# Himbleton CE Primary School and Nursery

*Nurture, Nature, Knowledge:*

***Enabling inquisitive thinkers and inspired learners with kind hearts.***

**"Faith, Hope, Love…the greatest of these is Love." (Corinthians 13:13)**

**"So in everything, do unto others what you would have them do to you." (Matthew 7:12)**

**"Wise men and women are always learning, always listening for fresh insights." (Proverbs 18:15)**

# Child-on-Child Abuse Policy

## Including sexual violence and sexual harassment between children

## 2026 – 2027

**September 2026**

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| **Policy review date** | 1st September 2026 |
| **Date of next review** | 1st September 2027 |

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| **Date approved by the governing body** | 01.10.26 |
| **Name of Designated Safeguarding Lead** | Kirsty Shaw - Headteacher |
| **Name of Deputy Designated Safeguarding Lead** | Sara Hedges - UKS2 teacher |

**This policy has been reviewed; to the best of our knowledge we do not feel it impacts negatively on any specific group or individual within our school community.**

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# Context and Definition

The DfE states that: “All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online.” Child-on-child abuse is the term chosen by the DfE and, by definition, it applies to abuse by one child of another child – regardless of the age, of stage of development, or any age differential between them.

All staff at Himbleton CE Primary School and Nursery who work with children are advised to maintain an attitude of **‘it could happen here’** where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.

All staff are aware of:

- making clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”. This includes all forms of misogyny and misandry. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.
- recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.
- challenging physical behaviour (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.

**Child on child abuse is behaviour by an individual or group intending to physically, sexually or emotionally hurt others.**

All staff recognise that children are capable of abusing their peers. All staff should be aware of safeguarding issues from child-on-child abuse including:

- bullying (including online bullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- making or sharing of nudes or semi-nudes (including those that are digitally altered or wholly generated by artificial intelligence;
- initiation/hazing type violence and rituals
- serious violence involving physical assault, carrying/threatening with/using weapons.

This abuse can:

- be motivated by perceived differences e.g. on grounds of race, religion, gender, sexual orientation, disability or other differences
- result in significant, long lasting and traumatic isolation, intimidation or violence to the victim; vulnerable adults are at particular risk of harm

Children or young people who harm others may have additional or complex needs e.g.:

- significant disruption in their own lives
- exposure to domestic abuse or witnessing or suffering abuse
- educational under-achievement
- Involved in crime

Stopping violence and ensuring immediate physical safety is the first priority of any education setting,

but emotional bullying can sometimes be more damaging than physical abuse. School staff, alongside their Designated Safeguarding Lead and/or Deputies, have to make their own judgements about each specific case and should use this policy guidance to help.

# Responsibility

Keeping Children Safe in Education (KCSIE), 2026 states that:
*All staff should be aware of systems within their school or college which support safeguarding, and these should be explained to them as part of staff induction. This should include the child protection policy (which should amongst other things also include the policy and procedures to deal with child-on-child abuse* – (Paragraph 11)

It also emphasises that the voice of the child must be heard:
'*Where there is a safeguarding concern, governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide.'*

All references to 'staff' in this policy include trainee teachers who may be on placement at our school. Trainee teachers have the same responsibilities as all other staff members to:

- Recognise and respond to child-on-child abuse;
- Report concerns to the Designated Safeguarding Lead;
- Follow our safeguarding and child protection procedures;
- Challenge inappropriate behaviour;
- Maintain appropriate professional boundaries;

If there are concerns or allegations about a trainee teacher, these will be managed in line with Part 4 of KCSIE 2026 and our Managing Allegations Policy.

Child-on-child abuse is referenced in our Safeguarding and Child Protection Policy. The sensitive nature and specific issues involved with child-on-child abuse necessitates separate policy guidance.

At Himbleton CE Primary School and Nursery we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to the impact on that individual child's emotional and mental health and well-being. Such behaviour will always mandate a safeguarding response.

## Designated Safeguarding Lead Cover Arrangements

At Himbleton CE Primary School and Nursery, we have robust cover arrangements in place for periods when the Designated Safeguarding Lead (Kirsty Shaw) is unavailable due to illness, leave, or other circumstances.

Our arrangements include:

- **Deputy DSL:** Sara Hedges (UKS2 teacher) is trained to the same standard as the DSL and can fulfil the DSL role in Kirsty Shaw's absence
- **Emergency contacts:** All staff know how to contact the DSL or Deputy DSL in an emergency, including out-of-hours contact details for urgent safeguarding matters
- **Senior leadership cover:** In the rare event that both the DSL and Deputy DSL are unavailable, Gemma Beattie (SENCO) or Victoria Rose (LKS2 teacher) will take responsibility for safeguarding matters and will consult with the DSL/Deputy DSL as soon as possible

All staff are aware of these arrangements and know who to contact if they have a safeguarding concern.

# Purpose of Policy

The purpose of this policy is to explore some of the forms of child-on-child abuse. The policy also includes a planned and supportive response to the issues.

At Himbleton CE Primary School and Nursery we have the following policies in place that should be read in conjunction with this policy:

Anti-Bullying Policy including Online Bullying
Child Friendly Anti-Bullying Policy
Safeguarding and Child Protection Policy
Managing Allegations Policy
Whistleblowing Policy
Behaviour Policy
Health and Safety Policy
Online Safety Policy
Staff Low Level Concerns Policy

# Framework and Legislation

This policy is supported by the key principles of the Children's Act, 1989, that the child's welfare is paramount. Another key document is Working Together to Safeguard Children, 2026, highlighting that every assessment of a child, *'must be informed by the views of the child'.* (WTSG 2026). This is echoed by Keeping Children Safe in Education, 2026 through ensuring procedures are in place in schools and settings to hear the voice of the child.

# Abuse and Harmful Behaviour

It is necessary to consider:

- what abuse is and what it looks like
- how it can be managed
- what appropriate support and intervention can be put in place to meet the needs of the individual
- what preventative strategies may be put in place to reduce further risk of harm.

Abuse is abuse and should never be tolerated or passed off as 'banter' or 'part of growing up'. It Is important to consider the forms abuse may take and the subsequent actions required. Failure to report can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it. Therefore it is important that all staff are aware that:

- Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures.
- Children can abuse other children. This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; making or sharing of nudes or semi-nudes and initiation/hazing type violence and rituals.
- Staff should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.
- Staff should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.
- Staff should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may

respond to this by abusing younger or weaker children.

The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or sexual abuse, may have problems in their educational development and may have committed other offences. They may therefore be suffering, or be at risk of suffering, significant harm and be in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.

# Types of Abuse

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

## Mental Health and Safeguarding

At Himbleton CE Primary School and Nursery, we recognise that mental health problems can, in some cases, develop into safeguarding concerns rather than just being indicators that a child may have suffered abuse, neglect or exploitation.

**Mental Health Problems That May Become Safeguarding Concerns**

Staff should be aware that the following mental health problems may develop into safeguarding concerns:

- Self-harm
- Suicidal ideation (thoughts about suicide)
- Risk of suicide

**Warning Signs Staff Should Recognise**

All staff are well placed to recognise potential warning signs that a child is struggling with their mental health, including:

- **Behavioural changes:** Significant changes in behaviour, withdrawal from social situations, increased aggression or emotional outbursts
- **Difficulty sleeping:** Reports of nightmares, difficulty falling asleep, or appearing tired during the school day
- **Physical signs:** Physical signs of self-harm such as cuts, burns, or bruises, particularly in areas typically covered by clothing
- **Changes in eating patterns:** Significant weight loss or gain, refusing to eat, or obsessive behaviour around food
- **Decline in academic performance:** Sudden drop in grades, lack of concentration, or loss of interest in schoolwork
- **Emotional distress:** Expressing feelings of hopelessness, worthlessness, or talking about death or suicide
- **Social isolation:** Withdrawing from friends and family, avoiding previously enjoyed activities

**Our Role in Supporting Mental Health**

While school staff are not expected to diagnose or treat mental health problems, we have an

important role to play by:

1. **Promoting good mental wellbeing** – Through our PSHE curriculum, pastoral support, and whole-school culture
2. **Preventing the onset of mental illness** – By creating a supportive, inclusive environment where children feel safe and valued
3. **Identifying children who may be experiencing problems early** – By observing pupils and being alert to warning signs
4. **Ensuring early targeted support is provided** – By working with our Designated Safeguarding Lead to put appropriate support in place
5. **Working with and making referrals to specialist services where needed** – Including CAMHS, school nursing services, and other appropriate agencies

**What Staff Should Do If They Have Concerns**

If a staff member has concerns about a child's mental health, they should:

1. **Speak to the child** – In a calm, supportive manner, showing that they care and are there to help
2. **Report to the DSL immediately** – All concerns about mental health that may be safeguarding concerns must be reported to Kirsty Shaw (DSL) or Sara Hedges (Deputy DSL)
3. **Record their concerns** – Using CPOMs, including specific observations and what the child said (using their exact words where possible)

**Emergency Action**

If a staff member feels that a child is in immediate danger, they should:

- **Call 999** if the child is at immediate risk of harm
- **Take the child to A&E** if they have seriously harmed themselves or are expressing immediate suicidal intent
- **Stay with the child** and ensure they are not left alone
- **Inform the DSL immediately** (or a member of the senior leadership team if the DSL is unavailable)

## Physical abuse

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

## Serious Violence

At Himbleton CE Primary School and Nursery, we recognise that serious violence is a safeguarding concern that requires early intervention and ongoing support.

Serious violence involving children can include (but is not limited to):

- Physical assault – Causing physical harm to another person
- Carrying, threatening with, or using weapons – This includes knives, firearms, or any item used as a weapon
- Violence in the context of:

- Peer conflict
- Bullying
- Criminal exploitation (such as county lines)

Staff should be aware that the risks of serious violence are higher for children who:

- Have experienced disrupted education (e.g., suspensions, permanent exclusions, or time in alternative provision)
- Have a history of offending
- Have witnessed violence at home or in their community
- Are involved in gangs or criminal exploitation
- Have experienced trauma or adverse childhood experiences

Staff should stay alert to times when children might be at highest risk of serious violence, including:

- Straight after school – When children are leaving the school premises
- During transitions – Moving between lessons or activities
- At break and lunch times – When supervision may be less intensive
- On the journey to and from school

Any concerns about a child carrying or using a weapon, or expressing intent to do so, must be reported immediately to the DSL or in her absence, the Deputy DSL.
The DSL or Deputy DSL will:

1. Assess the immediate risk – Determine whether the child or others are in immediate danger;
2. Take appropriate action – This may include:
    - Calling the police if there is immediate danger;
    - Searching the child (in line with our behaviour policy and DfE guidance on searching, screening and confiscation);
    - Removing the child from lessons if necessary to ensure safety;
    - Contacting parents/carers.
3. Make a safeguarding referral – To children's social care if appropriate;
4. Put support in place – For the child and any others affected;

As a school, we are committed to providing early, evidence-based support for children considered at risk of serious violence. This may include:

- Targeted mentoring – One-to-one support from a trusted adult;
- Therapeutic support – Referral to counselling or other therapeutic interventions;
- Family support – Working with parents/carers and offering early help;
- Multi-agency support – Working with police, youth services, and other agencies;
- Curriculum interventions – Teaching about conflict resolution, consequences of violence, and keeping safe.

To ensure that we take a preventative approach, we will:

- Create a culture where violence is never acceptable;
- Teach children about the consequences of serious violence through our PSHE curriculum;
- Provide positive role models and mentoring;
- Work with local partners (police, youth offending teams, local Family Help services) to understand and respond to local risks;
- Identify children who may be at risk and put early support in place before violence occurs.

## Understanding Harmful Sexual Behaviour, Sexual Harassment and Sexual Violence

At Himbleton CE Primary School and Nursery, we recognise that harmful sexual behaviour (HSB), sexual harassment and sexual violence exist on a continuum. Harmful sexual behaviour may escalate into sexual harassment or sexual violence if not addressed early.
All instances of harmful sexual behaviour, sexual harassment and sexual violence should be responded to with the same safeguarding principles and considered within a child protection context.

Harmful sexual behaviour is sexual behaviour displayed by children that is inappropriate for their age or stage of development. It exists on a continuum and can range from:

Inappropriate sexual behaviour:

- Using sexually explicit language
- Telling sexual jokes inappropriately
- Accessing age-inappropriate sexual content online
- Showing sexual images to other children

Problematic sexual behaviour:

- Repeatedly engaging in sexual conversations despite being asked to stop
- Deliberately exposing others to sexual content
- Inappropriate sexual touching over clothing
- Persistent sexual behaviour that makes others uncomfortable

Sexually harmful behaviour:

- Sexual touching under clothing
- Pressuring others to engage in sexual activity
- Creating or sharing sexual images of children
- Simulating sexual acts

Sexually violent behaviour:

- Rape
- Assault by penetration
- Sexual assault (intentional sexual touching)
- Causing someone to engage in sexual activity without consent

Staff should understand that:

- Early intervention is crucial – Addressing inappropriate sexual behaviour early can prevent escalation to more harmful behaviour;
- Context matters – We will consider the age, developmental stage, and understanding of the children involved;
- Consent and understanding – We will consider whether children understand concepts of consent, privacy, and appropriate boundaries;
- Typical sexual development – We recognise that some sexual curiosity and exploration is normal in childhood, but we will always assess behaviour against age-appropriate norms.

We will refer to NSPCC resources on typical stages of sexual development to help us understand what is age-appropriate behaviour and what requires intervention.

We specifically recognise that misogyny (hostility, prejudice, or contempt towards girls and women) is a form of inappropriate behaviour that requires early intervention. Misogynistic attitudes and behaviour can escalate into sexual harassment and sexual violence.

Examples of misogyny include:

- Derogatory comments about girls or women;
- Beliefs that girls are inferior to boys;
- Dismissing girls' opinions or contributions;
- Using sexist language or 'jokes';
- Objectifying girls or women.

Staff must challenge all forms of misogyny and misandry immediately and report concerns to the DSL, or in her absence, the DDSL.

## Child-on-child sexual violence and sexual harassment

This must always be referred immediately to the Designated Safeguarding Lead. The DSL will follow the DfE Guidance: PDF | Sexual violence and sexual harassment between children in schools and colleges with consideration of:

- Managing internally 65.1, page 27
- Early Help 65.2, page 28
- MASH referral 65.3, page 28
- Reporting to the police 65.4, Page 29

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

Sexually harmful behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in sexually harmful behaviour and it may be just as distressing to the young person who instigates it as to the young person it is intended towards. Sexually harmful behaviour may include:

- inappropriate sexual language
- inappropriate role play
- sexual touching
- sexual assault/abuse.

Staff should be aware of the importance of:

- 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”;
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them;
- Upskirting: where someone takes a picture under a person’s clothing (not necessarily a skirt) without 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 gender can be a victim.

## Bullying

Bullying is unwanted, aggressive behaviour among school-aged children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both young people who are bullied and those who bully others may have serious, lasting problems.

In order to be considered bullying, the behaviour must be aggressive and include:

- An imbalance of power: young people who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people;
- Repetition: bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation, and excluding someone from a group on purpose.

## Online Bullying

Online bullying is the use of technology (social networking, messaging, text messages, e-mail, chat rooms etc.) to harass, threaten or intimidate someone for the same reasons as stated above. Online bullying can take many forms, such as:

- Abusive or threatening texts, emails or messages
- Posting abusive comments on social media sites
- Sharing humiliating videos or photos of someone else
- Stealing someone's online identity
- Spreading rumours online
- Trolling – sending someone menacing or upsetting messages through social networks, chatrooms or games
- Developing hate sites about another person
- Prank calls or messages
- Group bullying or exclusion online
- Anonymous messaging
- Encouraging a young person to self-harm
- Pressuring children to send sexual messages or engaging in sexual conversations

## Making or Sharing of Nudes or Semi-Nudes (Including AI-Generated Images)

The making or sharing of nudes or semi-nudes refers to the creation and/or sharing of images or videos with sexually explicit content. These are created and sent electronically and are often 'shared' via social networking sites and instant messaging services.

This includes images that are:

- Digitally altered using technology;
- Wholly generated by artificial intelligence (e.g., deepfakes).

All incidents of making or sharing of nudes or semi-nudes mandate a safeguarding response, regardless of whether the sharing was consensual or non-consensual.

This may include:

- Consensual sharing – Where a young person creates and shares an image of themselves, even if they did so willingly;
- Non-consensual sharing – Where images are shared without the subject's knowledge or consent;
- Pressure or coercion – Where a young person is pressured into creating or sharing images;
- AI-generated images – Where images are created using artificial intelligence to depict a child in a sexual manner, even if no actual photograph was taken.

Upskirting is a specific form of this abuse that typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender can be a victim.

This must always be referred immediately to the Designated Safeguarding Lead or, in her absence, the Deputy Designated Safeguarding Lead.

The DSL will follow the UK Council for Internet Safety (UKCIS) guidance "Sharing nudes and semi-nudes: advice for education settings working with children and young people" and will consider:

- The age of the children involved;
- Whether there is any coercion or exploitation;
- Whether the images have been shared beyond their intended recipient;
- Whether the images are of a sexual nature;
- Whether immediate referral to police or children's social care is required.

## Initiation/Hazing

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies. The ceremony welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse and harassment.

## Prejudiced Behaviour

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – for example disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity.

## Teenage Relationship Abuse

Teenage relationship abuse is a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour in a heterosexual or same gender relationship in order to gain power and maintain control over the partner. This abuse may be child sexual exploitation.

# Supporting Children Questioning Their Gender

At Himbleton CE Primary School and Nursery, we recognise that sometimes young children go through a period of questioning their gender, but for the majority this will not continue into adulthood. We are committed to supporting all children while ensuring their safety and wellbeing, and that of all children in our school.

## Our Approach

Staff will:

- Take time to understand the thoughts and feelings of children who are questioning their gender and be appropriately professionally curious;
- Be aware of the potential vulnerabilities of these children, including the possibility of complex mental health and psychosocial needs relating to relationships with family and peers;
- Maintain flexibility and avoid rigid rules based on gender stereotypes in our day-to-day approach;
- Take a strong, proactive stand against all forms of bullying, including bullying related to gender identity.

## Responding to Requests for Support with Social Transition

Our school will not initiate any action regarding social transition. We will only respond if a child or their parent/carer specifically requests support relating to social transition.

Where a child or their parent/carer raises a request relating to social transition, we will:

1. Involve parents/carers as a matter of priority – We will actively involve parents/carers unless there are rare circumstances where doing so would constitute a greater risk to the child than not involving them. In such exceptional cases, the Designated Safeguarding Lead will determine what action is needed to safeguard the child before any decisions are taken or parents/carers are contacted.
2. Take a very careful approach – As a primary school, we will exercise particular caution when considering requests relating to social transition. We recognise that accommodating social transition is an active intervention, and we expect that support for full social transition would only be agreed very rarely in a primary school setting.
3. Document our decision-making – We will keep detailed records of our decision-making process, including:
    - The request made and by whom
    - Discussions with the child and their parents/carers
    - Any assessments of the child's needs and wellbeing
    - The decision reached and the reasons for it
    - Any support measures put in place
    - Regular reviews of the decision
4. Consider the best interests of all children – We will consider how best to fulfil our duty to safeguard and promote the welfare of all children in our school, and what the impact of any decision would be on all those affected. A decision about social transition may not be the same as the child's wishes.
5. Ensure no individual staff member acts alone – Individual members of staff must not adopt

any changes related to social transition unless a decision has been made by the school's leadership team in consultation with parents/carers.

# Safeguarding Requirements Relating to School Premises and Activities

## Toilets and Changing Rooms

We must not allow children into toilets designated for the opposite biological sex. There are no exceptions to this requirement, including where we are responding to a request to support social transition.

If a pupil who is questioning their gender does not want to use the facilities designated for their biological sex, we will:

- Consider whether we can provide alternative facilities that don't compromise the provision of single-sex facilities or the safety, comfort, privacy or dignity of the child or any other children;
- Assess any safeguarding risks associated with alternative arrangements;
- Keep a record of these situations and review them regularly;
- Ensure these arrangements are communicated appropriately to relevant staff.

## Physical Education and Sports

We can separate children according to their biological sex when playing certain competitive sports without discriminating unlawfully. Where there are safety concerns that require PE or sports to be played in single-sex groups, there must be no exceptions.
Where there are no safety concerns and a child makes a request relating to how they participate in PE or sports, we will consider the request in light of the guidance above on considering requests for support with social transition.

## Recording Information

We are legally required to record a child's biological sex accurately wherever it is recorded in our school systems. This includes:

- Admissions records;
- Management information systems;
- Medical records;
- Safeguarding records;

## Reviewing Decisions

We recognise that circumstances and needs may change over time. We will revisit our decisions and approach to a child's social transition at appropriate points, including:

- At the start of each academic year;
- Following any significant change in circumstances;
- At the request of the child or their parents/carers;
- If concerns arise about the child's wellbeing.

## Confidentiality

If a pupil confides their feelings about gender to a staff member but does not ask our school to make changes to how they are treated (i.e., they do not request to socially transition at school), we are not required to share this with their parents/carers, except in cases of a related safeguarding risk.

# Recognising Child-on-Child Abuse

An assessment of an incident between children should be completed and consider:

- Chronological and developmental ages of everyone involved
- Difference in their power or authority in relation to age, race, gender, physical, emotional or intellectual vulnerability
- All alleged physical and verbal aspects of the behaviour and incident
- Whether the behaviour involved inappropriate sexual knowledge or motivation
- What was the degree of physical aggression, intimidation, threatening behaviour or bribery?
- The effect on the victim
- Any attempts to ensure the behaviour and incident is kept a secret
- The child or young person's motivation or reason for the behaviour, if they admit that it occurred
- Whether this was a one-off incident, or longer in duration

# Taking Action

**Immediate staff action:**

Staff should consider the seriousness of the case and make a quick decision whether to inform the Designated Safeguarding Lead immediately before taking any further in-school actions.

It is important to deal with a situation of child-on-child abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. Avoid language that may create a 'blame' culture and leave a child labelled.

Staff will therefore talk to the children in a calm and consistent manner. Staff will not be prejudiced, judgmental, dismissive or irresponsible in dealing with such sensitive matters.

- Always take complaints seriously
- Gain a statement of facts from the pupil(s)
- Assess needs of victim and alleged perpetrator
- Consider referral to Police or Social Care
- Contribute to multi-agency assessments
- Convene a risk management meeting
- Record all incidents and all action taken

**Recording Sexualised Behaviour**

- Be clear, explicit and non-avoidant, and avoid vague statements or euphemisms
- Record as soon as possible, as you can quickly forget or confuse detail
- Follow the prompts on your safeguarding and child protection record on CPOMs
- Use proper names for body parts but record exactly any language or vocabulary used by the child. Use the child's exact words in quotation marks.
- Note where and when the incident happened and whether anyone else was around.

**Gather the facts**

Speak to all the young people involved separately, gain a statement of facts from them and use **consistent language** and **open questions** for each account. Ask the young people to tell you what happened. Use open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?). Do not interrogate or ask leading questions.

**Consider the intent**

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

**Decide on your next course of action**

If you believe any young person to be at risk of significant harm you must report to the Designated Safeguarding Lead immediately; they will follow the school's Safeguarding and Child Protection Policy.

If MASH and the police intend to pursue this further, they may ask to interview the young people in school or they may ask for parents to come to school to be spoken to. It is important to be prepared for every situation and the potential time it may take.

**Informing parents/carers**

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

Is the pupil 13+ and does not want to share with parents? Use the 'Gillick' test and the 'Fraser' guidelines.

NSPCC | Legal definition of a child
NSPCC | Gillick competency and Fraser guidelines

In all circumstances where the risk of harm to the child is evident then the school should encourage the young person to share the information with their parent/carer (they may be scared to tell parents/carers that they are being harmed in any way).

# Points to Consider

**What is the age of the children involved?**

How old are the young people involved in the incident and is there any age difference between those involved? In relation to sexual exploration, children under the age of 5, in particular 1-4 year olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however, should not be overlooked.

**Where did the incident or incidents take place?**

Was the incident in an open, visible place to others? If so, was it observed? If not, is more supervision required within this particular area?

**What was the explanation by all children involved of what occurred?**

Can each of the young people give the same explanation of the incident and also what is the effect on the young people involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one young person different from another and why?

**What is each of the children's own understanding of what occurred?**

Do the young people know/understand what they are doing? e.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about and has this prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person have an understanding of the impact of their behaviour on the other person?

**Repetition**

Has the behaviour been repeated to an individual on more than one occasion? Has the behaviour

persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?

# Next Steps

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

## Mental Health and Child-on-Child Abuse

At Himbleton CE Primary School and Nursery, we recognise that child-on-child abuse can have a significant impact on the mental health and wellbeing of all children involved, whether they are the victim, the alleged perpetrator, or a witness to the abuse.
We also recognise that mental health problems can, in some cases, develop into safeguarding concerns in their own right, including self-harm, suicidal ideation and risk of suicide.

Children who have experienced child-on-child abuse may develop mental health difficulties as a direct result, including:
For victims:

- Anxiety, particularly about coming to school or being in certain situations
- Depression and low mood
- Self-harm as a coping mechanism
- Suicidal thoughts
- Post-traumatic stress
- Loss of confidence and self-esteem
- Sleep difficulties or nightmares

For alleged perpetrators:

- Underlying mental health needs that may have contributed to their harmful behaviour
- Anxiety or depression following the incident
- Self-harm or suicidal thoughts, particularly if they feel remorse or are facing consequences
- Difficulty processing their actions and emotions

For witnesses:

- Anxiety about their own safety
- Distress at having witnessed harm to others
- Confusion about what they saw and whether they should have intervened

Following an incident of child-on-child abuse, staff should be particularly alert to warning signs that a child's mental health is deteriorating:

- Significant changes in behaviour – withdrawal from friends, becoming more aggressive or emotional, or appearing unusually quiet;
- Difficulty sleeping – appearing tired during the school day, reports of nightmares;
- Physical signs of self-harm – cuts, burns, or bruises, particularly in areas typically covered by clothing;
- Changes in eating patterns – refusing to eat, significant weight loss or gain;
- Decline in academic performance – sudden drop in concentration, loss of interest in schoolwork;
- Emotional distress – expressing feelings of hopelessness, worthlessness, or talking about death;
- Social isolation – avoiding previously enjoyed activities, withdrawing from peers;
- Physical complaints – frequent headaches, stomach aches or other unexplained symptoms.

If a staff member has concerns about a child's mental health following a child-on-child abuse incident:

- Speak to the child – In a calm, supportive manner, showing that you care and are there to help;
- Report to the DSL immediately – All concerns about mental health that may be safeguarding concerns must be reported to Kirsty Shaw (DSL) or Sara Hedges (Deputy DSL);
- Record concerns on CPOMs – Include specific observations and what the child said (using their exact words where possible).

If a staff member feels that a child is in immediate danger:

- Call 999 if the child is at immediate risk of harm to themselves or others;
- Take the child to A&E if they have seriously harmed themselves or are expressing immediate suicidal intent;
- Stay with the child and ensure they are not left alone;
- Inform the DSL immediately (or Mrs Beattie/Mrs Rose if the DSL/DDSL is unavailable).

When responding to child-on-child abuse, we will consider the mental health needs of all children involved as part of our support plan. This may include:
Immediate support:

- Providing a safe space for the child to talk about their feelings;
- Ensuring the child feels believed and supported;
- Putting protective measures in place to help the child feel safe at school.

Ongoing support:

- One-to-one mentoring with a trusted adult;
- Referral to our school counselling service (if available);
- Small group work on emotional literacy and coping strategies;
- Adjustments to the school day to reduce anxiety (such as a safe space to go to at break times);
- Regular check-ins with a designated member of staff.

External support:

- Referral to early help services for family support;
- Referral to CAMHS (Child and Adolescent Mental Health Services) if the child's mental health difficulties are serious or persistent;
- Working with the child's GP and parents/carers to ensure coordinated support.

As stated in our "After Care" section, it is important that following an incident, children involved continue to feel supported and receive help even if they have stated they are managing.
We will:

- Conduct regular reviews with children involved in incidents to monitor their wellbeing
- Be alert to the fact that feelings of remorse, regret or unhappiness may occur at a much later stage than the incident
- Ensure children do not engage in further harmful behaviours, either towards someone else or to themselves as a way of coping (e.g. self-harm)
- Keep parents/carers informed and involved in supporting their child's mental health

**Staff Training and Awareness**

All staff at Himbleton CE Primary School and Nursery receive training to help them:

- Recognise the warning signs of mental health difficulties in children
- Understand the link between child-on-child abuse and mental health
- Know when and how to report concerns to the DSL
- Respond appropriately and sensitively to children in distress

**Staff understand that:**

- Only appropriately trained professionals should attempt to diagnose a mental health problem
- They have an important role in observing pupils day-to-day and identifying those who may be experiencing difficulties

- If they are concerned about a child's mental health and it is also a safeguarding concern, they must take immediate action by following our child protection policy and speaking to the DSL or deputy DSL

This is set out in paragraphs 44 to 50 of Keeping Children Safe in Education 2026.

## For the young person who has been harmed

What support they require depends on the individual young person. It may be that they wish to seek counselling or one-to-one support via a mentor. It may also be that they feel able to deal with the incident(s) on their own or with support of family and friends, in which case it is necessary that this young person continues to be monitored and offered support should they require it in the future. If the incidents are of a bullying nature, the young person may need support in improving peer groups /relationships with other young people, or some restorative justice work with all those involved may be required.

Other interventions that could be considered may target a whole class or year group, for example a speaker on online bullying, relationship abuse etc. It may be that through the continued curriculum of Relationship and Sex Education (from 2020), PSHE and SMSC that certain issues can be discussed and debated more frequently.

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

## For the young person who has displayed harmful behaviour

It is important to find out why the young person has behaved in such a way. It may be that the young person is experiencing their own difficulties and may even have been harmed themselves in a similar way. In such cases, support such as one-to-one mentoring or counselling may also be necessary.

Particular support from identified services may be necessary through an early help referral and the young person may require additional support from family members.

Once the support required to meet the individual needs of the young person has been met, it is important that the young person receives a consequence for their behaviour. This may be in the form of restorative justice e.g. making amends with the young person they have targeted if this has been some form of bullying. In the cases of sexually harmful behaviour, it may be a requirement for the young person to engage in one-to-one work with a particular service or agency (if a crime has been committed this may be through the police or youth offending service). If there is any form of criminal investigation ongoing it may be that this young person cannot be educated on site until the investigation has concluded, in which case, the young person will need to be provided with appropriate support and education elsewhere.

It may be that the behaviour that the young person has displayed may continue to pose a risk to others, in which case an individual risk assessment may be required. This should be completed via a multi- agency response to ensure that the needs of the young person and the risks towards others are measured by all of those agencies involved including the young person and their parents. This may mean additional supervision of the young person or protective strategies if the young person feels at risk of engaging in further inappropriate or harmful behaviour.

The school may also choose a punishment as a consequence such as exclusion or internal exclusion/inclusion/seclusion for a period of time to allow the young person to reflect on their behaviour.

## After care

It is important that following the incident the young people involved continue to feel supported and receive help even if they have stated that they are managing the incident. Sometimes the feelings of remorse, regret or unhappiness may occur at a much later stage than the incident. It is important to

ensure that the young people do not engage in any further harmful behaviours, either towards someone else or to themselves as a way of coping (e.g. self-harm). For this reason, regular reviews with the young people following the incident(s) are imperative.

### Information Sharing When Children Transfer to a New School

When a child who has been involved in child-on-child abuse (either as a victim or alleged perpetrator) transfers to a new school, we will:

- Transfer the child protection file – The DSL will ensure the child protection file is transferred securely and promptly to the new school's DSL;
- Include a summary – The child protection file will include a summary setting out:
    - Current safeguarding concerns
    - Relevant context and background
    - Any ongoing support needs
    - Any risk management plans in place
- Share information about risk to others – Where information indicates a risk to others (for example, where a pupil has previously carried, threatened with, or used a knife or weapon), we will ensure this information is clearly communicated to the receiving school;
- Clarify ongoing support – We will make clear what support the child is currently receiving and what support we recommend continues;
- Distinguish between current and historic concerns – We will take particular care to distinguish between current safeguarding concerns and historic information, ensuring past issues are presented with appropriate context.

The receiving school's DSL is responsible for:

- Assessing the information received;
- Deciding which information should be shared with relevant staff;
- Determining when it is appropriate to share this information;
- Putting in place a support plan for when the child arrives;
- Conducting a risk assessment where appropriate.

## Preventative Strategies

Child-on-child abuse can and will occur on any site even with the most robust policies and support processes. It is important to develop appropriate strategies to proactively prevent child-on-child abuse.

This school has an open environment where young people feel safe to share information about anything that is upsetting or worrying them. There is a strong and positive PSHE/RSHE curriculum that tackles such issues as prejudiced behaviour and gives children an open forum to talk things through rather than seek one on one opportunities to be harmful to one another. The school makes sure that ‘support and report’ signposting is available to young people.

Staff will not dismiss issues as ‘banter’ or ‘growing up’ or compare them to their own experiences of childhood. Staff will consider each issue and each individual in their own right before taking action.

Young people are part of changing their circumstances and, through school pupil parliament, pupil leadership groups and pupil voice for example, we encourage young people to support changes and develop ‘rules of acceptable behaviour’. We involve pupils in the positive ethos in school; one where all young people understand the boundaries of behaviour before it becomes abusive.

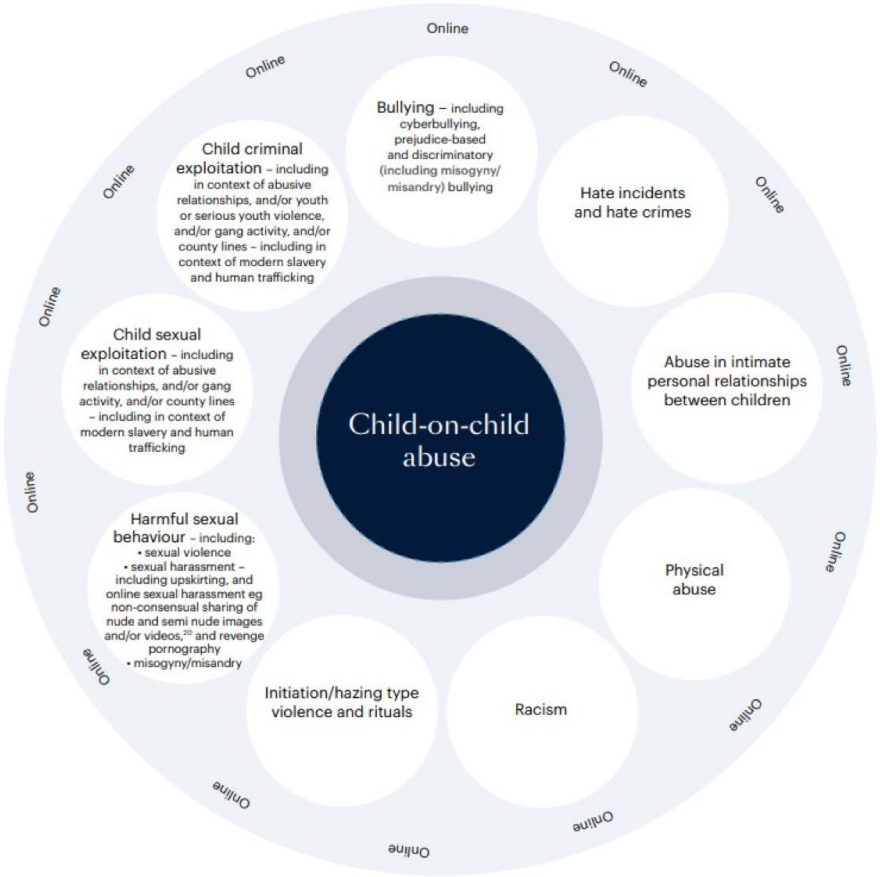
# Monitoring and Review

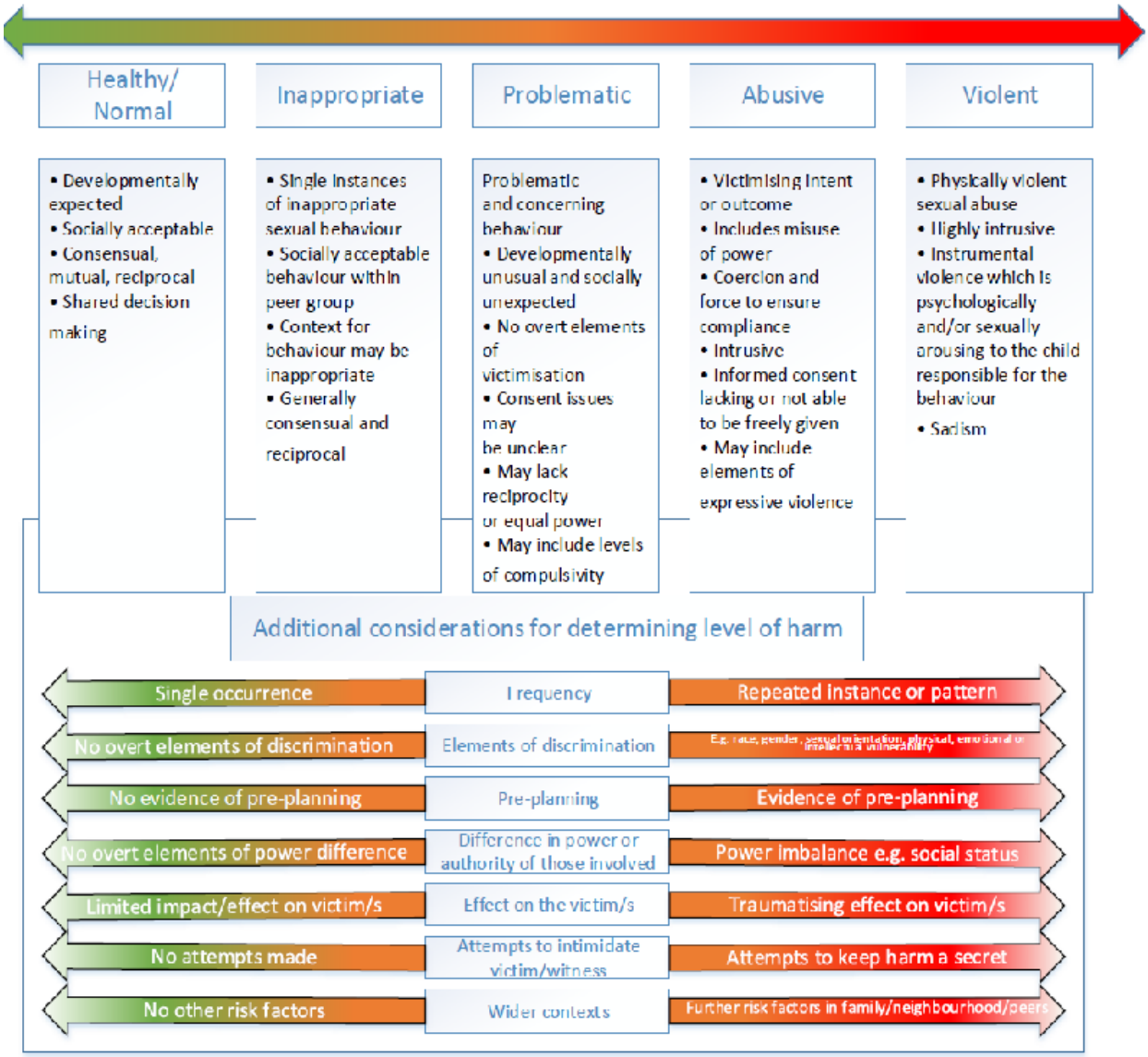
- This policy will be reviewed annually by the headteacher and the governing body.
- Any changes made to this policy will be communicated to all members of staff.
- All members of staff are required to familiarise themselves with this policy.

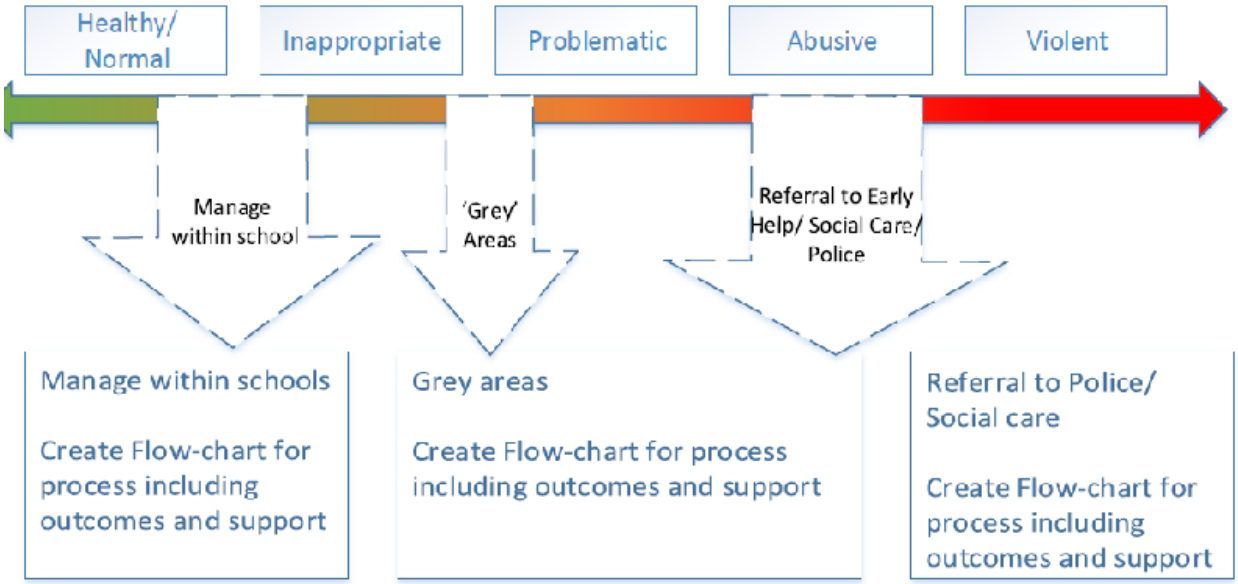
**The scheduled review date for this policy is September 2027.**

## Annex A – Guidance and Flow Charts to Support Understanding and Decision Making

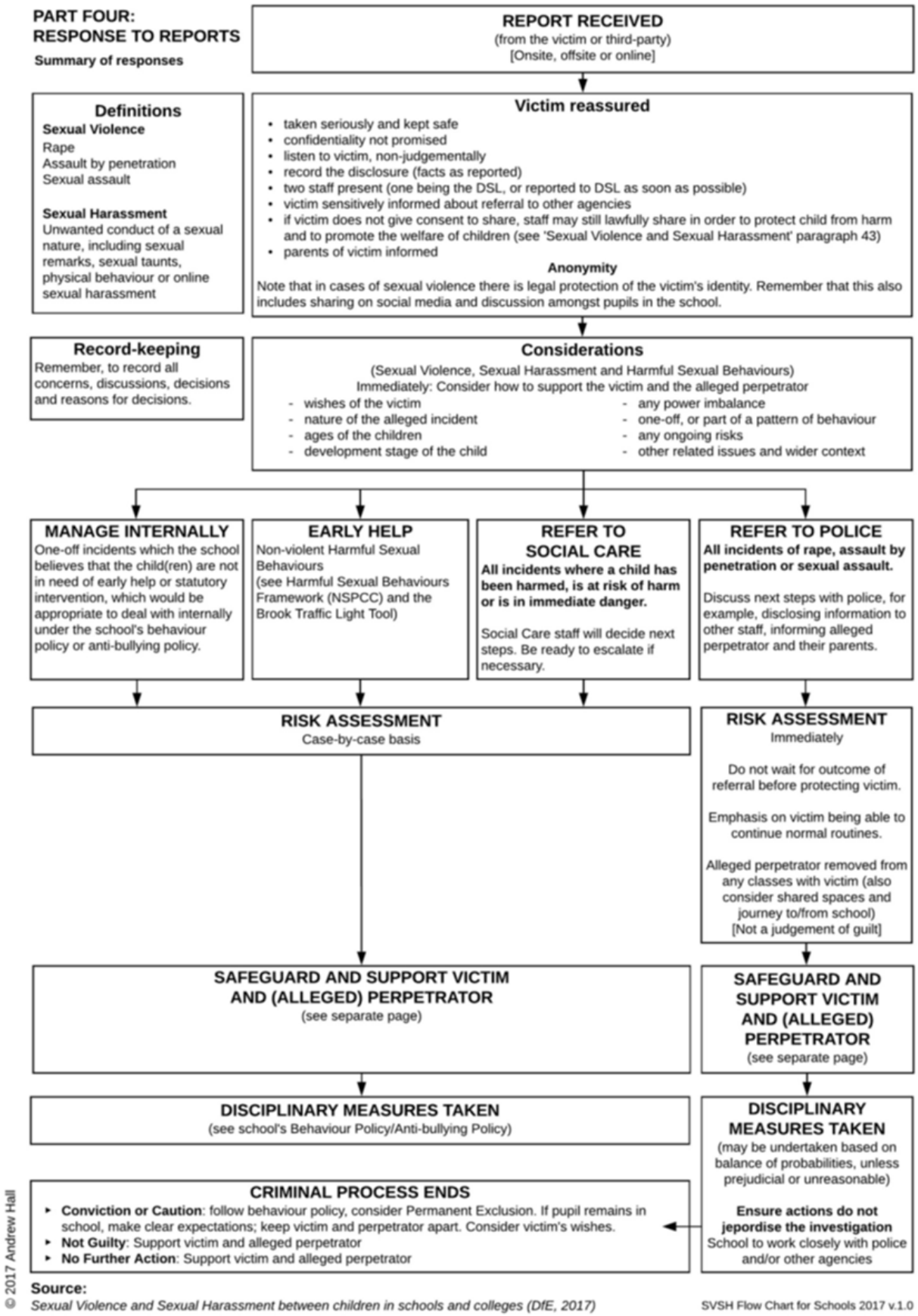
| Normal | Inappropriate | Problematic | Abusive | Violent |
|---|---|---|---|---|
| Developmentally expected<br><br>Socially acceptable<br><br>Consensual, mutual, reciprocal<br><br>Shared decision making | Single instances of inappropriate sexual behaviour<br><br>Socially acceptable behaviour within peer group<br><br>Context for behaviour may be inappropriate<br><br>Generally consensual and reciprocal | Problematic and concerning behaviours<br><br>Developmentally unusual and socially unexpected<br><br>No overt elements of victimisation<br><br>Consent issues may be unclear<br><br>May lack reciprocity or equal power<br><br>May include levels of compulsivity | Victimising intent or outcome<br><br>Includes misuse of power<br><br>Coercion and force to ensure victim compliance<br><br>Intrusive<br><br>Informed consent lacking, or not able to be freely given by victim<br><br>May include elements of expressive violence | Physically violent sexual abuse<br><br>Highly intrusive<br><br>Instrumental violence which is physiologically and/sexual arousing to the perpetrator<br><br>Sadism |




Healthy/ Normal
Inappropriate
Problematic
Abusive
Violent
• Developmentally expected
• Socially acceptable
• Consensual, mutual, reciprocal
• Shared decision making
• Single instances of inappropriate sexual behaviour
• Socially acceptable behaviour within peer group
• Context for behaviour may be inappropriate
• Generally consensual and reciprocal
Problematic and concerning behaviour
• Developmentally unusual and socially unexpected
• No overt elements of victimisation
• Consent issues may be unclear
• May lack reciprocity or equal power
• May include levels of compulsivity
• Victimising intent or outcome
• Includes misuse of power
• Coercion and force to ensure compliance
• Intrusive
• Informed consent lacking or not able to be freely given
• May include elements of expressive violence
• Physically violent sexual abuse
• Highly intrusive
• Instrumental violence which is psychologically and/or sexually arousing to the child responsible for the behaviour
• Sadism
Additional considerations for determining level of harm
Single occurrence
Frequency
Repeated instance or pattern
No overt elements of discrimination
Elements of discrimination
No evidence of pre-planning
Pre-planning
Evidence of pre-planning
No overt elements of power difference
Difference in power or authority of those involved
Power imbalance e.g. social status
Limited impact/effect on victim/s
Effect on the victim/s
Traumatising effect on victim/s
No attempts made
Attempts to intimidate victim/witness
Attempts to keep harm a secret
No other risk factors
Wider contexts
Further risk factors in family/neighbourhood/peers


Healthy/ Normal
Inappropriate
Problematic
Abusive
Violent
Manage within school
'Grey' Areas
Referral to Early Help/ Social Care/ Police
Manage within schools
Create Flow-chart for process including outcomes and support
Grey areas
Create Flow-chart for process including outcomes and support
Referral to Police/ Social care
Create Flow-chart for process including outcomes and support

## Annex B – Child on Child Abuse Response to Parents



## Annex C - Risk Assessment

| Basic information | | |
|---|---|---|
| Referrer name and role | | |
| Referrer contact details (email address and phone number) | | |
| Name of school(s) for victim(s) | | |
| Name of school(s) for child/ren alleged to have caused harm | | |
| Did incident occur on school premises? If not where did the incident occur? | | |

| CONSIDERATIONS | RISK (CONSIDER VICTIM, CHILD ALLEGED TO HAVE CAUSED HARM, OTHER PUPILS AND STAFF) | RISK LEVEL (HIGH, MEDIUM OR LOW) | ACTIONS TO REDUCE RISK | REVISED RISK LEVEL (HIGH, MEDIUM OR LOW) |
|---|---|---|---|---|
| What is the incident?<br>Who was involved?<br>Where did it happen? | | | | |
| Does this incident constitute a crime? Assault, sexual assault, rape, sharing of indecent images of children, etc. As such has this been referred to the police? | | | | |
| Is it necessary to limit contact between the children involved?<br>*Refer to KCSiE and DFE guidance on sexual harassment and sexual violence in schools and colleges.* | | | | |
| Is there an actual or perceived threat from the child alleged to have caused harm to the victim and/or others? | | | | |
| Is either the victim or the child alleged to have caused harm at risk of physical harm as | | | | |

| | | | | |
|---|---|---|---|---|
| a result of this incident (for example, bullying or 'retribution' by peers)? | | | | |
| Do they share classes? | | | | |
| Do they share break times?<br>Do they share peer/friendship groups? | | | | |
| Do they share transport to/from school? | | | | |
| Are they likely to come into contact with each other (or anyone else involved in/with knowledge of the incident) outside of school? | | | | |
| How can such contact be limited? | | | | |
| Is there a risk of harm from social media and gossip? | | | | |

## Further action taken by the school or college: Please complete for each child involved.

| Action | YES/NO | Date |
|---|---|---|
| Police informed | | |
| Referral to MASH | | |
| Referral to external support services | | |
| Referral to internal support services | | |
| Referral to CAMHS | | |
| Referral to early help | | |
| Other | | |

## Annex D - Where to go for further information

- Working Together to Safeguard Children 2026: statutory guidance (publishing.service.gov.uk)
- Searching, Screening and Confiscation (publishing.service.gov.uk)
- DfE KCSIE 2026
- DfE: Preventing and Tackling Bullying, July 2017
- Suspension and Permanent Exclusion Guidance September 2026 (publishing.service.gov.uk)
- Teaching Online Safety in Schools - GOV.UK (www.gov.uk)
- Behaviour in Schools - Advice for Headteachers and School Staff Feb 2024 (publishing.service.gov.uk)
- DfE: Mental Health and Behaviour in Schools, November 2018
- DfE: Children Missing Education, September 2016
- UKCIS: Sharing Nudes and Semi-Nudes: Advice for Education Settings, December 2020
- Gov.uk: Equality Act 2010: Advice for Schools
- DfE: Supporting Pupils at School with Medical Conditions, 2015
- NSPCC: Age-Appropriate Sexual Behaviour in Children and Young People