



## Child on Child Abuse Policy

Title	Child on Child Abuse
Date	29th October 2024
Supersedes	22nd November 2023
Purpose of the policy	To set out the processes and steps we take when this type of abuse is identified
Related policies and guidance	Safeguarding and CP Policy Anti Bullying Policy Behaviour Policy
Review	November 2025
Author	Gwen Rees-Moffitt
Date Consultation Completed	20/11/2024
Date adopted by and by whom	20th November 2024 Full Governing Body

Under the Public Sector Equality Duty, Manchester Hospital School has due regard to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010; to advance equality of opportunity between those who share a relevant



protected characteristic and those who do not share it and to foster good relations across all protected characteristics. Manchester Hospital School will take into account equality considerations when policies are being developed, adopted and implemented.

Manchester Hospital School serves the needs of a very large and diverse range of children, young people and their families at times when they are extremely vulnerable. Our core purpose as a school is to uphold the child's right to Education and our policies and procedures are necessary to keep staff and children safe. We acknowledge that our students are often living with a range of very complex medical conditions including mental ill health and therefore we keep the needs of the student at the heart of all decisions. We will, therefore, work within the parameters of all statutory policies whilst seeking to understand and support the child's long term education and health needs.

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## 1. Introduction

Manchester Hospital School recognises that children and young people 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.

Child-on-child abuse will not be tolerated or passed off as part of “banter” or “growing up”. We are committed to a whole school approach to ensure the prevention, early identification and appropriate management of peer on peer abuse within our school and beyond.

In cases where child-on-child 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.



## 2. Purpose of the policy

- To clearly set out our strategies for preventing, identifying and managing child-on-child abuse at Manchester Hospital School
- To outline the possible actions and outcomes when child-on-child abuse is alleged.
- To demonstrate 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 a peer(s), parent(s) or adult(s) in the community.

## 3. Understanding Child-on-Child Abuse

For the purpose of this policy, child-on-child abuse is defined as any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children, and within children's relationships (both intimate and nonintimate), friendships and wider peer associations.

Child-on-child abuse can take various forms, including (but not limited to):

- Bullying (including cyber bullying).
- Gender-based violence, sexual violence and sexual harassment, up skirting (which is now a criminal offence).
- Physical abuse such as hitting, kicking, shaking, biting, pulling hair. Instigating violence and rituals or initiations e.g. hazing.
- Sexting or sharing youth produced digital imagery.

Technology can be used for bullying and other abusive behaviours. Examples of online child-on-child abuse would include sexting, online abuse, child-on-child grooming, the distribution of youth involved sexualised content, harassment and sharing of AI-generated content.

To learn more about child-on-child abuse, visit [NSPCC Learning](#).

Some of the above behaviours will be managed with reference to other policies in school such as the **Behaviour Policy**, **Anti- Bullying Policy** and **Safeguarding and Child Protection policy**.

Research shows that child-on-child abuse can take place in spaces which are supervised or unsupervised. Within a school context, for example, child-on-child sexual abuse has the potential to take place in spaces such as toilets, the playground, corridors and when children are walking home.



As children develop healthily, it's normal for them to display certain types of sexualised behaviour. It's important that all staff working with young people can identify if any sexualised behaviour which has become harmful or abusive, and respond proportionally to keep all the children involved safe.

### **The context**

Research suggests that child-on-child abuse is one of the most common forms of abuse affecting children in the UK. Manchester Hospital School acknowledges this and seeks to take a proactive approach to preventing abuse and responding effectively.

### **Vulnerable groups**

Manchester Hospital School recognises that all children can be at risk however we acknowledge that some groups are more vulnerable. This can include young people with: 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.

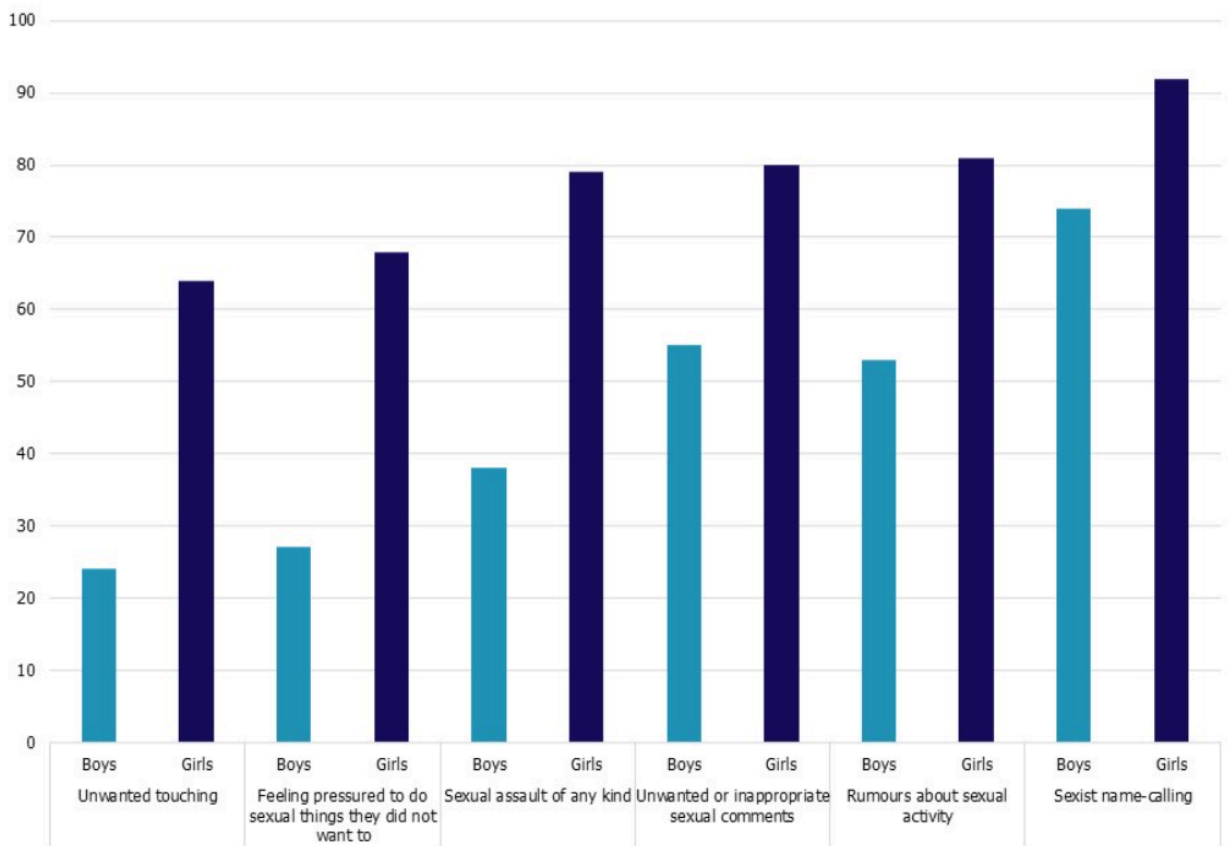
### **Gender**

Research tells us that girls are more frequently identified as being abused by their peers particularly with regard to sexual harassment and violence. However, child-on-child is not confined to girls. Boys are less likely to report intimate relationship abuse and may display other behaviours such as antisocial behaviours. Boys report high levels of victimisation in areas where they are affected by organised crime. We recognise that both boys and girls experience child-on-child abuse, but they can do so in different ways.

**Figure 2 demonstrates how behaviours can be different for boys and girls:**



**Figure 2. These things happen ‘a lot’ or ‘sometimes’ between people my age (%)**



[Ofsted: Review of sexual abuse in schools and colleges](#) Published 10 June 2021

#### 4. Preventing Child-on-Child abuse

##### Taking a whole school approach

Manchester Hospital School takes a proactive approach to raise awareness of and prevent all forms of child-on-child abuse by:

- Educating all governors, its 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.



- Challenging the attitudes that underlie such abuse (both inside and outside the classroom) and encourage a culture of tolerance and respect amongst all members of the school community.
- Training staff to ensure they have the skills to educate young people on 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.
- Understanding 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, banter or teasing.
- Educating children about the nature and prevalence of child-on-child abuse via the RSE and the wider curriculum.
- Creating a culture in which our pupils feel able to share their concerns openly, in a non judgmental environment.
- Responding to cases of child-on-child abuse promptly and appropriately.

### **Empowering our pupils**

We appreciate that whilst adults in school are working hard to keep children safe, children also play a large part in keeping themselves and their peers safe from abuse and neglect. An age-appropriate curriculum is delivered in school to build capacity amongst our students in their understanding of particular issues, and what actions they can take to be safe.

Our Relationships and Sex Education (RSE) incorporates teaching pupils about consent, healthy relationships, people who can help us and British values. These topics are taught in an age appropriate way for the year groups in school.

Our curriculum and planned activities/assemblies ensure that pupils are regularly informed about Manchester Hospital School's zero tolerance approach to child-on-child abuse. Additionally, pupils are frequently told what to do if they witness or experience such abuse. We ensure pupils are able to identify a safe adult they can speak to about any concerns or worries they may have. All staff understand that safeguarding is everybody's responsibility and have the skills to respond to concerns around child on child abuse effectively.

## **5. Responding to child-on-child abuse**

### **Identifying the signs & indicators of abuse**

Staff are trained in identifying signs and indications of abuse including:

- Absence from school or disengagement from school activities
- Physical injuries
- Mental or emotional health issues



- Becoming withdrawn - lack of self esteem
- Lack of sleep
- Alcohol or substance misuse
- Changes in behaviour
- Inappropriate behaviour for age
- Abusive towards others

Robust systems have been established in school for dealing with safeguarding concerns. All allegations of abuse and neglect, whether suspected or known, will be treated seriously and confidentially. Abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

Manchester Hospital School responds and manages any reports of sexual violence and/or sexual harassment in line with guidance added to KCSIE 2024. It is essential that all concerns and allegations 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 our school environment and our pupils’ wellbeing.

### **Responding to disclosures from children and young people**

If a young person speaks to a member of staff about child-on-child abuse that they have witnessed or are a part of, the member of staff will listen to the child and use open language that demonstrates understanding rather than judgement by:

- Listening and respecting pauses in the conversation. Giving full attention to the child or young person and keeping body language open and encouraging.
- Reassuring the young person that they have done the right thing by telling someone and acknowledging their courage.
- Reflecting back what they’ve said to check understanding - and use the child’s language to show it’s their experience.
- Not making a promise of confidentiality. Always explain that the abuse needs to be reported to someone who can help.

### **Barriers to disclosure**

Young people do not always feel able to speak out about their experiences of child-on-child abuse.

They may be afraid of being considered a ‘snitch’, getting in trouble themselves, or worried about how they will be perceived by others. They may be worried about teachers or other adults not being discrete or their parents being informed and possible repercussions. Staff are trained in skillfully reassuring pupils that eliciting help from school staff and other appropriate adults is an important step in stopping the abuse.



## **Role and responsibilities**

All staff, volunteers and visitors (who come into contact with children) have a responsibility to report any concerns about the welfare and safety of a child. All such concerns must be taken seriously.

If a concern arises, all staff, volunteers and visitors must:

- Speak to the relevant site DSL / whole school DSL / ward manager
- Log/record the concern using CPOMS, our safeguarding recording system.

For further information on information sharing and record keeping, refer to Manchester Hospital School's [Safeguarding Policy incorporating Child Protection](#).

## **Initial Response**

When incidents of sexual violence and sexual harassment occur, the appropriate response is decided on a case-by-case basis, with the Site Designated Safeguarding Lead (DSL), taking the lead role, using their professional judgement.

Incidents of child-on-child abuse may need to be dealt with in various ways. In all cases, the Site DSL will discuss the concern or allegation with the member of staff who has reported it and will, where necessary, take any immediate steps to ensure the safety of the children involved.

## **Online Harm**

Where any concern or allegation indicates that indecent images of a child or children may have been shared online, the Site DSL will consider what urgent action can be taken in addition to the actions and referral duties set out in this policy and Manchester Hospital School's Safeguarding Policy to seek specialist help in preventing the images spreading further and removing the images from the internet. We seek support from specialist agencies including [Child Exploitation and Online Protection](#) (National Crime Agency). The same approach is taken where AI-generated images have been used or shared.

## **Risk and Needs Assessment**

When there has been a report of child-on-child abuse, the Site DSL will decide whether it is appropriate to make an immediate risk and needs assessment to inform the actions that need to be taken. The risk and needs assessment will consider:

- The victim, especially their protection and support
- The alleged perpetrator who may also need to be recognised as a victim (KCSIE 2024)





- All the other children (and, if appropriate, adult students and staff) at the school.

During the assessment process, the Site DSL will also carefully 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 consideration of 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 (who may also be considered as a victim) significantly older, more mature or more confident? Does the victim have a disability or learning difficulty? Is the perpetrator also a victim of abuse themselves?
- If the alleged incident is a one-off or a sustained pattern of abuse;
- Are there ongoing risks to the victim, other children or school staff?

Risk and needs assessments will be recorded and stored securely on CPOMS. Assessments will be kept under review.

### **Actions and Outcomes**

Where the Site DSL considers or suspects that the alleged behaviour in question might be abusive or violent or where the needs and circumstances of the individual child/children in question might otherwise require it, the DSL will contact children's social care and/or the police immediately and, in any event, within 24 hours of the DSL becoming aware of the alleged behaviour.

In borderline cases, the Site DSL may wish to consult with Children's Services via the local Multi Agency Safeguarding Hub and/or other relevant agencies in accordance with the Manchester Safeguarding Partnership procedures. This may be completed on a no-names basis (where possible) to determine the most appropriate response.

The Site DSL will discuss the concerns or allegations with the agency and agree on a course of action. These approaches are informed by the Department for Education Advice: sexual violence and sexual harassment between children in schools and colleges (2021):

### **Manage internally**

In some cases of sexual harassment, for example - one-off incidents, the school may take the view that the pupils concerned are not in need of statutory intervention and that it would be appropriate to handle the incident internally, through utilising our behaviour policy and by providing pastoral support to both parties where appropriate.



Whatever Manchester Hospital School's response, it is underpinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated. All concerns, discussions, decisions and reasons for decisions will be recorded on CPOMS.

## **Early help**

In line with the above, the school may decide that the pupils involved do not require statutory interventions, but may benefit from Early Help.

Early help can be particularly useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence. Manchester Hospital School will work proactively with other agencies to ensure that the early help offered is child-focused.

## **Referrals to children's social care**

Where a child has been harmed, is at risk of harm, or is in immediate danger, the DSL will make a referral to the appropriate Children's Social Care. Referrals may be made in relation to the pupil allegedly displaying the abusive behaviour and/or the alleged victim.

At the referral to children's social care stage, we will inform parents or carers, unless there are compelling reasons not to (e.g. 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 children's social care if there are any questions around the suitability of this response.

If a referral is made, children's social care will then make enquiries to determine whether any of the children involved need protection or other services. Where statutory assessments are appropriate, our Site DSL will be working alongside the 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.

In some cases, children's social care will review the evidence and decide a statutory intervention is not appropriate. Manchester Hospital School DSLs are expected to refer again if they believe the child remains in immediate danger or is at risk of harm.

If a statutory assessment is not appropriate, the DSL will consider other support mechanisms such as Early Help, specialist support and bespoke pastoral support.

## **Reporting to the Police**

Any report to the police will generally be in parallel with a referral to children's social care (as



above). 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. At this stage, school will usually 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.

In circumstances where parents or carers have not been informed, it will be especially important that the school is supporting the child in any decision they take. This will be with the support of children's social care and any appropriate specialist agencies.

Where a report has been made to the police, the school will consult the police and agree what information can be disclosed to staff and others, in particular, the alleged perpetrator and their parents or carers. School will also discuss the best way to protect the victim and their anonymity.

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 continues to engage with specialist support for the victim as required.

## 6. Risk assessment and Safety planning

As per Department for Education statutory guidance: Keeping Children Safe in Education (2024), Manchester Hospital School will not wait for the outcome (or even the start) of a children's social care investigation before protecting the victim and other young people within school.

We will work closely with children's social care (and other agencies as required) to ensure any actions we take do not jeopardise a statutory investigation. Consideration of safeguarding the victim, alleged perpetrator (who may also be a victim), any other children directly involved in the safeguarding report and all children at the school is immediate.

Where appropriate, Site DSLs and appropriate staff will create a safety plan to:

- **Identify and assess** the nature and level of risk that is posed and/or faced by the child/children.
- **Consider** the various locations, activities, contact with particular students, or transport arrangements to and from school; and contexts outside the school, including at home, in relationships with friends, peer groups, interactions in the neighbourhood and/or during online activity.
- **Identify steps and controls that can be put in place to reduce or manage any risk.** E.g. how safety will be ensured in the classroom, out of the classroom, on transport, and during unstructured or extra-curricular activities, including trips and residential stays away from



school.

- **Consideration will be given to the appropriateness of separating the pupils** who present risk from other children who may be affected by the alleged child-on-child abuse,

## Support for pupils

Each pupil affected by a child-on-child incident may need a different type of support. We will always seek to gain pupil's wishes and feelings about the support they receive. Support could include:

- Appointing a trusted member of staff with whom they can speak if they have concerns.
- Creating a plan for how to manage an individual's behaviour if they are struggling- e.g. de-escalation plan for staff which identifies any triggers and how the young person can be supported.
- Identifying language that should be used and avoided
- Determining whether restorative action would be appropriate and, if so, how best to take such action, bearing in mind the specific needs of the child/children concerned, and the appropriateness of any such action given the nature and seriousness of the concern(s) or allegation(s).
- Whether any targeted interventions are needed to address the underlying attitudes or behaviour of the child/children, any emotional and behavioural issues, developmental disorders, or learning difficulties.
- Helping a pupil (and their family) to access statutory, private and/ or voluntary services as appropriate.

Manchester Hospital School will consider appropriate action where a pupil's behaviour presents as high risk. Where suitable controls cannot be put in place within the school setting, consideration will need to be given to alternative plans for the child/children presenting the alleged behaviour.

We will consider how to manage the situation and apply the principle that any child who is reported to have experienced child-on-child abuse should not have undue restrictions or controls placed on them as a result of another child's alleged behaviour.

## 7. Evaluation and Review

All data related to bullying, racist incidents and child-on-child abuse is shared with Governors on a termly basis. This provides a forum to discuss and evaluate trends, patterns and responses.



## 8. Useful Resources

### For young people

[NSPCC](#) / 0800 136 663

After recent government action to tackle the issues raised by testimonies given on the Everyone's Invited website, NSPCC has been commissioned to run a helpline for children and young people who are victims of sexual abuse, adult victims, parents and carers of victims and professionals working with children and young people. It is to report or share incidents which have happened both in and outside of educational settings.

[ChildLine](#) - Support and advice for children and young people on a range of issues. 1 to 1 online chat or call on 0800 1111.

[Kooth](#) - Online mental wellbeing community for children and young people. Free, safe and anonymous support.

### For parents & carers

[YoungMinds](#) - Parents Helpline (0808 802 5544) for detailed advice, emotional support and signposting about a child or young person up to the age of 25.

## 9. POLICY REVIEW

This policy will be reviewed annually

