



**PRESTIGE  
GUARDIANS**

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# **TYPES OF ABUSE POLICY**

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## Abuse Awareness

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Abuse can take many forms.

Full details of types of abuse, signs of abuse, and what to do if abuse is suspected can be found in the Department for Education document, Keeping Children Safe in Education 2023:

[https://assets.publishing.service.gov.uk/media/64f0a68ea78c5f000dc6f3b2/Keeping\\_children\\_safe\\_in\\_education\\_2023.pdf](https://assets.publishing.service.gov.uk/media/64f0a68ea78c5f000dc6f3b2/Keeping_children_safe_in_education_2023.pdf)

This document provides details on the following types of abuse:

Bullying

Child Sexual Abuse

Child Sexual Exploitation

E-Safety

Sexually Harmful Behaviour

Racism

Radicalisation

Self-Harm and Suicidal Behaviour

Child Criminal Exploitation

County Lines

Peer on peer/ child on child abuse

Upskirting

Sexual violence and sexual harassment



## Bullying

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### 1. Definition

Bullying is defined as 'behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally' (DfE definition). Repeated bullying usually has a significant emotional component, where the anticipation and fear of being bullied seriously affects the behaviour of the victim.

It can be inflicted on a child by another child or an adult. Bullying can take many forms (for instance, cyber-bullying or online bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, disability, physical appearance or can be because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.

It can take many forms, but the three main types are:

- Physical - for example, hitting, kicking, shoving, theft;
- Verbal - for example, threats, name calling, racist or homophobic remarks;
- Emotional - for example, isolating an individual from activities/games and the social acceptance of their peer group.

Cyberbullying is bullying that takes place using technology. Whether on social media sites, through a mobile phone, or gaming sites, the effects can be devastating for the young person involved. There are ways to help prevent a child from being cyberbullied and to help them cope and stop the bullying if it does happen. It is another form of bullying which can happen at all times of the day, with a potentially bigger audience. By its very nature, cyberbullying tends to involve a number of online bystanders and can quickly spiral out of control. Children and



young people who bully others online do not need to be physically stronger and their methods can often be hidden and subtle.

Bullying often starts with apparently trivial events such as teasing and name calling which nevertheless rely on an abuse of power. Such abuses of power, if left unchallenged, can lead to more serious forms of abuse, such as domestic violence and abuse, racial attacks, sexual offences and self-harm or suicide.

Bullying is a type of behaviour which needs to be defined by the impact on the child being bullied rather than by the intention of the perpetrator.

## 2. Risks

### **The Child being Bullied**

The damage inflicted by bullying can often be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes depression and self-harm.

Children are often held back from telling anyone about their experience either by threats, a feeling that nothing can change their situation, that they may be partly to blame for the situation or that they should be able to deal with it themselves.

Parents, carers and agencies need to be alert to any changes in behaviour such as refusing to attend school or a particular place or activity, becoming anxious in public places and crowds and becoming withdrawn and isolated. Parents should be provided with information as what they should do if they are worried that their child is being bullied - i.e. where they can obtain advice and support including keeping safe on the internet.

Any child may be bullied, but bullying often occurs if a child has been identified in some ways



as vulnerable, different or inclined to spend more time on his or her own. Bullying may be fuelled by prejudice - racial, religious, homophobic and against children with special education needs or disabilities or who are perceived as different in some way. In cases of sexist, sexual and transphobic bullying, schools must always consider whether safeguarding processes need to be followed. This is because of the potential seriousness of violence (including sexual violence) that these forms of bullying is characterised through inappropriate sexual behaviour.

Children living away from home are particularly vulnerable to bullying and abuse by their peers.

## **The Child Engaging in Bullying Behaviour**

Children, who bully, have often been bullied themselves and suffered considerable disruption in their own lives. The bullying behaviour may occur because the child is unhappy, jealous or lacking in confidence.

Work with children who bully should recognise that they are likely to have significant needs themselves.

## **3. Indicators**

Any change in behaviour which indicates fear or anxiety may be a potential indicator of bullying. Children may also choose to avoid locations and events which they had previously enjoyed - changes in attitude towards schools or organised activities are particularly significant.

Behaviour such as:

- Being frightened of walking to and from school and changing their usual route;
- Feeling ill in the mornings;
- Beginning truanting;



- Beginning to perform poorly in their school work;
- Coming home regularly with clothes or books destroyed;
- Becoming withdrawn, starting to stammer, lacking confidence, being distressed and anxious and stopping eating;
- Attempting or threatening suicide;
- Crying themselves to sleep, having nightmares;
- Having their possessions go missing;
- Asking for money or starting to steal (to pay the bully) or continually 'losing' their pocket money;
- Refusing to talk about what's wrong;
- Having unexplained bruises, cuts, scratches;
- Beginning to bully other children/siblings;
- Becoming aggressive and unreasonable.

should be taken seriously and the behaviour discussed between parents/carers and schools.

## 4. Protection and Action to be Taken

All settings in which children are provided with services or are living away from home should have in place anti-bullying strategies and procedures on how to refer to Children's Social Care, if safeguarding children concerns are identified. See [Referrals Procedure](#) and [Assessment Procedure](#). This includes youth clubs and all other children's organisations as well as all schools.

- Support should be offered to children for whom English is not their first language to communicate needs and concerns;
- Children should be able to approach any member of staff within the organisation with personal concerns.

In order to maintain an effective strategy for dealing with bullying, the traditional ideas about bullying should be challenged, e.g.





- It's only a bit of harmless fun;
- It's all part of growing up;
- Children just have to put up with it;
- Adults getting involved make it worse.

Clear messages must be given that bullying is not acceptable and children must be reassured that significant adults involved in their lives are dealing with bullying seriously. Some acts of bullying could be a criminal offence.

A climate of openness should be established in which children are not afraid to address issues and incidents of bullying.

Consideration should always be given to the existence of any underlying issues in relation to race, gender and sexual orientation. This should be addressed and challenged accordingly.

Where a child is thought to be exposed to bullying, action should be taken to assess the child's needs and provide support services.

If the bullying involves a physical assault, as well as seeking medical attention where necessary, consideration should be given to whether there are any child protection issues to consider and whether there should be a referral to the Police where a criminal offence may have been committed.

Where appropriate, parents should be informed and updated on a regular basis. They should also, when applicable, be involved in supporting programmes devised to challenge bullying behaviour.

## **5. Issues**

Creating an anti-bullying climate that is conducive to equality of opportunity, co-operation and mutual respect for differences can be achieved for example by:



- Low Tolerance of Minor Bullying - dealing with incidents at the earliest sign;
- Never ignoring victims of bullying, always showing an interest/concern;
- Publicly acknowledging the bullied child's distress;
- Organising quality groups/circles, which allow children to work together to identify their own problems, causes and solutions with sensitive facilitators.

Practitioners may often be in the position of having to deal with the perpetrators as well as the victims of bullying. It should be borne in mind that bullying behaviour may in itself be indicative of previous abuse or exposure to violence.

It is important when addressing bullying behaviour by another child to avoid accusations, threats or any responses that will only lead to the child being uncooperative, and silent.

The focus should be on the bullying behaviour rather than the child and where possible the reasons for the behaviour should be explored and dealt with. A clear explanation of the extent of the upset the bullying has caused should be given and encouragement to see the bullied child's points of view.

A restorative approach and the use of restorative enquiry and subsequent mediation between those involved can provide an opportunity to meet the needs of all concerned. The child who has been bullied has the chance to say how he or she has been affected. The opportunity is provided for the child doing the bullying to understand the impact of his or her actions and to make amends.

Both the child engaged in bullying behaviour and those who are the target of bullying should then be closely monitored. The times, places and circumstances in which the risk of bullying is greatest should be ascertained and action taken to reduce the risk of recurrence.

Whatever plan of action is implemented, it must be reviewed with regular intervals to ascertain whether actions have been successful by consideration whether the target of bullying now feels safe and whether the bullying behaviour has now ceased. Consideration should also be given to



lessons learned in order to constantly review and improve practice.

Where bullying exists in the context of gang behaviour, there should be an institutional, as well as an individual, response to this.

## Child Sexual Abuse

### 1. Definition

Working Together to Safeguard Children 2023 defines [sexual abuse](#) as follows:

*‘Sexual abuse Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children..’*

Sexual abuse often occurs in conjunction with the other categories of child abuse especially emotional abuse in order to maintain control and secrecy.

Children from the age of birth onwards may be subjected to sexual abuse. Sexual abuse can have a long-term impact on emotional, social and educational development and is linked to the development of mental health issues in later life.

See also the procedures for [Child Sexual Exploitation](#), [E-Safety: Keeping your children safe online](#), and [Harmful Sexual Behaviour Protocol](#).



## 2. Risks and indicators

Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. It may be particularly difficult to disclose abuse by a sibling.

Many children and young people do not recognise themselves as victims of sexual abuse - a child may not understand what is happening and may not even understand that it is wrong especially as the perpetrator will seek to reduce the risk of disclosure by threatening them, telling them they will not be believed or holding them responsible for their own abuse.

Where sexual abuse is being perpetrated on one or more family members, it may be possible to identify by patterns of referrals or presentations to different agencies in their local community over time. There may be a range of signs but any one sign doesn't necessarily mean that a child is being sexually abused, however the presence of number of signs should indicate that you need to consider the potential for abuse and consult with others who know the child to see whether they also have concerns.

Signs include:

- Changes in behaviour, including becoming more aggressive, withdrawn, clingy;
- Problems in school, difficulty concentrating, drop off in academic performance;
- Sleep problems or regressed behaviours i.e. bed wetting;
- Frightened of or seeking to avoid spending time with a particular person;
- Knowledge of sexual behaviour/language that seems inappropriate for their age;
- Physical symptoms including pregnancy in adolescents where the identity of the father is vague or secret, STIs, discharge or unexplained bleeding;
- Poor hygiene, which often leads to social isolation in school;



- Injuries and bruises on parts of the body where other explanations are not available especially bruises, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;
- Injuries to the mouth, which may be noted by dental practitioners.

## Other Factors

- Frequent house moves;
- Isolation of children (and other members) within the family from practitioners, and the wider community;
- Failure to register with a GP;
- Frequent absences from school;
- Failure to cooperate with agencies or to let police, children's social care or other agencies into the home, or letting children be seen alone by professionals;
- Attempts to disguise injuries or attribute them to other causes;
- A child or young person who self-harms, misuses drugs, alcohol or solvents, and / or develops mental health problems;
- Domestic abuse within the family heightens the risk;
- Repeated pregnancies with no evidence of a father;
- Genetic abnormalities in pregnancy or in children who are born.

In the long term people who have been sexually abused are more likely to suffer with depression, anxiety, eating disorders and post-traumatic stress disorder (PTSD). They are also more likely to self-harm, become involved in criminal behaviour, misuse drugs and alcohol, and to commit suicide as young adults.

## 3. Protection and Action to be Taken

Whenever a child reports that they are suffering or have suffered significant harm through



sexual abuse the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances. Practitioners must:

- Clarify the concerns;
- Offer reassurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

See [Referrals Procedure](#) and [Child Protection Enquiries - Section 47 Children Act 1989 Procedure](#).

Where a **Strategy Discussion / Meeting** takes place the core agencies involved with the child should participate. A clear plan should be agreed and circulated to each agency participant. Wherever possible these should be face to face meetings rather than telephone discussions to allow better analysis of the available information.

At the conclusion of the investigation, if the case does not proceed to an Initial Child Protection Conference a second de-briefing strategy meeting should be held to ensure that any ongoing risks are understood and protective action can be undertaken.

Any **child protection medical assessment** must be planned carefully in order to secure any forensic evidence, if it is judged to be appropriate.

Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures \(Home Office 2011\)](#). All events up to the time of the video interview must be fully recorded. Consideration of the use of video recorded evidence should take in to account



situations where the child has been subject to abuse using recording equipment.

Visually recorded interviews serve two primary purposes:

- Evidence gathering for criminal proceedings;
- Examination in chief of a child witness.

Relevant information from this process can also be used to inform Section 47 Enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adults, where allegations have been made.

## 4. Issues

The single and most important consideration is the safety and well-being of the child or children.

In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.

The investigation and enquiries must also address the religious, cultural, language, sexual orientation and gender needs of the child, together with any special needs of the child arising from illness or disability.

A victim support strategy and service should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about sexual abuse investigations that many victims and families feel strongly that it is important that they remain in contact with the same practitioners throughout the investigative process.



Where an Initial Child Protection Conference takes place great care should be taken beforehand if the child / young person wishes to participate. The child should not be put in the position of meeting the alleged perpetrator or of attending the meeting at the same time.

## **Barriers to Disclosure**

Children may disclose sexual abuse directly and verbally while others may attempt to disclose by non-verbal means including changes in their behaviours, requiring those around them not just to focus on the behaviour but why the behaviour may be happening.

Children and young people often disclose abuse while it is still ongoing, there may be a significant delay between the onset of the abuse and any disclosure. The younger the age of the child when the sexual abuse starts, the longer it usually takes to disclose.

Many children are experiencing multiple forms of abuse and may live in households that are not safe and in which emotional support is not available to them.

Disclosures are more likely to come in adolescence as they learn about healthy relationships and how to recognise abusive behaviour. Schools have a very important role to play in aiding the disclosure process in providing developmentally appropriate education and a safe space within which to disclose.

Children may disclose for a number of reasons possibly because they are not able to cope with the abuse any longer or because the abuse is getting worse. They may disclose in order to protect others from abuse or because they are seeking justice.

Barriers to disclosure include fear of not being believed, embarrassment and shame and fear of the consequences of telling. Some groups of young people will have additional challenges in disclosing due to communication, religious, language, cultural or sexuality issues.

Disabled children are at increased risk of experiencing sexual abuse especially due to communication and developmental issues.





Whenever they choose to disclose, it is important that they are believed, that they are told what will happen next and kept informed and that they are provided with emotional support.

Research into young people's experience showed that they wanted someone to notice that something was wrong and to be asked direct questions.

Practitioners must be mindful of managing information to minimise the risks to the child when responding to any concerns or disclosures.

There will be situations where due to lack of forensic evidence or corroborating witnesses the threshold for criminal proceedings is not met. It is important in these cases that the lack of police action is not interpreted as disbelieving the child's disclosure.

## 5. Learning from Serious Case Reviews and Points of Good Practice

['Pathways to Harm, Pathways to Protection: A Triennial Analysis of Serious Case Reviews 2011 to 2014'](#) made the following findings about child sexual abuse in the family environment:

"There were 23 serious case reviews undertaken which related to sexual abuse or sexual exploitation, of which just one review related to a young man, who was in his mid-teens at the time. While the median age was 14 when the incident(s) occurred, or came to light, there were four victims aged five or younger.

The 13 children who were subjected to intra-familial abuse had a median age of 10 years, and four were aged five or under. All were female. The perpetrator, where known from the final report, was the mother's partner (38% of cases), the father (25%), a male relative (one instance), the mother (one instance) or both parents (one instance). Two of the children were on a child protection plan at the time, and five had been previously. In the eight instances where the detailed child's social care history was available, all had been known to children's social care; three were open cases at the time of the incident, four were closed cases at the time, and one



had not reached the level for assessment at the time of referral.”

There are lessons for local safeguarding practitioners to consider in how the work with children and young people is carried out when assessing concerns about sexual abuse in the family.

Points for good practice:

- ‘Hearing the voice of the child’ requires safe and trusting environments for children to be seen individually, speak freely, and be listened to;
- Practitioners must consider how to enable children to express their views while taking account of the child’s age, development, and language. This will be compounded if the child is in any way threatened or coerced by an abusive parent, or if the child has other underlying developmental or communication needs;
- Previous research emphasises how children have extreme difficulty in expressing their concerns and that practitioners should not expect children to disclose abuse;
- The onus falls to the practitioners and requires an interest in how children express themselves through their behaviour and what they say rather than seeing them as ‘difficult’ or ‘demanding’;
- An active effort must be made to actually see and assess children in their families. This is a lesson ‘so important that it must be re-emphasised and potentially relearnt as people, organisations and cultures change’;
- Considerations must be made for children who do not communicate in English.

## Child Sexual Exploitation

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### 1. Definition

The sexual exploitation of children is defined as:



Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. [Working Together to Safeguard Children 2023](#).

See also [Child Sexual Exploitation: Definition and Guide for Practitioners \(DfE 2017\)](#). This advice is non-statutory, and has been produced to help practitioners to identify child sexual exploitation, disruption and prosecution of perpetrators.

It replaces the guidance *Safeguarding Children and Young People from Sexual Exploitation (DfE 2009)*.

## 2. Risks

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. Child sexual exploitation damages children and like any form of abuse it can have long lasting consequences that can impact on every part of a child's life and their future outcomes.

Child sexual exploitation has been shown to affect:

- Physical (including sexual) and mental health and well-being;
- Education and training and therefore future employment prospects;
- Family relationships;
- Friends and social relationships, current and as adults; and
- Their relationship with their own children in the future.

Child sexual exploitation is complex and children are often reluctant to disclose experiences of



exploitation due to misplaced feelings of loyalty and shame. Many may not recognise what they are experiencing as abuse or that they require support or intervention, believing they are in control or in a healthy consensual relationship.

Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. It can also have profound and damaging consequences for the child's family. Parents and carers are often traumatised and under severe stress. Siblings can feel alienated and their self-esteem can be affected. Family members can themselves suffer serious threats of abuse, intimidation and assault at the hands of perpetrators.

There are strong links between children involved in sexual exploitation and other behaviours such as running away from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse.

In addition, some children are particularly vulnerable, for example, children with special needs, those in residential or foster care, those leaving care, migrant children, unaccompanied asylum seeking children, victims of forced marriage and those involved in gangs.

Child sexual exploitation can also occur without any of these vulnerabilities being present.

There is also often a presumption that children are sexually exploited by people they do not know. However evidence shows that this is often not the case and children are often sexually exploited by people with whom they feel they have a relationship, e.g. a boyfriend / girlfriend.

They are often recruited into exploitation by those who they trust, those of a similar age and with similar hobbies, often the nature of peer on peer exploitation encompasses a sense of peer pressure and wanting to fit in.

Children are often persuaded that the boyfriend / girlfriend is their only true form of support and encouraged to withdraw from their friends and family and to place their trust only within the relationship. The key element of CSE is the imbalance of power and control within the



exploitative relationship.

Many children and young people are groomed into sexually exploitative relationships but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied, coerced and threatened into sexual activities by peers or gang members, which is then used against them as a form of extortion and to keep them compliant. Child sexual exploitation is never the victim's fault, even if there is some form of exchange: it is critical to remember the unequal power dynamic within which this exchange occurs and that the receipt of something by a child/young person does not make them any less of a victim.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that particularly young people aged 16 and 17 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited. This is not an issue, which affects only girls and young women, but boys and young men are also exploited. However, they often may experience other barriers to disclosure.

Child sexual exploitation is a form of child sexual abuse. It can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention, accommodation or gifts, to serious organised crime and child trafficking. (Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability).

What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as



the exploitative relationship develops.

Technology such as mobile phones or social networking sites can play a part in sexual exploitation, for example, through their use to record abuse and share it with other like-minded individuals or as a medium to access children and young people in order to groom them.

Sexual exploitation has strong links with other forms of crime, for example, domestic violence and abuse, online and offline grooming, the distribution of abusive images of children and child trafficking.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people gather without much adult supervision, e.g. parks, takeaway outlets or shopping centres or sites on the Internet.

Children and young people may have already been sexually exploited before they are referred to Children's Social Care; others may become targets of perpetrators whilst living at home or during placements. They are often the focus of perpetrators of sexual abuse due to their vulnerability. All practitioners and foster carers should therefore create an environment which educates children and young people about child sexual exploitation, involving relevant outside agencies where appropriate. They should encourage them to discuss any such concerns with them, or with someone from a specialist child sexual exploitation project, and also feel able to share any such concerns about their friends.

Child sexual exploitation can affect any child in any community, and is occurring across the country. Child sexual exploitation affects all ethnic and social groups. Victims of child sexual exploitation come from all ethnic and faith backgrounds.

## **Consent**

This extract from The Office of the Commissioner for Children (OCC) Inquiry into CSE in Gangs and Groups (Nov 2012) helps to consider issues around consent.



*"The law not only sets down 16 as the age of consent, it also applies to whether a person has given their consent to sexual activity, or was able to give their consent, or whether sexual violence and rape in particular took place. In the context of child sexual exploitation, the term 'consent' refers to whether or not a child understands how one gives consent, withdraws consent and what situations (such as intoxication, duress, violence) can compromise the child or young person's ability to consent freely to sexual activity."*

Practitioners must also consider other factors which might influence the ability of the person to give consent, e.g. learning disability / mental ill health. Young people under the age of 16 cannot legally consent to sexual activity. Sexual intercourse with children under the age of 13 is statutory rape. A child under 18 cannot consent to their own abuse through exploitation.

Even where a young person is old enough to legally consent to sexual activity, the law states that consent is only valid where they make a choice and have the freedom and capacity to make that choice. If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don't comply (all of which are common features in cases of child sexual exploitation) consent cannot legally be given whatever the age of the child.

### **3. Indicators**

Anyone who has regular contact with children is in a good position to notice changes in behaviour and physical signs that may indicate involvement in sexual exploitation.

Parents carers and anyone in a position of responsibility with a child should also know how to monitor online activity and be prepared to - monitor computer usage where they are suspicious that a child is being groomed online.

The fact that a young person is 16 or 17 years old should not be taken as a sign they are no



longer at risk of sexual exploitation.

Young people with a disability may have increased vulnerability as well as young people up to the age of 21 who were looked after for whom the local authority has statutory care leaver responsibility and / or where there may be child in need and/or child protection issues.

Barnardo's 'Puppet on a String' report 2011 sets out three different models of activity in the spectrum of sexual exploitation:

<p><b>Inappropriate relationships</b></p>	<p>Usually involving one perpetrator who has inappropriate power or control over a young person (physical emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.</p>
<p><b>'Relationship' model of exploitation and peer exploitation</b></p>	<p>The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates.</p> <p>Peer exploitation is where young people are forced or coerced into sexual activity by peers and associates. Sometimes this can be associated with gang activity, but not always.</p>
<p><b>Organised / networked sexual exploitation or trafficking</b></p>	<p>Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced / coerced into sexual activity with multiple men. Often this occurs in 'sex parties', and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators.</p>





Practitioners should receive training on child sexual exploitation, and therefore be aware of the key indicators of child sexual exploitation. This list is not exhaustive, but they include:

## Health

- Physical symptoms (bruising suggestive of either physical or sexual assault);
- Chronic fatigue;
- Recurring or multiple sexually transmitted infections;
- Pregnancy and/or seeking an abortion;
- Evidence of drug, alcohol or other substance misuse;
- Sexually risky behaviour.

## Education

- Truancy/disengagement with education or considerable change in performance at school.

## Emotional and Behavioural Issues

- Volatile behaviour exhibiting extreme array of mood swings or use of abusive language;
- Involvement in petty crime such as shoplifting, stealing;
- Secretive behaviour;
- Entering or leaving vehicles driven by unknown adults;
- Reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs).

## Identity

- Low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity.



## Relationships

- Hostility in relationships with staff, family members as appropriate and significant others;
- Physical aggression;
- Placement breakdown;
- Reports from reliable sources (e.g. family, friends or other professionals) suggesting the likelihood of involvement in sexual exploitation;
- Detachment from age-appropriate activities;
- Associating with other young people who are known to be sexually exploited;
- Known to be sexually active;
- Sexual relationship with a significantly older person, or younger person who is suspected of being abusive;
- Unexplained relationships with older adults;
- Possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet;
- Phone calls, text messages or letters from unknown adults;
- Adults or older youths loitering outside the home;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for in spite of having no known home base;
- Missing for long periods, with no known home base;
- Going missing and being found in areas where they have no known links.

**Please note:** Whilst the focus is often on older men as perpetrators, individuals or groups, males or females, and children may also be involved and practitioners should be aware of this possibility.



## Social Presentation

- Change in appearance;
- Going out dressed in clothing unusual for them (inappropriate for age, borrowing clothing from older young people).

## Family and Environmental Factors

- History of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties.

## Housing

- Pattern of previous street homelessness;
- Having keys to premises other than those known about.

## Income

- Possession of large amounts of money with no plausible explanation;
- Acquisition of expensive clothes, mobile phones or other possessions without plausible explanation;
- Accounts of social activities with no plausible explanation of the source of necessary funding.

**Note:** It is important that practitioners should not rely on 'checklists' alone but should carry out a holistic assessment of the vulnerability of the young persons that considers risk and protective factors.

## Other Areas to Consider

Practitioners should maintain their relationships with children and young people, and continue



to exercise professional curiosity and create safe spaces for disclosure.

Practitioners should be aware that many children and young people who are sexually exploited do not see themselves as victims. In such situations, discussions with them about concerns should be handled with great sensitivity. Seeking prior advice from specialist agencies may be useful. This should not involve disclosing personal, identifiable information at this stage.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- Sexual activity with a child under 16 is also an offence;
- It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
- Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- Non-consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore offences may have been committed;
- Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

The child sexual exploitation training which practitioners receive should also include what information should be given to the police in such cases, for example vehicle registration numbers, names, physical descriptions. It may also include what action staff should take in the case of suspected sexual or physical abuse in order to protect potential evidence, which may be useful in the case of an alleged perpetrator being prosecuted.



## 4. Children and Young People who go Missing

A significant number of children and young people who are being sexually exploited may go Missing from home or care, and education. Some go missing frequently; the more often they go missing the more vulnerable they are to being sexually exploited. If a child does go missing, the [Children Missing from Care, Home and Education](#) should be followed.

Independent Return Interviews with the child or young person can help in establishing why they went missing and the subsequent support that may be required, as well as preventing repeat incidents. Information gathered from return interviews can be used to inform the identification for Referral and Assessment of any child sexual exploitation cases.

## 5. Protection and Action to be Taken

Where the concerns about the welfare and safety of the child or young person are such that a referral to Children's Social Care should be made the [Referrals Procedure](#) must be followed.

Working Together to Safeguard Children requires that following a referral Children's Social Care should ensure that the needs of all children and young people who are being, or who are at risk of being, sexually exploited are assessed and that appropriate multi-agency engagement and interventions are undertaken. The duties under the Children Act 1989 apply to all children under the age of 18 years. Children's Social Care should also be alert to the possibility of sexual exploitation of children who are already in receipt of services.

Children's Social Care will hold a Strategy Discussion with the Police, the referring agency and other relevant agencies. If the child is receiving hospital treatment and/or a medical examination is required the medical consultant must be involved.

If concerns about child sexual exploitation remain after a referral to Children's Social Care has



taken place, a Strategy Meeting should be held. This is a multi-agency meeting which will enable information to be shared and plans to be made. This Strategy Meeting should be chaired by a manager from Children's Social Care. The likely outcome is that a Section 47 Enquiry will be undertaken in parallel with the Assessment already started.

The outcome of the Section 47 Enquiry must be recorded and concluded under one of the following categories:

- a. *Concerns are substantiated and the child is judged to have suffered, or is likely to suffer significant harm;*

Where the agencies most involved judge that a child has suffered, or is likely to suffer, significant harm, Children's Social Care must convene an Initial Child Protection Conference (see [Child Protection Conferences Procedure](#)).

If the child is already subject to a Child Protection Plan, discussions must take place about any further protective steps needed to ensure the safety of the child. The Independent Chair of the Child Protection Conference must be consulted and may arrange to convene a Review Conference;

- b. *Concerns are not substantiated;*

Although Section 47 enquires and the Assessment may have identified that the child has not suffered or is not likely to suffer significant harm, the child may still have additional needs that warrant coordinated professional intervention. In such cases, support should be provided via a Child in Need Plan or via an Early Help Assessment. Where no additional needs are identified, no further intervention will be required.

The child sexual exploitation lead within Children's Social Care must be informed of the outcome of the Section 47 Enquiry and the Assessment.



Where immediate action to safeguard a child is required, it may involve removing the child from the home of a person who is exploiting them to a safe place. However, those working with children in these circumstances must never underestimate the power of perpetrators to find where the child is.

Such children will need placements with carers who have experience of building trusting relationships and skills at containing young people.

A decision to place a child or young person in secure accommodation should only be considered in extreme circumstances, when they are at grave risk of Significant Harm. In cases where the child is under the age of 13, the approval of the Secretary of State must be sought.

Children who are looked after by the Local Authority can be more vulnerable to exploitation. Substitute carers must be able to recognise the possible indicators of child sexual exploitation. Looked after children are subject to the same child protection procedures as those who live with their own families. However their needs may be different and for this reason their Independent Reviewing Officer must be kept informed of any concerns relating to child sexual exploitation or any other form of suspected abuse. The child / young person's Care Plan must include a strategy to keep them safe and it must be updated and reviewed regularly.

## **6. Issues**

Working with sexually exploited children is a complex issue which can involve serious crime and investigations over a wide geographical area.

Children may be frightened of the consequences of disclosure and may need to be given time to discuss their experiences.

The need to share information discreetly in a timely fashion has been shown to be vital in these cases.

Agencies and practitioners involved with a child or young person experiencing child sexual



exploitation must consider disruption strategies which support the child or young person to leave the situation they find themselves in.

The prosecution and disruption of perpetrators is an essential part of the process in reducing harm. It is the responsibility of the police to gather evidence, investigate and interview perpetrators and prepare case files for consideration by the Crown Prosecution Service (CPS) with the intention of obtaining the successful conviction of offenders.

Many child sexual exploitation cases cross police force boundaries and therefore there should be cross boundary cooperation and information sharing. This may involve the National Crime Agency's CEOP Command (formerly Child Exploitation and Online Protection Centre) who can support the police by helping to coordinate cross-boundary or international investigations involving child sex offender networks or in the management of high risk offenders which may involve grooming through chat rooms and social networking sites or involvement with paedophile rings.

## **7. Supporting Children and Young People out of Child Sexual Exploitation**

Practitioners from statutory agencies and voluntary sector organisations together with the child or young person, foster carers, and his / her family as appropriate, should agree on the services, which should be provided to them and how they will be coordinated. The types of intervention offered should be appropriate to their needs and should take full account of identified risk factors and their individual circumstances. This may include, for example, previous abuse, missing incidents, involvement in gangs and groups and/or child trafficking. Health services provided may include sexual health services and mental health services. Advice should be sought from the nearest specialist service, which works with children and young people involved in child sexual exploitation. A referral should be made as appropriate, if the child or young person is in agreement.





For children who are Looked After issues raised and actions planned should be incorporated into the child's Care Plan and Placement Plan, and reviewed as part of the Looked After Child Review.

Because the effects of child sexual exploitation can last well into adulthood, support may be required over a long period of time. In such circumstances, effective links should be made between children and adult services and statutory and voluntary organisations. For young people who are Looked After, this should be incorporated into their Pathway Plan.

## 8. Identifying and Prosecuting Perpetrators

The police and criminal justice agencies lead on the identification and prosecution of perpetrators. All practitioners, however, have a role in gathering, recording and sharing information with the police and other agencies, as appropriate and in agreement with them.

Practitioners and foster carers should bear in mind that sexual exploitation often does not occur in isolation and has links to other crime types, including:

- Child trafficking (into, out of and within the UK);
- Domestic Violence and Abuse;
- Sexual violence in intimate relationships;
- Grooming (both online and offline);
- Abusive images of children and their distribution (organised abuse);
- Organised sexual abuse of children;
- Drugs-related offences (dealing, consuming and cultivating);
- Gang-related activity;
- Immigration-related offences;
- Domestic servitude.



## 9. Supporting Children and Young People through Related Legal Proceedings

Where alleged perpetrators are arrested and charged with offences against children or young people, allocated practitioners and foster carers should ensure they are supported throughout the prosecution process and beyond. Specialist agencies should be involved in supporting the child or young person, as required. This may include using special measures to protect them when giving evidence in court for example. Independent Sexual Violence Advisers or specialist voluntary sector services, if available, may also have an important role to play.

## E-Safety

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### 1. Definition

E-Safety relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet);
- A child or young person being groomed for the purpose of Sexual Abuse;
- Exposure to pornographic images and other offensive material via the Internet; and
- The use of the internet, and in particular social media sites, to engage children in extremist ideologies.

The term digital (data carrying signals carrying electronic or optical pulses) and interactive (a message relates to other previous message/s and the relationship between them) technology covers a range of electronic tools. These are constantly being upgraded and their use has become more widespread through the Internet being available using text, photos and video. The internet can be accessed on mobile phones, laptops, computers, tablets, webcams, cameras



and games consoles. Further, any electronic communication – phone, mobile phone, text message or any other electronic device – can be used to endanger the safety or welfare of children.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities. The groups concerned include those linked to extreme Islamist, or Far Right/Neo Nazi ideologies, paramilitary groups, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

Internet abuse may also include cyber-bullying or online bullying (see [Bullying](#)). This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet and/or mobile devices. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators. In any case of severe bullying it may be appropriate to consider the behaviour as child abuse by another young person.

Sexting describes the use of technology to generate images or videos made by children under the age of 18 of other children; images that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal and the increasing use of smart phones has made the practice much more common place.

E-Safety is the generic term that refers to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment, and provides examples of interventions that can reduce the level of risk for children and young people.



The chapters relating to [Organised and Complex Abuse](#) and [Allegations Against Staff or Volunteers](#) should be borne in mind depending on the circumstances of the concerns.

## 2. Risks

There is some evidence from research that people found in possession of indecent images/pseudo images or films/videos of children may currently, or in the future become, involved directly in child abuse themselves.

In particular, the individual's access to children should be established during an assessment and Section 47 investigation to consider the possibility that they may be actively involved in the abuse of children including those within the family, within employment contexts or in other settings such as voluntary work with children or other positions of trust.

Any indecent, obscene image involving a child has, by its very nature, involved a person, who in creating that image, has been party to abusing that child.

Similarly, children may be drawn to adopt a radical ideology through a failure to appreciate the bias in extremist material; in addition by repeated viewing of extreme content they may come to view it as normal.

## 3. Indicators

Often issues involving child abuse come to light through an accidental discovery of images on a computer or other device and can seem to emerge 'out of the blue' from an otherwise trusted and non-suspicious individual. This in itself can make accepting the fact of the abuse difficult for those who know and may have trusted that individual. Partners, colleagues and friends often find it very difficult to believe and may require support.



The initial indicators of child abuse are likely to be changes in behaviour and mood of the child victim. Clearly such changes can also be attributed to many innocent events in a child's life and cannot be regarded as diagnostic. However changes to a child's circle of friends or a noticeable change in attitude towards the use of computer or phone could have their origin in abusive behaviour. Similarly a change in their friends or not wanting to be alone with a particular person may be a sign that something is upsetting them.

Children often show us rather than tell us that something is upsetting them. There may be many reasons for changes in their behaviour, but if we notice a combination of worrying signs it may be time to call for help or advice.

## 4. Protection and Action to be Taken

Where there is suspected or actual evidence of anyone accessing or creating indecent images of children, this must be referred to the Police and Children's social care in line with the [Referrals Procedure](#).

Where there are concerns about a child being groomed, exposed to pornographic material or contacted by someone inappropriately, via the Internet or other ICT tools like a mobile phone, referrals should be made to the Police and to Children's Social Care in line with the [Referrals Procedure](#).

The [Serious Crime Act \(2015\)](#) has introduced the offence of 'sexual communication with a child'. This applies to an adult, who communicates with a child and where the communication is sexual or, if it is intended to elicit from the child a communication, which is sexual and the adult reasonably believes the child to be under 16 years of age. The Act also amended the Sex Offences Act 2003 so it is now an offence for an adult to arrange to meet with someone under 16 having communicated with them on just one occasion, previously it was on at least two occasions.



Due to the nature of this type of abuse and the possibility of the destruction of evidence, the referrer should first discuss their concerns with the Police and Children's Social Care before raising the matter with the family. This will enable a joint decision to be made about informing the family and ensuring that the child's welfare is safeguarded.

All such reports should be taken seriously. Most Referrals normally lead to a Strategy Discussion to determine the course of further investigation, enquiry and assessment. Any intervention should be continually under review especially if further evidence comes to light.

Where there are concerns in relation to a child's exposure to extremist materials, the child's school may be able to provide advice and support: all schools are required to identify a Prevent Single Point of Contact (SPOC) who is the lead for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

Suspected online terrorist material can be reported through [www.gov.uk/report-terrorism](http://www.gov.uk/report-terrorism). Reports can be made anonymously, although practitioners should not do so as they must follow the procedure for professionals. Content of concern can also be reported directly to social media platforms - see [UK Safer Internet Centre - Social media guides](#).

## 5. Issues

When communicating via the internet, young people tend to become less wary and talk about things far more openly than they might when communicating face to face.

Both male and female adults and some young people may use the internet to harm children. Some do this by looking at, taking and/or distributing photographs and video images on the internet of children naked, in sexual poses and/or being sexually abused.

Children and young people should be supported to understand that when they use digital



technology they should not give out personal information, particularly their name, address or school, mobile phone numbers to anyone they do not know or trust: this particularly includes social networking and online gaming sites. If they have been asked for such information, they should always check with their parent or other trusted adult before providing such details. It is also important that they understand why they must take a parent or trusted adult with them if they meet someone face to face whom they have only previously met on-line.

Children and young people should be warned about the risks of taking sexually explicit pictures of themselves and sharing them on the internet or by text. It is essential, therefore, that young people understand the legal implications and the risks they are taking. The initial risk posed by sexting may come from peers, friends and others in their social network who may share the images. Once an image has been sent, it is then out of your control. It could be shared with others or posted elsewhere online. The Criminal Justice and Courts Act (2015) introduced the offence of Revenge Porn where intimate images are shared with the intent to cause distress to the specific victim.

Where young people are voluntarily sending/sharing sexual images or content with one another the police may use the recently introduced 'outcome 21' recording code to record that a crime has been committed but that it is not considered to be in the public interest to take criminal action against the people involved. This reduces stigma and distress for children and help to minimise the long term impact of the situation. See [College of Policing, Briefing Note: Police Action in response to Youth Produced Sexual Imagery \('Sexting'\)](#).

In some cases adults may also groom a young persons into sending such images which can then be used to blackmail and ensnare them. It may occur without the child being aware of events, or understanding that these constitute abuse. Online exploitation includes the exchange of sexual communication or images and can be particularly challenging to identify and respond to. Children, young people and perpetrators are frequently more familiar with, and spend more time in, these environments than their parents and carers. Those who work with and care for children can struggle to remain up-to-date with the latest sites and potential connection points,



so practitioners should always seek specialist support if unsure about online environments.

Online child sexual exploitation allows perpetrators to initiate contact with multiple potential victims and offers a perception of anonymity, with children and young people, and perpetrators, potentially saying and doing things online they wouldn't do offline. Where exploitation does occur online, the transfer of images can be quickly and easily shared with others. This makes it difficult to contain the potential for further abuse - also see [Child Sexual Exploitation](#).





## Sexually Harmful Behaviour

### 1. Definition

'Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Hackett 2014 Children and Young People with Harmful Sexual Behaviours)

The current definition of [Sexual Abuse](#) in Working Together to Safeguard Children is also relevant as it recognises that abuse can be perpetrated by children as well as adults.

### 2. Risks

- Two thirds of contact sexual abuse is committed by peers;
- History of abuse, especially sexual abuse, can contribute to a child displaying harmful sexual behaviour;
- All children, including the instigator of the behaviour, need to be viewed as victims;
- Children have greater access to information about sex through technology and this has had an impact on their attitudes to sex and sexual behaviour;
- Children with harmful sexual behaviours who receive adequate treatment are less likely to go on to commit abuse as an adult compared to children who receive no support;
- Incidents of sexually harmful behaviour should be dealt with under the specific child protection procedures which recognise the child protection and potentially criminal element to the behaviour. There should be a coordinated approach between the agencies;
- The needs of the children and young people should be considered separately from the needs of their victims;



- An assessment should recognise that areas of unmet developmental needs, attachment problems, special educational needs and disabilities may all be relevant in understanding the onset and development of abusive behaviour;
- The family context is also relevant in understanding behaviour and assessing risk.

### 3. Indicators

There are no diagnostic indicators in personal or family functioning that indicate a pre-disposition towards sexual offending although the following characteristics have been found in the background of some young people who sexually offend:

- Attachment disorders - poor nurturing and parental guidance;
- Domestic violence and abuse;
- Previous sexual victimisation - a younger age at the onset of the abuse is more likely to lead to sexualised behaviour;
- Social rejection and loneliness;
- Poor empathy skills.

Many of these factors exist alongside typical family environments where other forms of abuse are present.

There is a significant minority of young people who display this behaviour who have a level of learning need - up to 40% in some studies. Their needs must be carefully assessed as some assessment tools are not suitable. Also, the intervention may need to be extended and involve a high degree of coordination between agencies.

It can be useful to think of sexual behaviour as a range or continuum from those behaviours that are developmentally and socially accepted to those that are violently abusive (see [Children and Young People with Harmful Sexual Behaviours](#)).



Most healthy sexual behaviour can be characterised by:

- Mutuality (Children of a similar developmental and chronological age);
- Absence of coercion in any form (bullying, emotional blackmail, fear of the consequences);
- Absence of emotional distress.

Additionally, sexual behaviour which seems compulsive, is repeated in secrecy and continues after interventions from parents or carers, is a cause for concern.

The [Brook Traffic Light Tool](#) may also be useful in distinguishing between 'normal' age-appropriate behaviour and behaviour which causes concern.

## 4. Protection and Action to be Taken

Incidents of sexually harmful behaviour come to light, either through discovery or disclosure, which may be third-party or second-hand information. The details provided should be accurately recorded by the person receiving the initial account. Concerns about the behaviour and the welfare and safety of the child/ren should be referred to Children social care as set out in the [Referrals Procedure](#).

Children's social care will undertake an assessment and there will be an interagency strategy meeting if the concerns are that a child has suffered, or a child or children is/are likely to suffer, significant harm.

The Strategy Discussion/Meeting is a forum for analysing risk, sharing background information on the young people and planning further action. In addition to police and children's social care, schools, Youth Offending services or any other agency with significant contact to any of the young people should also be invited to the meeting where appropriate.



The strategy meeting should consider:

- Issues of child and public protection, including a clear understanding and description of any alleged incident;
- An assessment of the child/young person's needs, and the need for further specialist assessment;
- The roles and responsibilities of child welfare and criminal justice agencies;
- Any on-going safety issues for all of the young people involved.

The context of the behaviour and background of the young people and their family are important factors in determining next steps. Where there is no requirement to hold a formal strategy meeting, it is still good and useful practice to hold a multi-agency planning meeting to consider the needs of the children or young people involved.

Strategy meetings will make contingency plans for future actions following further assessment and investigation of the incident. The option of reconvening the strategy meeting post the investigation may be useful in some cases.

Specialist opinion may be required to inform the assessment from those providing specialist treatment services for young people who sexually harm others.

Where there are concerns that the alleged abuser is also a victim of abuse consideration should be given to convening a Child Protection Conference if the young person is deemed to have suffered, or is likely to suffer, significant harm.

Where a child protection conference is convened the multi-agency meeting could be incorporated into it in order to avoid repeat meetings. The child protection conference will therefore need to address the needs of the child/young person both as an abuser and as a victim, and this should be made clear at the outset.



In cases where the threshold is met, a meeting should be convened under the Multi-Agency Public Protection Arrangements to consider public protection matters and safety.

Following the investigation, if the decision is made to engage the young person in further work, it is important that these discussions take place as soon after the investigation as possible. Successful engagement of families significantly diminishes if there is a time delay in arranging specialist intervention.

## 5. Issues

Young people may be in denial about having a problem with their sexual behaviour and this may be supported by parents who do not want to confront reality of their child behaving in this way. There is often no legal requirement for the child or family to accept help and it may be easier to ignore the problem than confront it. This is a common response to this issue, practitioners will need to be familiar with the proposed intervention if they are to encourage anyone to accept it. The offer of further work may be helpfully framed as an opportunity to understand how the young person came to be in a position where they behaved in a way considered to be abusive.

Support of parents and carers is extremely helpful in promoting engagements and successful outcomes. Parents need to be informed about the program to the extent that they are aware that sexually explicit conversations will take place, also they may be asked to speak to their child about sexual issues. They may also be asked to model appropriate and respectful sexual attitudes and language.

Evidence suggests that young people 'take on' and internalise labels, and therefore to describe a young person only as a 'sex offender' or 'young abuser' may impact on their motivation and responsiveness in both assessment and treatment, leaving them feeling they cannot change.



Why anyone offends sexually is a complex question. One popular model which seeks to organise thinking around this topic is known as Finkelhor's Four Pre-conditions to Sexual Abuse, which suggests that four pre-conditions should be in place before an abusive act takes place. Interruption at any stage may prevent abuse taking place.

The stages are:

1. Motivation to sexually abuse - this can arise from a number of sources which vary with the individual;
2. Overcoming internal inhibitions - most young people who sexually abuse are aware of the taboos against this behaviour, yet because of their experiences or a specific set of circumstances, they can overcome these;
3. Overcoming external inhibitions - this can include grooming the victim and involve creating the physical opportunity to commit the offence;
4. Overcoming the resistance of the child - the offender will employ a variety of methods to commit the offence and equally important keep the victim quiet. These may include bribery, threats or other forms of coercion.

Exploring behaviour using this model may help open up discussion and avoid the pitfalls of falling into asking too many “why” questions. Instead, open questions should be used such as “tell me”, “explain to me”, “describe to me.”

Delays in completing criminal investigations need not necessarily delay referral for specialist help; there is often a significant delay between completing enquiries and a decision being made about whether to prosecute. A programme of work can be agreed with police and Crown Prosecution Service, usually with the proviso that the victim and specific incidents are not discussed.



## Racism

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### 1. Definition

Racism does not constitute a separate category of abuse, although it can be a source of significant harm and can be an aggravating factor in other incidents of abuse.

Children and their families from black and minority ethnic groups are more likely to have experienced harassment, racial discrimination and institutional racism and are disproportionately over- represented in the child protection system.

Racism includes stereotyping individuals or groups, because of their difference, bigoted assumptions about abilities, motives and intentions and stigmatising individuals or groups because of their ethnicity.

### 2. Risks

The experience of racism is likely to affect how the child and family respond to and feel able to participate in the assessment and enquiry processes. Failure by professionals, workers and managers to consider the effects of racism undermines efforts to protect children from other forms of Significant Harm.

Children who have been trafficked or unaccompanied asylum seekers are particularly vulnerable.

Working with different minority cultures in the context of a child protection investigation may be an unfamiliar experience for practitioners and specific advice about the cultural needs of a child may be difficult to obtain at short notice. There is a difficult balance to be struck between how to maintain respectful and culturally sensitive practice with a child-centred focus.



### 3. Protection and Action to be Taken

The effects of racism differ for different communities and individuals and should not be assumed to be uniform. Specific attention should be given to the assessment of the needs of children of mixed parentage and refugee children to ensure that their welfare is promoted.

Children who have been trafficked or unaccompanied asylum seekers are particularly vulnerable to exploitation and maltreatment.

When there are concerns about a child or young person the [Referrals Procedure](#) should be followed and the need for interpreters or advisors on cultural issues should be considered as part of any strategy discussion or risk assessment. Where written information may also be needed in a different language this should also be considered at an early stage because there is almost always a delay in organising this. Family members or members of the same community should not be used as interpreters; in no circumstances should children be used to translate for their parents. All interpreters and translators should be DBS checked and have received some basic child protection training.

All organisations working with children and young people within the Safeguarding Children Boards' area must address institutional racism: defined in the **Macpherson Inquiry Report, 2000** as

*“the collective failure by an organisation to provide an appropriate and professional service to people on account of their race, culture and /or religion.”*

All assessments, enquiries and meetings such as Child Protection Conferences and Core Groups must ensure that they are inclusive and respectful to all participants and address any issues of racism, culture and religion whether it concerns the child, family or any other participant.

All staff or clinical supervision and training must consider the issues not only of institutional racism but also of the effects of racism in relation to the child and his or her family.





## 4. Issues

Racism does not feature in Working Together 2013 (now archived); earlier versions contained several prompts to consider the impact of race and racism at various points. Whilst safeguarding should not be a culturally relative concept, effective safeguarding practice requires knowledge of different cultural and religious practices and beliefs in order to investigate abuse and assess needs and risks.

## Radicalisation

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### 1. Definition

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

“Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas” (HM Government Prevent Strategy 2011).

Since the publication of the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism including, but not restricted to, those linked to Islamist



ideology, or to Far Right / Neo Nazi / White Supremacist ideology and extremist Animal Rights movements.

## 2. Risks

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet via social media or other websites. This can put a young person at risk of being drawn into criminal activity and has the potential to lead to the child or young person suffering significant harm'.

This may take the form of a “grooming” process where the vulnerabilities of a young person are exploited to form an exclusive friendship which draws the young person away from other influences that might challenge the radical ideology. The risk of radicalisation can develop over time and may relate to a number of factors in the child's life. Identifying the risks require practitioners to exercise their professional judgement and to seek further advice as necessary. The risk may be combined with other vulnerabilities or may be the only risk identified.

On-line content in particular social media may pose a specific risk in normalising radical views and promoting content that is shocking and extreme; children can be trusting and may not necessarily appreciate bias, which can lead to being drawn into such groups and to adopt their extremist views.

Recent case evidence indicates that specific groups such as young Muslim women have been targeted for radicalisation and grooming, which has led to attempts to travel to the Middle East placing them at risk. Any information about a young person or child that raises concerns should be discussed with their parents, schools, Children's Services and the police as part of the risk assessment.



## 3. Indicators

With regard to issues that may make an individual vulnerable to radicalisation, these can include:

- **Identity Crisis** - Distance from cultural / religious heritage and uncomfortable with their place in the society around them;
- **Personal Crisis** - Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- **Personal Circumstances** - Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- **Unmet aspirations** - Perceptions of injustice; feeling of failure; rejection of community values;
- **Criminality** - Experiences of imprisonment; previous involvement with criminal groups.

However those closest to the individual may first notice the following changes of behaviour:

- General changes of mood, patterns of behaviour, secrecy;
- Changes of friends and mode of dress;
- Use of inappropriate language;
- Possession of violent extremist literature;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology.



There is an obvious difference between espousing radical and extreme views and acting on them and practitioners should ensure that assessments place behaviour in the family and social context of the young person and include information about the young person's peer group and conduct and behaviour at school. Holding radical or extreme views is not illegal, but inciting a person to commit an act in the name of any belief is in itself an offence.

## 4. Protection and Action to be Taken

Any practitioner identifying concerns about the child or young person should report them to the designated safeguarding lead in their organisation, who will discuss these concerns with the police. The LSCB [Referrals Procedure](#) should be followed. A multi-agency assessment meeting (MASH) will determine the appropriate response and level of support to the family.

Consideration of referrals to the Channel programme may be appropriate in some cases.

Response should be proportionate, with the emphasis on supporting vulnerable children and young people, unless there is evidence of more active involvement in extremist activities.

Consideration should be given to the possibility that sharing information with parents may increase the risk to the child and therefore may not be appropriate. However, experience has shown that parents are key in challenging radical views and extremist behaviour and should be included in interventions unless there are clear reasons why not.

Wherever possible the response should be appropriately and proportionately provided from within the normal range of universal provision of the organisation working with other local agencies and partners. Responses could include curriculum provision, additional tutoring or mentoring, additional activities within and out of school and family support.

Where a higher level of targeted and multi-agency response is indicated a formal multi-agency assessment should be conducted. The assessment process may lead to a Strategy discussion, Section 47 Enquiry and an Initial Child Protection Conference, if there are concerns about the



child or young person suffering significant harm.

Where concerns are identified in respect of potential signs of radicalisation which indicate the child young person is vulnerable, the person raising the concerns should discuss their concerns with the Channel police lead who will decide if a referral to Channel is required or if services at tier 2 are sufficient to manage concerns

Where there is an identified risk/ potential risk that a child young person may be involved/potentially involved in supporting or following extremism, further investigation by the police will be required, prior to other assessments and interventions.

## 5. Issues

Protecting children and young people from radicalisation and extremism requires careful assessment and working collaboratively across agencies as initially concerns may be inconclusive and protecting child or young person against a potential risk can be dependent on a wider range of factors. Sharing information effectively and keeping the child and young person in focus should be the main aim of any interventions and services.

Reporting online material, which promotes extremism such as illegal or harmful pictures or videos, can be done through the [government website](#). Although professionals should follow the [Referrals Procedure](#), non-professionals may make a report anonymously.

## 6. Overview of the Guidance

Working Together to Safeguard Children 2023 specifies local authorities and their partners should be commissioning and providing services for children who are likely to suffer, or may have suffered significant harm, due to radicalisation and extremism. (Chapter 1, Section 17).



From 1 Sep 2023 all schools and child care providers must have regard to the statutory guidance [Keeping children safe in education](#) and the statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015. Paragraphs 57-76 of the guidance are concerned specifically with schools and childcare providers, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”.

This duty is known as the **Prevent Duty**. It applies to a wide range of public-facing bodies which are listed in schedule 6 of the Act as specified authorities in England and Wales, and Scotland. The specified authorities are those judged to have a role in protecting vulnerable children, young people and adults and/or the national security.

The Prevent strategy, published by the Government in 2011, is part of an overall counter-terrorism strategy called CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

In addition, the Counter-Terrorism and Security Act 2015 (the CT and S Act) sections 36 to 41 set out the duty on local authorities and partners to establish and cooperate with a local Channel programme of 'Channel panels' to provide support for people, children and adults, vulnerable to being drawn into terrorism. It is essential that Channel panel members, partners to local panels and other professionals ensure that children, young people and adults are protected from harm.

Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist related activity.



## Self-Harm and Suicidal Behaviour

### 1. Definition

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

The term self-harm rather than deliberate self-harm is the preferred term as it is a more neutral terminology recognising that whilst the act is intentional it is often not within the young person's ability to control it.

Self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.

Self-harm can be described as a wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

### 2. Indicators

The indicators that a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, family problems such as domestic violence and



abuse or any form of child abuse as well as conflict between the child and parents.

The signs of the distress the child may be under can take many forms and can include:

- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia);
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

### 3. Risks

An assessment of risk should be undertaken at the earliest stage and should enquire about and consider the child or young person's:

- Level of planning and intent;
- Frequency of thoughts and actions;
- Signs or symptoms of a mental health disorder such as depression;
- Evidence or disclosure of substance misuse;
- Previous history of self harm or suicide in the wider family or peer group;
- Delusional thoughts and behaviours;
- Feeling overwhelmed and without any control of their situation.





Any assessment of risks should be talked through with the child or young person and regularly updated as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.

The research indicates that many children and young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously. In many cases the means to self-harm may be easily accessible such as medication or drugs in the immediate environment and this may increase the risk for impulsive actions. A plan for safe storage of medication in the household and other potential items which may be used by young people to self-harm should be made with all at risk young people and their parents/carers. GP's should be aware of risk of self-harm when prescribing medication for the young people who self-harm and their family. Whilst no medication is safe taken in this context, certain medication may pose a much greater risk of harm, or death, and this should be considered when prescribing to at risk young people and others in the household.

If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment.

## **4. Protective and Supportive Action**

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts.

Practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves;



- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

And explore the following in a private environment, not in the presence of other pupils or patients depending on the setting:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

**Do not:**

- Panic or try quick solutions;
- Dismiss what the child or young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.



## **Referral to Children's Social Care:**

The child or young person may be a Child in Need of services (s17 of the Children Act 1989), which could take the form of an early help assessment or they may be likely to suffer significant harm, which requires child protection services under s47 of the Children Act 1989.

The referral should include information about the back ground history and family circumstances, the community context and the specific concerns about the current circumstances, if available.

## **Where hospital care is needed:**

Where a child or young person requires hospital treatment in relation to physical self-harm, practice should be as follows, in line with the National Institute of Health and Clinical Excellence (NICE) June 2013 (see [NICE website](#)):

Triage, assessment and treatment should be undertaken by paediatric nurses and doctors trained to work with children and young people who self-harm in a separate area of the emergency department for children and young people.

Special attention should be given to:

- Confidentiality;
- Young person's consent (including Gillick competence);
- Parental consent;
- Child protection issues;
- Use of the Mental Health Act and the Children Act;
- Admission.

All children and young people should normally be admitted into a paediatric ward under the overall care of a paediatrician and assessed fully the following day.



Alternative placements may be needed, depending on:

- Age;
- Circumstances of the child and their family;
- Time of presentation;
- Child protection issues;
- Physical and mental health of the child or young person;
- Occasionally, an adolescent psychiatric ward may be needed.

After admission, the paediatric team should obtain consent for mental health assessment from the child or young person's parent, guardian or legally responsible adult.

During admission, the CAMHS team should:

- Provide consultation for the young person, their family, the paediatric team, social services, and education staff;
- Undertake assessment addressing needs and risk for the child (similar to adults, see assessment of needs and assessment of risk), the family, the social situation of the family and young person, and child protection issues.

For all children and young people, advise carers to remove all means of self-harm, including medication, before the child or young person goes home.

Any child or young person who refuses admission should be discussed with a senior Paediatrician and, if necessary, their management discussed with the on-call Child and Adolescent Psychiatrist.



## 5. Issues - Information Sharing and Consent

The best assessment of the child or young person's needs and the risks, they may be exposed to, requires useful information to be gathered in order to analyse and plan the support services. In order to share and access information from the relevant professionals the child or young person's consent will be needed.

Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information.

Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension and the Fraser guidelines should be used. Advice should be sought from a Child and Adolescent Psychiatrist if use of the mental health act may be necessary to keep the young person safe.

Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and



- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

## Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)

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We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

In some cases the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator.

Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual



identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money or new possessions;
- associate with other children involved in exploitation;
- suffer from changes in emotional well-being;
- misuse drugs and alcohol;
- go missing for periods of time or regularly come home late; and
- regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help maintain them in education.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Some additional specific indicators that may be present in CSE are children who:

- have older boyfriends or girlfriends; and
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.



## County Lines

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County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children’s homes and care homes.

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g. knife crime);
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection;





- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity;
- owe a 'debt bond' to their exploiters;
- have their bank accounts used to facilitate drug dealing.

## Peer on peer/ child on child abuse

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Children can abuse other children (often referred to as peer on peer abuse) and it can take many forms. It **can** happen both inside and outside of school/college and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports. This **can** include (but is not limited to): bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse within intimate partner relationships; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence and sexual harassment; consensual and non-consensual sharing of nude and semi-nude images and/or videos; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; upskirting and initiation/hazing type violence and rituals. Addressing inappropriate behaviour (even if it appears to be relatively innocuous) **can** be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

## Sexual violence and sexual harassment between children in schools and colleges

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### Context

Sexual violence and sexual harassment can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur online. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.



Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school or college. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and face to face (both physically and verbally) and are never acceptable.

It is essential that **all** victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with special educational needs and disabilities (SEND) and LGBT children are at greater risk.

Staff should be aware of the importance of:

- challenging inappropriate behaviours;
- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and,
- challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.



## Upskirting

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The Voyeurism (Offences) Act 2019, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any sex, can be a victim.

## What is sexual violence and sexual harassment?

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### **Sexual violence**

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way and that it can happen both inside and outside of school/college. When referring to sexual violence we are referring to sexual violence offences under the Sexual Offences Act 2003 as described below:

**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. (Schools should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent, or touching someone's bottom/breasts/genitalia without



consent, can still constitute sexual assault.)

**Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

**What is consent?** Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

a child under the age of 13 can never consent to any sexual activity;

the age of consent is 16;

sexual intercourse without consent is rape.

## **Sexual harassment**

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school/college. When we reference sexual harassment, we do so 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 (schools and colleges should be considering when any of this crosses a line into sexual violence -it is important to talk to and consider the experience of the victim) and displaying



pictures, photos or drawings of a sexual nature;

- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include consensual and non-consensual sharing of nude and semi-nude images and/or videos. Taking and sharing nude photographs of U18s is a criminal offence;
- sharing of unwanted explicit content;
- upskirting (is a criminal offence<sup>141</sup>);
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media;
- sexual exploitation; coercion and threats.

It is important to differentiate between consensual sexual activity between children of a similar age and that which involves any power imbalance, coercion or exploitation. Due to their additional training, the designated safeguarding lead (or deputy) should be involved and generally speaking leading the school or college response. If in any doubt, they should seek expert advice. Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive –but children still need to know it is illegal–whilst non-consensual is illegal and abusive.

## **The response to a report of sexual violence or sexual harassment**

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The initial response to a report from a child is incredibly important. How the school or college responds to a report can encourage or undermine the confidence of future victims of sexual violence and sexual harassment to report or come forward. Schools and colleges not recognising, acknowledging or understanding the scale of harassment and abuse and/or downplaying of some behaviours can actually lead to a culture of unacceptable behaviour. It is essential that all victims



are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph 55 in Part one of this guidance. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

**This Policy was written on 15 June 2022 by Mr Alan MacRae.  
It was reviewed on 1 April 2024 and annually thereafter**