

**Amble Links Primary School**  
**Child on Child Abuse Policy**



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**This policy should be read in conjunction with school policies for Child Protection , Behaviour, Anti-Bullying, Equalities, E-Safety and Tackling Radicalisation and Extremism (PREVENT), PSHE/RSE.**

It is a school responsibility to safeguard and promote the welfare of children.

### **Aims and objectives**

We are committed to the prevention, early identification and appropriate management of child on child abuse.

The aims of our child on child abuse policy are to:

- understand what child on child abuse is;
- know the indicators and signs of child on child abuse;
- increase staff confidence and competence in dealing with situations related to child on child abuse;
- outline how the school will prevent, identify early and respond to cases of child-on-child abuse.

### **What is Child on Child Abuse?**

Children may be harmful to one another in several ways which would be classified as child on child abuse. All staff should be aware that children can abuse other children (often referred to as peer on peer abuse).

This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence, such as rape, assault by penetration and sexual assault;
  - Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment which may be stand-alone or part of a broader pattern of abuse;
- Up-skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
  - Sexting (also known as youth produced sexual imagery);
- Initiation/hazing type violence and rituals.

As children develop healthily, it is normal for them to display certain types of behaviour. It is important that adults who work or volunteer with children can identify if any behaviour has become harmful or abusive, and respond proportionally to keep all the children involved safe. It is essential that all our staff understand the importance of challenging inappropriate behaviours between peers. Child-on-child abuse will never be accepted or dismissed as 'children being children'.

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.

### **Types of abuse.**

**Physical Abuse** may include, hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm to another person. There may be many reasons why a child harms another and it is important to understand why a child has engaged in such behaviour, including accidentally, before considering the action or sanctions to be undertaken.

**Bullying** is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both children who are bullied and who bully others may have serious, lasting problems. In order to be considered bullying, the behaviour must be aggressive and include:

- An Imbalance of Power: Children who bully use their power - such as physical strength, access to embarrassing information, or popularity - to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- Repetition: Bullying behaviours happen more than once or have the potential to happen more than once. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e. g. size, hair colour, race, gender, sexual orientation, and excluding someone from a group on purpose.

**Cyberbullying** is the use of phones, instant messaging, email, chat rooms or social networking sites such as Facebook and Twitter to harass, threaten or intimidate someone for the same reasons as stated above. It is important to state that cyberbullying can very easily fall into criminal behaviour under the Malicious Communications Act 1988 and is also supported by the Communications Act 2003. If the behaviour involves the use of taking or distributing indecent images of children under the age of 18 then this is also a criminal offence under the Sexual Offences Act 2003. Outside of the immediate support children may require in these instances, the school will have no choice but to involve the police to investigate these situations.

**Emotional Abuse** can include blackmail or extortion and may also include threats and intimidation. This harmful behaviour can have a significant impact on the mental health and emotional well-being of the victim and can lead to self-harm.

**Sexual Violence** Sexual offences under the Sexual Offences Act 2003:

- Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**Sexual Harassment** means 'unwanted conduct of a sexual nature' that can occur online and offline. We refer to this in the context of child-on-child sexual harassment. Sexual harassment is likely to violate a child's dignity and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names
- Sexual "jokes" or taunting
- Physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes and displaying pictures, photos, or drawings of a sexual nature; and
- Online sexual harassment, which might include non-consensual sharing of sexual images and videos and sharing sexual images and videos (both often referred to as sexting); sexualised online bullying and inappropriate sexual comments on social media; exploitation; coercion and threats. Online sexual harassment may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

**Sexual Exploitation** can include encouraging other children to engage in inappropriate sexual behaviour or grooming and recruiting members of the peer group into being sexually exploited by other children or adults. It can also include photographing or videoing other children performing indecent acts.

**Sexting (also known as youth produced sexual imagery)** is when someone sends or receives a sexually explicit text, image or video. This includes sending 'nude pics', 'rude pics' or 'nude selfies'. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, regardless of their age, gender or sexual preference. However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their

possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

**Upskirting** is a criminal offence - It is defined in Keeping Children Safe in Education 2021 as 'taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.'

**Initiation/Hazing** -Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team, etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies. The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

**Prejudice-based violence and Harassment** Prejudice-based violence and harassment refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudices to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual).

**Hate Crimes** happen because of race, gender identity, religion, sexual orientation, and disability. They can happen anywhere, home, school and in the community and can be frightening for both victim and witnesses and is an offence. Hate crimes can include:

- Physical attacks - physical assault, damage to property, offensive graffiti, neighbour disputes and arson.
- Threat of attack - offensive letters or emails, abusive or obscene telephone calls, groups hanging around to intimidate you and unfounded, malicious complaints.
- Verbal abuse or insults - harassment over the phone, by text or face to face, abusive gestures, and remarks, bullying and threats.

### **Indicators and signs that a child is being abused by their peers**

Indicators and 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:

- failing to attend school, disengaging from lessons, or struggling to carry out school related tasks to the standard ordinarily expected
- physical injuries
- experiencing difficulties with mental health and/or emotional wellbeing
- becoming withdrawn and/or shy; experiencing headaches, stomach aches, anxiety and/or panic attacks; suffering from nightmares or lack of sleep or sleeping too much
- broader changes in behaviour including alcohol or substance misuse
- changes in appearance and/or starting to act in a way that is not appropriate for the child's age
- abusive behaviour towards others

Abuse affects our children and their presenting behaviours in different ways and the list above is not exhaustive. Children who present with one or more of these signs are not necessarily victims of abuse and their behaviour will depend on their individual circumstances.

All staff are alert to behaviour that may cause concern and think about what the behaviour might signify. We actively encourage children to share with us any underlying reasons for their behaviour, and, where appropriate, to engage with their parents so that the cause(s) of their behaviour can be investigated and understood with the appropriate support in place. We offer support from additional services including ELSA and School Nurse. We recognise that any child can be vulnerable to child-on-child abuse due to the strength of peer influence, and staff should be alert to signs of such abuse amongst all children. Extra consideration should be given to pupils who may be vulnerable due to factors including SEND.

## **Roles and Responsibilities**

The Headteacher is responsible for the implementation of this policy and provision. All staff should consider the seriousness of any behaviours deemed to be unacceptable and make a quick decision whether to inform the Designated Safeguarding Lead before taking any further action. All staff are responsible for ensuring that this policy is fully implemented and that in situations not covered by this policy, staff must act in the best interests of the child. All concerns and actions need to be recorded on CPOMS.

## **Expected Action taken by All Staff**

Responding to a concern/incident/disclosure of child-on-child abuse It is important to deal with a situation of child-on-child abuse immediately and sensitively. Staff will talk to the child in a calm and consistent manner. They will respond sensitively, using open language without judgement. A factual record should be made of the allegation and logged on CPOMS. No attempt at this stage should be made to investigate the circumstances. If at all possible, the member of staff should avoid taking notes whilst the child is talking. Staff must not promise confidentiality and must explain to the child who they must tell and why.

When recording a disclosure of child-on-child abuse, it is essential that staff:

- record as soon as possible, as information can get forgotten or confused;
- avoid vague statements and make sure they are clear, explicit and non-avoidant;
- use proper names for body parts but record exactly any language or vocabulary used by the child. Use the child's exact words in quotation marks;
- note where and when the incident happened and whether anyone else was present.

When an allegation is made by a child against another child, members of staff will consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the DSL will be informed. If staff are at all concerned about whether a disclosure is a safeguarding concern, then they will discuss it with the DSL.

## **Management of Sexualised Behaviour Incidents**

When sexualised behaviour has been observed or, a child or parents has informed staff that such behaviour has taken place then staff should inform the DSL who will clarify the exact behaviour which has taken place and make a considered assessment of its nature and decide appropriate next steps.

This assessment should determine whether the incident is:

- Age-appropriate sexual exploration
- Inappropriate sexual behaviour which is not considered to be abusive
- Inappropriate sexual behaviour which when put together with other information might be an indication that the child is experiencing sexual abuse
- Sexual behaviour which constitutes an offence.

Understanding where a child's behaviour falls on a spectrum is essential to being able to respond appropriately to it. Certain behaviours may not appear overtly sexual and different situations and contexts may cause more concern to some staff than others. It should be noted that whilst factors such as age and sexual development will influence how a situation is perceived, personal and moral values should not.

## **What factors influence sexualised behaviour?**

Many factors influence sexual behaviour, including:

- lack of sex and relationships information
- lack of privacy
- boredom, loneliness, anxiety, confusion or depression
- family/carer conflict or information and support needs
- lack of rules, appropriate consequences or boundaries
- emotional, physical or sexual abuse
- sexual exploitation and/or trafficking
- communication difficulties
- sexual excitement or curiosity

- attention or relationship needs
- gender issues
- copying the behaviour of other children and young people
- copying behaviours seen on the internet or TV.

This is not an exhaustive list and we may need specialist support to clearly identify the reason for the behaviour and the correct intervention. Dealing with unhealthy sexual behaviour at an early stage can help to prevent subsequent sexually harmful behaviours from developing.

### Sexual Behaviours

We will use the NSPCC’s continuum model to help understand a child’s sexual behaviour and decide how to respond to it.

### Hackett’s Continuum Model

Normal	<ul style="list-style-type: none"> <li>• Developmentally expected</li> <li>• Socially acceptable</li> <li>• Consensual, mutual, reciprocal</li> <li>• Shared decision making</li> </ul>
Inappropriate	<ul style="list-style-type: none"> <li>• Single instances of inappropriate sexual behaviour</li> <li>• Socially acceptable behaviour within peer group</li> <li>• Context for behaviour may be inappropriate</li> <li>• Generally consensual and reciprocal</li> </ul>
Problematic	<ul style="list-style-type: none"> <li>• Problematic and concerning behaviour</li> <li>• Developmentally unusual and socially unexpected</li> <li>• No overt elements of victimisation</li> <li>• Consent issues may be unclear</li> <li>• May lack reciprocity or equal power</li> <li>• May include levels of compulsivity</li> </ul>
Abusive	<ul style="list-style-type: none"> <li>• Victimising intent or outcome</li> <li>• Includes misuse of power</li> <li>• Coercion and force to ensure compliance Intrusive Informed consent lacking or not able to be freely given</li> <li>• May include elements of expressive violence</li> </ul>
Violent	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• Instrumental violence which is psychologically and/or sexually arousing to the child responsible for the behaviour</li> <li>• Sadism</li> </ul>

*This continuum relates exclusively to sexual behaviour and is not exhaustive.*

### Brook’s Sexual Behaviours Traffic Light Tool

The Sexual Behaviours Traffic Light Tool is also used to help identify sexual behaviours in children. The Sexual Behaviours Traffic Light Tool will help the DSL to:

- make decisions about safeguarding children;
- assess and respond appropriately to sexual behaviour in children; and
- understand healthy sexual development and distinguish it from harmful behaviour.

## Green behaviours reflect safe and health sexual development

Green behaviours are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.

Green behaviours provide an opportunity to positively reinforce appropriate behaviour, and to provide further information and support.

All children and young people have the right to relationships and sex education which equips them with the information and skills they need to form healthy and positive sexual relationships and keep their traffic lights green.

## Amber behaviours have the potential to be outside of safe and healthy development

Amber behaviours are:

- unusual for that particular child or young person
- of potential concern due to age or developmental differences
- of potential concern due to activity type, frequency, duration or the context in which they occur

Amber behaviours signal the need to take notice and gather information to consider appropriate action.

Recognising that behaviour may be unhealthy is the first step in a process. If you are a professional working with young people and your organisation has internal guidance or safeguarding frameworks, please refer to these. You may be required, or feel it is necessary, to inform your safeguarding lead or another member of staff.

Amber behaviours cannot be ignored, and it is important to think through the options available to you. Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour.

## Red behaviours are outside of safe and healthy behaviour

Red behaviours are:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

Red behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully. When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- relevant national legislation and guidance
- organisational policies, procedures and guidance
- human rights
- the identified risks or needs of the young person
- the potential or real risks to others

## Stop It Now - Traffic Light Tools

The **Stop It Now** traffic light tools also helps staff to understand more about the difference between healthy and developmentally expected sexual exploration, and behaviour that is not appropriate and can cause harm to others or increase a child's vulnerability. The traffic light tools are divided into the following age categories:

- Under 5 Years Old
- 5-11 Years Old

### Under 5 Years Old

Green Behaviours	Amber Behaviours	Red Behaviours
These are natural and expected behaviours	These can be of concern and have the potential to be outside safe and healthy behaviours if they persist	These are outside healthy and safe behaviours
This does not mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach and explain about what is appropriate.	They require a response from a protective adult, extra support and close monitoring.	These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. health visitor, GP or social worker.
<ul style="list-style-type: none"> <li>- Attempting to touch or curiosity about other children's genitals</li> <li>- Attempting to touch or curiosity about breasts, bottoms or genitals of adults</li> <li>- Role play games, e.g., mummies and daddies, doctors and nurses</li> <li>- Interest in body parts and what they do</li> <li>- Touches/rubs own genitals when nappy is being changed, when going to sleep, when tense, excited or afraid</li> <li>- Explores differences between males and females, boy and girls</li> <li>- Asks about the genitals, breasts, babies</li> <li>- Has erections</li> <li>- Likes to be naked</li> <li>- Interested in watching people doing bathroom functions</li> <li>- Puts something in the genitals or rectum for curiosity or exploration</li> </ul>	<ul style="list-style-type: none"> <li>- Continues to touch/rub genitals in public after being told many times not to do so</li> <li>- Continuous questions about genital differences after all questions have been answered</li> <li>- Touches the genitals, breasts of adults not in the family and asks to be touched</li> <li>- Interest in watching bathroom functions does not wane</li> <li>- Puts something in genitals or rectum of self or other frequently or after being told 'no'</li> <li>- Rubbing up against other children with clothes off or on</li> <li>- Pulling other children's pants down/skirts up/trousers down against their will</li> </ul>	<ul style="list-style-type: none"> <li>- Touches/rubs self in public or in private to the exclusion of normal childhood activities</li> <li>- Plays male or female roles in an angry, sad or aggressive manner</li> <li>- Expresses fear and/or disgust of own or opposite gender</li> <li>- Sneakily touches adults' private parts</li> <li>- Uses coercion or force in role play games with other children</li> <li>- Persists in putting something in their own or another child's genitals or rectum, even if painful</li> <li>- Simulated or real intercourse without clothes or engages in oral sex</li> <li>- Doing any of the above in secret</li> </ul>

## 5-11 Years Old

Green Behaviours	Amber Behaviours	Red Behaviours
<p>These are natural and expected behaviours</p>	<p>These can be of concern and have the potential to be outside safe and healthy behaviours if they persist</p>	<p>These are outside healthy and safe behaviours</p>
<p>This does not mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach and explain about what is appropriate.</p>	<p>They require a response from a protective adult, extra support and close monitoring.</p>	<p>These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. health visitor, GP or social worker.</p>
<ul style="list-style-type: none"> <li>- Increased sense of privacy about their body</li> <li>- Body touching and holding own genitals</li> <li>- Masturbation, usually with awareness of privacy</li> <li>- Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children</li> <li>- Curiosity about sexuality, e.g., questions about babies, gender, relationships, sexual activity</li> <li>- Telling stories or asking questions using swear words, 'toilet' words or names of private parts</li> <li>- Use of mobile phones and Internet in relationships with known peers</li> </ul>	<ul style="list-style-type: none"> <li>- Self masturbation in preference to other activities, whether in private or in public or with peers, and/or causing self-injury</li> <li>- Explicit talk, art or play of a sexual nature</li> <li>- Persistent questions about sexuality despite being answered</li> <li>- Persistent nudity and/or exposing private parts in presence of others</li> <li>- Persistently watching or following others to look at or touch them</li> <li>- Pulling other children's underwear down or skirts up against their will</li> <li>- Persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults</li> <li>- Touching genitals/private parts of animals</li> <li>- Covert/secret use of mobile phone and Internet with known and unknown people which may include giving out identifying details</li> <li>- Attempts to do any of the above in secret</li> </ul>	<ul style="list-style-type: none"> <li>- Compulsive masturbation to the point of self-harm or seeking an audience</li> <li>- Disclosure of sexual abuse</li> <li>- Persistent bullying involving sexual aggression</li> <li>- Simulation of, or participation in, sexual activities, including sexual behaviour with younger or less able children, e.g., oral sex, sexual intercourse</li> <li>- Accessing the rooms of sleeping children to touch or engage in sexual activity</li> <li>- Presence of a sexually transmitted infection</li> <li>- Any sexual activity with animals</li> <li>- Use of mobile phones and Internet for sending or receiving sexual images</li> </ul>

## **Prevention**

It is important to develop appropriate strategies in order to prevent the issue of child-on-child abuse rather than manage the issues in a reactive way. At Amble Links we deliver our PSHE/RSE curriculum through the Jigsaw Programme. Our Jigsaw curriculum is age appropriate and addresses issues in an age and stage appropriate way. We understand the importance of getting the basics of how we treat each other, different forms of relationships, consent, respect for others and privacy into our broad curriculum to support later more specific work as the children get older. Concepts through the curriculum are sequenced and interwoven allowing for content to be revisited and built upon as the children grow and progress through school.

We recognise that child-on-child abuse can occur in any setting even with the most stringent of policies and support mechanisms. In which case it is important to continue to recognise and manage such risks and learn how to improve and move forward with strategies in supporting children to talk about any issues and through sharing information with all staff.

We actively seek to raise awareness of and prevent all forms of child-on-child abuse by:

- educating Governors, the Senior Leadership Team, staff, and volunteers, pupils, and parents about this issue. This will include on the nature, prevalence, and effect of child-on-child abuse, and how to prevent, identify and respond to it. This includes:
  - contextual safeguarding;
  - the identification and classification of specific behaviours; and
  - 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 banter or part of growing up.
  - providing a developmentally appropriate PSHE and Relationships Education curriculum which develops children's understanding of acceptable behaviour and keeping themselves safe;
  - ensure that there are clear and consistent boundaries to what is considered to be acceptable behaviour and children will understand the consequences of unacceptable behaviour or language;
  - creating a culture where pupils feel able to share their concerns openly, in a non- judgemental environment, and have them listened to;
  - having a robust online safety programme which develops children's knowledge, understanding and skills, to ensure personal safety and self-protection when using the internet and social networking;
  - having robust monitoring and filtering systems in place to ensure children are safe and act appropriately when using information technology in school; and
  - pupils are frequently told what to do if they witness or experience such abuse, the effect that it can have on those who experience it and the possible reasons for it, including vulnerability of those who inflict such abuse.

There may be instances where staff feel it is necessary to go beyond teaching delivered through the curriculum in immediate response to a child's behaviour. This may include targeted work with individuals or groups to address behaviour which puts the child or others at risk, or behaviours which are repeated or habitual.

### **How will the school respond to child-on-child abuse?**

The DSL will discuss the concerns or allegations with the member of staff who has reported them and will, where necessary, take any immediate steps to ensure the safety of the child/all children affected.

The DSL should always use their professional judgement to determine whether it is appropriate for alleged behaviour to be dealt with internally and, if so, whether any external specialist support is required. The DSL may wish to consult with children's social care and/or any other external agencies on a no-names basis to determine the most appropriate response.

Appropriate action may include:

1	<b>Manage internally with help from staff, parents/carers, and external specialists, where appropriate and possible</b>
	Where behaviour between peers is abusive or violent (as opposed to inappropriate or problematic), scenarios 2, 3 or 4 should ordinarily apply.

2	<b>Undertake/contribute to an inter-agency early help assessment, with targeted early help services provided to address the assessed needs of a child/children and their family</b>
	These services may, for example, include MASH referral, CYPS, a specialist behaviour team, therapy/counselling.

3	<b>Refer child/children to children's social care for a section 17 and/or 47 statutory assessment</b>
	As a matter of best practice, if an incident of child-on-child abuse requires referral to and action by children's social care followed by a strategy meeting.

4	<b>Report alleged criminal behaviour to the Police*</b>
	Alleged criminal behaviour will ordinarily be reported to the Police. All concerns/allegations will be assessed on a case-by-case basis, and in light of the wider context.

*\* The age of criminal responsibility is 10 years in the UK and young people who are found guilty or cautioned for sexual offences will be required to register their address on the Sex Offenders Register. The school will always seek advice from the Police, even if the alleged perpetrator is under the age of 10.*

### **Speaking to Parents/Carers about incidents of child-on-child abuse**

When referring to parents this applies to parents of victim and alleged perpetrator.

We will inform parents face-to-face. Although this may be time consuming, the nature of the incident and the type of harm/abuse a child may be suffering can cause fear and anxiety to parents whether their child is the child who was harmed or who harmed another.

In all circumstances where the risk of harm to the child is evident, we will encourage the child to share the information with their parent (they may be scared to tell parents that they are being harmed in any way).

### **POINTS TO CONSIDER**

#### **What is the age of the children involved?**

How old are the children involved in the incident and is there any age difference between those involved? (In relation to sexual exploration, children under the age of 5, in particular 1–4-year-olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however, should not be overlooked if other issues arise.

#### **Where did the incident or incidents take place?**

Was the incident in an open, visible place to others? If so, was it observed? If not, is more supervision required within this particular area?

#### **What was the explanation by all children involved of what occurred?**

Can each of the children give the same explanation of the incident and also what is the effect on the child involved? Is the

incident seen to be bullying for example, in which case regular and repetitive? Is the version of one child different from another and why?

### **What is each of the children's own understanding of what occurred?**

Does the child know/understand what they are doing? E.g., do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the child's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the child have understanding of the impact of their behaviour on the other child?

In dealing with an incident of this nature, the answers are not always clear-cut. If you are concerned or unsure as to whether or not there is any risk involved, please seek advice from the Safeguarding Manager at Northumberland County Council (Justine Clephane).

### **Repetition**

Has the behaviour been repeated to an individual on more than one occasion? In the same way, it must be considered whether the behaviour persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?

### **Context**

Has the incident put other children at risk? Have other children witnessed the incident? Could any siblings of the child alleged to have caused harm be at risk? This may require further assessment and intervention for different children.

Are there any unsafe spaces on the school premises? Where did the incident/s occur? What can be done to make the environment safer?

It is equally important that children's safety outside of the school gates is given further consideration. Things to consider include:

- Are they aware of any unsafe spaces in their local area?
- Do the children attend the same clubs or activities outside of school?
- Are schools and colleges aware of incidents of sexual harassment or violence involving children in the local park or other places where children congregate?

Contextual information like this needs to be assessed and shared in a multi-agency forum so risks can be fully assessed outside of the school.

### **Support for the child who has experienced child-on-child abuse**

We will access support for children from a variety of agencies. If the offence is of a sexual nature there may be a criminal investigation and guidance about the schools' response to both the victim and the perpetrator would be considered in discussion with the local authority and police.

Where the alleged perpetrator is going to remain at the school, the Headteacher will undertake a risk assessment to consider whether there is a need to keep the victim and perpetrator in separate classes and to consider the most appropriate way to manage potential contact in school. It might be that a risk assessment is put in place in order to support the child.

If the incidents are of a bullying nature, the child may need support in improving peer groups/relationships with other children or some restorative justice work with all those involved may be required. Other interventions that could be considered may target a whole class or year group for example an outside speaker from a charity organisation, e.g., NSPCC or Barnardo's.

We will use PHSE and RSE for certain issues to be discussed and debated more frequently.

### **Support for the perpetrator of child-on-child abuse**

It is important to find out why the child has behaved in such a way. As well as supporting and protecting the victim, the school needs to consider whether the child alleged to have caused harm could be a victim of abuse too. Children that develop harmful sexual behaviours have often experienced abuse and neglect themselves. In such cases support such as counselling may be necessary. Particular support from identified services may be necessary through an Early Help referral and the child may require additional support from family members.

Sometimes the feelings of remorse, regret or unhappiness may occur at a much later stage than the incident. It is important to ensure that the child alleged to have caused harm does not engage in any further harmful behaviour either towards someone else or to themselves as a way of coping (e.g., self-harm).

Once the support required to meet the individual needs of the child has been met, it is important that the child receives a consequence for their behaviour. This may take the form of a fixed term exclusion or internal seclusion for a period of time to allow the child to reflect on their behaviour.

Further restorative intervention may form part of the school's response and approach, e.g., making amends with the child they have targeted if this has been some form of bullying. In the cases of sexually harmful behaviour, it may be a requirement for the child to engage in one-to-one work with a particular service or agency (if a crime has been committed this may be through the police or youth offending service).

The behaviour that the child has displayed may continue to pose a risk to others in which case an individual risk assessment may be required. If there is any form of criminal investigation ongoing it may be that the child cannot be educated on site, or in the same classroom as the other child, until the investigation has concluded.

The school will consider how best to keep the victim and alleged perpetrator a reasonable distance apart on school premises. These actions are in the best interests of both children and should not be perceived to be a judgement on the guilt of the alleged perpetrator. Any separation arrangements must be continued for as long as is necessary to make sure the children are safe.

**A COPY OF THIS POLICY IS AVAILABLE IN LARGE PRINT ON REQUEST**