

PEER ON PEER ABUSE POLICY AND PROCEDURES

Designated Safeguarding Lead: Lorna Carter-Blake

Deputy Safeguarding Lead: Gary Callaghan

Date: October 2019

**Next proposed review date: October 2020
(also subject to changes in legislation)**

To be read alongside the current Safeguarding Policy, Behaviour Policy and E-Safety Policy documentation.

Introduction

Keeping Children Safe in Education, 2018 states that '**Governing bodies and proprietors should ensure that their child protection policy includes: procedures to minimise the risk of peer on peer abuse; how allegations of peer on peer abuse will be recorded, investigated and dealt with and clear processes as to how victims, perpetrators and any other child affected by peer on peer abuse will be supported**' (page 22-23). The document also states it is most important to ensure opportunities of seeking the voice of the child are heard, '**Governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, any system and processes should operate with the best interests of the child at their heart.**'

While it is recommended that Peer on Peer abuse is part of the Safeguarding Policy, due to the sensitive nature and specific issues involved with peer on peer abuse we have decided to separate it from the main Safeguarding Policy.

At DA Training and Consultancy, we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the learner, with full consideration to the impact on that individual learner's emotional and mental health and well-being.

Purpose and Aim

Children, young people and vulnerable adults may be harmful to one another in a number of ways which would be classified as peer on peer abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues.

At DA Training and Consultancy, we have the following policies in place that should be read in conjunction with this policy:

- Anti-Bullying Policy
- Safeguarding Policy
- E-safety Policy

Framework and Legislation

This policy is supported by the key principles of the Children's Act, 1989 that the child's welfare is paramount. Another key document that focuses adult thinking towards the views of the learner is 'Working Together to Safeguard Children (March 2015/updated February 2017)', highlighting that every assessment of a child, 'must be informed by the views of the child' and within that 'It is important to understand the resilience of the individual learner when planning appropriate services. (Working Together, 2015:23) This is clearly echoed by Keeping Children Safe in Education, 2018 through ensuring procedures are in place in schools and settings to hear the voice of the child.

Introduction to abuse and harmful behaviour

Abusive behaviour can happen to learners and employers and it is necessary to consider what abuse is and looks like, how it can be managed and what appropriate support and intervention can be put in place to meet the needs of the individual and what preventative strategies may be put in place to reduce further risk of harm.

Abuse is abuse and should never be tolerated or passed off as 'banter' or 'part of growing up'. Equally, abuse issues can sometimes be gender specific e.g. girls being sexually touched/assaulted and boys being subject to initiation/hazing type violence (KCSIE, 2018). It is important to consider the forms abuse may take and the subsequent actions required.

Types of abuse

There are many forms of abuse that may occur between peers and this list is not exhaustive. Each form of abuse or prejudiced behaviour is described in detail followed by advice and support on actions to be taken.

Physical abuse e.g. (biting, hitting, kicking, hair pulling etc.)

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

Sexually harmful behaviour/sexual abuse e.g. (inappropriate sexual language, touching, sexual assault etc.)

Sexually harmful behaviour from children is not always contrived or with the intent to harm others. There may be many reasons why a learner engages in sexually harmful behaviour and it may be just as distressing to the learner who instigates it as well as the learner it is intended towards. Sexually harmful behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another or sexual assault/abuse.

Bullying (physical, name calling, homophobic etc.)

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, gender, sexual orientation, and excluding someone from a group on purpose.

Cyber bullying

Cyberbullying is the use of phones, instant messaging, e-mail, 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 cyber bullying can very easily fall into criminal behaviour under the Malicious Communications Act 1988 under section 1 which states that electronic communications which are indecent or grossly offensive, convey a threat or false information or demonstrate that there is an intention to cause distress or anxiety to the victim would be deemed to be criminal. This is also supported by the Communications Act 2003, Section 127 which states that electronic communications which are grossly offensive or indecent, obscene or menacing, or false, used again for the purpose of causing annoyance, inconvenience or needless anxiety to another could also be deemed to be criminal behaviour.

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.

Sexting

Sexting is when someone sends or receives a sexually explicit text, image or video. This includes sending 'nude pictures', 'rude pictures' or 'nude selfies'. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever 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, children are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

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.

Prejudiced Behaviour

The term prejudice-related bullying 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).

Expected action taken by all staff

Although the type of abuse may have a varying effect on the victim and initiator of the harm, these simple steps can help clarify the situation and establish the facts before deciding the consequences for those involved in perpetrating harm.

It is important to deal with a situation of peer abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts around what has occurred as soon after the learner(s) may have forgotten. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. For example; do not use the word perpetrator, this can quickly create a 'blame' culture and leave a learner labelled.

In all cases of peer on peer abuse it is necessary that all staff are trained in dealing with such incidents, talking to children and instigating immediate support in a calm and consistent manner. Staff should not be prejudiced, judgemental, dismissive or irresponsible in dealing with such sensitive matters.

Gather the Facts

Speak to all the people involved separately, gain a statement of facts from them and use consistent language and open questions for each account. The easiest way to do this is not to have a line of questioning but to ask the children to tell us what happened. Only interrupt the learner from this to gain clarity with open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?)

Consider the Intent (begin to Risk Assess)

Has this been a deliberate or contrived situation for a learner to be able to harm another?

Decide on the next course of action

If from the information that we gather, we believe any child to be at risk of significant harm we must make a safeguarding referral to Children's Social Care immediately (where a crime has been committed the Police should be involved also). If this is the case, once Children's Social Care has been contacted and made a decision on what will happen next then we will be informed on the next steps.

If Children's Social Care and the Police intend to pursue this further, they may ask to interview the children in school or they may ask for parents to come to school to be spoken to also. It is important to be prepared for every situation and the potential time it may take.

It may also be that Children's Social Care feel that it does not meet their criteria in which case we may challenge that decision, with that individual or their line manager. If on discussion however, we agree with the decision, we may then be left to inform parents.

Informing parents/carers

If, once appropriate advice has been sought from Police/ Children's Social Care we have agreement to inform parents or have been allocated that role from the other services involved then we need to inform the parents/guardians as soon as possible. If services are not going to be involved then equally, this information may need to be shared with parents/carers. If a child is deemed to be 'Gillick Competent' following the 'Fraser' guidelines and does not wish for us to share the information with parents/carers, then we will consider this especially for example if the child is pregnant and this is why they are being bullied (unless this has occurred through significant harm in which case a criminal/Children's Social Care case is likely or the child is under the age of 13). (see Appendix A)

In all circumstances where the risk of harm to the child is evident then the provider should encourage the learner to share the information with their parent/carer or even with them (they may be scared to tell parents that they are being harmed in any way). Where DA Training and Consultancy can evidence, they are acting in the best interests of the child they would not be criticised, however this would be the case if they actively breached the rights and choices of the learner.

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

Points to consider:

What is the age of the people 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 (see following)

- 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 children 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?

- Do the children 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 person?

In dealing with an incident of this nature the answers are not always clear cut. If we are concerned or unsure as to whether or not there is any risk involved, we will seek advice from Children's Social Care.

Repetition

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

Next Steps

Once the outcome of the incident(s) has been established it is necessary to ensure future incidents of abuse do not occur again and consider the support and intervention required for those involved.

For the Learner who has been harmed

What support they require depends on the individual learner. It may be that they wish to seek counselling or one to one support via a mentor. It may also be that they feel able to deal with the incident(s) on their own or with support of family and friends. In which case it is necessary that this learner continues to be monitored and offered support should they require it in the future.

If the incidents are of a bullying nature, the learner 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 a speaker on cyber bullying, relationship abuse etc. It may be that through the continued curriculum of PHSE and SMSC that certain issues can be discussed and debated more frequently.

If the person feels particularly vulnerable it may be that a risk assessment can be put in place for them whilst in learning so that they have someone named that they can talk to, support strategies for managing future issues and identified services to offer additional support.

For the learner who has displayed harmful behaviour

In this circumstance it is important to find out why the learner has behaved in such a way. It may be that the learner is experiencing their own difficulties and may even have been harmed themselves in a similar way. In such cases support such as one to one mentoring or counselling may also be necessary. Particular support from identified services may be necessary through a Team around a child/family wellbeing/early help referral and the learner may require additional support from family members.

Once the support required to meet the individual needs of the learner has been met, it is important that the learner receives a consequence for their behaviour. This may be in the form of restorative justice e.g. making amends with the learner 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 learner 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). If there is any form of criminal investigation ongoing it may be that this learner cannot be educated on site until the investigation has concluded. In which case, the learners' will need to be provided with appropriate support and education whilst off site.

Even following the conclusion of any investigation, the behaviour that the learner has displayed may continue to pose a risk to others in which case an individual risk assessment may be required. This would be completed via a multiagency response to ensure that the needs of the learner and the risks towards others are measured by all of those agencies involved including the child and their parents/carers. This may mean additional supervision of the learner or protective strategies if the learner feels at risk of engaging in further inappropriate or harmful behaviour.

At DA Training and Consultancy, we may also choose a punishment as a consequence such as exclusion or internal exclusion/inclusion/seclusion for a period of time to allow the learner to reflect on their behaviour.

After care

It is important that following the incident the children involved continue to feel supported and receive help even if they have stated that they are managing the incident. 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 children do not engage in any further harmful behaviour either towards someone else or to themselves as a way of coping (e.g. self-harm). In which case, regular reviews with the children following the incident(s) are imperative.

Preventative Strategies

At DA Training and Consultancy, we have developed appropriate strategies in order to prevent the issue of peer on peer abuse rather than manage the issues in a reactive way.

Firstly, and most importantly for us is recognition that peer on peer abuse can and will occur on any site 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.

This is supported by ensuring that we have an open environment where children feel safe to share information about anything that is upsetting or worrying them. This is strengthened through a strong and positive PSHE/SMSC curriculum that tackles such issues as prejudiced behaviour and gives children an open forum to talk things through rather than seek one on one opportunities to be harmful to one another.

To enable such an open and honest environment it is necessary to ensure the whole workforce feels confident and enabled to talk about issues and challenge perceptions of children including use of inappropriate language and behaviour

towards one another. In order to create such an environment, it is necessary for whole staff training and CPD around abusive behaviours and talking to children in a way that continues to create an open and honest environment without prejudice. It is incredibly important that staff do not dismiss issues as 'banter' or 'growing up' or compare them to their own experiences of childhood. It is necessary that staff consider each issue and each individual in their own right before taking action. If staff minimise the concerns raised, it may result in a learner seeking no further help or advice.

It is important that signposting is available to children in the event that they don't feel confident raising an issue to staff or a peer. It is useful to have a resource board with support services on a wide range of issues so children can seek their own solutions should they wish to. In the same way external services or support programmes could be brought in to talk to children about specific issues in support of the prevention of peer on peer abuse.

Finally, it is useful to ensure children are part of changing their circumstances and that of the procedures within learning. As such, at DA Training and Consultancy, we have an Article 12 Committee and pupil voice. We also encourage children to support changes and develop 'rules of acceptable behaviour' which will go far in helping to create a positive ethos in our learning and one where all children understand the boundaries of behaviour before it becomes abusive.

References

Whatis.com <http://whatis.techtarget.com/definition/cyberbullying>

New Choices Inc <http://newchoicesinc.org/educated/abuse/TDV/def>

This is abuse campaign

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/41100/2015-03-08_This_is_Abuse_campaign_summary_report__2_.pdf

Stop bullying.gov

<http://www.stopbullying.gov/what-is-bullying/definition/index.html#types>

Holding Together: equalities, difference and cohesion, a resource for school improvement planning, published for Derbyshire Education Authority by Trentham Books, summer 2009.

EACH resources for LGBT

CEOP

<https://www.ceop.police.uk/Media-Centre/Press-releases/2009/What-does-sextingmean>

Appendix A

A child's legal rights Gillick competency and Fraser guidelines

When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

The Gillick competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm

What do 'Gillick competency' and 'Fraser guidelines' refer to?

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Justice Woolf:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." ([Gillick v West Norfolk, 1984](#))

How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:

"provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;

5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." ([Gillick v West Norfolk, 1985](#))

How is Gillick competency assessed?

Lord Scarman's comments in his judgment of the Gillick case in the House of Lords ([Gillick v West Norfolk, 1985](#)) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

What are the implications for child protection?

Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

Further reading

- British Medical Association (2001) Consent, rights and choices in health care for children and young people. London: BMJ Publishing Group.
- British and Irish Legal Information Institute. [Gillick v West Norfolk & Wisbech Area Health Authority, UKHL 7](#) (17 October 1985)
- Children's Legal Centre (1985) Landmark decision for children's rights. *Childright*, 22: 11-18.
- DeCruz, S. P. (1987) [Parents, doctors and children: the Gillick case and beyond](#). *Journal of Social Welfare Law* (March): 93-108.
- Gilmore, S. and Herring, J. (2011) 'No' is the hardest word: consent and children's autonomy. *Child and Family Law Quarterly*, 23(1): 3-25.
- McFarlane, A. (2011) Mental capacity: one standard for all ages. *Family Law*, 41(5): 479-485.
- Taylor, R. (2007) Reversing the retreat from Gillick? *R (Axon) v Secretary of State for Health*. *Child and Family Law Quarterly*, 19(1): 81-97.
- Wheeler, R. (2006) [Gillick or Fraser? A plea for consistency over competence in children: Gillick and Fraser are not interchangeable](#). *British Medical Journal*, 332(7545): 807.