



## **Pan Dorset Safeguarding Children Partnership**

### **Guidance for Responding to Child on Child Sexual Abuse**

#### **1. Purpose**

This guidance is additional to our core procedures for responding to child-on-child sexual abuse. It has been developed in recognition of the fact that child on child sexual abuse may require additional protective measures to be taken both with the child who has been harmed and with the child who has harmed.

#### **2. Scope**

For this guidance, child on child sexual abuse refers to sexual abuse suspected to have been carried out by one child or young person against another who is outside of their household; it does not include sibling abuse, which should be treated as intra-familial child sexual abuse.

#### **3. Context**

- 3.1 It is important not to assume that the child who is alleged to have harmed is an emerging abuser:

‘The majority of children and young people displaying [Harmful Sexual Behaviours] do not become sexual offenders as adults.’<sup>1</sup>

- 3.2 Both the child who has been harmed and child who harms should be viewed as a child first and foremost, and their support and safeguarding needs considered and met.

#### **4. Procedure**

- 4.1 Where there is evidence to suggest that a child has been sexually abused by another child, the Social Worker responsible (in agreement with their manager) should consider whether the threshold of significant harm (or risk thereof) has been reached, and whether a strategy meeting is required to identify any immediate actions to ensure the child is protected from further harm.
- 4.2 The need (or otherwise) for a strategy meeting should be considered on an individual basis. For example, if the child who has been harmed has a family that can protect them from further extra-familial abuse, a strategy meeting may not be necessary for the child who has been harmed. Likewise, progressing to a strategy discussion in respect of the child who has harmed

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<sup>1</sup> [Key messages from research on children and young people who display harmful sexual behaviour - CSA Centre](#)



would be on a case-by-case basis when history, risk and level of need have been carefully considered.

- 4.3 If there is evidence to suggest that the child who has harmed has experienced or is at risk of significant harm themselves, or that they present a risk of significant harm to other children and young people, the Social Worker should request a strategy meeting in respect of them and all children concerned. Where the responsible manager deems it appropriate, the strategy meetings for the child who has been harmed and the child who has harmed can be held concurrently. This is to ensure that the needs of all children are met.
- 4.4 The Social Worker will ensure that all relevant agencies are invited to attend the strategy meeting. The Sexual Assault Referral Centre (SARC) should be invited to attend and/or contribute to the planning of the investigation and to ensure timely sexual health support, advice and treatment as necessary. Where the child is aged 13 or under, the Paediatrician should also be included in the strategy meeting.
- 4.5 If there is no evidence to suggest the child who has harmed is at risk of significant harm and there are no other children considered to be at risk from them, a strategy meeting may not be immediately required in respect of this child. However, the allocated Social Worker responsible should carry out standard enquiries in relation to the child who has harmed, and record their rationale for not calling a strategy meeting.
- 4.6 Any information recorded on a child's file should not reference identifying details of other children who are linked to the case (unless they are members of the same family group), such as their name. Where information does need to be recorded, initials and Mosaic number will suffice.
- 4.6 The minutes of any Strategy Meeting will be recorded on the young person's file in the usual way and distributed within 24 hours.
- 4.7 If MASH checks are carried out, the information shared will inform decision-making and actions.

## 5. Assurance

- 5.1 Whether the child is safe and appropriate assessment and planning has taken place to identify risk or need, is considered as a domain within the monthly collaborative audit.

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