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Examining the extent professionals explore pornography use in cases of harmful sexual behaviour: A retrospective case file analysis

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ABSTRACT

Background: Children and young people's exposure to pornography is increasingly recognised as a potential driver of harmful sexual behaviour. Despite widespread access to violent and extreme online content, little is known about how professionals explore exposure to pornography when working with children referred for harmful sexual behaviour. The primary question this study explored was the potential relationship between easily available online adult pornography and harmful sexual behaviour (HSB), this paper focuses on what was found regarding agency responses and the extent to which pornography is considered in professional assessments and interventions when seeking to understand what might have influenced a child to engage in harmful sexual behaviour.

Method: A retrospective case file analysis was conducted at a regional Sexual Assault Referral Centre (SARC) in England. Records from the SARC, Children's Social Care (CSC) and Police were reviewed across a four-month period in 2021 ($N = 182$). A deeper analysis was possible in one Local Authority ($n = 87$). Case file data was coded for references to pornography and for harmful sexual behaviours reflecting pornographic content. Descriptive statistics and thematic analysis were applied.

Findings: Pornography was explicitly recorded in only 16% of cases, almost always disclosed by children rather than raised by professionals. Around one third of cases included behaviours and extreme violent acts commonly depicted in pornography, including choking, slapping, name-calling, anal penetration, and use of objects. Professional responses tended to prioritise criminal justice approaches for children who harmed, while more often "healthy relationship" work was offered to those who were harmed, even though they had reported the assaults. The findings also highlighted overlaps between HSB and coercive or degrading behaviours typical of intimate partner abuse.

Conclusion: Professionals rarely enquire about pornography use, missing opportunities for prevention and tailored intervention. Training, improved data recording, and policy recognition of pornography as a safeguarding and public health issue are urgently required.

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1. Introduction

Child sexual abuse, in all its forms, is abhorrent. The impacts on children are so significant its consequences can be life threatening and very often life changing (Vera-Gray, 2023). Well documented are both short- and long-term consequences of child sexual abuse in which victims experience physical and psychological harms as well as challenges in interpersonal and sexual relationships across the life course (Page et al., 2025). The outcomes can be devastating to both individual children as well as rippling through their families, and communities. Indeed, the scale of child sexual abuse has reached epidemic levels, with children across the globe exposed to a public health emergency. Yet, the true scale remains hidden to official data (Childlight, 2025). An estimated 500,000 children each year are sexually abused in England and Wales, yet only 101,199 sexual offences against children were recorded by the police in 2023/24, and only 12% criminally charged (Kewley & Karsna, 2025). When considering global online abuse, an estimated 8.1% of all children are exposed to sexual abuse and exploitation each year (Fry et al., 2025).

While most child sexual abuse offences are recorded as being perpetrated by adult males (Kewley & Karsna, 2025), it remains unclear the extent to which those under the age of 18 are responsible for sexually harming other children. Official police records in England and Wales, show at least one third (26,322) of suspects recorded in 2023 by the police were between 10 and 17 years of age (the age of criminal responsibility in the UK is 10) and where age was recorded, half (39,049) of the suspects were between 10 and 17 years (Vulnerability Knowledge and Practice Programme, 2025). In a national maltreatment survey, asking children (aged 11–17 years) and parents (of children below 11 years of age), Radford et al. (2011) found two thirds (66%) of child sexual abuse was perpetrated by someone under 18 years of age. Likewise, in a US study, over 70% of incidents of sexual abuse against children (reported by victim-survivors) was carried out by another child or young people (Gewirtz-Meydan & Finkelhor, 2020). Despite the scale of child sexual abuse carried out by other children, urgent and significant attention is required if we are to effectively respond to both children who are harmed as well as those harming others.

1.1. Children and sexual harm

Children who sexually harm have previously been described using terms such as ‘mini sex offender’, ‘young/juvenile abuser’ or ‘adolescent sexual abuser’, these were criticised as labelling the child, risking the misclassification, criminalisation and/or inappropriate interventions (Case & Haines, 2015). It is relatively recent that language in the UK has moved away from the pathologisation and adultification of children. We use the now common term ‘harmful sexual behaviour’ (HSB), as defined by Hackett et al. (2019): “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, or be abusive towards another child, young person or adult” (p. 13). We also recognise that in certain contexts HSB is framed as child sexual exploitation (Firmin et al., 2016), data collection during this study revealed significant discrepancies in agency recording and definitions, for example ‘peer on peer’ abuse often ‘flagged’ as child sexual exploitation (CSE). Kelly and Karsna (2018) also highlight this: “at the heart of being able to distinguish between CSA and CSE is the issue of definitions” (p.4).

It has been difficult to separate the young people’s behaviours meaningfully and neatly into categories of CSE and HSB. While all fit the widely used definition of HSB.

NORMAL	INAPPROPRIATE	PROBLEMATIC	ABUSIVE	VIOLENT
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimization	Coercion and force to ensure compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive Informed consent lacking, or not able to be freely given by victim	Sadism
		May lack reciprocity or equal power	May include elements of expressive violence	
		May include levels of compulsivity		

Fig. 1. Continuum of sexual behaviours by children and young people (Hackett, 2010).

(Hackett and Smith, 2018, p. 21)

Similar issues are evident in sibling sexual abuse (Yates et al., 2024) and technology-assisted harmful sexual behaviour (Hollis & Belton, 2017). A potential consequence of this conflation and confusion is that practice and policy are ineffective responding to the complex and often multi-layered nature of harmful sexual behaviour.

Hackett (2010) proposed a continuum model (see Fig. 1) outlining 'normal' to highly 'deviant' behaviours children and young people might exhibit. It is important to note, Hackett's model does not assume that any HSB escalates to the deviant end point, although the continuum is linear, harmful sexual behaviour does not always start at the 'normal' point and incrementally escalate to the 'deviant' end of the model. Instead, the model seeks to represent a broad range of sexual behaviours children may engage in, of which many will be developmentally appropriate. That said, knowing what is appropriate is not always straightforward, as the social, cognitive, physical, and emotional development of children varies. For some children, one behaviour might be appropriate in early adolescence, whereas the continuation of behaviour, say into late adolescence, might be more of a concern, and vice versa. Context is crucial: for example, a young person engaging in sexual behaviours, when alone and in the privacy of their own bedroom could be deemed appropriate, whereas the same behaviour carried out in public would not only be inappropriate, but problematic. Hackett's model is helpful in providing a distinction between behaviours that are normal, inappropriate, and problematic, it does not however address the harms regarding extreme, illegal, exploitative or violent pornography which is now evidence tells, easily available online (Vera-Gray et al., 2021), nor the harms that those abuses and violence cause to others.

Understanding what might have influenced a child to engage in harmful sexual behaviour is a critical element in the response: not only is this important to help prevent future victimisation of other children, but there are significant health and social consequences for children who are criminalised at an early age (Marmot, 2020; Shaw, 2016). However, factors related to why children engage in harmful sexual behaviour are complex. In their recent review of the literature McKibbin et al. (2024) present ten pathways into or drivers of harmful sexual behaviour: child sexual abuse victimisation; physical and emotional abuse; living with domestic violence; disrupted attachments; sexual arousal; antisociality; pornography use; inadequate sexual boundaries; sexual attraction to children; and hypermasculinity. Other pathways likely exist, but this study alerts professionals working with children to identify key areas for prevention and early intervention. The authors note one factor that features across at least three pathways is access to pornography. Given the continuing speed and growth of children's free access to pornography (Children's Commissioner, 2023a) this is an important area to understand in relation to harmful sexual behaviour.

1.2. Pornography

While children accessing pornographic magazines or films is not new, the current pornographic landscape provides children with free, limitless, and uncensored access to both legal (but harmful) and illegal online content (Hanson, 2024). Most children have their own digital personal devices and access to a high-speed internet provision; in addition, the proliferation of social media and the mechanics of algorithmic controls driven by the exploitation and profit of the porn industry see children exposed to a wide range of easily accessible pornographic content.

While many children will explore the internet in a developmentally appropriate manner, perhaps as a form of sex education and curiosity (Baker, 2015; Doornwaard et al., 2017; Horvath et al., 2013) the consumption of pornography directly affects future sexual behaviour and choices (Rothman et al., 2015). Indeed, sexual scripts are formed through this consumption, authorising what counts as sex and what does not (Vera-Gray, 2020). The prevalence of pornographic use is alarming: Evidence across England finds, most children have seen pornography by the age of 13, with 10% accessing pornography before the age of 9 and 27% by age 11 (Children's Commissioner, 2023b). There are a range of routes involved: some children accidentally find pornography online; others are sent illicit content by people they know; many are groomed, forced or coerced into watching pornography. Still others actively seek pornographic content and become image creators and distributors, for example, through the sharing of nudes/sexting.

The types of pornography children are exposed to is equally important as possession of extreme pornography was made illegal in the UK as part of the *Criminal Justice and Immigration Act, 2008*. It is defined (in summary) as an image that is:

produced solely or principally for the purpose of sexual arousal and...is grossly offensive, disgusting or otherwise of an obscene character...an act which threatens a person's life...likely to result, in serious injury to a person's anus, breasts or genitals...involves sexual interference with a human corpse...intercourse or oral sex with an animal (whether dead or alive)...non-consensual penetration of a person's vagina, anus or mouth by another with the other person's penis..., or anything else.

Much of this extreme pornography can be accessed freely online via short previews that do not require age verification (Dines, 2010). In their 2024 annual review Porn Hub reported search terms that had increased in popularity that year to include "hentai, Latina, Asian, creampie, anal, anime, animation, furry, joi (jerk off instruction), cheating" (Pornhub., 2024). The increased focus on animated/cartoon characters engaging in pornographic activity is of concern as such images de-humanise and objectify others (Hanson, 2024). Likewise, the frequent depiction of violence towards women on these sites is deeply troubling; women are degraded, exploited, and dominated by men with many scenes including non-consensual or coerced sex (Hanson, 2020; Vera-Gray et al., 2021). This is not new, research in 2010 found 88% of mainstream pornographic scenes involved violence and/or aggression towards female actors (Bridges et al., 2010).

A greater number of children are consuming extreme pornography that depicts sex as impersonal, violent, non-consensual, with other people (most often women) viewed as objects to gratify one's own sexual interest (British Board of Film Classification, 2020). This is a serious concern as accessing extreme, illegal, exploitative or violent pornography, as well as being preoccupied with pornography

or sex is likely to be developmentally detrimental both in terms of emotional, social and psychosexual developmental needs (Hollis & Belton, 2017). A report by Hanson (2020) found children (particularly males) experienced dissatisfaction in their own sexual performance, they became anxious and fixated with body shape/type, and their sexual scripts included aggression and coercion which in turn increased risky and harmful behaviours. Children's exposure to or consumption of pornography also leads to a reduction in them acting as positive by-standers to their peers when sexual harassment or abuse is observed; indeed, overall relationship satisfaction and wellbeing is impacted (Hanson, 2020).

Early pornography exposure is a predictor of later problematic use, particularly when use is intentional (Marshall & Miller, 2024). It is perhaps unsurprising, therefore, to find links between harmful sexual behaviour and early exposure to pornography (Dillard et al., 2019; Seto & Lalumiere, 2010); attitudes supportive of sexual violence (Flood, 2009); use of sexually maladaptive behaviours (Gerhard-Burnham et al., 2016); hostile and unsympathetic attitudes towards others (Hunter et al., 2010); and of course, sexual abuse perpetration (McDonald & Martinez, 2017; Ybarra & Thompson, 2018).

Given these links, a deeper understanding of professionals' responses and interventions towards harmful sexual behaviour and children's exposure to pornography is urgently needed. Particularly when children who have undergone treatment programmes in relation to their own harmful sexual behaviour report a greater need for help in managing pornography use (McKibbin et al., 2017). The aim of this paper, therefore, is to examine the extent to which pornography use is explored in cases of harmful sexual behaviour by professionals working with children who sexually harm.

2. Method

2.1. Context

This research was undertaken at one Sexual Assault Referral Centre (SARC) and Paediatric Centre of Excellence in England. The centre covers a wide geographical area including four Local Authorities (LA) and Children's Social Care (CSC) teams. The area is served by one police force and provides a single point of contact for all referrals to children for acute and non-acute forensic medical examinations, time limited health care, safeguarding and wraparound ongoing care, input around the criminal justice process and safety planning. The centre also provides referrals for therapeutic services and Independent Sexual Violence Advisors (ISVA). Professionals at the centre are involved in all strategy discussions held within the four LA Multi-Agency Safeguarding (MASH) hubs where child sexual abuse is known or suspected, including HSB.

The central research question explores how pornography is considered in professional responses to HSB, alongside identifying patterns that reflect pornographic content. Our findings to explore the extent to which multi-agency professionals were asking the children (both those who harmed and those who were harmed) about pornography.

2.2. Methodological approach

The study does not seek to establish a causal relationship between pornography exposure and HSB, but instead examines how pornography use is documented in practice and the extent to which reported behaviours reflect patterns described in the literature. To best achieve this, the research was grounded in materialist feminist approach that has sought to name and document the range of sexual violence experienced by women and children (Kelly, 1987; Vera-Gray, 2023). It was feminists at the turn of the nineteenth century and later in the twentieth who demanded attention be paid to child sexual abuse (Azzopardi et al., 2018; Campbell, 2023). Stanley and Wise (2002) note that feminist research should seek to create 'useful knowledge' – knowledge that can make a difference in women and children's lives. A feminist approach aims to challenge silences in mainstream research both in relation to the issues examined and the ways in which studies are undertaken (Letherby, 2003). While feminists use a range of research methods, they do so with an intention to ask different questions and paying attention to which voices and accounts are marginalised (Hesse-Biber & Leavy, 2007). This study examines the potential overlap between pornography use and HSB and how agencies engage with this. This has implications for policy and practice and reducing the harm of child sexual abuse.

The authors' professional roles across healthcare, academia and specialist child protection organisations, alongside their use of a feminist framework, position them as reflexive researchers whose perspectives are shaped by a commitment to addressing gendered harms and improving responses to child sexual abuse (Wilson, 2023). The first author's extensive clinical and strategic safeguarding experience further informs this perspective, including practice as a Sexual Health Nurse Practitioner during a period of rapid digital change, where shifts in young people's presentations and concerns were observed alongside the rise of smartphones and online pornography. This combined frontline and system-level experience shapes the authors' interpretation by grounding their analysis in both lived practice and organisational oversight.

2.3. Data collection

Data was collected in three phases. The first phase was an initial scoping of case files held on the SARC system (Modus); all cases in one month ($n = 28$) were examined for HSB and the potential link/ overlap with. The first author had access to SARC records and colleagues in the Police and Children's Social Care (CSC) accessed cases in their systems looking for similar material. Pornography was mentioned twice; in both instances children had themselves volunteered the information.

Primary data collection included all SARC records between 1st April and 30th July 2021. Records included a variety of sources including referral forms, children's disclosures and police first accounts with children. In addition, strategy meeting records, initial

calls for urgent advice, child advocate documentation within the SARC service, forensic medical reports and therapy notes provided a rich source of information in the data collection process. A total of 463 cases were accessed, after screening out cases where the sexual abuse was by an adult the foundational data set ($n = 182$) was created, it is drawn on for frequency and descriptive statistics, setting out the range of cases dealt with. Deeper thematic analysis was possible on a sub-sample ($n = 87$) where additional material was available: here both descriptive statistics and qualitative content analysis are presented to show how often pornography was present in the case and the responses of agencies. For the sub-sample records beyond the SARC, including CSC, police and other partners in education and health, were made available for the study.

A data extraction spreadsheet was created, drawing the Centre for Expertise on Child Sexual Abuse 'Data Improvement Tool' (Karsna, 2023) with four sections. Section One covered details of the child who was harmed including their age, ethnicity, sex, sexual orientation (if known), disability or long-term health conditions. Section Two collected the same data for the child who harmed, some information about the behaviour (how many were involved, relationship to the child who was harmed and if there is a police investigation) were included. Section Three covered the context in which the abuse took place, the location, when the abuse started, how long it lasted, what the abuse involved, whether there an online element and which media was used. The final section covered which services were involved, who reported the abuse/concern, and which services/agencies were involved in the case.

To capture references in the case files documenting children's exposure to or use of pornography two codes were adopted. The first covered cases in which there was a clear reference to pornography for children engaging in harmful sexual behaviour. The second coded whether accounts from the child who was harmed reflected behaviours found in online pornography - slapping, choking, gagging, hair pulling - where the victim used the word 'rough', name calling, anal penetration and penetration of both the vagina and anus with objects.

2.4. Data analysis

The larger data set ($N = 182$) sets the foundation for this study and is drawn on for frequency and descriptive statistics, setting out the range of cases dealt with by local agencies. Deeper thematic analysis was possible on the sub-sample ($n = 87$) where additional material was available. Both descriptive statistics and qualitative content analysis are presented to show how often pornography was present in the case and the responses of agencies.

2.5. Ethical consideration

This research was undertaken with ethical approval conducted by the first author in line with London Metropolitan University processes for MA Dissertations. All data was anonymised and any details which might identify a specific case have been altered or excluded.

3. Findings

To explore the extent to which professionals, in one region of England, explored pornography with children referred for harmful sexual behaviour concerns Table 1 summarises the demographics of cases of HSB referred to one SARC.

We first present agency responses across the 182 cases from, followed by the more extensive information in the sub-set ($n = 87$) of harmful sexual behaviour cases. We also detail what children disclosed about pornography, b) examples of harmful sexual behaviour accounts that reflect online pornographic content (as described by the extant literature) and c) examples of and intersection with domestic abuse behaviours.

3.1. Agency response

Of the 182 cases overall an agency response was documented in just over half ($n = 101$; 55.5%). Of these, 12% ($n = 12$) documented Section 47 or Section 17 enquiries leading to a statutory joint or single agency visit from police and/or CSC; 29% ($n = 29$) had ongoing police investigations; 19.8% ($n = 19$) either the child who harmed or was harmed already had a social worker; 21.8% ($n = 20$) had an early help offer recommended and in 41.7% ($n = 43$) no further action was taken by CSC. There was no evidence of any plans to speak to the child who harmed in over two-thirds of cases (68%, $n = 123$) about anything further.

The deep dive into 87 cases there was noteworthy variance in responses from agencies (see Table 2) based on the age of the child who was harmed (12 and under $n = 23$; 13 and over $n = 63$), here we describe each agency response in turn.

Almost half of the younger children ($n = 10$; 43.5%) received a statutory intervention compared to only 6 (9.5%) in the older group. Almost two thirds ($n = 14$; 61%) of the children who harmed in the younger group were spoken to compared to under a third ($n = 17$; 30%) in the older group, while most of those spoken to in the older age group ($n = 39$; 61.9%) resulted in no further action (NFA) or not to proceed with (NPW) or there were no police records. When a police NFA or NPW decision is documented it appears no interventions are undertaken with the child who harmed. Despite all children in the older group displaying harmful sexual behaviour that placed them unequivocally on the abusive and violent end of Hackett's continuum, in 70% of the cases there was no record of any agency speaking with them at all.

Children's Social Care: In over a third 38% ($n = 32$) of cases, a response of no further action was recorded, with case notes recording either the 'victim was not prepared to engage with police' or the 'parents were acting protectively'. When seeking further clarification from CSC colleagues they were unable to locate evidence of the rationale for most of these decisions. Where they were able

Table 1
Demographics of 379 children across the 182 cases of HSB referred to one SARC.

	Children who harmed n = 182		Children who were harmed n = 171	
	n	%	n	%
Sex and gender				
•Male	174	95.6	21	11.5
•Female	7	3.89	149	82.9
•Transgender female	1	0.55	–	–
•Transgender male	–	–	1	0.55
Age				
•3–12	42	23	71	39
•13–17	140	77	102	56
•Unknown or adult victims	4	–	8	–

Table 2
Agency responses by age.

Agency response	12 and under n = 23		13 and over n = 67	
	n	%	n	%
CSC - NFA	1	4.35	31	49.2
Statutory response Section 47/17	10	43.5	6	9.5
Child who harmed not spoken to - NFA	6	26	33	52.4
Child who harmed spoken to - NFA	14	60.9	17	30
Ongoing police investigation	5	21.7	24	38
Unknown/no documentation	–	–	1	–

to find a reason, this was based upon a phone call with the parent of the child, who offered assurances that the victim would be safe from the child who harmed. No references to any enquiry or actions in relation to the child who harmed were found.

Section 47 or 17s¹ accounted for 18% ($n = 16$) of the cases where CSC and/or police planned to visit children and their families and for a fifth ($n = 17$; 19.8%) of cases, where either the child who had harmed or the victim already had a social worker. 23% ($n = 20$) were to be offered early help support in safety planning and ‘healthy relationship’ work and one outcome was unknown. Children who harmed were spoken to in just over a third ($n = 31$; 36%) of cases and not spoken to in 45% ($n = 39$), there was an ongoing police investigation in 29% ($n = 25$).

There was a sub section of children in the older group ($n = 27$) who in addition to harmful sexual behaviour were also involved in intimate partner abuse and coercive controlling behaviours: of this sub-group, half had an ongoing police investigation ($n = 14$) but no record of the police speaking to the child who harmed. For children who were victims of interpersonal sexual violence in 85% ($n = 23$) of cases, some were offered ‘healthy relationship’ work but for others, there were no records regarding the child, or the outcome from CSC was documented as NFA.²

CSC responses were, on the one hand protective of children who were harmed but on the other preoccupied with ‘healthy relationship’ and ‘consent’ work. For example, despite a child providing accounts of rape and sexual assault the professional documented that as the “*victim has been sexually active since age 13 her boyfriend is controlling; she will be offered relationship work*”. This has been termed ‘responsibilisation’ – making someone who has been victimised responsible for their own safety (Coy & Kelly, 2019). There was little detail in the files about the work to be undertaken with the child who harmed apart from when children had other factors in their lives such as complex needs, a history of childhood trauma or ongoing CSC involvement. Where this was not the case responses for children who harmed were left with police to action.

Police: There was a difference between age groups in cases where there was an ongoing police investigation; this perhaps is indicative of some children who had harmed being under the age of 10, below the age of criminal responsibility. Ongoing police investigations were noted in 29 cases ($n = 5$ in 12 and under group and $n = 24$ in 13 and over group). This process can take up to two years or more, and other than interviewing the child who was harmed about allegations it is unusual for any work to be undertaken to explore with the child what underpinned their harmful sexual behaviour. In a small number of cases children were working with the Youth Offending Team and a formal assessment was found in five records. In 63% ($n = 40$) of the older age group either the police were not involved at all, or the case was NFA or NPW³ due to ‘evidential difficulties’.

Education: In some cases, there was a previous history of harmful sexual behaviour identified at school although it was not clear

¹ Section 47: A child protection inquiry when there's reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. Section 17: A child in need assessment to provide support and services to promote their welfare.

² CSC use this category which originates from Home Office police offence outcome codes.

³ Not Proceeded With, unlike NFA these cases can be reopened at a later date if more evidence comes to light.

from case files, what the response was. For example, one entry read: “School witnessed boys sexually harassing her outside school, told parents no need for police as was all dealt with in school (U13)”. However, in 22% to 26% of cases where an early help outcome was documented, schools and colleges were responsible for delivering ‘healthy relationship’ work and safety planning.

3.2. Pornography exposure as documented in one local authority

Of the 87 cases analysed in more depth, pornography use was documented in 14 (16%) records of children who had harmed, these were all male children aged between 6 and 17 years of age. This information was not obtained by professionals asking children, rather, in most cases, children volunteered the information. Younger children talked about viewing “*porn on a friend's phones at school*” or had themselves searched online for “*sexy things on YouTube girls having sex and sexy time*”. Five of these children had a history of child sexual abuse or had a person convicted of sexual offending in their family network; six had lived or were living with domestic abuse within their home.

For some children, exposure to pornography was part of their everyday lives, viewed with adult family members and peers. One professional recorded a child being encouraged to access more if he wanted to.

[he] watched lots of films with his dad that have sex scenes in them, and his cousin (also U13) said that they could watch stuff like that on the internet if he wanted to see more. He said it looked like it would feel nice to try.

Professionals appeared taken aback by the level of openness and willingness of children to talk about pornography. Indeed, they had a strong sense that children were ‘relieved’ to be able to talk about it. One child who displayed harmful sexual behaviour towards younger siblings articulated how despite controls at home, accessing pornography in school was commonplace, the social worker noted:

... they know that they are not meant to watch porn and parents have made sure there are parental controls on phones and tablets, they say they won't even try and look at it at home. But they say all of their friends 'hot spot' their phones in the playground at school (primary and secondary school) and they all watch porn together at break time.

Pressure from peers played a part in children's behaviour, watching online pornography was often a prerequisite for friendship – one social worker recorded: “*if they don't watch it with them, they can't be part of the friendship group.*”

Access to violent pornography (noted more frequently for children aged 13 and over) was also readily available via mobile phones, within households and schools, as reflected in this case note.

... watching porn on family members phones (filming themselves masturbating on their phones) ... via Tik Tok and Snapchat (sending sexually explicit and aggressive messages to girls) ... sending pornography via phone to other young person and ... pressurising girlfriends into sexual role play via online gaming platforms (sexual assault where girls refused).

3.3. Acts commonly depicted in pornography

Behaviours in almost one third of the accounts provided by children who harmed are commonly depicted in pornography: slapping, choking, gagging, hair pulling, name calling, anal penetration and penetration of both the vagina and anus with objects. We identified these behaviours in cases involving children below the age of 12 ($n = 9$) and children over the age of 13 ($n = 16$). Professionals involved in these cases documented pornography as a contributing factor in the harmful sexual behaviour and in some cases, indeed, children themselves reported that the child who harmed watched “*a lot of hard-core pornography*”. We found references to serious acts of sexual violence (including strangulation), nonconsensual behaviours (including removal of condoms without consent), and group rape (more than one boy sexually assaults the child with others filming this). We found only three cases where professionals themselves made specific reference to pornography; these cases were of looked after children.

Acts of violence and force: There were several acts of violence reported by children across both age groups. For children under 12 years, records noted violent behaviours in which one child who caused harm had the child's “*head and wrists pinned down, forced penis into mouth.*” Indeed, physical force was instrumental, one victim in the 13 year and over group, described the rape:

[He asked] her for oral sex, she refused, he raped her. He put his hands around her neck and pushed her around... She said no and so he forced her head down... forced her head down onto his penis and slapped her bottom.

Another case recorded how one child “was really rough, and she has bites on her shoulder and breasts, also friction burns and bruises on knees and arms”. Another victim describes how a child:

put his penis into her mouth and violently pushed her head. He continued being violent pushing her head until he ejaculated inside her mouth. She was crying all the time.

Verbalised objection and clear resistance: There were also examples demonstrating children's understanding and attempts to verbalise non-consent before, during and after the abuse. One child “*asked him to stop but said he wouldn't stop until she moaned*” we noted one professionals' record of a child's unsuccessful attempt to stop the abuse and articulate their unwillingness to the behaviour.

{He} asked her if she would 'do anal' and she said 'no', he told her she needed to just relax and then forced her to have anal sex. She said she was crying all the time, and he knew she was crying.

In another example the child harmed reported that although at first, she was at first “happy with foreplay, she said didn't want to do it anymore, he said he didn't care and held her down by arms, hands around throat also and raped her”. In another case the professional noted: “he does things she's not comfortable with like take the condom off during sex and it is very rough during sex”.

Strangulation and rape: There were accounts of humiliation “*rape and non-fatal strangulation*”, for example, he “*called her a dirty whore... and made attempts to choke her in a ‘sexual’ way*”. Children were subjected to “*repeated violent vaginal and anal rapes, sexual assault inserting objects, trying to asphyxiate her during acts*”. Objects were used he “*Inserted a bottle into her anus*”.

Group rape and sexual assaults: Although most cases involved one child who harmed, there were examples when more than one child was involved. For example, he “*held her down stood on her arms and legs while another friend raped her*” one child was “*choked and anally and orally raped by 2 boys, filmed by other boys on phones*”.

3.4. The overlap with domestic abuse

In addition to behaviours reflecting those portrayed in online pornography, grooming and coercive behaviours documented in intimate partner abuse were evident in some cases. There were documented statements in one third ($n = 30$; 34.5%) of the files from children who were harmed across both age groups, although the majority were found in children over the age of 13. This is a striking finding in the context of potential adult intimacy/sexual scripts which are formed in adolescence, both for victims-survivors and those who cause harm.

Coercion: Coercive behaviours recorded for children in the younger group reflect the techniques and grooming strategies used by adults who target and sexually abuse children. These, often-subtle threats, ensure the child's compliance, sometimes through reward and reassurance such as “*you'll like it, I'll be really gentle*” but often through fear of what others may think, “*you do not want me to tell mummy, do you*” or “*other children will say she lies, and they will think she started it*”. Documented in the records of young children who displayed these coercive behaviours were references to them living with a person convicted of sexual offences or adults of concern within their close family or family networks.

Degrading and victim blaming: There were several examples in which children who were harmed reported tactics of humiliation and degradation. One child said he “*tells her she is a dumb fat whore, throws things at her when she won't do what he wants*” another was told “*she is worthless*”. Victims gave further accounts of this “*he said she was cold and why couldn't she be like the other girls?*” but despite her telling “*him to stop, he just called me pathetic. I kept saying no but he didn't stop. I just lay there in the end*”. When children attempted to reason with the person ahead of the abuse, they were blamed “*it's your fault I've got a boner*” or “*I've got a hard on right now, what are you going to do about it*”. This would continue after the abuse with the child who harmed sending “*lots of messages since saying that she wanted it*”, being held responsible.

Coercive and threatening behaviours: There were examples where children experienced physical assaults, they were “*kicked, headbutted, punched*”, thus, threats of violence and intimidation ensured children complied. Situations where children “*agreed [to anal sex] because she was worried about making him angry. It was painful and she wanted him to stop. He held her down and continued to have anal sex with her*”. Incidents of social coercion were also frequently documented. Here children were threatened with public shaming for example, “*if you don't do it, I'll tell people you're frigid*” and use of technology and social media strengthened these threats; after “*he raped her and took indecent videos and images of her which he has since been blackmailing and threatening her with*”. Further examples of isolation and surveillance tactics were evident in one case: “*he makes her keep video calling open on her phone so he can watch her sleep*” and in another the child said he “*took my phone, wouldn't let me leave, I couldn't tell anyone about the relationship*”. Finally, threats of self-harm were also used as a form of psychological coercion, in one case threatening suicide when the girl tried to end the relationship.

4. Discussion

This study was a retrospective case file analysis involving children subjected to harmful sexual behaviour who were referred to one SARC. The aim of the primary study was to explore the possible connections between pornography and HSB, and within that this paper presents the findings on how often professionals asked children about their contact with pornography. The findings pose urgent questions about professional responses and practice. Despite it being commonplace for children to be exposed to or consume pornography (Andrie et al., 2021), and exposure to violent sexual content being consistently linked to problematic sexual behaviour (Mori et al., 2023), we found very little evidence that professionals directly enquired about pornography children who displayed harmful sexual behaviour. Instead, children themselves volunteered this information, suggesting both a readiness and a need to discuss these issues more openly with trusted adults. Critically however, the retrospective design and reliance on case file documentation mean that causal pathways between pornography exposure and HSB cannot be established. Given the multiple known drivers of HSB, the findings should be interpreted as identifying patterns and associations, rather than evidence of direct causal influence.

A striking finding was the extent to which the harmful sexual behaviour documented mirrored behaviours depicted in online pornography. This included slapping, choking, name calling, anal penetration, and the use of objects, behaviours described in the literature as increasingly prevalent in mainstream pornography (Bridges et al., 2010; Hanson, 2020). The presence of these behaviours in both younger and older groups reinforce concerns about pornography acting as an informal form of sex education, shaping sexual scripts and legitimising coercion, aggression, and disregard for consent (Rothman et al., 2015; Vera-Gray, 2020). In the older group in particular, professionals' reliance on a predominantly criminal justice response appeared to overshadow more preventative or educative approaches. By contrast, children who were harmed were more likely to be offered “healthy relationship” interventions, sometimes inappropriately framed in ways that implied responsibility for managing or navigating abusive behaviour. This response to the needs of victims of abuse echoes findings from [The Child Safeguarding Practice Review Panel \(2024\)](#) which examined sexual abuse

within the family environment. Such an imbalance risks missing opportunities to intervene meaningfully with those displaying harmful sexual behaviour while, whether unintentionally or not, placing responsibility to prevent harm on the victim-survivor. As such, including both children who harm and those who are harmed reflects the relational nature of harmful sexual behaviour, allowing for a more integrated analysis of how pornographic influences are manifested across experiences and revealing inconsistencies in how professionals respond to different groups. While these findings highlight notable parallels between HSB and acts commonly depicted in pornography, they do not establish a direct causal relationship. Rather, they point to patterns that are consistent with existing literature and underscore the limited extent to which professionals explore pornography exposure when seeking to understand behaviour.

The overlap between harmful sexual behaviour and patterns of coercive control, intimidation and degradation typically found in adult domestic abuse is another important finding. Many of the cases, particularly in the 13+ group, reflected dynamics more commonly associated with adult sexual violence, with boys overwhelmingly in the role of harmer and girls as victims. These children operated in contexts of almost complete impunity, where their behaviour was either minimised, left unchallenged, or recorded as “no further action.” [The Child Safeguarding Practice Review Panel's \(2024\)](#) similarly identified that, despite children disclosing harm, professionals' responses frequently downplayed the seriousness of concerns, failed to hold alleged abusers to account, or resulted in cases being closed without appropriate follow-up. This not only mirrors wider cultural tolerances of male violence against women and girls but also highlights adolescence as a crucial developmental stage where intervention is both possible and impactful.

The finding that sexual encounters often began with apparently consensual activity but escalated into coercion or violence raises serious concerns. Such cases are unlikely to result in successful criminal justice outcomes, yet the harm to victim-survivors was clear and enduring. Responses, therefore, that go beyond a purely investigative or immediate safeguarding approach, integrating therapeutic support, family engagement, and proactive interventions with children who harm to challenge harmful sexual scripts and promote respectful models of intimacy. Frameworks such as the Child Sexual Abuse Response Pathway ([Centre of Expertise on Child Sexual Abuse, 2023](#)) provide professionals with structured guidance to deliver such comprehensive, trauma-informed, and multi-agency responses that prioritise children's safety and recovery.

4.1. Limitations

This study has several limitations. Only descriptive statistics were used and data was collated from a single SARC and one region of England, limiting generalisability. The population was not ethnically diverse and likely represented children at the higher end of the harmful sexual behaviour continuum. In addition, case file data is dependent on the quality of data recording by professionals and given that no direct interviews with children or practitioners were undertaken, the overlaps with pornography are likely to be underestimates. These limitations are balanced by the fact that this is, to our knowledge, the first study to examine pornography through the lens of children referred to a SARC about HSB, using a sizeable sample. As such, it highlights parallels between harmful sexual behaviour and pornography, and the intersection with intimate partner abuse, raising important questions for practice and policy.

4.2. Implications and recommendations

Our findings underline urgent need for the following.

- Improved data entry, definition of cases and record keeping across agencies, including consistent demographic and contextual information, to enable better resource allocation and case management.
- Training, supervision, and resources to support professionals in engaging children and families in conversations about pornography, including its role in shaping behaviour and the treatment of others.
- Balanced interventions that move beyond reliance on criminal justice processes to integrate prevention, education, and therapeutic support for both those harmed and those who harm.
- Policy development that recognises pornography as a safeguarding issue and integrates responses into wider strategies addressing the government priority of violence against women and girls.
- Clearer policy responses to children's access to online pornography, including consideration of regulatory measures such as age-verification and platform accountability to reduce exposure to harmful content.
- Further research that explores children's own perspectives.
- A wider discussion about whether the terminology of harmful sexual behaviour is fit for purpose, given the depth and range of abusive behaviour found in this study.

CRedit authorship contribution statement

Louise Barraclough: Writing – review & editing, Writing – original draft, Visualization, Validation, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Stephanie Cain:** Writing – review & editing, Writing – original draft, Visualization. **Sophie Laws:** Writing – review & editing. **Liz Kelly:** Writing – review & editing, Validation, Supervision, Conceptualization.

Data availability

The data that has been used is confidential.

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