

# The Arthur Ellis Mental Health Foundation

## Peer on Peer Abuse Policy

### Introduction

At The Arthur Ellis Mental Health Foundation (AEMHF) we recognise that children are vulnerable to and capable of abusing their peers. We take such abuse as seriously as abuse perpetrated by an adult. This includes verbal as well as physical abuse. Peer on peer abuse will not be tolerated or passed off as part of “banter” or “growing up”.

This policy applied to all AEMHF staff: although not exclusive, AEMHF staff refers to any member of AEMHF employed personnel regardless of position, volunteers, work experience, visitors, contractors, and agency staff.

Peer on Peer abuse is also known as child-on-child abuse. For the purpose of this policy where ‘children’ is referred to – this term includes young people under the age of 18 years old.

We are committed to ensuring the prevention, early identification, and appropriate management of peer-on-peer abuse. All staff regardless of their position in AEMHF, are expected to have read Sexual violence and sexual harassment advice alongside the Child Protection Policy.

In cases where peer on peer abuse is identified we will follow our child protection procedures, taking a contextual approach to support all children and young people who have been affected by the situation.

We recognise that peer on peer abuse can manifest itself in many ways such as:

- Child Sexual Exploitation
- Sexting or youth produced digital imagery
- Upskirting
- Bullying
- Radicalisation
- Abuse in intimate relationships
- Children who display sexually harmful behaviour
- Gang association and serious violence (County Lines)
- Technology can be used for bullying and other abusive behaviour

Some of these behaviours will need to be handled in partnership with other agencies and with reference to their policies such as the behaviour policy, anti- bullying policy, child protection policy and online safety policy.

## Aims

### The policy will: -

- Set out our strategies for preventing, identifying, and managing peer on peer abuse
- Take a contextual approach to safeguarding all children and young people involved. Acknowledging that children who have allegedly abused their peers or displayed harmful sexual behaviour are themselves vulnerable and may have been abused by peer, parents, or adults in the community.

## Understanding Peer on Peer abuse

Sexual violence and sexual harassment can occur between two children of any age and sex or a group of children sexually assaulting or sexually harassing a single child or group of children.

The impact of this behaviour on children can be very distressing and have an impact on academic achievement and emotional health and wellbeing.

Sexual harassment and sexual violence may also occur online and offline.

## The Context

All behaviour takes place on a spectrum. Understanding where a child's behaviour falls on a spectrum is essential to being able to respond appropriately to it.

In this policy we recognise the importance of distinguishing between problematic and abusive sexual behaviour (Harmful Sexual Behaviour HSB).

We are adopting the NSPCC definition of HSB as: -

"Sexual behaviours expressed by children...that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child...or adult."

We will also use Simon Hackett's continuum model to demonstrate the range of sexual behaviours.

(Appendix 1) and the Brook Traffic Lights (appendix 2)

## Vulnerable groups

We recognise that all children can be at risk however we acknowledge that some groups are more vulnerable. This can include: experience of abuse within their family; living with domestic violence; young people in care; children who go missing; children with additional needs (SEN and/or disabilities); children who identify or are perceived as LGBT and/or have other protected characteristics under the Equalities Act 2010.

Whist research tells us girls are more frequently identified as being abused by their peers and, girls are more likely to experience unwanted sexual touching in schools this is not confined to girls.

Boys are less likely to report intimate relationship abuse and may display other behaviour such as antisocial behaviour. Boys report high levels of victimisation in areas where they are affected by gangs. We recognise that both boys and girls experience peer on peer abuse, but they do so in gendered ways.

All staff regardless of their position in AEMHF, should be aware of indicators, which may signal those children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

## Responding to Alleged Incidents Responding to Reports of Sexual Violence and Sexual Harassment

All reports of peer-on-peer abuse will be made on a case-by-case basis with the designated safeguarding lead (DSL) or their deputy taking a leading role using their professional judgement and supported by other agencies such as social care or the police as required.

### The immediate response to a report

- AEMHF will take all reports seriously and will reassure the victim that they will be supported and kept safe.
- All staff regardless of their position in AEMHF will be trained to manage a report.
- Staff will not promise confidentiality as the concern will need to be shared further (for example, with the DSL or social care) staff will however only share the report with those people who are necessary to progress it.
- A written report will be made as soon after the disclosure as possible recording the facts as presented by the child. These may be used as part of a statutory assessment if the case is escalated later.

- Where the report includes an online element AEMHF staff will inform DSL, parents/guardians, and any appropriate agency. AEMHF staff will not search, screen and confiscate any devices unless instructed to do so by statutory services like the police. AEMHF staff will not view or forward images unless unavoidable and only if another member of staff (preferably the DSL) is present/asked to do so by statutory services like the police.
- The DSL will be informed as soon as possible.

## Risk Assessment

When there has been a report of sexual violence, the DSL (or a deputy) will make an immediate risk and needs' assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be decided on a case-by-case basis. The risk and needs' assessment should identify:

- The victim, especially their protection and support;
- The alleged perpetrator; and
- Actions that are appropriate to protect will be taken for all children and, if appropriate, other adults and staff should they also need protection;

Risk assessments will be recorded (on our safeguarding reporting system) and be kept under review.

The DSL (or a deputy) will ensure they are engaging with MASH.

## Action Following a Report of Sexual Violence And/or Sexual Harassment

Following an incident, we will consider

- The wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment;
- The nature of the alleged incident(s), including: whether a crime may have been committed and identification of any harmful sexual behaviour;
- The ages of the children involved;
- The developmental stages of the children involved;
- Any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature, or more confident? Does the victim have a disability or learning difficulty?
- If the alleged incident is a one-off or a sustained pattern of abuse;
- Are there ongoing risks to the victim, other children, adult students or school or college staff; and other related issues and wider context?

## Actions For Children Attending Group Work Intervention:

Whilst AEMHF establishes the facts of the case and starts the process of liaising with children's social care and the police:

- The perpetrator will be removed from any classes they share with the victim.
- We will identify how best to keep the victim and alleged perpetrator a reasonable distance apart on the premises and on transport to and from where the group is being held.

These actions are in the best interests of both children and should not be perceived to be a judgment on the guilt of the alleged perpetrator.

## Options to Manage the Report

### Manage Internally

1. In some cases of sexual harassment, for example, one-off incidents, we may decide that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, through utilising other policies like child protection, working in partnership with parent/carers and by providing support.  
This decision will be made based on the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated. All decisions, and discussions around making these decisions will be recorded and stored on our safeguarding system.
2. In line with 1 above, we may decide that the children involved do not require statutory interventions 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 harmful sexual behaviour and may prevent escalation of sexual violence. We will make a referral to Early Help.
3. Where a child has been harmed, is at risk of harm, or is in immediate danger, we will make a referral to the MASH following locally agreed protocols.

Where statutory assessments are appropriate, the designated safeguarding lead or a deputy will be working alongside, and cooperating with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator and any other children that require support and are able to access it through AEMHF.

## Reporting to the Police

Any report to the police will generally be made through the MASH as above. The designated safeguarding lead (and their deputies) will follow local processes for referrals.

Where a report of rape, assault by penetration or sexual assault is made, the starting point is this will be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under 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, AEMHF will consult the police and agree what information can be disclosed to staff and others, the alleged perpetrator and their parents or carers. They will also discuss the best way to protect the victim and their anonymity.

Where there is a criminal investigation, we will work closely with the parent/carers and where appropriate other agencies to support all children involved (especially potential witnesses). Where required, advice from the police will be sought in order to help us.

Whilst protecting children and/or taking any disciplinary measures against the alleged perpetrator, we will work closely with the police (and other agencies as required), to ensure any actions AEMHF take do not jeopardise the police investigation.

## The End of the Criminal Process

If a child is convicted or receives a caution for a sexual offence, AEMHF will update its risk assessment, ensure relevant protections are in place for all children. We will apply any suitable action if the perpetrator attends our group work workshops and we will be very clear as to our expectations regarding the perpetrator now they have been convicted or cautioned. This could include expectations regarding their behaviour and any restrictions we think are reasonable and proportionate.

We will ensure all children involved are protected, especially from any bullying or harassment (including online).

Where cases are classified as “no further action” (NFA’d) by the police or Crown Prosecution Service, or where there is a not guilty verdict, we will continue to offer support to the victim and the alleged perpetrator for as long as is necessary and as long as they wish to access it. A not guilty verdict or a decision not to progress with their case will likely be traumatic for the victim. The fact that an allegation cannot be substantiated does not necessarily mean that it was unfounded. We will continue to support all parties in this instance.

## Support for Children Affected by Sexual-Assault

AEMHF can offer support for victims of sexual assault so long as the support does not jeopardise any legal proceedings. We are aware that the child may need additional support for health, sexual health services as well as psychological support.

We will support the victim of sexual assault to remain in school and where possible see the victim at school or a venue that is situation for them and their mentor.

If they are moved, we will ensure the new school is aware of the ongoing support they may need. AEMHF will contact the new school.

Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, we may take suitable action, if we have not already done so. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a criminal offence. In case of group work we may not allow the perpetrator to attend further session and alternative support will be offered. The welfare of the victim and potentially serious harm to other children is paramount.

Reports of sexual assault and sexual harassment will, in some cases, not lead to a report to the police (for a variety of reasons). In some cases, rape, assault by penetration, sexual assault or sexual harassment are reported to the police and the case is not progressed or are reported to the police and ultimately result in a not guilty verdict. None of this means the offence did not happen or that the victim lied. The process will have affected both victim and alleged perpetrator. Appropriate support will be offered to both as required and decisions around any group work situation and potential contact as required on a case-by-case basis.

All the above will be considered with the needs and wishes of the victim at the heart of the process (supported by parents and carers as required). Any arrangements should be kept under review.

## Physical Abuse

While a clear focus of peer-on-peer abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from peer to peer can also be abusive.

These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police.

The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

When dealing with other alleged behaviour which involves reports of, for example, emotional and/or physical abuse, AEMHF staff can draw on aspects of Hackett's continuum (Appendix 1) to assess where the alleged behaviour falls on a spectrum and to decide how to respond. This could include, for example, whether it:

- is socially acceptable
- involves a single incident or has occurred over a period of time
- is socially acceptable within the peer group
- is problematic and concerning
- involves any overt elements of victimisation or discrimination e.g. related to race, gender, sexual orientation, physical, emotional, or intellectual vulnerability
- involves an element of coercion or pre-planning
- involves a power imbalance between the child/children allegedly responsible for the behaviour
- involves a misuse of power

## Online Behaviour

Many forms of peer-on-peer abuse have an element of online behaviour including behaviours such as cyberbullying and sexting.

Policies and procedures concerning this type of behaviour can be found in many schools' anti-bullying policy, online safety policy, and child protection policy.

## Prevention

AEMHF actively seeks to raise awareness of and prevent all forms of peer-on-peer abuse by:

- Educating all AEMHF staff regardless of position, volunteers, work experience, visitors, contractors, and agency staff on the nature, prevalence, and effect of peer-on-peer abuse, and how to prevent, identify and respond to it.

This includes

- (a) Contextual Safeguarding;
  - (b) The identification and classification of specific behaviours; and
  - (c) The importance of taking seriously all forms of peer-on-peer abuse (no matter how low level they may appear) and ensuring that no form of peer-on-peer abuse is ever dismissed as horseplay or teasing.
- Educating children about the nature and prevalence of peer-on-peer abuse where appropriately needed in mentoring sessions.
  - Educate children on 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.
  - Engaging parents on this issue by:



- (a) Talking about it with parents, both in groups and one to one where needed and/or appropriate;
- (b) Asking parents what they perceive to be the risks facing their child and how they would like to see those risks addressed;
- (c) Engaging parents to get involved in the review of School policies and lesson plans at their child's school; and
- (d) Encouraging parents to hold the school to account on this issue.
  - Ensuring that all peer-on-peer abuse issues are fed back to the School's safeguarding team also, so that they can spot and address any concerning trends and identify children who maybe in need of additional support;
  - Support parents and carers to challenging the attitudes that underlie such abuse (both inside and outside the classroom) with the school if needed;
  - AEMHF will creating a culture in which our young clients feel able to share their concerns openly, in a non-judgmental environment, and have them listened to; and
  - Responding to cases of peer-on-peer abuse promptly and appropriately.

## Multi-agency working

AEMHF will engage with its local partners in relation to peer-on-peer abuse, and works closely with, Milton Keynes Safeguarding Children Partnership (MKTogether), Milton Keynes Multi-Agency Safeguarding Hub (MASH), children's social care, and/or other relevant agencies, and other schools.

The relationships AEMHF has built with these partners are essential to ensuring that we are able to prevent, identify early and appropriately handle cases of peer-on-peer abuse. They help AEMHF:

- (a) To develop a good awareness and understanding of the different referral pathways that operate in its local area, as well as the preventative and support services which exist;
- (b) To ensure that our young clients can access the range of services and support they need;
- (c) To support and help inform our local community's response to peer-on-peer abuse;
- (d) To increase our awareness and understanding of any concerning trends and emerging risks in our local area to enable us to take preventative action to minimise the risk of these being experienced by our young clients.

AEMHF actively refers concerns/allegations of peer-on-peer abuse where necessary to Milton Keynes MASH, children's social care, and/or other relevant agencies.

Children resident out of county but attending our services will be reported to their home MASH or equivalent Social Care.

In cases involving children who are subject to risk, harm, and abuse and who have LAC status, the children's social worker must be informed and a coordinated approach to address any incidents or concerns will be required.

## Appendix 1

Simon Hackett (2010) has proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people, from those that are normal, to those that are highly deviant:

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

<https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf>

## Appendix 2

### Brook sexual behaviours traffic light tool

#### Green

These are natural and expected behaviours. This doesn't mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach, and explain what's appropriate.

#### Amber

These can be of concern and have the potential to be outside safe and healthy behaviours if they persist. They require a response from a protective adult, extra support, and close monitoring.

#### Red

These are outside healthy and safe behaviours. These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. health visitor, GP or social worker.

### Sexual behaviour in children aged 5-11

Children in this age group continue to seek information and understanding about themselves and the world around them through play. They are often interested in pregnancy, birth, gender and differences between gender, which can form part of healthy and developmentally expected sexual exploration.

As children grow through their early years and develop into later childhood, they continue to pass through different stages of development. We know that children remain individual and unique throughout their whole childhood and there is a wide range of generally accepted and expected behaviours within this age group.

#### Green category behaviour in children aged 5-11

- Increased sense of privacy about their body
- Body touching and holding own genitals
- Masturbation, usually with awareness of privacy
- Curiosity about other children's genitals involving looking at and/ or touching the bodies of familiar children
- Curiosity about sexuality e.g. questions about babies, gender, relationships, sexual activity
- Telling stories or asking questions using swear words, 'toilet' words or names for private parts
- Use of mobile phones and Internet in relationships with known peers

### Amber category behaviour in children aged 5-11

- Self-masturbation in preference to other activities, whether in private or in public or with peers, and/or causing self-injury
- Explicit talk, art or play of sexual nature
- Persistent questions about sexuality despite being answered
- Persistent nudity and/or exposing private parts in presence of others
- Persistently watching or following others to look at or touch them
- Pulling other children's pants down or skirts up against their will
- Persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults
- Touching genitals/private parts of animals
- Covert/secret use of mobile phone and Internet with known and unknown people which may include giving out identifying details
- Attempts to do any of the above in secret

### Red category behaviour in children aged 5-11

- Compulsive masturbation to the point of self-harm or seeking an audience
- Disclosure of sexual abuse
- Persistent bullying involving sexual aggression
- Simulation of, or participation in, sexual activities, including sexual behaviour with younger or less able children, e.g. oral sex, sexual intercourse
- Accessing the rooms of sleeping children to touch or engage in sexual activity
- Presence of a sexually transmitted infection
- Any sexual activity with animals
- Use of mobile phones and Internet for sending or receiving sexual images

This is intended to be used as a guide only. Please refer to the guidance tool at

<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

for further information.

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Signed by Jon Manning, The Arthur Ellis Mental Health Foundation

