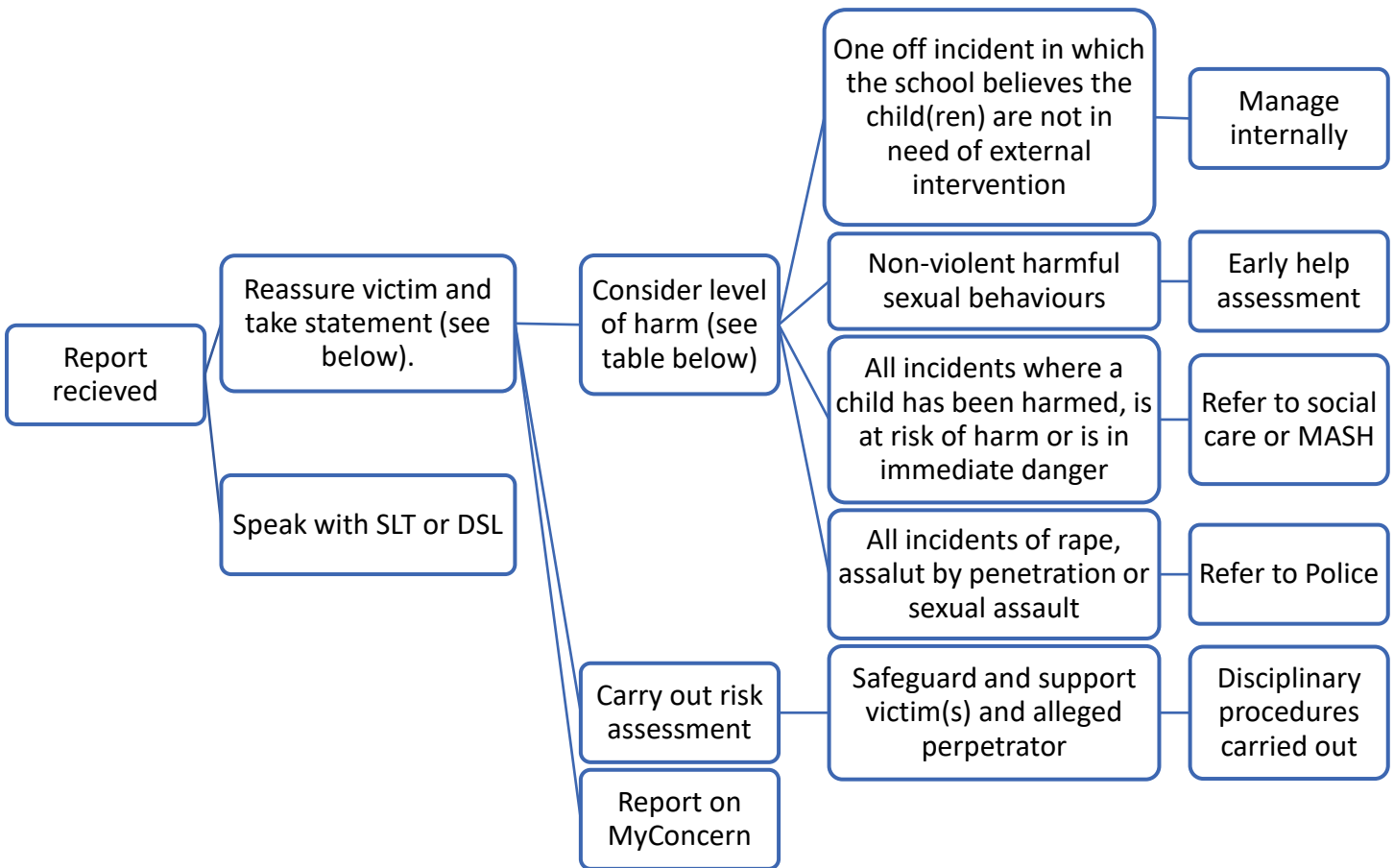




## What To Do: Tackling peer on peer sexual abuse

If you believe this incident to give **reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm** please follow the Safeguarding Policy in the first instance. If unsure, talk to the DSL or DDSLs.



### Staff should

- Always take complaints seriously
- Ensure you are clearly not acting in a prejudiced, judgmental or dismissive manner when dealing with such sensitive matters.
- Gain a statement of facts from the pupil(s)
  - Speak to all the young people involved separately, gain a statement of facts from them and use consistent language and open questions for each account.
  - Ask the young people to tell you what happened. Use open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?).
  - Do not interrogate or ask leading questions.

- Avoid language that may create a ‘blame’ culture and leave a child labelled. Staff will talk to the children in a calm and consistent manner.
- Consider intent: Has this been a deliberate or contrived situation for a young person to be able to harm another?
- Do **not** promise confidentiality
- Ideally have two members of staff present
- Assess needs of victim and alleged perpetrator
- Encourage the young person to share the information with their parent/carer (they may be scared to tell parents/carers that they are being harmed in any way). If the pupil is 13+ and does not want to share with parents, use the ‘Gillick’ test and the ‘Fraser’ [guidelines](#).
- Record all incidents and all action taken on MyConcern.
  - If the incident is urgent, you must go and find a Designated Safeguarding Lead or member of SLT immediately.
- When informing the parent/carer, the best way is face to face. The nature of the incident and the type of harm/abuse a young person may be suffering can cause fear and anxiety to parents/carers whether their child is the child who was harmed or who harmed another.

When recording sexualised behaviour:

- Be clear, explicit and non-avoidant, and avoid vague statements or euphemisms
- Record as soon as possible, as you can quickly forget or confuse detail
- 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.
  - If you include opinion, make this clear “In my opinion ...”
- Note where and when the incident happened and whether anyone else was around.

Note: In cases of sexual violence, there is legal protection for the victim’s identity. This includes sharing on social media and discussion amongst pupils at school

### Diagram showing continuum of behaviour within relationships

Normal	Inappropriate	Problematic	Abusive	Violent
Consensual and reciprocal Developmentally accepted Socially accepted Shared decision making	Generally consensual and reciprocal Accepted in peer group Context may be inappropriate Single instances	Consent may be unclear May lack reciprocity or equal power Developmentally unusual and socially unexpected No overt elements of victimization May include elements of compulsion	Lack of consent Victimising intent or outcome Misuse of power Coercion and force used to gain compliance May include elements of expressive violence	Physically violent sexual abuse Highly intrusive Instrumental violence which is psychologically and/or sexually arousing to the child responsible for the behaviour Sadism
Single occurrence	<b>Frequency</b>		Repeated instance or pattern	
No overt elements of discrimination	<b>Elements of discrimination</b>		e.g. race, gender, sexual orientation, other vulnerability	
No evidence of pre-planning	<b>Pre-planning</b>		Evidence of pre-planning	
No overt elements of power difference	<b>Difference in power or authority level</b>		Power imbalance e.g. social status	
Limited impact or effect on victim(s)	<b>Effect on the victim(s)</b>		Traumatising effect on victim(s)	
No attempts made	<b>Attempts to intimidate victim(s)</b>		Attempts to keep harm a secret	
No other risk factors	<b>Wider contexts</b>		Further risk factors in family, neighbours, peers	

