

Fort Royal

Community Primary School

Play • Learn • Laugh • Succeed

Child on Child Abuse Policy

Including sexual violence and sexual harassment between children

Review Date September 2026			
Statutory Policy? Yes	Governors Approval	Responsibility of Lara Collingwood	Date September 2025

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1. Context and Definition

Fort Royal Primary School adults 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.

Child-on-child abuse, as defined in Keeping Children Safe in Education guidance (KCSIE), refers to abuse or harassment that occurs between children. This can include physical, sexual, or emotional abuse, as well as online bullying and harassment. Schools are expected to have policies and procedures in place to address this issue, including reporting, investigation, and support for both victims and those accused of abuse.

We 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”.
- 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).

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

All our 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
- sexting (also known as youth produced sexual imagery); and

This abuse can:

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

All our children at Fort Royal Primary School have special educational needs and therefore may not fully understand that they are harming others or that they are being harmed. They may also harm others due to:

- significant disruption in their own lives
- exposure to domestic abuse or witnessing or suffering abuse

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. School staff, alongside their Designated Safeguarding Lead and/or Deputy, have to make their own judgements about each specific case and should use this policy guidance to help.

2. Responsibility

Our staff are aware of the reporting systems within our school which support safeguarding, and these should be explained to them as part of staff induction. This should include the:

- Safeguarding/child protection policy (which should amongst other things also include the policy and procedures to deal with child-on-child abuse)

It also emphasises that the voice of the child must be heard

‘Governing bodies and school leaders should ensure the child’s wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, all system and processes should operate with the best interests of the child at their heart.’

Governing bodies should ensure that the school contributes to multi-agency working in line with statutory guidance [Working Together to Safeguard Children part 2.](#)

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

At Fort Royal Primary school 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 child, with full consideration to the impact on that individual child’s emotional and mental health and well-being.

At Fort Royal Primary School we have developed our [Traffic Light Toolkit](#) to support the safeguarding team in actioning any concerns raised regarding what could be seen as harmful sexualised behaviour towards peers or adults in school. This is an important tool in determining the level of development and understanding that individual children are working at regardless of their chronological age, so that an appropriate response can be made to any behaviours displayed by the child. When looking at individual behaviours of a child we will always ensure that we consider any other information or safeguarding concerns that we are aware of, before determining the most appropriate action.

3. Purpose of Policy

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

At Fort Royal Primary School we have the following policies in place

that should be read in conjunction with this policy:

- 3.1 Anti-Bullying including Online Bullying Policy
- 3.2 Safeguarding and Child Protection Policy
- 3.3 Managing Allegations / Whistleblowing Policy
- 3.4 Relationships based Behaviour and Regulation Policy
- 3.5 Health & Safety Policy
- 3.6 Online Safety Policy

4. 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, 2023 highlighting that every assessment of a child, '*must be informed by the views of the child*'. (Working Together, 2023) This is echoed by Keeping Children Safe in Education, 2025 through ensuring procedures are in place in schools and settings to hear the voice of the child.

5. 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.

As a school we adopt a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. 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.

- 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.
- Staff should be aware of the potential uses of information technology for bullying and abusive behaviour between children.
- Staff should be aware of the added vulnerability of children who have been the victims of violent crime, including the risk that they may respond to this by abusing younger or weaker children.

At Fort Royal Primary School the alleged perpetrator would have a special educational need or disability and 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 and may have witnessed or been subjected to physical or sexual abuse. 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.

6. Types of abuse

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

6.1 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 child has engaged in such behaviour, at Fort Royal Primary School this could be due to the level of development and understanding of the child, before considering the action to be undertaken.

6.2 Sexual violence and sexual harassment

This must always be referred immediately to the Designated Safeguarding Lead. Sexual violence and sexual harassment can occur between two children of any age and sex.

Sexually harmful behaviour from children is not always contrived or with the intent to harm others. There may be many reasons why a child engages in sexually harmful behaviour and it may be just as distressing to the child who instigates it as to the child 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”; and
- 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

6.3 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 children who are bullied and who bully others may have serious, lasting problems.

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

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

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

6.4 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 including:

- Abusive or threatening texts, emails or messages
- Posting abusive comments on social media sites
- Sharing humiliating videos or photos of someone else
- Spreading rumours online
- Trolling - sending someone menacing or upsetting messages through social networks, chatrooms or games
- Prank calls or messages
- Group bullying or exclusion online
- Anonymous messaging

6.5 Sexting / sharing nude or indecent imagery

The term 'sexting' relates to the sending of indecent images, videos and/or written messages with sexually explicit content; these are created and sent electronically. They are often 'shared' via social networking sites and instant messaging services.

Upskirting: 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.

6.6 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.

6.7 Expected 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.

7. Recognising child on child abuse

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

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

It is important to deal with a situation of peer abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts. 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 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.

8.1 Taking Action

- Always take complaints seriously
- Gain a statement of facts from the pupil(s) or observations from adults
- Assess needs of victim and alleged perpetrator
- Refer to the [Fort Royal Traffic Light Toolkit](#)

- Consider referral to Police or Social Care
- Contribute to multi-agency assessments
- DSL's to meet to discuss if a risk assessment is required
- Record all incidents and all action taken

8.2 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 recording form.
- 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.

8.3 Gather the facts

Communicate, observe or speak to all the children involved separately, gain a statement of facts if possible and use **consistent language** and **open questions** for each account. Ask the children 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.

8.4 Consider the intent

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

8.5 Decide on your next course of action

If you believe any child 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.

8.6 Informing parents/carers

A DSL who is a member of SLT will inform parents/carers either face to face or via a phone call. Although this may be time consuming, the nature of the incident and the type of harm/abuse a child may be suffering can cause fear and anxiety to parents/carers whether their child is the child who was harmed or who harmed another.

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).

9. Points to consider

9.1 What is the age and developmental level of the children involved?

How old are the children involved in the incident and is there any age difference between those involved? Children at Fort Royal Primary School are aged between 4 and 11 years of age. All the children have SEND and are working at significantly lower levels of development compared to their chronological age. All of this information needs to be taken into account before looking at an appropriate action.

9.2 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?

9.3 Were the children involved able to give an explanation?

Can the children give an explanation of the incident and also what is the effect on the children involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one child's different from another and why?

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

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

9.5 Repetition

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

10. 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.

10.1 For the child who has been harmed

What support they require depends on the individual child. Each case will be looked at individually and the DSL will discuss with the school play therapist, PSHECC lead and mental health lead possible support for the child involved. If the incidents are of a bullying nature, the child may need support in improving peer groups/relationships with other children or some restorative justice work with all those involved may be required.

Other interventions that could be considered may target a whole class or small

group within a class. It may be that through the continued curriculum of Relationship and Sex Education, PSHECC and SMSC that certain issues can be discussed and debated more frequently. Some children will be offered support from the school Emotional Literacy Support Assistant if appropriate.

If appropriate a risk assessment can be put in place for them whilst in school so that the child has someone named that they can talk to, support strategies for managing future issues and identified services to offer additional support.

10.2 For the child who has displayed harmful behaviour

It is important to find out why the child 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. Each case will be looked at individually and the DSL will discuss with the school play therapist, PSHECC lead and mental health lead possible support for the child involved.

Using the [Fort Royal Traffic Light Toolkit](#) will support the DSL in determining the appropriate support needed for the child in certain situations.

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

It may be that the behaviour that the child has displayed may continue to pose a risk to others, in which case an individual risk assessment may be required. This may mean additional supervision of the child.

10.3 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 peer on peer abuse.

This school has an open environment where children feel safe to share information about anything that is upsetting or worrying them. There is a strong and positive PSHECC/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.

Fig.1 Overview of child-on-child abuse

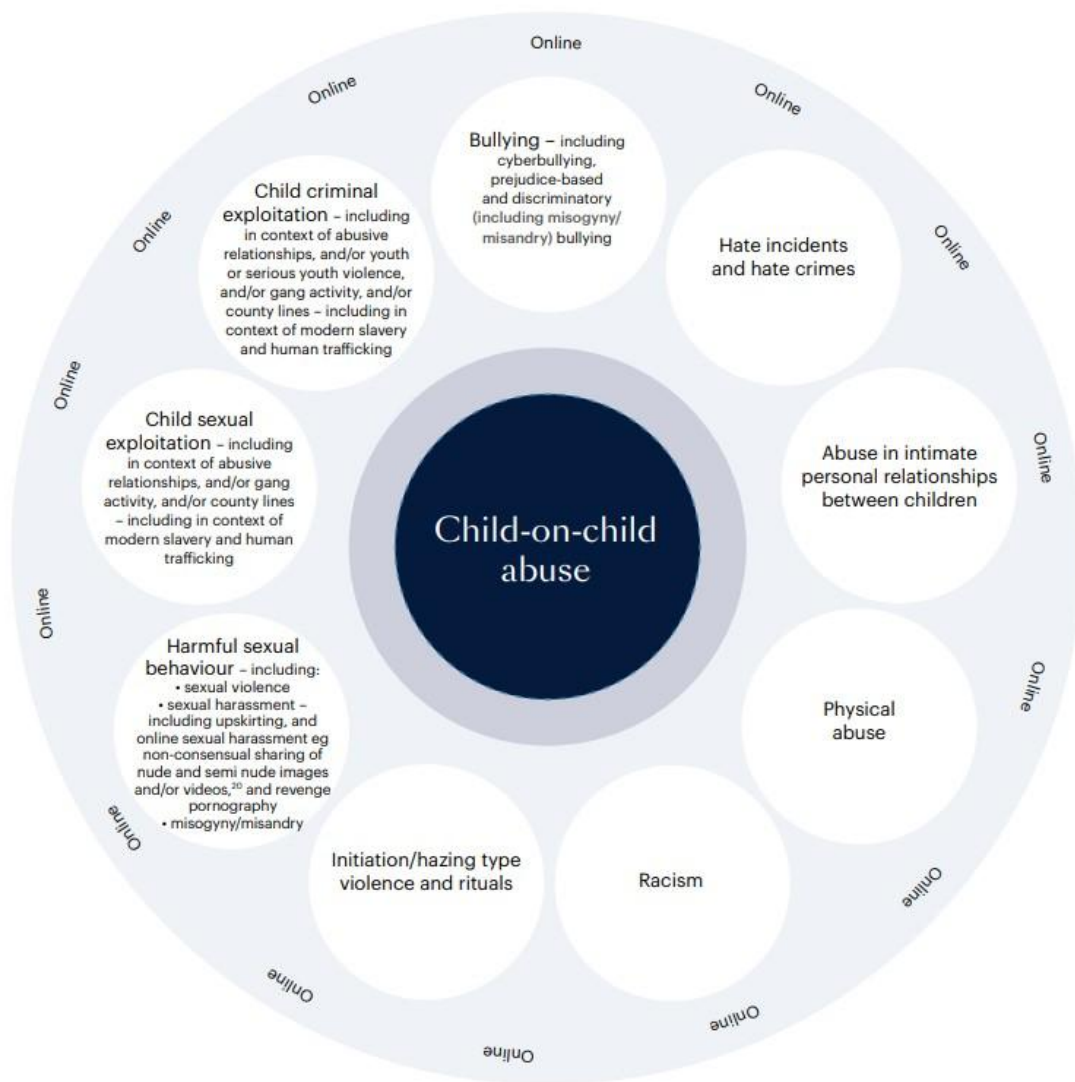
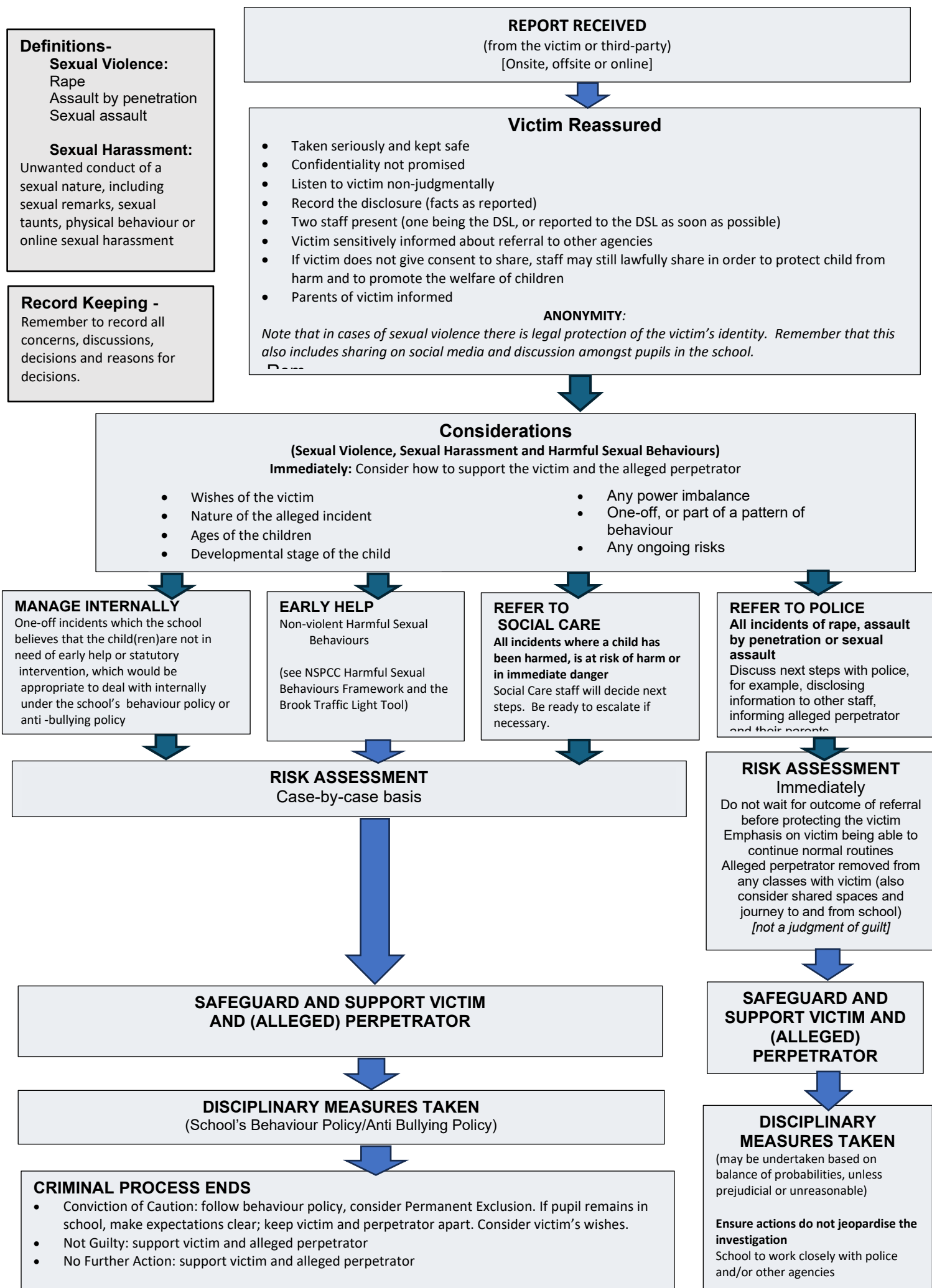
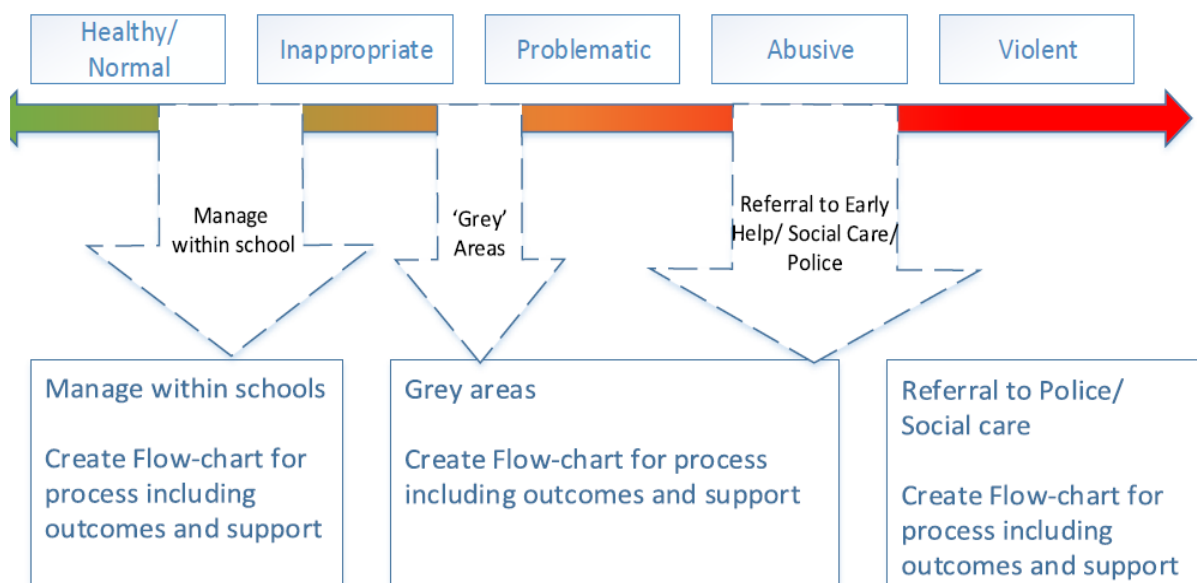
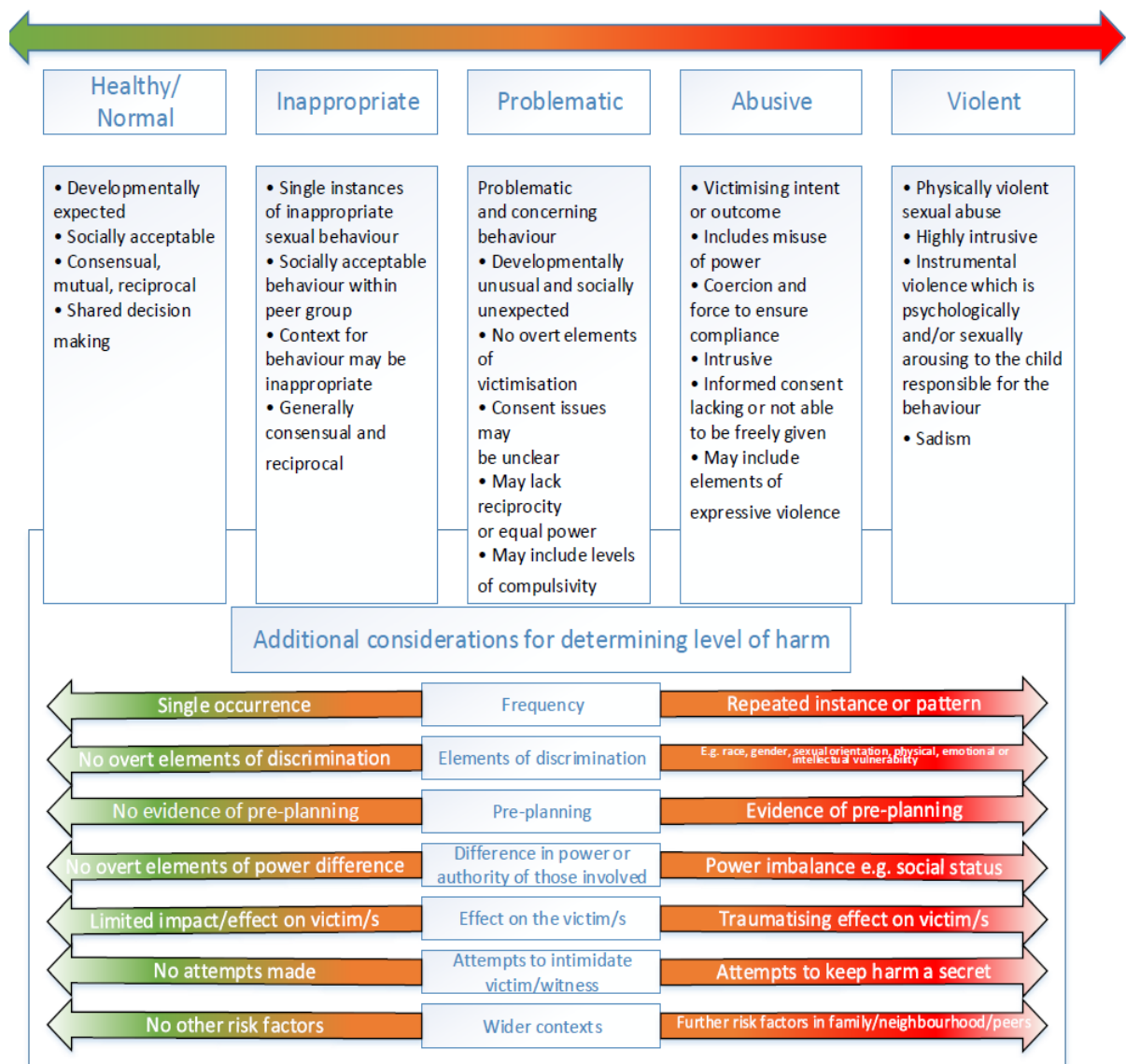


Fig 2 Sexual behaviours continuum model

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





11 Where to go for further information

- 11.3 [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- 11.4 [Searching, Screening and Confiscation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- 11.5 [DfE KCSIE 2025](https://publishing.service.gov.uk)
- 11.6 [DfE: Preventing and Tackling Bullying, July 2017](https://publishing.service.gov.uk)
- 11.7 [Suspension and permanent exclusion guidance September 2024 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- 11.8 [Teaching online safety in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- 11.9 [Behaviour in Schools - Advice for headteachers and school staff Feb 2024 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- 11.10 [DfE: Mental health and behaviour in schools, November 2018](https://publishing.service.gov.uk)
- 11.11 [DfE: Children Missing Education, August 2024](https://publishing.service.gov.uk)
- 11.12 [DfE: Mental health and behaviour in schools, November 2018](https://publishing.service.gov.uk)
- 11.13 [UKCIS: Sexting guidance for schools, 2024](https://publishing.service.gov.uk) (An updated copy of this guidance is due autumn term 2020)
- 11.14 [Gov.uk: Equality Act 2010: advice for schools](https://www.gov.uk)

ANNEX A

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? Who was involved? Where did it happen				
Does this incident constitute a crime? Assault, sexual assault, rape, sharing of indecent images of children, etc etc. As such has this been referred to the police?				
Is it necessary to limit contact between the children involved? Refer to KCSIE 2025 PART 5 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? 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 FFD		
Referral to external support services		

Referral to internal support services		
Referral to CAMHS		
Referral to early help		
Internal Early Help and Support		
Other		

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

ANNEX B

Fort Royal Traffic Light Toolkit



Fort Royal Primary -Traffic Light Toolkit

Introduction

Fort Royal Primary school is a generic special school for children aged 4-11years. Our children have a range of special education needs and disabilities. All our children have a learning difficulty, and a large proportion of our children have a diagnosis of Autism or a social communication difficulty. Many of our children have sensory processing needs. The children at Fort Royal Primary school are working at a significantly lower level of development to that of their chronological age. Due to this it is important to understand what appropriate behaviours for children's developmental age is, as opposed to their chronological age.

At Fort Royal Primary school safeguarding is embedded within our daily practice. CPOMS is used to log a range of information about individual children, including behaviour, mental health and safeguarding concerns. These logs are read and actioned by DSL's on a daily basis. When inappropriate behaviours are logged DSL's use this toolkit to support them in determining the most appropriate action and support for the child. Each decision will be made considering the developmental age of the child and evidence of inappropriate behaviours gathered from the NSPCC, Hackett Continuum and in consultation with Educational Psychologist Holly Burlton. We will also use the Fort Royal APP assessment level equivalences to support in decision making about the developmental age of individual children. This is an important tool in determining the level of development and understanding that individual children are working at, so that an appropriate response can be made to any behaviours displayed by the child. When looking at individual behaviours of a child we will always ensure that we consider any other information or safeguarding concerns that we are aware of, before determining the most appropriate action.

1i	1ii	2i	2ii	3i	3iia	3iib	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
FRS assessment levels (Layers of Learning)																						
Range 1 0-12 months							Range 2 12-18 months			Range 5 36-48 months					All children in Reception at Fort Royal are working within ranges 1 to 4.							
Range 3 18-24 months							Range 4 24-36 months			Range 6 48-60 months												
EYFS assessment levels																						
0-5 months				5-12 months				1-2 years		3-4 years		5 years				6 years				7 years		
Neuro typical age equivalences																						

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Sexual development and Behaviour in Children

Level of development	Normal Behaviours	Adult responses – this will vary depending on the child's level of development	Harmful Sexualised Behaviours
0-3 years	<ul style="list-style-type: none"> touching, holding, pulling and poking their own genitals sensory seeking or stimulating their own genitals looking at or touching the genitals of familiar children or adults in a curious way in the bath or toilet showing an interest in body parts and how they work playing made-up games that involve taking off their clothes or being naked repeating words, expressions and slang for toileting, bodily functions or body parts. want to look at and touch their mothers breasts hugging and kissing familiar care givers 	<ul style="list-style-type: none"> ✓ calm reactions from adults are important ✓ calmly redirecting the conversation ✓ finding an alternative engaging activity for the child ✓ distracting the child ✓ moving the child's hand from where it is and placing in an appropriate place ✓ always label the body parts using correct words ✓ if appropriate use symbols to help the child communicate about their body parts 	<ul style="list-style-type: none"> ✓ masturbation or self stimulating in ways that injure their genitals ✓ persistently playing games that are sexual in nature like simulating sex with or without clothes ✓ persistently touching other people's genitals or trying to do this even when they've been encouraged to do something else ✓ using sexually aggressive or explicit words ✓ using sexual acts on other children during play - for example, oral sex, masturbation, or penetration with fingers or objects.
4-6 years	<ul style="list-style-type: none"> exploring their own bodies, which might include masturbating asking questions about gender, sexuality, babies and where they come from, and other sexual concepts playing games that involve being naked or using gender-based roles, like doctors and nurses 		<p>Harmful sexual behaviour in children aged 4-6 years might include masturbating:</p> <ul style="list-style-type: none"> ✓ persistently, even when someone has tried to get them to do something else in public ✓ in ways that interfere with other activities ✓ in ways that injure their genitals.

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	<ul style="list-style-type: none"> looking at or touching the genitals of familiar children or adults in a curious way in the bath or toilet talking and making jokes about toileting, body functions and body parts. May show their genitals or urinate in front of other children 	<ul style="list-style-type: none"> ✓ Social stories to help the child understand what is appropriate and not appropriate ✓ NSPCC pants resources 	<p>It might also include:</p> <ul style="list-style-type: none"> ✓ using sexually explicit language ✓ playing games with sexual themes or simulating sexually explicit acts when playing or interacting with others - for example, open mouth kissing ✓ persistently trying to touch the genitals of other children, adults or animals ✓ forcing other children to take part in sexual behaviour like oral sex or penetration with objects ✓ trying to put an object into their own or someone else's anus or vagina
7-9 years	<ul style="list-style-type: none"> touching their genitals or masturbating in private being curious about the genitals of other same-age children being curious about gender, sexuality, babies and where they come from talking and making jokes about toileting, body functions and body parts talking about having boyfriends or girlfriends and kissing or holding hands with another child of a similar age. 		<ul style="list-style-type: none"> ✓ using sexually explicit language ✓ playing games with sexual themes or simulating sexual acts - for example, open mouth kissing ✓ persistently trying to touch the genitals of other children, adults or animals ✓ forcing other children to take part in sexual behaviour like oral sex or penetration with objects ✓ trying to put an object into their own or someone else's anus or vagina ✓ watching inappropriate content on the internet ✓ taking photos of their own or other children's genitals and sharing the photos with others.

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Traffic Light Toolkit - how to respond to inappropriate behaviours

- ❖ Use the above information to determine which level of development the child is working at
- ❖ Ensure that you have access to the child's CPOMS records to refer to their chronology
- ❖ If a child has a social worker or WCC FSW always inform them of any new behaviours that have been observed
- ❖ Think - is this an indicator of sexual abuse?
- ❖ Track back on CPOMS to see if this is the first incident of behaviour?
- ❖ Has another child been involved in the incident that is logged?
- ❖ Are parents/carers aware of this behaviour?

Developmentally typical	Problematic		Harmful	
	Hackett Continuum			
Normal	Inappropriate	Problematic	Abusive	Violent
<p>Behaviours that are expected and in line with the child's developmental age.</p> <p>Children working at LOL 6 and below (plus all children in YR)</p> <ul style="list-style-type: none"> ✓ touching other children's genitals ✓ touching adults genitals ✓ touching their own genitals ✓ sensory seeking or stimulating their own genitals ✓ touching familiar adults' breasts ✓ kissing or hugging familiar adults or children <p>Children working at LOL 7 to 13</p> <ul style="list-style-type: none"> ✓ starting to masturbate, but not in private ✓ showing other children their genitals ✓ showing adults their genitals <p>Children working at LOL 14 upwards</p> <ul style="list-style-type: none"> ✓ touching themselves or masturbating in private ✓ may kiss or hug another child 	<p>Single instances of developmentally inappropriate sexual behaviour</p> <p>Children working at LOL 7 to 13 that are displaying behaviours that are developmentally normal for children working at LOL5 and below.</p> <p>Children working at LOL14 or above that are displaying behaviours that are developmentally normal for children working at LOL13 or below.</p>	<p>Developmentally unusual and socially unexpected behaviour</p>	<ul style="list-style-type: none"> • Intrusive behaviour • May involve a misuse of power • May be an element of victimisation • May use coercion or force <p>Examples of harmful sexualised behaviours include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ using sexual acts on other children during play - for example, oral sex, masturbation, or penetration with fingers or objects. ✓ persistently playing games that are sexual in nature like simulating sex with or without clothes ✓ trying to put an object into their own or someone else's anus or vagina ✓ watching inappropriate content on the internet 	<ul style="list-style-type: none"> • Physically violent sexual abuse • Highly intrusive

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Developmentally typical	Problematic Hackett Continuum	Harmful
How to respond - require a response <ul style="list-style-type: none"> ✓ calm reactions from adults are important ✓ calmly redirecting the conversation ✓ finding an alternative engaging activity for the child ✓ distracting the child ✓ moving the child's hand from where it is and placing in an appropriate place ✓ always label the body parts using correct words ✓ if appropriate use symbols to help the child communicate about their body parts ✓ NSPCC PANTS resources ✓ Social stories ✓ Inform parents of the first occasion and monitor behaviour through CPOMS logs ✓ If a social worker or WCC FSW involved inform them of any new behaviours that have been observed 	How to respond - should not be ignored <ul style="list-style-type: none"> ✓ DSL to put in place a risk assessment - green strategies may be appropriate to support the child ✓ Inform parents about risk assessment and share with other professionals involved with the child ✓ Meeting with class team to discuss consistent approach to managing behaviours ✓ Monitor behaviours using CPOMS ✓ Consider referrals to Sensory Occupational Therapist, ELSA or Play Therapist ✓ Consider a referral to school family support worker ✓ Discuss at weekly triage meeting and liaise with school nurses ✓ Inform social worker or WCC FSW if they are involved ✓ Contact the FFD for advice if behaviours persist or escalate ✓ Consult with Educational Psychologist 	How to respond - need for immediate intervention and action <ul style="list-style-type: none"> ✓ Contact the FFD and submit a level four referral ✓ Contact the child's social worker or WCC FSW if they are already involved ✓ Contact the police if the child is in immediate risk of danger ✓ Follow FRS safeguarding procedures

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Fort Royal
"Play, Learn, Laugh, Succeed"

Inappropriate Touch Risk Assessment

Name:		Class:	D.O.B:
Cognitive age:		DSL: LC	
Date of initial risk assessment: Special Educational Needs and Layer of Learning (L.O.L.):			
Nature of risk (who):			
Possible triggers for above behaviours – prevention/things to avoid:			
Preventable measures:			
What to do if they escalate?			
Has behaviour and strategies been shared with other adults working with the child?			
Play therapist – SALT – Music teacher – Transport – Respite – LT adults – ELSA – OT – Other – Other comments:			
Progress since last review:			
Date:	Review Date:		
Class Teacher:	Parents:	Child:	

Children that are displaying an amber inappropriate behaviour needs to have a risk assessment completed. This then needs to be shared with the class team, parents and any professionals involved (e.g. transport staff, respite)

Once the risk assessment is in place DSL to monitor logs. The risk assessment will be a working document and updated if any new inappropriate behaviours occur. DSL to review risk assessment half termly and note frequency of or reductions in behaviours. If there have been no instances of inappropriate behaviour in a twelve month period, then the risk assessment will be closed and archived. DSL to share information of risk assessment to new class team if appropriate, depending on length of time since last incident.

DSL to decide whether to share information of risk assessment when child transitions from Fort Royal considering how long ago the inappropriate behaviour was observed.

Children that are displaying a red harmful sexualised behaviour will also need a risk assessment (title altered to reflect the behaviour). This will be written in collaboration with a social worker and/or the police. Parents, the class team and all professionals that the child encounters will need to be informed of the risk assessment. The risk assessment will be regularly reviewed and updated by the DSL.

At internal and external transition times the risk assessment will be shared with key adults.

All risk assessments will be kept on CPOMS and in the

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