Children and Young People's Centre for Justice

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CYCJ's response to the Child Sexual Abuse Inquiry 16 October 2026

History of the organisation

The Children and Young People's Centre for Justice (CYCJ) was established in March 2013. Initially, the Criminal Justice Development Centre for Scotland, based at Edinburgh University had a focus on youth justice, and in 2010/11 a practice team was created by the Scottish Government to support youth justice practice across Scotland. At the end of 2012, Edinburgh University advised the Government that they wished to focus on research, so the centre ended at Edinburgh, and a new centre was created at the University of Strathclyde. CYCJ is a knowledge-exchange centre with core-funding from the Scottish Government and based in the University of Strathclyde. Engaging with evidence is a key feature of CYCJ's modus operandi, as it focuses on "…improving practice in all aspects of the youth justice systems, whilst seeking solutions to the challenging problems that hinder the delivery of care and support to children and young people in conflict with the law. Naturally the production, collation, and synthesis of knowledge, in all its forms, as well as ensuring that this knowledge reaches the relevant decisionmakers, are key components of these endeavours" (Gibson, Vaswani, & Dyer, 2025, p.97).

CYCJ works towards ensuring that Scotland's approach to children and young people in conflict with the law is rights-respecting, contributing to better outcomes for our children, young people and communities. There are three distinct teams within CYCJ: research; practice and policy development; and participation and engagement. There is an emphasis placed on practice knowledge and expertise, through the employment of practitioners in youth justice, or related fields, with recent practice experience, alongside research, policy and participation experts. This creates a very rounded model on the evidence and knowledge within the teams and through all knowledge exchange activities. Working closely together, the three teams can identify gaps, test research evidence in practice and ensure the views and voices of children, young people and families are given weight.
CYCJ has developed its reputation in the field and has significantly grown in size since its creation in 2013. Initially the centre was called the Centre for Youth and Criminal Justice and there was a research and practice team. As we wanted to ensure children were at the heart of the centre we, developed our partnership workings, created a participation and engagement team and re-named/branded to the Children and Young People's Centre for Justice.

The work of CYCJ has remained focused on boundary-spanning policy and practice. Working with and supporting practitioners on the ground through training, forums, roadshows, guidance and practice support, and supporting/offering a secretariat role to Scottish Government boards and groups, ensuring the voice of practitioners and lived experience is heard. This is all based on the evidence created from the research team, which has developed strong participatory research with those with lived experience.
Over time, CYCJ has adapted to meet the evolving needs of the workforce – moving more events online through our webinar series; creating a podcast – Creative Conversations with CYCJ -and a new eLearning training resource. We will continue to respond to evolving needs of the workforce through collaboration to ensure our outputs are accessible and meaningful with real world application to increase children's safety and opportunities.

Management and organisational oversight

CYCJ has 4 members within the senior leadership team – the Director, Deputy Director, Research Lead and Participation Lead. Oversight/advice is given through the Executive Governance Group (EGG), quarterly monitoring meetings with the Scottish Government and regular meetings with the Dean and Head of School within social work/social policy, where CYCJ is based.

CYCJ currently employs 23.41 full-time equivalent staff. As well as the management team, this includes researchers, participation and engagement advisors, practice development advisors, policy and public affairs; communications and administration staff.
At times CYCJ also hosts student placements, research associates or placements from the Scottish Prison Service. We also employ some young people with lived experience of the justice system on a sessional basis.

CYCJ has a voluntary associate scheme, for academics and professionals we have worked with, to join us for 2-3 years to support joint ventures.

Policy and practice

1. Please describe how CYCJ has influenced the development of policy, guidance, and practice in Scotland aimed at preventing the abuse of children in care by other children?

CYCJ has contributed to policy, guidance, and practice in Scotland through research, practice development, workforce learning, and the dissemination of evidence relating to harmful sexual behaviour (HSB), Contextual Safeguarding, risk assessment and management, and secure care.

CYCJ has contributed to the development and implementation of the Scottish Government's *Working with children and young people who have displayed harmful sexual behaviour* guidance. CYCJ's work in this area promotes developmentally appropriate, trauma-informed and proportionate responses to harmful behaviour, including behaviour between children. CYCJ has also supported the development of Contextual Safeguarding in Scotland. This approach recognises that children's experiences of harm can occur within peer relationships and wider environments, including residential care, and that safeguarding responses need to consider the context in which children live and interact.

2. How does CYCJ engage with organisations, including local authorities, in relation to the creation and implementation of approaches to prevent the abuse of children in care by other children?

CYCJ engages with local authorities and other organisations through training, practitioner forums, research, consultation, practice development, and evaluation. This includes work with professionals in residential and secure care, social work, health, education, police, children's reporter administration, crown office and procurator fiscal service, children's hearing Scotland, and the third sector.

The purpose of this engagement is to support practitioners to re-frame their understanding of harmful behaviour as distressed behaviour in many instances. To assess, manage and reduce the risk of harm occurring and the impact should it occur. This is undertaken through

responses that are developmentally appropriate and proportionate, reflect a child's age and stage, their experiences and how these may have affected their understanding of others and the environments around them. How such harmful or distress behaviours may be meeting their needs and both what strengths they and the systems around them have which can be built upon to develop the skills and abilities they need to meet needs in less harmful and more positive ways.

a. What support and resources can CYCJ provide to support the development of practice and approaches to prevent the abuse of children in care by other children?

CYCJ provides:

- research and evidence on HSB and children's experiences.
- training and eLearning.
- practitioner forums and opportunities for shared learning.
- resources relating to Contextual Safeguarding.
- guidance and tools supporting risk assessment, management and reduction; and
- support for implementation of national guidance and practice approaches.

Examples include CYCJ's Harmful Sexual Behaviour forum, Contextual Safeguarding resources, START:AV training, FRAME and Care and Risk Management (CARM) a developmental, systemic, and trauma informed approach to upholding children's rights within risk practice, Criminal Exploitation of Children Framework for Practice, and the Secure Care Pathway and Standards.

b. How is the effectiveness of these supports and resources monitored? Please provide supporting evidence.

The effectiveness of CYCJ's work is monitored through project evaluations, participant feedback, pre- and post-training measures, practitioner feedback, and evaluation of local implementation.

For example, the evaluation of START:AV training identified improvements in practitioners' knowledge and skills, while evaluation of the Edinburgh Contextual Safeguarding pilot identified increased awareness, changes in language and improved partnership working. CYCJ does not, however, hold evidence that would allow it to attribute a reduction in abuse between children in care directly to its work.

3. Please describe any direct engagement CYCJ has had with residential care settings, including foster care, secure care, and boarding schools, aimed at preventing the abuse of children in care by other children. Detail the support provided and the outcome of these activities.

CYCJ has had significant direct engagement with secure care, including through the development and implementation of the Secure Care Pathway and Standards, practitioner forums, training, research, and practice development. CYCJ has a dedicated practice development advisor focusing on secure care.

CYCJ has also engaged with the wider residential care workforce through learning and practice development relating to children's behaviour, risk, harmful sexual behaviour, and

their involvement with the justice system. We recently co-produced a new eLearning resource with Care Visions, 'Rights Respecting in Residential Care' training written for all residential childcare staff. We also have provided consultation to teams around children, including residential staff to support them in implementing the risk practice components outlined to keep the child who may pose a risk of harm through aspects of their behaviour to others and other children within those environments safe.

This work has supported practitioners to develop more consistent, proportionate, and trauma-informed approaches to children's behaviour and risk.

Engagement with children

1. How does CYCJ engage with children who have come into conflict with the law? Has any of this engagement focused on children's harmful behaviours towards other children in care?

Within our current workstreams, engagement with children who have come into conflict with the law takes place through a range of participation and research activities. Participation team activities:

- **Regular participation groups in secure units**; St Marys, Kibble & Good Shepherd Centre and visits to Rossie as required.
- **Challenging Justice Inequalities- with young People in Conflict with the Law project;** research project
- **Learning About Substance Use;** a peer led project involving children in secure care. The project supports young people to design and undertake their own research into substance use, including developing research questions, gathering peer perspectives, and creating resources for other young people.
- **Transitions Group**; Engaging young people who have moved from secure care into HMYOI Polmont. The focus is on improving transition experiences and influencing future practice and systems change.
- **The Developmental Wellbeing Approach Youth Strand** (in development); which involves children and young people in shaping understanding of wellbeing, relationships, needs, and support within youth justice contexts.
- **Education and community-based work;** including delivering sessions on rights, trauma, participation, justice, and related themes- supporting local practitioners and young people.
- **Young Men's Minds research**; Understanding young men's experiences on wellbeing, identity and support needs.
- **School exclusion-related engagement;** gathering children's views and experiences regarding exclusion, inclusion, relationships, support, and education.
- **The Man Up Project;** piloted in HMP YOI Polmont to explores masculinities, identity, relationships, wellbeing and pathways into and out of harmful behaviour with young men.
- **Activate**; University of Glasgow accredited community development programme delivered in HMP & YOI Polmont. The programme supports young men to develop skills, confidence, critical thinking, self-awareness, participation, community engagement, relationship-building and future planning.

- **The STARR Group**; CYCJ's lived and living experience participation group, bringing together young people with experience of justice to inform policy, practice and service development.

Regarding harmful behaviours towards other children in care specifically- this has not been the focus of our projects/workstreams. Some young people involved in our activities may have histories involving harmful behaviour towards other children- however our engagement is focused on their experiences of systems, transitions, relationships, wellbeing and rights rather than on specific offences or offending behaviour.

2. How is this engagement managed and monitored?

Engagement is typically managed through established participation and ethical engagement principles including:

- Voluntary participation and informed consent.
- Trauma-informed and relationship-based approaches.
- Clear safeguarding and risk management procedures.
- Ongoing liaison with practitioners, schools, secure care providers, local authorities and third-sector organisations where appropriate.
- Collection of participant feedback through discussions, evaluation activities, surveys, observation and reflective exercises- recording viewpoints, themes etc.

3. What feedback, if any, have children provided regarding their engagement with CYCJ?

Feedback from young people has been received through participation advisors- recording/reporting the views of those participating. Children and young people's comments about CYCJ participation activity include:

- Being listened to and treated seriously.
- Appreciating opportunities to have their views contribute to policies, practices and services that impact them.
- Positive comments about CYCJ's relational approach and engaging without fear of judgment.
- Enjoying meeting other young people who had similar experiences and discussing common concerns.
- Feeling more confident about sharing their views and experiences.
- A desire to be shown how their input/feedback had influenced decision-making, service delivery or systems change (you said-we did).

Themes from recent work:

- The importance of relationships with trusted adults.
- Experiences of stigma and labelling.
- The need for better support during transitions and periods of change.
- The importance of participation, rights, voice, and influence.
- Concerns regarding mental health, wellbeing, identity, belonging, and future opportunities.

- The importance of feeling understood rather than judged.

State of knowledge

1. What is currently known about children who have come into conflict with the law as a result of their harmful behaviours towards other children?

Recent figures on the number of children who come into contact with the justice system for harmful sexual behaviour have remained relatively consistent over the past few years. The table below shows the number of children referred to the Scottish Children's Reporter Administration on offence grounds in relation to sexual crimes over a six-year period

	Year					
Alleged offence grouping	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**
Sexual crimes - Total	**195**	**235**	**266**	**222**	**191**	**201**
Causing to view sexual activity or images	30	32	47	37	34	36
Communicating indecently	40	35	48	31	21	34
Indecent photos of children	31	33	53	32	32	37
Other sexual crimes	31	35	52	44	45	40
Rape & attempted rape	32	41	43	25	20	10
Sexual assault	90	111	113	99	81	84
Threatening to or disclosing intimate images	11	17	30	20	28	20

Only a minority of children with alleged sexual offences come into contact with the adult justice system. The table below shows that when they are proceeded against in court, community sentences are more common than custody, and that some cases are remitted back to the Children's Hearing System.

12- TO 17-YEAR-OLDS PROCEEDED AGAINST IN COURT FOR SEXUAL CRIMES BY OUTCOME OF COURT PROCEEDINGS				
Outcome	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Not guilty	3	2	2	2
Other Sentence*	-	2	1	-
Remit to Children's Hearing	-	1	-	-
Community sentence	3	5	10	5
Custody	3	2	-	1
Financial penalty	-	-	-	-

When we compare these figures to wider reports from children and young people about their experiences of sexual harassment, image sharing, coercive behaviour, and harmful sexual experiences it is apparent that only a small proportion of incidents ever reach specialist or

formal justice responses. Universal services therefore have a key role to play in addressing this issue.

In response to one of the recommendations of the *Expert Group on Preventing Sexual Offending by Children and Young People* (Scottish Government, 2020) CYCJ undertook research to examine the impact of childhood experiences as potential causes or links to harmful sexual behaviour in Scotland (Moodie, 2021). The research 1) examined the childhood experiences of children referred to the Interventions for Vulnerable Youth (IVY) project who were displaying harmful sexual behaviour (HSB); 2) explored potential links between childhood experiences and HSB; and 3) illustrated potential patterns of childhood experiences and HSB. There were 97 children with documented HSB across a range of behaviours referred to the project over a six-year period (2013-2019). For some children there were formal charges and others where there was a reasonable suspicion. They were referred from 27 local authorities across Scotland.

Children ranged from 12-18 years with a mean age of 15 years. Within the sample 89% were male and 99% were white British. In terms of where they were living, 58% were living in a residential establishment or secure care, 40% were living with family, extended family or foster family, and 2% in their own tenancy or remanded in custody.
There were five categories of documented HSB identified:

- Contact harm
- Non-contact harm
- Online/electronic media harm
- At risk of sexual harm from others
- Accessing pornography

Within the sample, 43 of the children had more than one documented form of HSB so the main categories contain repeat individuals. The table below taken from the report documents the number and percentage of the types of HSB (Moodie, 2021, p. 5). Of those children where there were concerns about accessing pornography they all had a diagnosis of autism spectrum disorder (ASD).

Table 1: Types of HSB

HSB type	Number	% of sample	Male	Female
Contact	64	66%	60	<5
Non-contact	48	49%	47	<5
Use of internet/phone	12	12%	12	-
Described as 'Putting self at risk'	10	10%	<5	8
Accessing pornography	<5	<5%	<5	-

Although information about the victim-survivor was not always recorded, where it was the following was found:

- For 12% of the children a single victim-survivor was identified and for 60% there were multiple identified victim-survivors
- In 36 cases there were multiple types of victim-survivors

- 40% of victim-survivors were acquaintances of the child, 19% strangers, 16% friends,14% other family members/carers, 5% staff members, and 15% members of biological family

Where the location of harm was recorded the following was found:

- Home of the child documented to have caused harm – 32 children
- Social locations – 27 children
- School settings – 22 children
- Home of the victim-survivor – 8 children
- Multiple locations identified – 26 children
- In 13 of 15 children displaying intra-familial harm this took place within the family home, with the other 2 not recorded

Children had also been involved in additional alleged or actual offending behaviour:

- 49% had been charged with a non-HSB offence
- 41% had been charged with an offence of violence
- 34% were charged with another type of offence such as vandalism or theft

2. What are the characteristics of the children involved?

The average age of the child when reference was first made to atypical sexual behaviour was 11 years old (ranging from pre-school to 17 years).

Children were recorded to have experienced various types of abuse:

- 58% of children had experienced emotional neglect
- 55% had experienced physical neglect
- 31% had experienced physical abuse
- 23% had experienced emotional abuse
- 22% had been sexually abused by an adult, 18% had been a victim of HSB carried out by another child
- 40% had been exposed to pornography in their childhood
- 52% were identified as potentially being at risk of victimisation

Children had also had significant levels of involvement with support services and social work:

- 33% were involved with statutory services before the age of 5 years, including 10% of children recorded as having contact at birth or in their first year
- 50% had statutory contact at the age of 5 years or after
- 9% had no record of statutory involvement or were involved with services on a voluntary basis
- 43% had been registered for child protection concerns at least once

In terms of their living situation and parental vulnerabilities:

- 80% had lived in multiple places throughout their lives ranging from two (17%) to 15 for one child, with the mean number of 4.4 places
- 21% of children had at one point been placed in secure care and 7% had experienced some time in custody
- 60% were not living with their biological family at time of referral

- 39% of parents had recorded mental health issues
- 37% of parents had recorded misuse of alcohol and 32% misuse of drugs
- 34% of children had parental experience of the justice system, with 18% experience of parental imprisonment
- 51% of children had been exposed to domestic violence
- 73% of children had experienced parental separation

The education status at the time of referral to the project is detailed in the table below (taken from Moodie, 2021, p.10).

Table 2: Education provision

Education type	N	% of children
Specialised education	19	20
Mainstream school with additional supports	17	18
Mainstream school	15	16
Residential school or secure education provision	15	16
Does not attend school	13	13
Work experience or training	8	8
Further education/college with additional supports	<5	<5
Not recorded	*7*	*7*
Total	97	100

Children were also frequently recorded as having been reported missing from home or school with 41% being recorded as having absconded at one point, although in some cases this happened on multiple occasions.

In relation to mental health and developmental disorders:

- 14% were diagnosed with ASD, with a further 16% where this was suspected
- 23% were diagnosed with a learning disability, with a further 12% where this was suspected
- 33% had a diagnosed mental health condition, with a further 28% where this was suspected
- 30% were diagnosed with ADHD, with a further 4% where this was suspected
- Within the sample 52% presented with multiple needs
- 35% of children had a history of substance use
- 40% of the children had self-harming behaviour documented
- 24% were considered at risk of suicide

Difficulties with peer relationships were frequently documented:

- 49% of children were described as isolated, 32% described as socially excluded, and 29% having recorded issues with their peers
- 14% of the children had engaged in bullying behaviour
- 22% of the children had been bullied

Children had also experienced significant amounts of loss:

- 29% had experienced one or multiple bereavements, of which 12% were bereavements within the last year

3. What particular factors may increase a child's vulnerability to engage in harmful behaviours or being harmed by other children?

Given the characteristics and experiences of children who have engaged in HSB (as with other types of violence) there is a clear need to reframe how we conceptualise the risk of children using violent behaviour and shift to considering behaviours as a 'distress response' that highlights unmet needs or as 'pain-based' behaviour (Murphy, 2018; Sadie et al., 2023). There are many factors that could increase a child's vulnerability to engage in harmful behaviours, but the circumstances and experiences will be different for each child depending on their own circumstances

When the children in the IVY project who were documented to have engaged in HSB were compared to a sample referred for behaviours other than HSB it was found that 1) there were significantly more children with documented previous sexual abuse found within the children who display HSB (22%) than those not showing HSB (9%), and 2) a significantly greater number of children who displayed HSB experienced physical neglect (55%) when compared with those children who did not display HSB (31%).

Research by McKibben et al. (2024) identified 10 pathways to the onset of HSB:

- Child sexual abuse victimization
- Physical and emotional abuse
- Living with domestic and family violence
- Disrupted attachments
- Sexual arousal
- "Antisociality"
- Pornography use
- Inadequate sexual boundaries
- Sexual attraction to children
- Hypermasculinity

In other words, their childhood experiences and the societal messages they are receiving are key factors increasing a child's vulnerability to engage in HSB.

Further improvements

1. Are there particular interventions, programmes, or approaches that have been shown to be effective in preventing children from engaging in abusive behaviours towards other children and promoting their safety and wellbeing?

An effective starting point should be an acknowledgement that each individual child or young person is unique as are their circumstances and the contexts within which behaviours are taking place. Understanding their individual needs, as well as the needs within the family, peer and community systems around them is key to effective supports. Pathways into harmful sexual behaviour are varied so understanding the underpinning needs,

strengthening safeguarding and child protection measures, and making societal changes is crucial for prevention (McKibben et al., 2024; Hackett et al., 2024; Broadbent et al., 2026). Understanding the underpinning needs is made possible through Getting it Right for Every Child and the National Practice Model supported by more specialist developmentally appropriate assessment and formulation where this is proportionate (Scottish Government, 2024). Within the youth justice field interventions for harmful sexual behaviour have tended to be based on those originally designed for adults which are then modified to try and take account of the different learning needs of children (Allardyce & Yates, 2018; Allardyce, Yates & Krothe, 2021; Mitchell & Staniforth, 2017). This has also been the case within Scotland (Allardyce, Yates & Krothe, 2021; Simpson & Vaswani, 2015).

However, our increased understanding of neurodevelopment, as well as the impact that adverse childhood experiences can have on a child's development indicate that interventions adapted from adult-based models are not well suited to many children who come into conflict with the law (Perry, Griffin et al., 2018; Sheahan, Hughes et al, 2021). There is a clear research base indicating that interventions should be neuro-developmentally aware, trauma-informed, and developmentally respectful (Perry, Griffin et al., 2018). Interventions focused on 'risk' can also be stigmatising and result in feelings of powerlessness, disengagement and further marginalisation (Deakin, Fox & Harragan, 2022). As Creeden (2013) highlights, the personal and developmental factors underpinning behavioural problems can often be overlooked when a behaviour management approach is taken to address the behavioural issues. Rather, he proposes a developmental approach that measures progress by the "acquisition and integration of developmental skills and not just by the absence of problematic behaviour" (p.12).

Taking a developmental approach supports the identification of the issues or skills gaps that are creating barriers to positive developmental outcomes and personal resiliency (Creeden, 2013). Our starting point should be to assess which foundation skills might be limited, or absent, and support the acquisition of these before focusing on higher level skills such as those required in many cognitive-based interventions. Our interventions should then generally proceed along a neurodevelopmental framework: "bottom to top (brain stem to neo-cortex), right to left (right hemisphere to left hemisphere), and back to front (occipital lobe to prefrontal cortex)". Using multimodal interventions, the focus should generally be on "bottom-up interventions (e.g., body-based, sensory-based and experiential) before top-down interventions (e.g., insight oriented, analytical, language loaded)" (Creeden, 2013, p.801).

A developmental approach also recognises that a range of factors in the contexts children live within (e.g. family, school, peers, community) influence their healthy development and should be incorporated into support plans. Sadie et al. (2023) further argue that as pain-based behaviour arises from experiences in relationships then focusing on providing therapeutic relational experiences may prove more effective than teaching skills. Arguably, a secure base is therefore the foundation for change. This approach is in line with the Promise and UNCRC.

Whilst the above approach is effective in reducing future harmful sexual behaviour when it has already occurred, there needs to be a focus on strengthening safeguarding and child protection measures earlier within children's lives given the evidence about the level of

adversity children have typically faced and that many have had statutory involvement from very young ages (See State of Knowledge Q2). In addition, responding to children who may pose a risk of harm to others through parts of their behaviour through a child protection lens is critical. This requires a child protection system that is more flexible and responsive to the different sources and nature of harms children encounter. The traditional intra-familial harm lens must be radically modernised to provide the protection needed for all children across the different, often overlapping, contexts where the source of harm stems from.
Critically, this requires changing the contexts children are experiencing harm in. Contextual Safeguarding developed by Carlene Firmin and her colleagues at the University of Bedfordshire (now Durham) in response to extra-familial harm is described as:

> "an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts and young people's experiences of extra-familial abuse can undermine parent-child relationships."

It is important to bear in mind that Contextual Safeguarding is more than seeing children in contexts, Contextual Safeguarding is an approach for working with those contexts including peers, school and communities. It involves developing plans to address the contexts and the conditions which allow harm to happen. This can take many forms such as the creation of safe spaces in the community; safety planning; bystander intervention training; targeting the factors that are undermining the relationships between children and their parents or carers; addressing the dynamics of school or peer contexts associated with a particular child's behaviour; and shifting cultures or norms that contribute to harm. Interventions should complement and enhance any individual or family interventions that are required, not replace them.

(Children's Commissioner for England, 2023).

2. What are the particular challenges associated with preventing online abuse amongst children and how can these be potentially addressed?

A particularly difficult context for practitioners to address is the online context and addressing the unhealthy messages that children are receiving through social media and pornography. Social media can shape identity, relationships, belonging, status, attitudes towards gender, ideas about masculinity, and expectations of relationships (King-Hill, 2025; Lucy Faithfull Foundation, 2026). Pornography is not confined to pornography websites. Children and young people have reported encountering pornography through mainstream platforms such as Twitter/X, Instagram, Snapchat, and TikTok. This means that exposure is often occurring within the same spaces that children and young people use for everyday communication and social interaction. Moreover, the Children's Commissioner research found that many young people actively described using pornography as a source of information about sex and relationships:

- 64% of young people reported viewing pornography
- Average age of first exposure was 13 years old
- 79% reported seeing violent pornography before age 18

- 74% had seen degrading acts
- 73% had seen physically aggressive sex
- 66% had seen sexual coercion

These difficulties can be addressed through the owners of social Media platforms and apps taking responsibility for child protection – which is everyone's business – and working with other professionals to safeguard children.

CYCJ are in agreement with the recent UNICEF (2026) report and their call for urgent action to:

- "Make digital platforms safer by design, with stronger privacy protections for children, restrictions on unsolicited contact from adults, safer recommender systems, and better detection and reporting of abuse.
- Strengthen laws, regulation and accountability, ensuring governments have the tools and enforcement measures to address evolving forms of abuse, including sexual extortion and AI-generated sexual abuse material.
- Build reporting and support systems children can trust, including investment in child protection, health, justice and social services.
- Shift the burden of protection away from children, ensuring families, schools and communities respond to disclosures with support and help children seek assistance safely.
- Reduce the economic vulnerabilities perpetrators exploit through stronger family support and expanded education and employment opportunities for children and young people.
- Address the social and gender norms that normalise the sexualisation of girls and stigmatise survivors of sexual violence" (UNICEF, 2026).

Children have the right to be protected from harmful information as per Article 17 of the UNCRC: "Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them".

3. How can children in care be supported to keep safe and to develop healthy, respectful relationships with peers, both within care settings and in the wider community, including online?

As per questions 1 & 2.
For children in care, it is the responsibility of the adults and system around them to keep them safe. When we understand the potential developmental impact on a child then expecting them to act rationally, with consideration for their own safety and often in situations where they will have limited choice or agency in real terms contradicts what we say evidence and research tells us. We must not adultify children in care because of the perception they are 'streetwise' or hold them responsible for their own safety when the survival strategies and skills they have developed will often be the external reason the decision was made to place them in care in the first place. This highlights the importance of developmentally informed responses that utilises all the evidence and research to tailor how we meet children's individualised needs and functioning.

4. In the organisation's view what further steps, reforms, or improvements are needed to strengthen protection for children, and in particular children in the care system, from abuse by other children?

Children with learning difficulties and neurodevelopmental disorders are overrepresented within harmful sexual behaviour services and within the justice system (Allardyce & Yates, 2018; Broadbent et al., 2026). More work needs to be undertaken to protect children from being criminalised for behaviours that develop largely as a result of their experiences with adults and within contexts that are often out with their control given their developmental stage and lack of (or developing) autonomy.

5. Are there gaps and potential improvements in relation to:
a. policy, guidance, regulation training and resources;
There needs to be a review of policy, guidance, systems and processes to identify how contextual safeguarding can be embedded within Scotland to prevent extra-familial harm. The review should be across the two levels of Contextual Safeguarding.

Level 1 involves professionals identifying ways to consider extra-familial contexts in their direct work with children and families. For example, they consider the impact of contexts in an assessment or recommend interventions in these contexts as part of the plan to safeguard a child or young person.

Level 2 involves professionals working to actively change contexts, and contexts themselves can be subject to an assessment, safeguarding meetings or a plan. For example, professionals conduct assessments and make plans for peer groups, schools and locations. It's about building safety in the contexts for groups of children, but this requires broader system transformation and the design of new processes (Firmin & Lloyd, 2023).
As noted, child protection process requires updated to ensure it is effective in protecting children from the range of different types and sources of harm. A child protection system needs to be able to utilise all the tools and practice available to respond to both intra familial harm, and evolving sources of harm from outside the home including on-line harm.

b. identification, reporting, and prevention of bullying;

In the Edinburgh Study, almost one-in-five boys reported to be involved in bullying at age 14 (19%), compared to 10% of girls, and 13% of boys reported being victimised compared to 10% of girls at this age (Barker et al., 2008). By age 16, 10% of boys were involved in bullying, compared to 5% of girls, and victimisation rates were 5% for both males and females. However, this study predates the widespread emergence of social media and smartphones, which is likely to have significantly shaped bullying behaviours.

Research does portray an association between bullying and later offending, although the focus tends to be on those who perpetrate bullying, rather than those who are a victim of bullying. Gibb et al. (2011) report that children who were perpetrators of bullying between the ages of seven and 12 were significantly more likely to have been arrested by the age of 30. Bullying was also found to be predictive of the frequency of offending, with the odds of frequent bullies having committed more than five crimes by the age of 26 almost seven times

that of those not involved in bullying (Sourander et al., 2011). These findings tend to hold up across studies and settings. In a systematic review of 18 studies, Ttofi et al. (2011) found that the odds of people who perpetrated bullying going on to offend at a later stage was 2.5 times the odds of those people not involved in bullying. A further systematic review and meta analysis of 29 studies (Farrington, Lösel, Ttofi, & Theodorakis, 2012) found that bullying perpetration was a highly significant predictor of general offending six years later.

However, there is a growing body of research exploring victimisation in relation to bullying behaviour. Barker et al. (2008:1036) conclude "…whereas not all bullies are victimized, victims have a high probability of engaging in bullying behaviours". The hypothesis is that victims wish to regain power and control after being victimised, which can lead to involvement in offending and violence to attain this position (Wong & Schonlau, 2013). Sapouna (2025), in a study using a nationally representative sample of 14 year olds in Scotland found that adverse childhood experiences were linked to being bullied, but also linked to bullying others in the female sample. Sapouna concludes that it is important to understand bullying perpetration as a maladaptive way to manage life stressors.

c. support for children affected by bullying.

Many researchers now conclude that bullying should be seen as an adverse childhood experience in its own right (Arseneault, 2018, Vaswani, 2019). It is also important to note that bullying affects all who come into contact with it, most evidently among those who are victimised. However, neither bully-victims, bullies nor even bystanders emerge from bullying unscathed (Bainbridge et al., 2017; Equalities and Human Rights Committee, 2017; Spain, 2013). Thus, approaches to bullying that focus on universal prevention are likely to be important.

Both those who perpetrated bullying and those who were victims, were socially excluded (Vaswani, 2018). Two important features of exclusion in the data were self-exclusion (i.e. social withdrawal) and system-exclusion (i.e. exclusion as a result of justice-related factors such as bail conditions or court orders, or school exclusion). The high levels of social exclusion (of all forms) among bullies, bully-victims and victim is concerning, although it is not always clear whether this is a precipitating factor for their bullying behaviour or as a result of their bullying experiences. The reality is that it is likely to be a perpetuating cycle of exclusion, rejection and behavioural responses. Schools, and other institutions that children find themselves in, should promote inclusion of children wherever possible. Practitioners, and the justice system more widely, should also be aware of the potential for bail conditions, community criminal justice orders, or risk management procedures to contribute to social isolation and exclusion. While the risk of serious harm will need to be managed robustly, it will be important to manage risk in a way that is not unnecessarily isolating or detrimental to a child's wellbeing.

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