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**North Ayrshire Child Protection Committee**

**Multi-Agency Guidance**

**Underage Sexual Activity**

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## 1. Preface

North Ayrshire Child and Public Protection Chief Officers Group are pleased to endorse this multi-agency guidance for effective response to young people engaged in underage sexual activity.

It is now well established that increasing numbers of young people are engaging in a range of sexual activity before the age of 16 years. The reasons behind this behaviour vary considerably. For some young people this will be a mutually agreed activity; for others it may be the response to peer group pressure or the result of abuse or exploitation. Young people who are sexually active will therefore present with differing needs. Consequently, services and professionals need to be better equipped to recognise and respond to these differing needs.

This document provides guidance for practitioners who come into contact with young people who are sexually active in order that these young people have their needs met and are effectively protected when necessary.

Thus, we commend this guidance document to all who plan, manage and deliver services in North Ayrshire, in order that we continue to work collectively to promote, support and safeguard the well-being of all children and young people.

Elma Murray  
North Ayrshire Council  
Chief Executive

John Burns  
NHS Ayrshire & Arran  
Chief Executive

Paul Main  
Police Scotland  
Divisional Commander

Anne Houston  
Independent Chair  
North Ayrshire Child Protection Committee

## **2 Equality and diversity**

North Ayrshire Child Protection Committee promotes equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all of its forms. No one should be discriminated against on the basis of race, ethnicity, disability, sexual orientation, religion, gender or age. All partners within the Committee value diversity and actively challenge discrimination and prejudice. Those who participate in services should be listened to and respected and should have access to services which are fair, consistent and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief or sexual orientation.

## **3 Who is this guidance for?**

This guidance is designed to support both adult and children's services in working effectively to promote, support and safeguard the well-being of children and young people. This will include everyone involved in delivering GIRFEC and those supporting adults. The guidance will be particularly relevant for any practitioner who might work with a young person who is engaged or planning to be engaged in sexual activity with another person. The young person could be under the age of 16, which is the current legal age of consent; or could be under the age of 18 and be vulnerable in some way, therefore, requiring a response from child or adult protection services.

## **4 Purpose of this guidance**

The purpose of this guidance is to offer support to ensure the early identification and support for children and young people who are at risk of significant harm because of this specific activity, and to help ensure that in cases where there may not be a child protection issue, the needs of the child/young person are still met appropriately.

## **5 Links with other guidance**

This guidance document has been written in line with the [National Guidance for Child Protection in Scotland](#) (2014) and further detail around the complex issues referred to within this guidance (such as significant harm and information sharing) can be accessed here.

Some underage sexual activity may in fact be sexual exploitation and reference to [Guidance on Child Sexual Exploitation: A Practitioners Resource Pack](#) (2014) is recommended.

Any concern about a child or young person should be assessed using the [National Risk Framework](#) (2010). Local guidance in relation to utilising the National Risk Framework can be found here: <http://childprotectionnorthayrshire.info/cpc/training/>

## **6 Introduction**

This guidance seeks to strike a balance between assuring the freedom of young people to make decisions about their own lives, and protecting them from activity which could give rise to immediate harm and/or longer term adverse consequences to one or both of them. The law

continues to make clear that society does not encourage sexual intercourse in young people under 16, as it can be a cause of concern for their welfare. It does not follow that every case has child protection concerns and it is important to ensure that a proportionate response is made and that only appropriate cases are brought to the attention of social work and the police.

However, even if there are no child protection concerns, the young person may still have worries or be in need of support in relation to their sexual development and relationships, which will require to be addressed either on a single agency or multi-agency basis.

When anyone working with children and young people becomes aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact that this has had on them and whether this behaviour is indicative of a wider child protection concern.

Child protection concerns arise in those circumstances when there is a strong likelihood or risk of significant harm to a child, arising from abuse or neglect. The concept of 'significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and young person and their family.

To act effectively, practitioners should make a judgement about what information is needed to make this assessment, based on the principles of GIRFEC, and who is best placed to carry it out in full. This might mean them collecting and sharing information from within their service or from other agencies, or passing on information to the service best placed to assess their needs. However, in any situation, an initial assessment of risk has to be made by the practitioner to ensure that the correct processes and people are involved so that the needs of the child and young person are effectively met.

Of course, different individual agencies and professionals have different roles and responsibilities in relation to protecting the well-being of the individual involved in underage sexual activity. For example, some may give direct support, while others may simply facilitate access to support from another appropriate agency. However, regardless of what agency the child and young person comes into contact with, there should be a consistent approach to assessing individual cases and agreeing an appropriate response.

**Getting it right for every child (GIRFEC)** should underpin all practice with children and young people. GIRFEC:

- places children's and young people's needs first;
- ensures that they are listened to and involved in decisions that affect them; and
- ensures that they get the co-ordinated help required for their well-being, health and development.

## 7 Definitions

A 'child' can be defined differently in different legal contexts and **different responses may be required depending on the age of the child and young person.**

If the under-age sexual activity involves children under the age of 13, the concerns **must** be passed on in accordance with local child protection procedures.

Where it involves children who are 13 or over, a range of issues should be considered before a decision is taken. Consequently, while this guidance refers to children and young people overall, a distinction is made at different parts of the guidance between:

- a 'younger child', who is defined in this guidance as meaning someone aged under 13; and
- a 'young person', who is defined here as someone aged 13 or over and under 18 (but with a particular focus on those aged between 13 and 15 with respect to under-age sexual activity).

Over the age of 16, sexual activity is legal. However, the activity may not have been consensual or the young person might have vulnerabilities and related needs. Furthermore, the Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to a 'sexual abuse of trust' - for example, if the young person has had sexual relations with a teacher, hospital staff or a residential care unit worker who has caring responsibilities for the child or for children in the institution in which the child is being cared for or taught and is over the age of 18.

## 8 Principles

The principles and values underlying this guidance reflect the principles set out by the UN Convention on the Rights of the Child (UNCRC). Some of the key principles to be aware of are set out below.

*The best interests of the child are paramount (Article 3)*

The founding principle of legislation relating to children and young people clearly states that the child's welfare or 'best interests' is the paramount consideration.

*Children and young people should be able to voice their opinions (Article 12)*

Practitioners should ensure that all children and young people are given a genuine chance to express their views freely on all matters that affect them and to have these views taken into account. To safely and properly exercise this right, practitioners need to listen and to create an environment based on trust, information sharing and sound guidance that is conducive to children and young people's participation.

*Children and young people should be able to access information (Article 17)*

Practitioners should ensure that all children and young people are provided with, and not denied, accurate and age-appropriate information on how to protect their sexual health and well-being and practice healthy sexual behaviour.

*Children and young people should be protected from harm (Article 19)*

Practitioners have an obligation to ensure that all children and young people are protected from all forms of violence, abuse, neglect and exploitation. Under-age sexual activity may not necessarily be a child protection issue but there may still be concerns that result in a young person requiring support.

*Children and young people should be protected from sexual abuse (Article 34)*

Practitioners have an obligation to ensure that all children and young people are protected from sexual abuse.

*Children and young people have a right to special support (Article 39)*

If a young person has been hurt or badly treated they have the right to special support to help them recover and professionals should take this into account when planning an appropriate response to their needs.

## 9 Confidentiality, Information Sharing and Consent

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 are wider crime prevention or public safety implications or such action would prejudice any subsequent investigation, information may be shared without consent.

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 maintain confidentiality. In these circumstances, practitioners have a duty to act to make sure that the child and 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.

Professionals 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 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.

It is also crucial that children and young people should be advised in advance of them potentially disclosing information they want kept confidential, how their personal information may be shared within the team or agency they have contact with and what the limits to that sharing might be. It is essential that agencies have a worked-through confidentiality policy

The needs of each child and young person are the primary consideration when professionals decide upon the relevant and proportionate sharing of information. All decisions and reasons for them should be recorded appropriately. Agencies should actively manage and support the sharing of information, recognising that confidentiality does not prevent information sharing where there is the risk of significant harm to the young person or others. **Practitioners should take account of each child's, young person's or other relevant individual's views when deciding when to share information without their consent** and should provide reasons and explain to them when they have shared information without consent.

All practitioners recording information or releasing information to other parties and persons have legal and professional duties to ensure that the information recorded is accurate, relevant



and sufficient for its purpose and that any disclosure is lawful - either through the consent of the young person concerned or where there is the potential of harm to themselves or others which outweigh lack of consent.

Scots law presumes that people aged 16 and over have the capacity to consent to their own medical treatment. For those under 16, there is no presumption of capacity but the provisions of the Age of Legal Capacity (Scotland) Act 1991, specifically section 2(4), will apply. It should be noted that capacity is not an all-or-nothing concept and will be judged in terms of the specific treatment proposed, both the procedure itself and the possible consequences of having it. Capacity will be a matter of clinical judgment which will depend on several things, including: the age of the child and young person; their maturity; and the risks associated with the procedure or treatment. But fundamentally, the medical practitioner will be testing whether (in their opinion) the young person understands the information relevant to the decision (so sufficient information on procedure and consequences has to be provided to allow them to make an informed choice) and whether that information is retained.

Practitioners should encourage children and young people to share information with their parents or carers where it is safe to do so. This is in recognition of the responsibilities, rights and duties of parents to direct and guide their children in the exercise of their rights, consistent with their evolving capacities.

At the same time, sexual health services have long recognised that assurances of confidentiality for children and young people are essential if they are to be encouraged to seek their help and advice. Consequently, while sexual health practitioners are encouraged to help individuals to speak to their parents and involve them in their decision-making, ultimately, the practitioners are not required to inform the parents or carers at any stage of giving them advice or treatment and must take heed of the information rights set out above.

Where a practitioner is not in a position to meet the individual's immediate health needs, having due regard to consent issues, it is within the law, without parental consent or even knowledge, to provide information, make an appointment or accompany the individual to an agency which is able to meet their immediate needs.

Specifically in relation to child protection matters, the decision to share information with parents or carers should be based on professional judgement using the foregoing principles and agency guidelines. In this context, education authorities have particular duties towards pupils, first and foremost.

## 10 Assessing Risk

When a practitioner becomes aware that a younger child (ie. under the age of 13) is sexually active or is likely to become sexually active, **this must be automatically shared as a child protection concern.**

Where practitioners are aware that a young person (ie. 13 or over) is sexually active or is likely to become sexually active, they should undertake an assessment of risks and needs utilising the National Risk Framework to ensure that the appropriate response is provided. The practitioner has a duty of care to ensure that the young person's health and emotional needs are addressed and must assess whether the sexual activity is of an abusive or exploitative nature. At the same time, such risk assessment must take full account of the issues of confidentiality and information sharing set out previously.

In undertaking an assessment using the National Risk Framework, practitioners may need to engage the assistance of colleagues within their own team or from another service.

All cases should be looked at individually, on their own facts and circumstances. In making assessments, practitioners should take into account the following.

- **The age of the young person.** As noted, any sexual activity involving younger children should be automatically treated as a child protection concern. Consensual sexual activity is not unlawful when both parties are aged 16 or over, but there may also be particularly vulnerable young people between the ages of 16-17 who may be placing themselves at risk or who are at risk.
- **Particular vulnerabilities** of those groups of young people more likely to experience discrimination or disadvantage within society such as young people with disabilities, young women, young gay men and women, those affected by poverty, those experiencing homelessness, looked-after children and young people, those living away from home and survivors of sexual abuse, as these individuals may be particularly vulnerable to sexual abuse or exploitation.

It is essential to look at the facts of the **actual relationship** between those involved and to take into account the **wider needs** of the young person. Crucial elements of this assessment relate to issues of:

- consent and informed choice;
- the ages of those involved;
- the relationship;
- the circumstances of the sexual activity; and
- the vulnerability of the young person involved.

The presence of one or more factors will raise different levels of concern depending on the young person's individual circumstances. For some young people it will be the *combination* of certain factors which may suggest that further intervention is required. There are some contextual factors - e.g. consumption of drugs and/or alcohol that would affect ability to give consent, manipulation, bribery, threats, aggression and/or coercion - that will require an immediate, multi-agency response including involvement of the police. The presence of other factors may flag that there should be further exploration of this area.

Practitioners need to be aware that should information come to their attention about past sexual behaviour and/or relationships involving young people, the same consideration should be given as to whether this was abusive or exploitative and appropriate action should be taken. It may be the case that the young person in question is no longer at risk of harm; however, this information may have implications for other children and young people.

Practitioners should also be aware that some young people may not identify abusive behaviour as such. A range of factors - including embarrassment, coercion and the desire to protect others - may prevent such identification and can increase the vulnerability of these young people.

If a professional feels that there are concerns around the young person's sexual behaviour, the indicators set out below can help the practitioners decide on the appropriate response and whether information needs to be shared. What follows is a non-exhaustive list of some of the

typical factors that may indicate a child protection concern and help practitioners determine risk and need. It is not intended to be used as a checklist but forms the basis of a risk assessment: depending on the specific situation, not all of the areas identified will require exploration.

➤ **The child and young person**

- Is the child under the age of 13 or did the sexual activity take place when the young person was under 13?
- Did the young person understand the sexual behaviour they were involved in?
- Did the young person agree to the sexual behaviour at the time?
- Did the young person's own behaviour - e.g. use of alcohol or other substances - place them in a position where their ability to make an informed choice about the sexual activity was compromised?
- Was the young person able to give informed consent? (e.g. mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)

➤ **The relationship**

- Was there a concerning power or any other relevant imbalance present in the relationship? (e.g. differences in size, age, material wealth and/or psychological, social, intellectual and physical development - in addition, gender, race and levels of sexual knowledge can be used to exert power.) It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex.
- Were manipulation, bribery, threats, aggression and/or coercion, involved? (e.g. was the young person isolated from their peer group or was the young person given alcohol or other substances as a dis-inhibitor etc.)

➤ **The other person**

- Did the other person use 'grooming' methods to gain the trust and friendship of the young person? (e.g. by indulging or coercing the young person with gifts, treats, money etc; by befriending the young person's family; by developing a relationship with the young person via the internet.)
- Did the other person attempt to secure secrecy beyond what would be considered usual in teenage sexual activity?
- Was the other person known by the practitioner to be or have been involved in concerning behaviour towards other children and young people?
- Was the other person in a position of trust?

➤ **Other factors**

- Was the young person, male or female, frequenting places used for prostitution?
- Is there evidence of the young person being involved in prostitution or the making of pornography?

- Was the young person frequenting places where adults seek out sexual contact with others in circumstances where additional dangers, e.g. physical assault, might arise?
- Were there other concerning factors in the young person's life which may increase their vulnerability? (e.g. homelessness)
- Did the young person deny, minimise or accept the concerns held by practitioners?

## 11 Response

In all situations the consideration of the five GIRFEC questions should form the basis of the response:

- What is getting in the way of this child's or young person's well-being?
- Do I have all the information I need to help this child and young person?
- What can I now do to help this child and young person?
- What can my agency do to help this child and young person?
- What additional help, if any, may be needed from others?

The level of response will depend on how practitioners assess the level of risk to the young person, based on the guidance at 10 above. The response, and level of information shared, will be different depending on whether there is a child protection concern or whether there are other concerns for the well-being of the young person. **However, the overriding principle should be that the confidentiality rights of children and young people should be respected unless there is a child protection concern.**

There are certain circumstances in which practitioners must always share concerns using their child protection procedures:

- if the child is, or is believed to be, sexually active and is under 13;
- if the young person is currently 13 or over but sexual activity took place when they were 12 or under;
- if there is evidence or indication that the young person is involved in pornography or prostitution;
- if the 'other person' is in a position of trust in relation to the young person; or
- if the young person is perceived to be at immediate risk.

In these circumstances, the practitioner should:

- where appropriate, speak with the child and young person prior to passing on the child protection concern - every reasonable effort should be made to explain why the information is being shared and seek their agreement;

- share the child protection concern in line with child protection procedures, detailing those who are involved, the nature of the concerns etc; and
- if agreement is not reached, the professional must still share the child protection concern and inform the child and young person that this will be the course of action.

*If the young person is not at risk of harm*

If the practitioner has assessed that the sexual behaviour is consensual teenage sexual activity where there are no concerns of abuse or exploitation, the practitioner should:

- uphold the confidentiality rights of the young person; and
- provide practical assistance and advice as required. Practitioners not qualified to provide this should signpost young people to the appropriate local services (e.g. sexual health services).

If the practitioner has assessed that the sexual behaviour is not abusive or exploitative, but that there remain concerns about the young person's behaviour e.g. their ability to assess risk, their use of drugs/alcohol, the environment in which they seek sexual contacts etc, then the practitioner should:

- uphold the confidentiality rights of the young person; and
- provide practical assistance and advice as required within their own agency or, with their permission, refer them to the appropriate clinical or support services, including forensic or sexual health services.

In both these scenarios, a single-agency decision-making process is normally appropriate.

If the practitioner is concerned that the young person's behaviour, or the nature of the sexual behaviour and/or relationship, *could* indicate that the young person is at risk of harm, the practitioner should:

- seek guidance from a line-manager in accordance with their agency's guidelines and decide if further action is required;
- inform the young person about the need speak to other practitioners, where required, and seek their consent if possible;
- share appropriate information with other practitioners about the young person;
- if required, seek advice from other services and agencies to assist in this decision-making; and
- share information with the police if there are concerns about the young person's sexual partner.

## **Recording information**

In **all** circumstances, the practitioner should make a record of events and decisions, in line with their own agency procedures. The record should contain all essential detail and the reasons behind their action.

On each occasion that a practitioner has contact with a young person or receives information about them, consideration should be given as to whether their circumstances have changed and a different response needed.

## Appendix 1

### Section 4 of the Sexual Offences (Amendment) Act, 2000: meaning of a “position of trust”

4. – (1) For the purposes of section 3 above, a person aged 18 or over, (“A”) is in a position of trust in relation to a person under that age (“B”) if any of the four conditions set out below, or any condition specified in an order made by the Secretary of State by statutory instrument is fulfilled.

(2) The first condition is that A looks after persons under 18 who are detained in an institution by virtue of an order of a court or under an enactment, and B is so detained in that institution.

(3) The second condition is that A looks after persons under 18 who are resident in a home or other place in which:

(a) Accommodation and maintenance are provided by an authority under section 23(2) of the Children Act, 1998 or Article 27(2) of the Children (Northern Ireland) Order, 1995.

(b) Accommodation is provided by a voluntary organisation under section 59(1) of that Act, or Article 75(1) of that Order: or,

(c) Accommodation is provided by an authority under section 26(1) of the Children’s (Scotland) Act, 1995. and B is resident, and so provided with accommodation and maintenance, or accommodation, in that place.

(1) The third condition is that A looks after persons under 18 who are accommodated and cared for in an institution which is:

(a) Hospital

(b) a residential care home, nursing home, mental nursing home or private hospital.

(C) A community home, voluntary home, children’s home or residential establishment, or

(d) A home provided under section 82(5) of the Children Act, 1989, and B is accommodated and cared for in that institution.

(2) The fourth condition is that A looks after persons under 18 who are receiving full time education at an educational institution, and B is receiving such education at that institution.

## Appendix 2

### Section 1 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act, 2005.

#### Meeting a child following certain preliminary contact

(1) A person (“A”) commits an offence if-

- (a) having met or communicated with another person (“B”) on at least one earlier occasion,
  - (i) intentionally meets B;
  - (ii) travels, in any part of the world, with the intention of meeting B in any part of the world, or
  - (iii) makes arrangements, in any part of the world, with the intention of meeting B in any part of the world, for B to travel in any part of the world;
- (b) at the time, A intends to engage in unlawful sexual activity involving B or in the presence of B-
  - (i) during or after the meeting; and
  - (ii) in any part of the world;
- (c) B is-
  - (i) aged under 16; or
  - (ii) a constable;
- (d) A does not reasonably believe that B is 16 or over; and
- (e) at least one of the following is the case-
  - (i) the meeting or communication on an earlier occasion referred to in paragraph (ii) (or, if there is more than one, one of them) has a relevant Scottish connection;
  - (ii) the meeting referred to in sub-paragraph (i) of that paragraph or, as the case may be, the travelling referred to in sub-paragraph (ii) of that paragraph or the making of arrangements referred to in sub-paragraph (iii) of that paragraph, has a relevant Scottish connection;
  - (iii) A is a British citizen or resident in the United Kingdom.

(2) In subsection (1) above-

- (a) the reference to A’s having met or communicated with B is a reference to A’s having met B in any part of the world or having communicated with B by any means from or in any part of the world (and irrespective of where B is in the world); and
- (b) meeting or travelling or making of arrangements has a relevant Scottish connection if it, or any part of it, takes place in Scotland; and a communication has such a connection if it is made from or to or takes place in Scotland.

(3) For the purpose of subsection (1)(b) above, it is not necessary to allege or prove that A intended to engage in a specific activity.

(4) A person guilty of an offence under this section is liable-

(a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding 10 years or a fine or both.

## Appendix 3

### Sections 12 to 17 Sexual Offences (Scotland) Act (2009)

#### 12 Meaning of “consent” and related expressions

In Parts 1 and 3, “consent” means free agreement (and related expressions are to be construed accordingly).

#### 13 Circumstances in which conduct takes place without free agreement

(1) For the purposes of section 12, but without prejudice to the generality of that section, free agreement to conduct is absent in the circumstances set out in subsection (2).

(2) Those circumstances are—

(a) where the conduct occurs at a time when B is incapable because of the effect of alcohol or any other substance of consenting to it,

(b) where B agrees or submits to the conduct because of violence used against B or any other person, or because of threats of violence made against B or any other person,

(c) where B agrees or submits to the conduct because B is unlawfully detained by A,

(d) where B agrees or submits to the conduct because B is mistaken, as a result of deception by A, as to the nature or purpose of the conduct,

(e) where B agrees or submits to the conduct because A induces B to agree or submit to the conduct by impersonating a person known personally to B, or

(f) where the only expression or indication of agreement to the conduct is from a person other than B.

(3) References in this section to A and to B are to be construed in accordance with sections 1 to 9.

#### 14 Consent: capacity while asleep or unconscious

(1) This section applies in relation to sections 1 to 9.

(2) A person is incapable, while asleep or unconscious, of consenting to any conduct.

#### 15 Consent: scope and withdrawal

(1) This section applies in relation to sections 1 to 9.

(2) Consent to conduct does not of itself imply consent to any other conduct.



(3) Consent to conduct may be withdrawn at any time before, or in the case of continuing conduct, during, the conduct.

(4) If the conduct takes place, or continues to take place, after consent has been withdrawn, it takes place, or continues to take place, without consent.

#### 16 Reasonable belief

In determining, for the purposes of Part 1, whether a person's belief as to consent or knowledge was reasonable, regard is to be had to whether the person took any steps to ascertain whether there was consent or, as the case may be, knowledge; and if so, to what those steps were.

#### 17 Capacity to consent

(1) This section applies in relation to sections 1 to 9.

(2) A mentally disordered person is incapable of consenting to conduct where, by reason of mental disorder, the person is unable to do one or more of the following—

(a) understand what the conduct is,

(b) form a decision as to whether to engage in the conduct (or as to whether the conduct should take place),

(c) communicate any such decision.

(3) In this Act, "mental disorder" has the same meaning as in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (and related expressions are to be construed accordingly).