing not to be sexually active 	<p>as; withdrawing from friends, mixing with new or older people, having more, or less money than usual, going missing, sudden changes in dress which may be provocative.</p> <ul style="list-style-type: none"> • Extreme concern about body image • Making and sending naked and or provocative images of self and others. • Exhibitionism (Peeping, mooning and obscene gesture, flashing) • Sharing personal details online. • Joining adult-only social networking sites and giving false personal information. • Secret contact with people they met online. 	<p>function</p> <ul style="list-style-type: none"> • Sexual degradation/ humiliation of self or others. • Attempting/ forcing others to expose genitals • Sexual aggressive/exploitative behavior • Sexually explicit talk with other children • Sexual harassment • Non-consensual sexual activity • Use of power and control in sexual relationships • Genital injury to self or others • Forcing other young people of same age, younger or less able to take part in sexual activities. • Someone in authority and/or position of trust sexually abusing young person • Family members engaging in sexual activity with young person • Victim of sexual exploitation and/or trafficking • Receipt of gifts and or money in exchange for sexual activity. • Sexual contact with animals
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Regular behaviours allow opportunities to give positive feedback and additional information.

Worrying behaviours signal the need to take notice and gather information to assess the appropriate action.

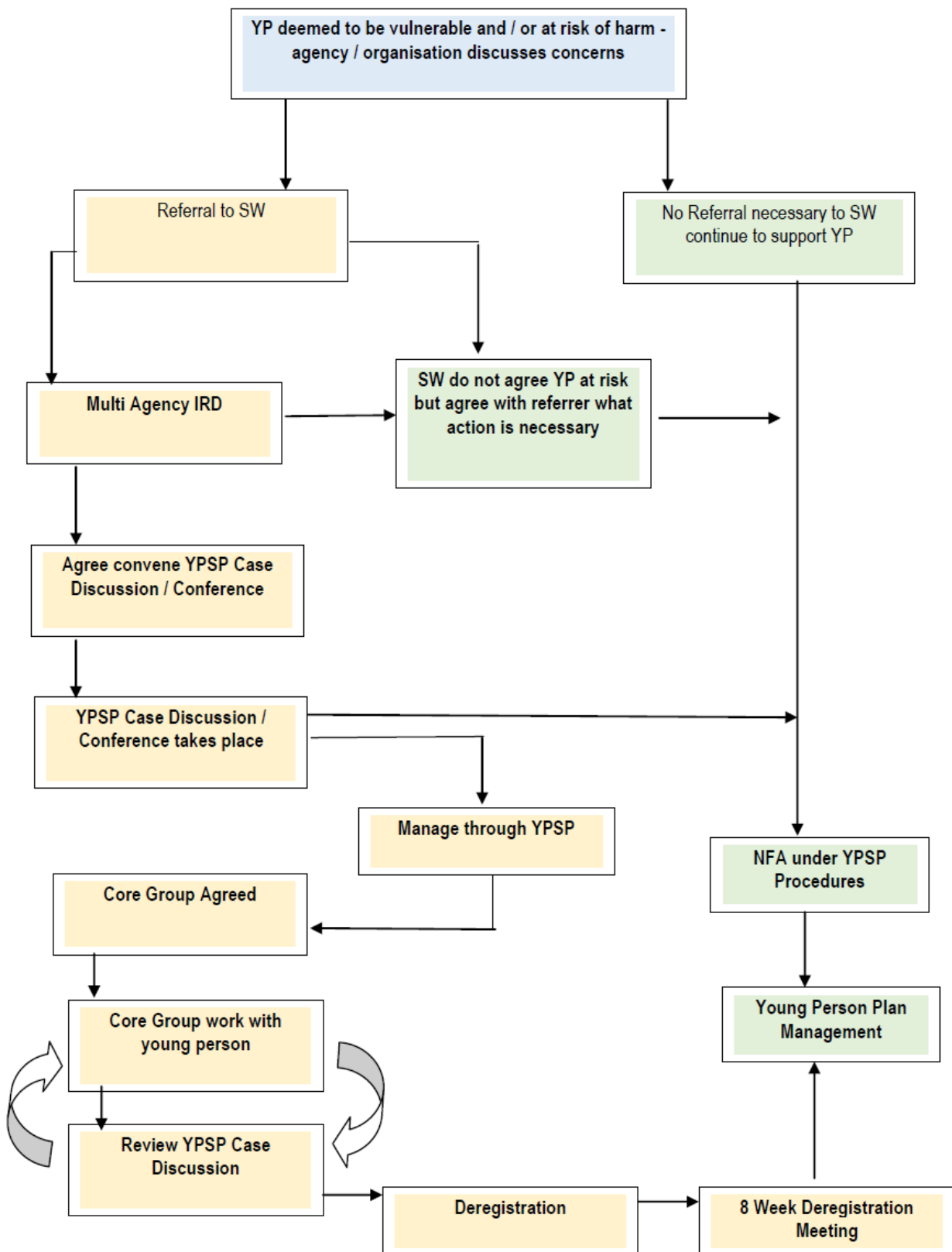
Risky behaviours require immediate intervention and action in line with Glasgow Child Protection / Young Person Support and Protection Procedures

4. Child Protection and under age sexual activity.

- i. Child protection measures must be instigated in the following circumstances:
- ii. If the child is, or is believed to be, sexually active and is 12 or under.
- iii. If the young person is currently 13 or over, but sexual activity took place when he/she was 12 or under.
- iv. Where the "other person" involved is in a position of trust in relation to the young person.
- v. If there is any evidence that the young person is under 18 and is involved in prostitution, sexual exploitation, the making and distributing of child abuse images or pornography.
- vi. If the child or young person is at immediate risk of harm.

For more detailed guidance see the 2021 [National Guidance for Child Protection in Scotland Part 4](#), Under-age Sexual activity 4.246

5. Procedural flowchart



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6. **Guidance for all staff involved in Initial Referral Discussions (IRD)**

The IRD process within Glasgow is inclusive of social work, local police, health and education where appropriate. Further, where health information is required for an older child, or additional details are sought, school nursing and/ or the [NHSGGC Child Protection Unit \(CPU\)](#) can be contacted in respect of information gathering and decision making. Where a comprehensive medical is required, the CPU remains the main point of contact / referral.

7. **Conducting an Initial Referral Discussion (IRD)**

The IRD can be used to gather further information to inform the decision making process.

The IRD should involve appropriate agencies including police, health, social work and any other professional who knows the young person. Agencies will share information, explore potential risks, identify any immediate safeguarding actions and agree if an initial YPSP/CP meeting should be convened.

The IRD should be recorded using the standard proforma and signed off by participating agencies. All agencies should have a copy of the written IRD.

Necessary urgent action must not be delayed while a YPSP/CP conference/discussion is being arranged.

8. **Children and young people have rights to confidentiality**

Children and young people have the same right to confidentiality as adults' i.e. that personal and private information should not be shared without consent. Child protection concerns relate to the risk of significant harm. However, in order to assess this, it is important that relevant practitioners can share information on wider risk of harm. Specifically, where there is simply a risk of harm, or where there is wider crime prevention or public safety implications or such action would prejudice any subsequent investigation, information may be shared without consent. [The National Child Protection Guidance](#) sets out the issues and circumstances relating to 'significant harm' and 'harm' in greater detail.

In the context of under-age sexual activity, if there is a concern of a risk of harm as a result of sexual behaviour and/or relationships, this always overrides the professional requirement to keep confidentiality. In these circumstances, staff have a duty to act to make sure that the child or young person is protected. As already stated, where under-age sexual activity relates to those under 13, information must be shared in accordance with local child protection procedures.

Staff are required to ensure that children and young people are informed from the outset that confidentiality is not absolute, but that every reasonable attempt will be made to

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discuss with them beforehand if information needs to be shared. Prior to disclosing information, attempts should be made to gain consent to passing on information. However, in individual cases it may not always be appropriate to seek consent where there is justification to share without it – for example, if not disclosing information might result in harm coming to the individual in question or compromise a subsequent police investigation.

Staff will ensure they record their decision and the thinking behind it using their own services record keeping protocols

Staff should encourage the young person to speak with their parents/carers where possible.

9. Rights to consent to, or refuse, health interventions

The provisions of the [Age of Legal Capacity \(Scotland\) Act 1991](#), specifically section 2(4) states that people aged 16 and over have the capacity to consent to their own medical treatment. A child under 16 can consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment.

10. Pregnancy in Young People

Pregnancy in young women under the age of 16 should be assessed in line with the aforementioned considerations of risk. If it is assessed that the pregnancy is the result of consensual sexual behaviour in which there are no concerns of abuse or exploitation, it should not be considered a child protection matter: the emphasis should be on ensuring that the young woman's health, educational, social and emotional needs are appropriately assessed.

All young women who become pregnant or have children while of school age have the right to access education. [The Young Parent Support Base](#) aims to support the needs of young women to maintain and/or return to education during their pregnancy and after the birth of their baby.

The overall aim of the service is to support young mothers and fathers to attain the best possible start in life for themselves and their children. In working towards this aim, young parents involved with the Base have opportunities to engage in a variety of individual and group work activities to support their development as a person and as a parent. The Base provides opportunities around a wide range of health and social needs for all young parents.

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11. Legislation and principles

Getting it Right for Every Child (GIRFEC)

The [GIRFEC](#) approach was constructed around the UNCRC (appendix 2) and requires those who work with children and young people to put children at the centre of their day-to-day practice. Putting children at the centre of our work realises all UNCRC Articles, and, in particular, highlights the requirement to consider the best interests of the child (Article 3), and the need for children's views to be taken into account, and given due weight, when decisions are being made about them (Article 12).

GIRFEC provides a framework for practitioners to explore the wider context of supporting families and meeting children's needs. In the context of under-age sexual activity, it allows you to consider how this protocol will protect and promote the wellbeing of children and young people, as defined by the GIRFEC wellbeing indicators. The eight wellbeing indicators are relevant insofar as they link to the Articles of UNCRC. Details of this can be found in *Getting it Right in Policy & Legislation (2015)*. Like the Articles of the UNCRC, GIRFEC wellbeing indicators are non-hierarchical and interconnected, focused on the whole child rather than just one discrete aspect of their lives. The Children and Young People (Scotland) Act 2014, is rooted in the GIRFEC approach and puts a number of key elements of GIRFEC into statute.

Children and Young People (Scotland) Act 2014

[The Children & Young People's \(Scotland\) Act 2014](#) has been set in the context of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and the National Practice Model; *Getting It Right for Every Child* ([GIRFEC](#)). It provides a legal framework for services to work together in support of children, young people and families. The Act incorporates 18 distinct parts. The Act makes important changes to the provision of services for Looked After Children and Care Leavers, Early Learning & Childcare and Children's Services Planning.

For the purposes of underage sexual activity, this protocol will specifically focus on Part 1: Rights of Children as detailed within GIRFEC policy implementation. This places new duties on a range of public authorities (including local authorities and health boards) to report on the steps they have taken to ensure children's rights are considered and furthered where possible, came into effect on the 1st April 2017.

United Nations Convention on the Rights of the Child (UNCRC) Part 1 of the Act uses the UN Convention on the Rights of the Child as the framework for children and young people and for those working with them. It has the goal of promoting and securing the full range of children's human rights and places children and young people at the centre of policy development as well as the design, delivery and evaluation of services.

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The Sexual Offences (Scotland) Act, 2009

[The Sexual Offences \(Scotland\) Act \(2009\)](#) maintains the age of consent of intercourse at 16 years and redefines sexual offences against and between children. It defines a significant difference between a 'young child' and an 'older child'. The act defines a 'young child' as a child who has not attained the age of 13 years and an 'older child' as a child who has attained the age of 13 years but has not attained the age of 16 years.

A child under the age of 13 is deemed to lack the capacity to consent to sexual activity; therefore any form of sexual activity with a child under the age of 13 is an offence. Any sexual activity between an adult (aged over 18) and a child (aged under 16) constitutes a criminal offence. Sexual intercourse and oral sex between young people aged 16 or 17 and a person aged under 16 constitutes a criminal offence. Other consensual sexual activity (e.g. sexual touching, excluding sexual intercourse and oral sex) is only lawful when the age difference between a person aged 16 or 17 and a person aged under 16 does not exceed 2 years. Sexual intercourse and oral sex between children and young people under the age of 16 constitutes a criminal offence.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of Child Sexual Abuse in which a person(s) of any age takes advantage of a power imbalance to force or entice a child (under 18) into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act. The diversity of victims of CSE cuts across all cultures, social backgrounds, ethnicities and gender identities. In line with the [National Action Plan to Prevent and Tackle Child Sexual Exploitation \(March 2016\)](#), this protocol recognises that some young people may be particularly vulnerable to sexual abuse or exploitation and these include children and young people: –

- who have a history of running away or going missing
- with special needs
- living in residential, foster care and throughcare
- migrant children
- unaccompanied asylum seeking children
- who have disengaged from education
- who have experienced previous forms of abuse
- who are abusing drugs and alcohol
- those involved in gangs
- family generational conflict

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- religious or cultural practices
- LGBTI

Young People in Need of Support and Protection

The Children and Young People (Scotland) Act 2014 defines a child as a person under the age of 18 years. While, the age of consent is 16 years, it is recognised that there are several young people between the ages of 16 and 17 years who are considered to be at significant risk. Such young people may be considered under this protocol and [Young Person Support and Protection Procedures](#).

Consideration should also be given to invoking these procedures for those young people 18 to 21 years who have previously been accommodated by the local authority. A young person aged between 16 and 21, may meet the criteria for protection under Adult Support and Protection (ASP) legislation. If this is the case, it should be considered whether it is more appropriate to proceed under Young Person Support and Protection Procedures. This inter agency procedure is for all staff (including voluntary sector workers) working with young people under the age of 21 years. If the young person is receiving Aftercare/Throughcare Services this procedure can be applied following agreement by the appropriate service manager.

These procedures should also be considered for young people over 16 years who are not looked after. These young people do not have the added safety net of a supervision order and can be equally or more vulnerable. Service managers should give careful consideration to applying the procedures in such cases and should respond positively from requests from social work staff or other agencies to do so. [YPSP procedures](#)

Equality Act (2010)

[The Equality Act \(2010\)](#) brings together a number of existing laws into one place. It sets out the characteristics that are protected by anti-discrimination law. Three specific protected characteristics are of particular relevance here. They are sexual orientation, gender reassignment and disability:

Sexual Orientation and Gender Reassignment

Young people with this [protected characteristic](#) should be assessed on the basis of this protocol, whilst recognising the potential discrimination that they may experience.

Disability

Research demonstrates that disabled children and young people are more likely to be abused than non-disabled children/young people. Their vulnerability to a non-consensual sexual relationship is greatly increased if:

they are living away from home

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have difficulties with communication and language

they are subject to the use/misuse of substances, including medication

In light of these additional vulnerabilities, disabled children and young people may be particularly vulnerable to abuse of power in relationships. This must be considered during assessment. [The National Guidance for Child Protection in Scotland 2014 Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect](#) is a useful source of information along with the Glasgow Health and Social Care Partnership Children with Disabilities teams.

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Appendix.1 – Young people and sexual health in Glasgow

The 2019/20 Glasgow City Schools Health and Wellbeing Survey found that:

1. 18% of all S1-S4 pupils said they currently had a boyfriend or girlfriend. The mean age of boyfriends/girlfriends was 13.9.
2. 20% of young people in S3- S4 reported ever having engaged in sexual activity. 33% of these young people said they always use either contraception or a condom
3. First sexual experience:
 - 86% said they felt ready and 14% did not
 - 9% were pressured into it and 91% were not
 - 6% didn't agree to it and 94% did
 - 87% were sober and 13% were under the influence of drink/drugs

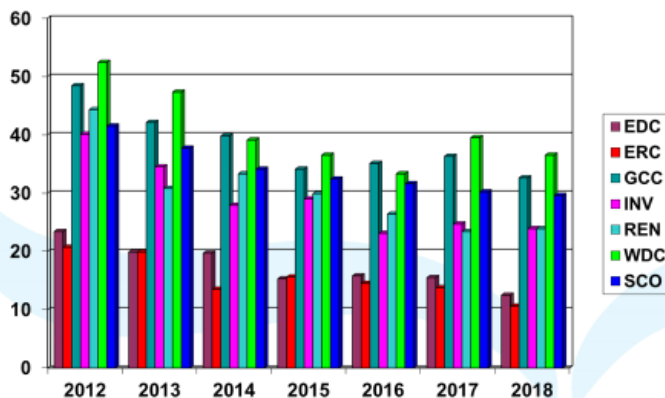
Teenage Pregnancy

For women aged under 20 years:

The teenage pregnancy rate in Scotland is at its lowest level since reporting began in 1994. In the last 5 years, rates fell from 34 per 1,000 women in 2014 to 30 per 1,000 women in 2018.

- The absolute gap in teenage pregnancy rates between the most and least deprived areas is narrowing. While rates have generally reduced across all levels of deprivation in the last decade, rates in the most deprived areas have fallen more.
- The proportion of teenage pregnancies that result in a termination is increasing. In 2018 the percentage of teenage pregnancies that ended in termination was the highest since reporting began (46%).
- Teenage women from the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, those from the least deprived areas are more likely to terminate than to deliver. This difference in outcome of pregnancy between the most and least deprived has not changed in recent years.

Under 20 rate per 1,000 – local authority



Glasgow City is 32.7 per 1,000 a decrease to the lowest ever rate (2018 data, published 2020, PHS)

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Appendix. 2

Wellbeing Indicators	UNCRC Articles	
Safe	11 - abduction and non-return of children 19 - protection from violence, abuse and neglect 22 - refugee children 32 - child labour 33 - drug abuse	34 - sexual exploitation 35 - abduction, sale and trafficking 36 - other forms of exploitation 37 - inhumane treatment and detention 38 - war and armed conflicts
Healthy	3 – best interests of the child 6 – life, survival and development	24 - health and health services 39 - recovery and rehabilitation of child victims
Achieving	4 – Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights	18 - parental responsibilities and state assistance 28 - right to education 29 - goals of education
Nurtured	4 – Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights 5 - parental guidance and a child’s evolving capacities 18 - parental responsibilities and state assistance	20 - children deprived of a family 21 - adoption 25 - review of treatment in care 27 - adequate standard of living
Active	3 - best interests of the child 23 - children with disabilities	31 - leisure, play and culture
Respected	2- non-discrimination 3 - best interests of the child 4 - Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect those rights. 5 - parental guidance and a child’s evolving capacities 8 - protection and preservation of identity 12 - respect for the views of the child	13 - freedom of expression 14 - freedom of thought, belief and religion 16 - right to privacy 17 - access to information; mass media 18 - parental responsibilities and state assistance 30 - the right to learn and use the language, customs and religion of their family,
Responsible	3 - best interests of the child 12 - respect for the views of the child 14 - freedom of thought, conscience and religion	15 - freedom of association 40 - juvenile justice
Included	3 - best interests of the child 6 - life, survival and development 18 - parental responsibilities and state assistance	23 - children with disabilities 26 - social security 27 - adequate standard of living

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Appendix 3 – Useful services, resources and contacts

Sandyford - NHS Greater Glasgow & Clyde Sexual Health Services

All of the services below are available to women, men and young people, of all sexual orientations, for example heterosexual or gay. They offer information, advice and services relating to a number of sexual, reproductive and emotional issues:

- Pregnancy
- Testing and treatment of sexually transmitted infections
- HIV Testing
- Counselling
- Hepatitis testing and vaccination
- Free condoms
- Contraception (birth control) including emergency contraception and male sterilisation (vasectomy)
- Women's health problems including gynaecology and menopause
- Termination of pregnancy (abortion)
- Rape and Sexual Assault Support
- Gender Identity Service
- Clinic for people who exchange sex for payment

www.sandyford.org

0141 211 8130 (to make an appointment)

YPSandyford

Dedicated sexual health service for young people aged 17 and under. You do not need to make an appointment as all the clinics are drop-ins.

ypsandyford.scot

Free Condom Service

Free condoms are available to anyone who wants them in venues across Greater Glasgow and Clyde.

<http://www.freecondomsglasgowandclyde.org>

Rape and sexual assault

If someone has been raped or sexually assaulted in the last 7 days, please phone the [Archway](#) service on 0141 211 8175 as soon as you can. Archway offers sensitive support, physical examination and counselling.

Sandyford Termination of Pregnancy and Referral (TOPAR) Services

<https://www.sandyford.org/emergencies/abortion-services>

0141 211 8620

NHS Greater Glasgow & Clyde Pregnancy Central Booking Line

You should make an appointment with a midwife as soon as possible.

0141 232 4005

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Young Parent Support Base

0141 770 8452

07768 802 207

UnitHead@ypsb.ea.glasgow.sch.uk

Glasgow Social Work Services

Social Care Direct – 0141 287 0555

Outwith office hours -0300 343 1505

scdchildrenandfamilies@glasgow.gov.uk

LGBT Youth Scotland

Information, advice and support for young people including youth groups.

www.lgbtyouth.org.uk

0141 552 7425 (Glasgow telephone number)

LGBT Helpline Scotland

Information and support by LGBT Health & Wellbeing.

<https://www.lgbthealth.org.uk/helpline>

(online webchat available Tuesdays 3-9pm)

0300 123 2523 (available Tuesdays and Wednesdays 12-9pm)

helpline@lgbthealth.org.uk

(email anytime and they will get back to you during office hours)

Childline

www.childline.org.uk

08001111

References

1. (Hackett, S (2010). *Children, young people and sexual violence*. In Barter C and Berridge, D (eds) *Children behaving badly? Exploring peer violence between children and young people*, London: Blackwell Wiley.)
2. *Some Children and young people with learning disabilities or difficulties are at risk of CSE* (Beckett, 2011; Brodie & Pearce, 2012; Smeaton, 2013).
3. *Learning disabilities are a typical vulnerability in a child prior to sexual exploitation in gangs and groups* (OCCE, 2013).
4. *Disabled children and young people are more likely to be maltreated than their non-disabled peers* (e.g. Stalker & McArthur, 2012; Jones et al, 2012).
5. *3-4 times more likely to experience violence than non-disabled peers; one study estimating that as many as 15% of children with learning disabilities experience sexual violence* (Jones et al, 2012).

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