HIPS Child-on-Child Abuse Procedure

1. Introduction

The Department for Education states that: "All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online." Child-on-child abuse is the term chosen by the DfE and, by definition, it applies to abuse by one child on another child – regardless of the age, stage of development, or any age differential between them (Keeping Children Safe in Education (KCSIE), 2023).

This procedure is underpinned by the following statutory guidance:
• In England, the latest edition of Keeping Children Safe in Education (KCSIE), published by the Department for Education in September 2023.

For the purposes of this procedure, unless otherwise specified, for consistency, the same terminology used in KCSIE 2023 is applied as follows:

- 'Child', 'children': means a person/persons under the age of 18
- 'Boy(s),' 'girl(s)': means a child/children whose biological sex is male and female respectively, as well as trans boys and trans girls, whose gender identity will be different from their biological sex. It is acknowledged that there will also be some children who identify as non-binary or gender fluid and who will not recognise the term boy or girl in respect to themselves
- 'victim': "It is a widely recognised and understood term. It is important that schools and colleges recognise that not everyone who has been subjected to abuse considers themselves a victim or would want to be described in this way. Ultimately, professionals should be conscious of this when managing any incident and be prepared to use any term with which the individual child is most comfortable"
- 'Alleged perpetrator(s)' and, where appropriate, 'perpetrator(s)': "These are widely used and recognised terms however, professionals should think very carefully about terminology, especially when speaking in front of children, not least because in some cases the abusive behaviour will have been harmful to the perpetrator as well.

The nature and prevalence of abuse between children is a serious concern and preventing and tackling it must continue to be a key priority for schools, colleges, and other settings where applicable.

Bullying:

Ditch the Label's Annual Bullying Survey found that:

• 25% of over 13,000 12- to 18-year-olds reported having been bullied in the last 12 months (the number of victims has increased by 25% compared to 2019, in which a quarter of those bullied said they had received physical and online attacks)

• Of the 25%, 9% reported that the bullying occurred daily, 13% reported that it occurred several times a week, and 8% said it occurred weekly

• Of this 25%, 47% felt they were bullied because of attitudes towards their appearance and 11% felt it was because of attitudes towards their sexuality

• In relation to the impact of bullying, 44% of those who reported being bullied in the last 12 months said it left them feeling anxious, 36% said it left them feeling depressed, 33% had suicidal thoughts, 27% had self-harmed and 18% truanted from school/college.

Online bullying:

The Office for National Statistics for Online Bullying in England and Wales found that:

• Around one in five (19%) 10- to 15-year-olds experienced at least one type of online bullying behaviour – equivalent to 764,000 children. More than half (52%) of those children who experienced online bullying behaviours said they would not describe these behaviours as bullying, and one in four (26%) did not report their experiences to anyone.

• Being called names, sworn at or insulted and having nasty messages about them sent to them were the two most common online bullying behaviour types, experienced by 10% of all children aged 10 to 15 years.

• Nearly three out of four children (72%) who had experienced an online bullying behaviour experienced at least some of it at school or during school time.

Harmful sexual behaviour:

In its Review of sexual abuse in schools and colleges, June 2021, Ofsted found that girls who indicated that the following types of harmful sexual behaviour happened 'a lot' or 'sometimes' between people their age.

Non-contact forms, but face-to-face:
• sexist name-calling – 92%
• rumours about their sexual activity – 81%
• unwanted or inappropriate comments of a sexual nature – 80%

Non-contact forms, online or on social media:
• being sent pictures or videos they did not want to see – 88%
• being put under pressure to provide sexual images of themselves – 80%
•having pictures or videos that they sent being shared more widely without their knowledge or consent – 73%
• being photographed or videoed without their knowledge or consent – 59%
• having pictures or videos of themselves that they did not know about being circulated – 51%

Contact forms:
• sexual assault of any kind – 79%
• feeling pressured to do sexual things that they did not want to – 68%
• unwanted touching – 64%

All professionals should be aware of systems within their setting which support safeguarding, and these should be explained to them as part of induction. This should include the:

• child protection policy (which should amongst other things also include the policy and procedures to deal with child-on-child abuse)

• behaviour policy (which should include measures to prevent bullying, including cyberbullying, prejudice-based and discriminatory bullying)

• safeguarding response to children who go missing from education, and

• role of the designated safeguarding lead [DSL] (including the identity of the DSL and any deputies)

"All professionals should know what to do if a child tells them they are being abused [or] exploited… Professionals should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the DSL and local authority children's social care. Education, Social Care, Health and Police should co-ordinate and share information in a timely manner.

Professionals should never promise a child that they will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of the child. All professionals should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting any form of abuse, nor should a victim ever be made to feel ashamed for making a report.

Professionals should be aware that children may not feel ready or know how to tell someone that they are being abused [or] exploited, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent personnel from having a professional curiosity and speaking to a safeguarding lead if they have concerns about a child. It is also important that professionals determine how best to build trusted relationships with children and young people which facilitate communication."

It is essential that professionals understand the importance of challenging inappropriate behaviours between children that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children, and in worst case scenarios, a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it. It is important that all agencies working with children are committed to the prevention, early identification, and appropriate management of child-on-child abuse both within and beyond the school or college.

2. What is child-on-child abuse?
Child-on-child abuse can take various forms, including (but not limited to):

• **Bullying** – including cyberbullying, prejudice-based and discriminatory bullying.

• **Hate incidents and hate crimes** – which may also include an online element.

• **Abuse in intimate personal relationships between children** (sometimes known as 'teenage relationship abuse') – which may also include an online element.

• **Physical abuse** – such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).

• **Racism** – occurs when a person is treated less favourably because of their skin colour, nationality, ethnicity, or cultural group. Racist behaviour can include verbal abuse, physical attacks, exclusion from activities or opportunities and microaggressions, which can be conscious and unconscious. It can occur in person or online.

• **Initiation/hazing type violence and rituals** – this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element

• **Harmful sexual behaviour (HSB)** – is developmentally inappropriate sexual behaviour which is displayed by children and young people which is harmful or abusive. HSB can occur online and/or face to face, and can also occur simultaneously between the two – and includes, for example:

 ➢ **Sexual violence** – such as:
  o rape
  o assault by penetration
  o sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
  o causing someone to engage in sexual activity without consent – such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party

 ➢ **Sexual harassment** – which is 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school/college – can include (but is not limited to):
  o sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, calling someone sexualised names, intrusive questions about a person's sex life, and spreading sexual rumours
  o sexual "jokes" or taunting
  o suggestive looks, staring or leering
  o sexual gestures
  o physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim) – displaying pictures, photos or drawings of a sexual nature,
  o upskirting – which is a criminal offence, and typically involves taking a picture under a person's clothing without their permission, with the intention of viewing

their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm, and

➢ **online sexual harassment** – this may be stand-alone or part of a wider pattern of sexual violence and/or harassment. It may include:
  o non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
  o sharing of unwanted explicit content
  o sexualised online bullying
  o unwanted sexual comments and messages, including on social media
  o sexual exploitation, coercion, and threats, and
  o coercing others into sharing images of themselves or performing acts they are not comfortable with online

• **Child exploitation**:

➢ **Child sexual exploitation (CSE)** – including in the context of abusive relationships, and/or gang activity, and/or county lines – including in the context of modern slavery and human trafficking; and/or

➢ **Child criminal exploitation (CCE)** – including in the context of abusive relationships, and/or youth or serious youth violence, and/or gang activity, and/ or county lines – including in the context of modern slavery and human trafficking.

  o Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence.
  o CSE and CCE can affect children, both male and female, and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.
  o CSE and CCE do not always involve physical contact; CSE and CCE can also occur using technology.

• **Online child-on-child abuse** is any form of child-on-child abuse where an element might be facilitated by digital technology, for example, consensual and non-consensual sharing of nude and semi-nude images and/or videos (sometimes called 'sexting'), online abuse, coercion and exploitation, child-on-child grooming, threatening and hate speech delivered via online means, the distribution of sexualised content (which might be youth-produced, commercial pornography or pseudo sexual images), and harassment.

It is critical to be aware of the role that inequality and discrimination can play in child-on-child abuse. Socio-economic inequality within a setting can increase bullying, and racial and ethnic

minority status can be a risk factor for victimisation by peers. Children from minority groups are at much higher risk of poor health and behavioural outcomes because of discriminatory bullying. LGBTQ children may also be at greater risk of abusive behaviour from their peers.
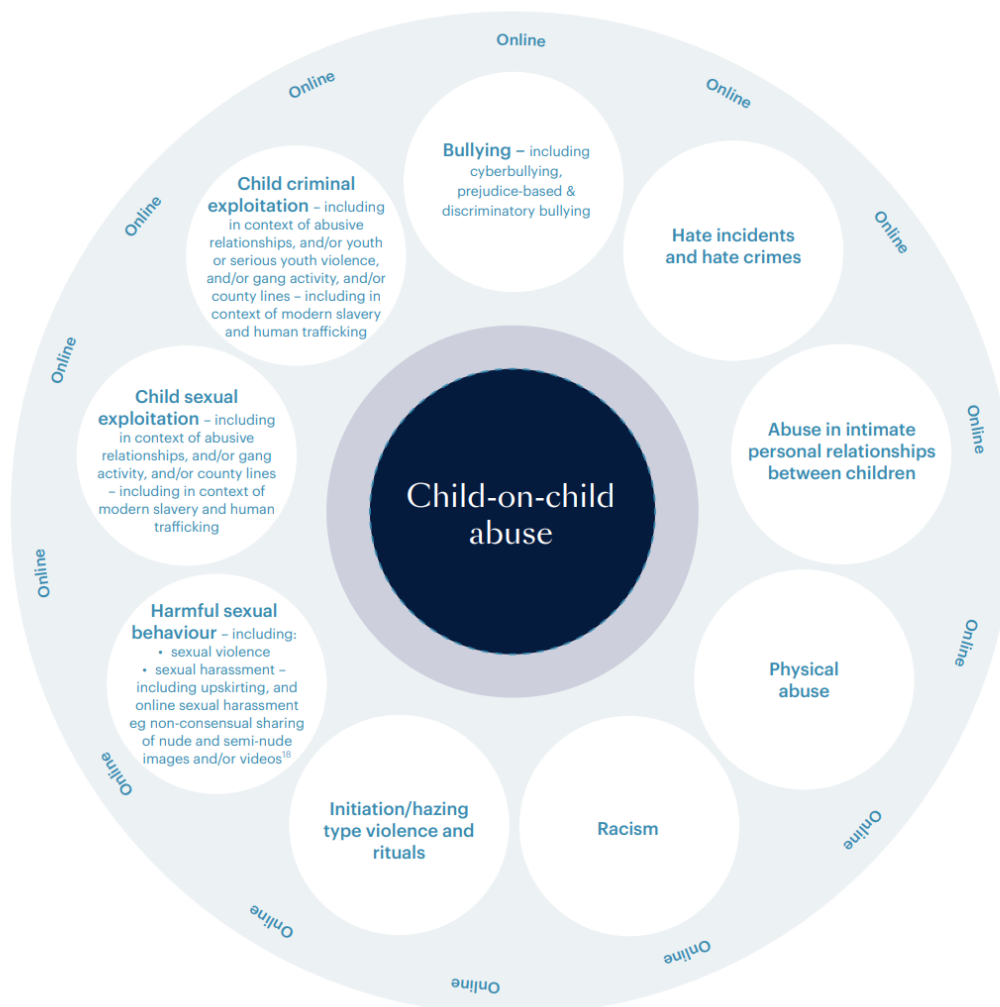
Overview of child-on-child abuse (Farrer&Co, 2022)

3. Identifying and Assessing Behaviour

3a. Signs of child-on-child abuse

All professionals should be vigilant and alert to the wellbeing of young people and to signs of abuse. They should engage with these signs, as appropriate, to determine whether they are caused by child-on-child abuse. However, professionals should be mindful of the fact that the way(s) in which children will disclose or present with behaviour(s) because of their experiences will differ.

Signs that a child may be suffering from child-on-child abuse can also overlap with those indicating other types of abuse and can include:

- being afraid of particular places and/or situations and/or making excuses to avoid particular people
- being afraid/reluctant to go to school, being mysteriously 'ill' each morning, or skipping school
- running away or regularly going missing from home, care or education
- experiencing difficulties with mental health and/or emotional wellbeing
- becoming nervous, anxious, distressed, clingy or depressed
- becoming isolated from peers/usual social networks, losing confidence and becoming withdrawn
- self-harming or having thoughts about suicide
- having problems eating (including developing eating disorders) and/or sleeping (including suffering from nightmares)
- regularly wetting the bed or soiling their clothes
- belongings getting 'lost' or damaged
- asking for, or stealing, money (to give to a bully)
- unexplained gifts, money or new possessions (e.g. clothes and/or mobile phone)
- unexplained physical injuries and other signs of physical abuse
- changes in appearance – e.g. weight loss
- changes in performance and/or behaviour at school
- knowing about or being involved in 'adult issues' which are inappropriate for their age or stage of development, for example, alcohol, drugs and/or sexual behaviour
- involvement in abusive relationships
- involvement in gangs or gang fights
- having angry outbursts, or behaving aggressively or abusively (including displaying HSB) towards others

Rather than checking behaviour against a list, professionals should be trained to be alert to behaviour that might cause concerns, to use their professional curiosity and think about what the behaviour might signify, to encourage children to share with them any underlying reasons for their behaviour (by asking open questions at the right time to prompt discussion) and, where appropriate, to engage with their parents so that the cause(s) of their behaviour can be investigated.

Where a child exhibits any behaviour that is out of character or abnormal for their age, professionals should always consider whether an underlying concern is contributing to their behaviour (for example, whether the child is being harmed or abused by their peers) and, if so, what the concern is and how the child can be supported going forward.

3b. Children with special educational needs and disabilities or health issues

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. Governing bodies and proprietors should ensure their child protection policy reflects the fact that additional barriers can exist when recognising abuse in this group of children. These can include:

• assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
• these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
• the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
• communication barriers and difficulties in managing or reporting these challenges.
• cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours or the consequences of doing so

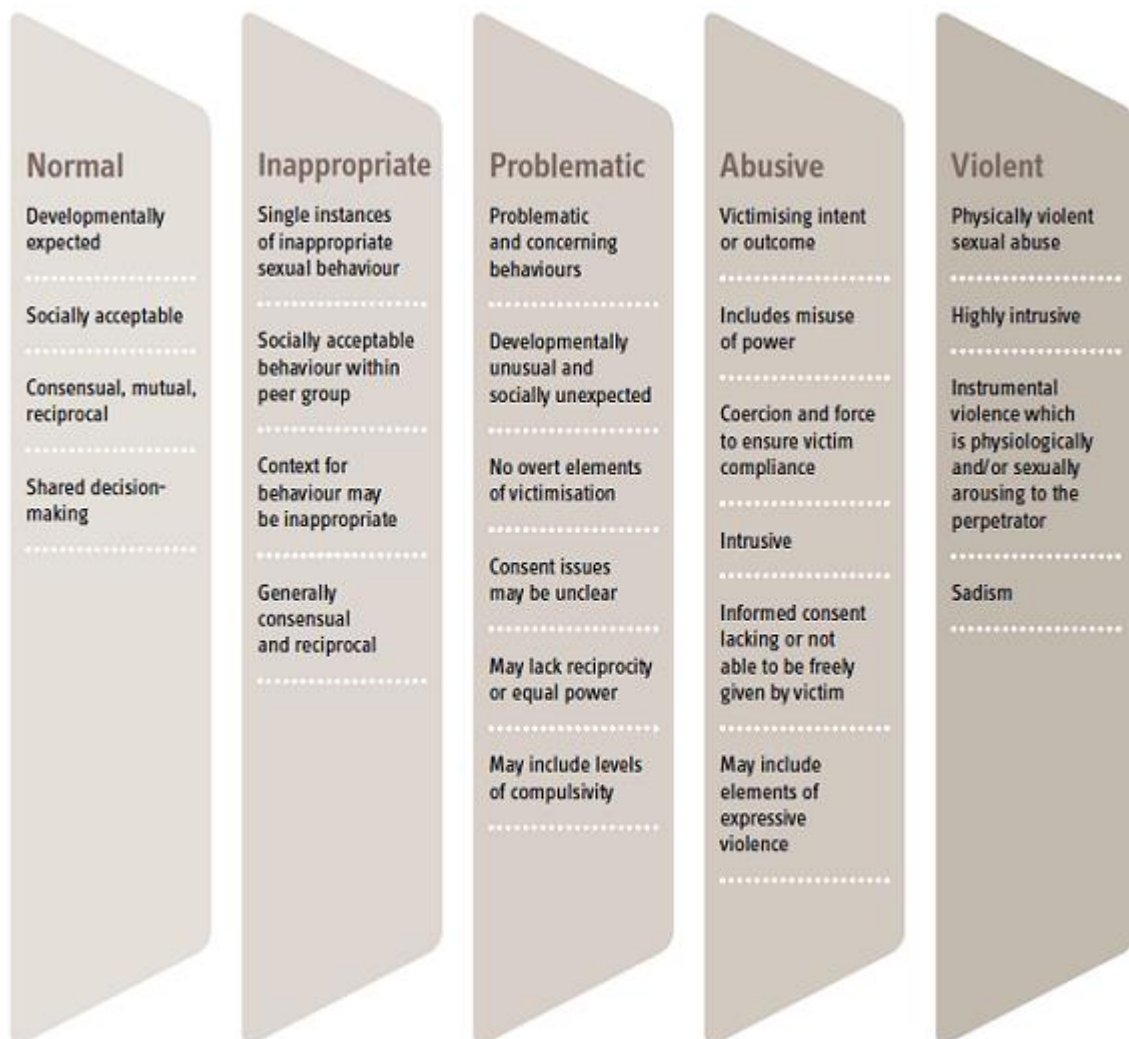### 3c. Children who are lesbian, gay, bisexual, or transgender (LGBT)

The fact that a child or young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT. Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. It is therefore vital that professionals endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns with trusted adults.

3d. Harmful sexual behaviour

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive, and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is 'harmful sexual behaviour' (HSB). HSB can occur online and/or face-to-face and can also occur simultaneously between the two. HSB should be considered in a child protection context. When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. HSB can, in some cases, progress on a continuum. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying HSB have often experienced their own abuse and trauma.

3e. The Hackett continuum, Brook Sexual Behaviours Traffic Light Tool, NICE guidelines and Centre for Expertise

Professor Hackett proposed the below continuum model to demonstrate the range of sexual behaviours presented by children and young people, which may be helpful when seeking to understand a child's sexual behaviour and deciding how to respond to it.

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 victimisation	Coercion and force to ensure victim 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	Sadism
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

A continuum of children and young people's sexual behaviours
(Hackett, 2010)

Alongside the notion of a continuum of HSB, the Brook Sexual Behaviours Traffic Light Tool and training can help professionals to identify, understand and respond appropriately to sexual

behaviours in children. As explained in the HSB framework, in broad terms the categories in Hackett's continuum of sexual behaviour and the Brook Traffic Light Tool relate to each other in the following way:

- Green behaviours (Brook) are those that constitute normal behaviours on the continuum model.
- Amber behaviours (Brook) are those that are likely to [constitute] inappropriate or problematic behaviours on the continuum model
- Red behaviours (Brook) are likely to be those classified as abusive or violent behaviours on Hackett's continuum

Once identified, harmful sexual behaviour (i.e., those behaviours that are not part of a child's normal sexual development) should be viewed within a child protection context and Children's Services should be contacted to provide assessment and recommendations if more specialist help is needed. In some cases, children's HSB may be a marker of their own histories of abuse that need to be addressed.

The HSB framework states that it should be used alongside the National Institute for Health and Care Excellence (NICE) guideline [NG55] on harmful sexual behaviour among children and young people, which makes recommendations about the roles of universal services, early help assessment and risk assessment, supporting families and the key principles and approaches for intervention and aims to ensure that children and young people who display HSB, are offered early support so that their sexual behaviour problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure that children are not referred to specialist services unnecessarily.

The Centre of Expertise on Child Sexual Abuse has resources for colleagues from all agencies to support; identification of signs and indicators of child sexual abuse; communicating with children; supporting parents and carers; managing risk and trauma, medical examination information, as well as a Child Abuse Response Pathway. This is an interactive online resource to guide professionals through how they can protect and support children and their families when there are concerns of sexual abuse.

3f. NSPCC guidance and resources

The NSPCC highlights that a child's behaviour can change depending on the circumstances they are in, and sexual behaviour can move in either direction along the continuum, so it is important to look at each situation individually, as well as considering any patterns of behaviour.

The NSPCC has produced a range of resources on harmful sexual behaviour – including, for example, guidance on understanding sexualised behaviour in children; the stages of developmentally typical sexual development and behaviour in children; learning about healthy sexual development in children; responding to an incident of HSB; how to prevent HSB in children and offers online training courses to help manage harmful sexual behaviour in primary

and secondary schools in the UK. It has also produced, in partnership with Professor Hackett, Durham University and NHS Health Education England, a continuum 'quick guide' Responding to children who display sexualised behaviour.

Harmful sexual behaviour framework | NSPCC Learning

4. Handling Incidents

It is essential that all alleged incidents of child-on-child abuse are handled sensitively, appropriately, and promptly. The way in which they are responded to can have a significant impact on the children involved. Individuals raising a concern or allegation about child-on-child abuse should not be promised confidentiality as it is very likely that it will be in the best interests of the child/children involved to seek advice and guidance from other professionals and agencies. Professionals should only share the report with those people who are necessary in order to progress it. It is often not appropriate for one single agency to try to address the issue alone – it requires effective partnership working.

4a. Ethos, Policies and Training

Any professional working with children are advised to maintain an attitude of 'it could happen here'. Leaders and those with executive oversight should ensure there are appropriate policies and procedures in place for appropriate action to be taken in a timely manner to safeguard and promote children's welfare. Agencies should be prepared to support and challenge situations involving child-on-child abuse through multi-agency working.

Education settings should ensure they have:

• an effective child protection policy which:
› reflects the whole school/college approach to child-on-child abuse
› reflects reporting systems
› describes procedures which are in accordance with government guidance
› refers to locally agreed multi-agency safeguarding arrangements put in place by the safeguarding partners
› includes policies as reflected elsewhere in KCSIE 2023, such as online safety, special educational needs and disabilities (SEND) etc
› adopts a 'zero tolerance' approach
› is reviewed annually (as a minimum) and updated if needed, so that it is kept up to date with safeguarding issues as they emerge and evolve, including lessons learnt; and
› is available publicly either via the school or college website or by other means.

> • a behaviour policy, which includes measures to prevent bullying (including cyberbullying, prejudice-based and discriminatory bullying)

- appropriate safeguarding arrangements in place to respond to children who go missing from education, particularly on repeat occasions

- Schools and colleges should undertake a proactive risk assessment to determine the risks to which their students are or may be exposed, as well as any protective factors which may exist, and monitor those risks and protective factors. The outcome of which should be used to inform the child-on-child abuse content within their child protection policy.

- Developing a whole school/ college approach is vital. Schools and colleges should actively seek to raise awareness of and prevent all forms of child-on-child abuse by:
› Educating all governors, their senior leadership team, staff, students, and parents about this issue. This includes training all governors, the senior leadership team, and staff on the nature, prevalence, and effect of child-on-child abuse, and how to prevent, identify, and respond to it.

This includes (i) Contextual Safeguarding, (ii) the identification and classification of specific behaviours, including digital behaviours, (iii) the importance of taking seriously all forms of child-on-child abuse (no matter how 'low level' they may appear) and ensuring that no form of child-on-child abuse is ever dismissed as horseplay or teasing, and (iv) social media and online safety, including how to encourage children to use social media in a positive, responsible and safe way, and how to enable them to identify and manage abusive behaviour online. The Contextual Safeguarding Network provides resources to support training and raising awareness of child-on-child abuse.

Southampton City Council have developed a risk assessment template to support managing incidences of child-on-child abuse.

4b. Responding to a report of child-on-child abuse, sexual violence or harassment

It is important to understand that children may not find it easy to report their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the victim may not make a direct report. For example, a friend may make a report, or a professional may overhear a conversation that suggests a child has been harmed or a child's own behaviour might indicate that something is wrong. If professionals have any concerns about a child's welfare, they should act on them immediately rather than wait to be told.

The initial response to a report from a child is incredibly important. It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online should not be downplayed and should be treated equally seriously.

A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for

making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

Effective safeguarding practice includes:

• if possible, managing reports with two colleagues present, (preferably one of them being the designated safeguarding lead or a deputy)

• careful management and handling of reports that include an online element. Including being aware of searching screening and confiscation advice (for schools) and UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young people. The key consideration is for professionals not to view or forward illegal images of a child. In some cases, it may be more appropriate to confiscate any devices to preserve any evidence and hand them to the police for inspection

• not promising confidentiality at this initial stage as it is very likely a concern will have to be shared further in order to discuss next steps. Professionals should only share the report with those people who are necessary in order to progress it. It is important that the victim understands what the next steps will be and who the report will be passed to

• recognising that a child is likely to disclose to someone they trust. It is important that the person to whom the child discloses recognises that the child has placed them in a position of trust. They should be supportive and respectful of the child

• recognising that an initial disclosure to a trusted adult may only be the first incident reported, rather than representative of a singular incident and that trauma can impact memory and so children may not be able to recall all details or timeline of abuse

• keeping in mind that certain children may face additional barriers to telling someone because of their vulnerability, disability, sex, ethnicity, and/or sexual orientation

• listening carefully to the child, reflecting back, using the child's language, being non-judgemental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc. It is important to note that whilst leading questions should be avoided, professionals can ask children if they have been harmed and what the nature of that harm was

• considering the best way to make a record of the report. Best practice is to wait until the end of the report and immediately write up a thorough summary. This allows the listener to devote their full attention to what the child is saying. It may be appropriate to make notes during the report (especially if a colleague is present). However, if making notes, professionals should be conscious of the need to remain engaged with the child and not appear distracted by the note taking. Either way, it is essential a written record is made

• only recording the facts as the child presents them. The notes should not reflect the personal opinion of the note taker. Professionals should be aware that notes of such reports could become part of a statutory assessment by local authority children's social care and/or part of a criminal investigation, and

• informing the designated safeguarding lead as soon as practically possible, if the designated safeguarding lead is not involved in the initial report.

Professionals taking a report should **never promise confidentiality** as it is very likely that it will be in the best interests of the victim to seek advice and guidance from others in order to provide support and engage appropriate agencies.

Consent must be sought when submitting a concern to Children's Social Care unless the professional is concerned that by doing so, this may place a person at risk of harm. 'Consent' means you have had a conversation with the family regarding your concerns, clearly explaining what information will be shared and with whom. Gaining consent is imperative to keeping children safe and should be seen as best practice in the majority of situations. Practitioners are reminded that where there are safeguarding concerns and in particular where an immediate response is required to safeguard the child, consent is not required and a referral to children's social care should be made, informing the family where it is safe to do so.

The victim may ask the listener not to tell anyone about the sexual violence or sexual harassment. There are no easy or definitive answers when a victim makes this request. If the victim does not give consent to share information, professionals may still lawfully share it if there is another legal basis under the UK GDPR and Data Protection Act 2018 that applies. For example, the public task basis may apply, where the overall purposes is to perform a public interest task or exercise official authority, and the task or authority has a clear basis in law. Advice should be sought from the designated safeguarding lead (or a deputy), who should consider the following:

• parents or carers should normally be informed (unless this would put the victim at greater risk)
• the basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care, and
• rape, assault by penetration and sexual assaults are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police.

If a professional decides to go ahead and make a referral to local authority children's social care and/or a report to the police against the victim's wishes, this should be handled extremely carefully, the reasons should be explained to the victim and appropriate specialist support should be offered. Where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system, professionals should be aware of anonymity, witness support, and the criminal process in general so they can offer support and act appropriately. Relevant information can be found in: [CPS: Safeguarding Children as Victims and Witnesses](#).

As a matter of effective safeguarding practice, professionals should do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment. Amongst other things, this will mean carefully considering, based on the nature of the report, which colleagues should know about the report and any support that will be put in place for the children involved. Professionals should also consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities. The principles described in Childnet's cyberbullying guidance could be helpful.

4c. Multi-agency working

Professionals should not feel that they are alone in dealing with child-on-child abuse, sexual violence, and sexual harassment. Local authority children's social care and the police will be important partners where a crime might have been committed. Referrals to the police will often be a natural progression of making a referral to local authority children's social care.

The designated safeguarding lead or identified professional leading safeguarding in their setting should be aware of the local process for referrals to children's social care and making referrals to the police (see section 5 for area specific pathways).

For education settings, who are frequently the first responder to an incident, there are four likely scenarios for schools and colleges to consider when managing any reports of sexual violence and/or sexual harassment. The four scenarios are:

1. Manage internally. In some cases of sexual harassment, for example, one-off incidents, the school or college may take the view that the children concerned are not in need of early help or that referrals to statutory services are not required, and that it would be appropriate to handle the incident internally, perhaps through utilising their behaviour policy and by providing pastoral support. Whatever the response, it should be underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment, and it is never acceptable and will not be tolerated. All concerns, discussions, decisions and reasons for decisions should be recorded (written or electronic).

2. Referral to Early help. In line with managing internally, the school or college may decide that the children involved do not require referral to statutory services but may benefit from early help. Early help means providing support as soon as a problem emerges, at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent HSB and may prevent escalation of sexual violence.

Multi-agency early help will work best when placed alongside strong school or college policies, preventative education and engagement with parents and carers. Schools and colleges, as relevant agencies, should be part of discussions with statutory safeguarding partners to agree the levels for the different types of assessment and services to be commissioned and delivered, as part of the local arrangements.

3. Referral to local authority children's social care. Where a child has been harmed, is at risk of harm, or is in immediate danger, schools and colleges should make a referral to local authority children's social care. At the point of referral to local authority children's social care, schools and colleges will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk). Any such decision should be made with the support of local authority children's social care.

If a referral is made, local authority children's social care will then make enquiries to determine whether any of the children involved are in need of protection or other services. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator(s) and any other children that require support.

Schools and colleges should not wait for the outcome (or even the start) of a local authority children's social care investigation before protecting the victim and other children in the school or college. It will be important for the designated safeguarding lead (or a deputy) to work closely with local authority children's social care (and other agencies as required) to ensure any actions taken by the school or college do not jeopardise a statutory investigation. In some cases, local authority children's social care will review the evidence and decide that a statutory intervention is not appropriate. The school or college should be prepared to refer again if they believe the child remains in immediate danger or at risk of harm or if circumstances change. If a statutory assessment is not appropriate, the designated safeguarding lead (or a deputy) should consider other support mechanisms such as early help, specialist support and pastoral support.

4. Reporting to the Police. Any report to the police will generally be in parallel with a referral to local authority children's social care. It is important that the designated safeguarding lead (and their deputies) are clear about the local process for referrals and follow that process. Where a report of rape, assault by penetration or sexual assault is made, the starting point is that this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator(s) is under the age of ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach.

Where a report has been made to the police, the school or college should consult the police and agree what information can be disclosed to staff and others, in particular, the alleged perpetrator(s) and their parents or carers. They should also discuss the best way to protect the

victim and their anonymity. At this stage, schools and colleges will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk.

Whilst protecting children and/or taking any disciplinary measures against the alleged perpetrator(s), it will be important for the designated safeguarding lead (or a deputy) to work closely with the police (and other agencies as required), to ensure any actions the school or college take do not jeopardise the police investigation.

In some cases, it may become clear very quickly that the police (for whatever reason) will not take further action. In such circumstances, it is important that the school or college continue to engage with specialist support for the victim and alleged perpetrator(s) as required

The following advice may help schools and colleges decide when to engage the Police and what to expect of them when they do: When to call the police.

Child Exploitation and Online Protection command (CEOP) is a law enforcement agency which aims to keep children and young people safe from sexual exploitation and abuse. Online sexual abuse can be reported on their website and a report made to one of its Child Protection Advisors.

The **NSPCC** has a helpline providing expert advice and support for professionals and will be especially useful for the designated safeguarding lead (and their deputies)
0808 800 5000
Email: help@nspcc.org.uk

Specialist sexual violence sector organisations Rape Crisis and The Survivors Trust can also provide advice and support.

It should be recognised that sexual violence and sexual harassment occurring online (either in isolation or in connection with face-to-face incidents) can introduce a number of complex factors. Amongst other things, this can include widespread abuse or harm across a number of social media platforms that leads to repeat victimisation. Online concerns can be especially complicated and support is available from:

The UK Safer Internet Centre provides an online safety helpline for professionals at 0344 381 4772 and helpline@saferinternet.org.uk. The helpline provides expert advice and support for professionals with regard to online safety issues

Internet Watch Foundation: If the incident/report involves sexual images or videos that have been made and circulated online, the victim can be supported to get the images removed by the Internet Watch Foundation (IWF)

UKCIS Sharing nudes and semi-nudes advice: Advice for education settings working with children and young people on responding to reports of children sharing non-consensual nude

and semi-nude images and/or videos (also known as sexting and youth produced sexual imagery).

Thinkuknow from NCA-CEOP provides support for the children's workforce, parents and carers on staying safe online

LGFL 'Undressed' provided schools advice about how to teach young children about being tricked into getting undressed online in a fun way without scaring them or explaining the motives of sex offenders.

4d. Risk assessments and Safety Planning

In any setting, when there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs assessment for a report of sexual violence should consider:

- the victim, especially their protection and support
- whether there may have been other victims
- the alleged perpetrator(s)
- all the other children, (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms, and
- the time and location of the incident, and any action required to make the location safer.

Risk assessments should be recorded (paper or electronic) and should be kept under review. At all times, professionals should be actively considering the risks posed to any other pupils and students and put adequate measures in place to protect them and keep them safe. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required.

Safety Planning in Education (2022) provides a guide for professionals supporting children following an incident of sexual behaviour. It identifies key steps to take and how to address each step when responding to an incident:

1. Consider the nature and severity of the sexual behaviour as soon as possible after the incident

2. Immediately talk to the children involved, and their parents.

3. Be ready to manage any communications about the incident, inside and potentially outside the school community

4. Consider:
- the ongoing risks for all the children involved

• how contact between the children can be managed
• possible actions and arrangements to suit each child.

5. Hold a safety planning meeting for each child who has been harmed and their parent(s), to draft and agree content for the safety plan. Do the same for each child who has harmed and their parents. Ideally this should be done within a couple of days of the incident

6. Draw up the safety plan, share the relevant sections with all the children involved and their parents, and check their understanding of what has been put in place.

7. Start implementing the safety plan. If a safety plan is required, this suggests there are potential risks that need to be managed, so having a plan in place as early as possible will benefit everyone involved.

8. Review the safety plan regularly until safety measures can be removed

The Lucy Faithful Foundation can provide advice, risk assessments and intervention for adult male and female child sexual offenders, alleged offenders, and young people.

The Education Safeguarding Service and Kent Safeguarding Children Multi-agency Partnership (KSCMP) have produced a free toolkit to help schools and colleges assess strengths that can be built upon, as well as weaknesses that should be addressed, to tackle child-on-child sexual abuse and inappropriate sexual behaviours.

5. Local Areas pathways, Thresholds and Signposting

The following advice may help decide when to engage the Police and what to expect of them when they do:

When to call the police

Hampshire, Isle of Wight, Portsmouth and Southampton Child Sexual Abuse Strategy and Toolkit

Hampshire pathways

How to make a referral to the Police regarding rape, sexual assault or other sexual offences

How to make a referral to Early Help

Hampshire Safeguarding Children Partnership

IOW pathways

How to make a referral to the Police regarding rape, sexual assault or other sexual offences

How to make a referral to Early Help

Isle of Wight Young Carer's Early Help Family Support: Barnardo's

Isle of Wight Safeguarding Children Partnership

Portsmouth pathways

How to make a referral to the Police regarding rape, sexual assault, or other sexual offences

How to make a referral to Early Help

Support for Children and Families

Portsmouth Safeguarding Children Partnership

Southampton pathways

How to make a referral to the Police regarding rape, sexual assault or other sexual offences

How to make a referral to Early Help

Southampton Safeguarding Children Partnership

Child-on-child (Peer-on-Peer) Abuse Toolkit

This resource includes:
Parent and Carer guidance leaflet
Responding 'In the Moment' to child-on-child (peer-on-peer abuse language guide
Example offence guide
Managing incidents of harmful sexual behaviour/s in education settings – flowchart guide
Risk assessment for child-on-child (peer-on-peer) harmful sexual behaviours including sexual abuse and harassment for education settings and professionals
Awareness raising posters

6. General Resources

Anti-Bullying Alliance

The Brook Sexual Behaviours Traffic Light Tool and training can help professionals to identify, understand and respond appropriately to sexual behaviours in children.

Centre of expertise on child sexual abuse (CSA Centre)

     o   Supporting Parents and Carers Guide

- o Communicating with Children Guide
- o Signs & Indicators Template
- o Sibling Sexual Abuse
- o Key messages from research on children and young people who display harmful sexual behaviour

Child Exploitation and Online Protection command (CEOP) is a law enforcement agency which aims to keep children and young people safe from sexual exploitation and abuse. Online sexual abuse can be reported on their website and a report made to one of its Child Protection Advisors.

Childline
Childline Helpline: 0800 1111
Childline 1:1 Counsellor chat service

DfE Preventing Bullying Guidance

DfE Behaviour in schools Guidance

LimeCulture – LimeCulture works with schools and colleges across the country to design and deliver a whole school approach to preventing and responding to sexual misconduct, including child-on-child abuse.

Lucy Faithfull: Parents Protect (toolkits, guidance and traffic light tools)

Lucy Faithfull: Stop it now

The NSPCC has a helpline providing expert advice and support for professionals and will be especially useful for the designated safeguarding lead (and their deputies)
0808 800 5000
Email: help@nspcc.org.uk

SafeLives and On Our Radar – Draw The Line mobile platform – a digital space for young people containing stories about real relationships written by teens and drawing a line through harmful behaviour to support recognition of early signs of abuse

Safety Planning in Education (2022) provides a guide for professionals supporting children following an incident of sexual behaviour. It identifies key steps to take and how to address each step when responding to an incident.

SWGfL and The Marie Collins Foundation has created a support service for professionals working with children and young people in tackling harmful sexual behaviours, funded by the Home Office and in collaboration with the Department for Education.

The support service is available 8am - 8pm Monday - Friday via 0344 2250623 or email hsbsupport@swgfl.org.uk

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