Appendix 2 – Guidance on Peer Abuse

1. Purpose

In some cases of child abuse, the alleged perpetrator will be another child. The purpose of these guidelines is to advise staff members on how best to protect the children in the care of St. Catherine's Association, and to provide guidance on the identification of and response to such cases.

As per section 2 of the Child Care Act 1991, "child" refers to a person under the age of 18 years other than a person who is or has been married.

2. Scope

The scope of these guidelines pertains to all members of staff employed by St. Catherine's Association.

3. General Statements

a. In a situation where child abuse is alleged to have been carried out by another child, child protection procedures should be adhered to for both the victim and the alleged abuser – i.e. it should be considered a child care and protection issue for both children.
b. Abusive behaviour that is perpetrated by children must be acted upon. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.
c. As in all cases of child abuse, it is essential to respond to the needs of children who are abused by their peers. Each individual case will require its own unique intervention. Appropriate support and services should be provided to the child as quickly as possible.
d. Children who are abusive towards other children require assessment and therapeutic intervention by skilled child care professionals.

e. It should be anticipated that an allegation of peer abuse will have a detrimental impact on relationships between the alleged abuser, his or her parents / guardians and other family members. A negative impact on other social relationships, such as with peers should also be anticipated. As a result, the child may experience isolation, and in some situations victimisation, following an allegation of abuse. The child's parents / guardians will need support and advice to help them understand the abusive behaviour and to deal with the situation. Active participation and commitment by parents / guardians can be an important factor in the success of treatment and may be crucial in influencing the general outcome.

4. Sexual Abuse by Children

Research shows that teenagers perpetrate a considerable proportion of child sexual abuse (Pg. 60; 9.3.1 - Children First 2011). Such cases should be referred to the St. Catherine's Association Designated Liaison Person/s (DLP) immediately. It is important that the different types of behaviour are clearly identified and that no child is wrongly labelled 'a child abuser' without a clear analysis of the behaviour. Four categories of behaviour warrant attention: normal sexual exploration; abuse reactive behaviour; sexually obsessive behaviour; and abusive behaviour by adolescents and young people.

a. **Normal sexual exploration**: This could consist of naive play between two children that involves the exploration of their sexuality. One of the key aspects of this behaviour is its tone: there should not be any coercive or dominating aspects to this behaviour. Consultation with a Behaviour Support Specialist is recommended to support the child.
b. **Abuse reactive behaviour**: In this situation, one child who has been abused already acts out the same behaviour on another child. This is serious behaviour and needs to be treated as such. In addition to responding to the needs of the abused child, the needs of the child perpetrator in this situation must also be addressed.

c. **Sexually obsessive behaviour**: In this type of situation, the children may engage in sexually compulsive behaviour; for example, excessive masturbation, which may well be meeting some other emotional need. Most children masturbate at some point in their lives. However, in families where care and attention is missing, they may have extreme comfort needs that are not being met and may move from masturbation to excessive interest or curiosity in sex, which takes on excessive or compulsive aspects. These children may not have been sexually abused, but they may be extremely needy and may require very specific help in addressing those needs.

d. **Abusive behaviour by adolescents and young people:** Behaviour that is abusive will have elements of domination, coercion or bribery, and certainly secrecy. The fact that the behaviour is carried out by an adolescent, for example, does not, in itself, make it 'experimentation'. However, if there is no age difference between the two children or no difference in status, power or intellect, then one could argue that this is indeed experimentation. On the other hand, if, for example, the adolescent is aged 13 and the child is aged 3, this gap in itself creates an abusive quality that should be taken seriously.

5. Bullying

Bullying can be defined as repeated aggression – whether it be verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating. It includes behaviours such as teasing, taunting, threatening, hitting or extortion by one or more persons against a victim. Bullying can also take the form of abuse on racial, religious, gender or sexual orientation grounds. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the Internet and other personal devices.

Bullying of children can also be perpetrated by adults, including adults who are not related to the child. Bullying behaviour when perpetrated by adults, rather than children, could be

regarded as physical or emotional abuse. However, other major forms of child abuse, such as neglect and sexual abuse, are not normally comprehended by the term 'bullying'.

6. Positive Behaviour Support

It is important to note that some children with an Intellectual Disability/Autism Spectrum Disorder may present with behaviours that pose a risk to themselves or others. Such behaviours described as 'challenging' (or 'of concern') may impact on the quality of life of the person engaging in the behaviour and on the quality of life of others. These challenging behaviours may serve a function for the person with disability or may be a means of communication. In such circumstances SCA will endeavour to provide appropriate positive behavioural support to the child accessing our services, who engages in behaviours described as challenging (or of concern). Positive Behaviour Support will be provided in the environment where the child is based, inclusive of school settings and with their family, peers and staff teams.

A Positive Behaviour Support Plan and / or recommendations will be developed and will include proactive and reactive strategies which endeavour to:

a) Adapt the environment to suit the child;
b) Bring about a reduction in the behaviour;
c) Assist the child to replace the challenging behaviour with alternative behaviours;
d) React to the behaviour safely, sensitively and with dignity;
e) A multi-disciplinary (MDT) approach is recommended, one that includes key stakeholders, such as, the child (where possible), the child's parents / guardians, the Line Manager, key-workers, therapists, teacher, special needs assistant, and any other members of the young persons support network.

7. Guidelines

<u>Individuals Interventions</u>

a. Immediate intervention by staff in all incidents of peer abuse

b. Involvement of parents (where appropriate) and or legal guardians of the children involved in the incidents of peer abuse
c. Formation of additional supports for children who are victims of peer abuse
d. Involvement of mental health professionals where appropriate
e. Development of Positive Behaviour Support Plans and / or recommendations for children who engage in peer abuse behaviours
f. Social stories for both parties, to reflect the impact of the behaviours and to acknowledge the hurt involved

There is no single intervention to prevent peer abuse; therefore, a comprehensive approach such as this, aims to optimise the creation of a safe environment that will help children to grow socially. Before implementing any efforts to address peer abuse, staff should keep in mind that:

a. Early intervention is paramount - as children transition through their life stages - and continue throughout a child's life;
b. Effective interventions require strong leadership and on-going commitment on the part of all staff members;
c. Ongoing staff development and training are important to sustain interventions;
d. Interventions should be culturally sensitive to diversity issues and developmentally appropriate; and
e. Parents / Guardians, where appropriate, and MDT involvement in the planning and execution of such interventions is recommended.

8. Roles & Responsibilities

The following resources and strategies can be employed by staff members and parents / guardians to reduce incidents of peer abuse;

Organisation:

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a. To conduct staff in-service training to raise awareness regarding of all forms of peer abuse and to communicate a zero tolerance of such behaviour. This will form part of the Child Protection Policy Training.
b. To establish a confidential reporting system that allows children and their supporters to report victimization and which records the details of peer abuse incidents.
c. To establish procedures whereby reports are investigated and resolved expeditiously at the local level in order to avoid perpetuating peer abuse.

Designated Liaison Person (DLP):

As an organisation that is providing services for children, St. Catherine's Association have;

a. Identified a Designated Liaison Person / Deputy DLP to act as a liaison with outside agencies and a resource person to any staff member who has child protection concerns.
b. The Designated Liaison Person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in Tusla or in the event of an emergency and the unavailability of the Child & Family Agency, to An Garda Síochána.
c. The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep updated on new developments.

Line Managers:

a. To assess the awareness and the scope of peer abuse in their respective locations.
b. To receive and listen receptively to children, parents / guardians and staff members who report incidents of peer abuse.

c. To provide protection for abuse victims, whenever necessary. Such protection may include creating a buddy system whereby abuse victims have a particular friend or older buddy on whom they can depend.
d. To inform Senior Management / DLP of their concerns as necessary.

All staff:

a. To reassure and support all children at the time that an incident occurs. This pertains to all children, regardless of their role in the incident.
b. To review responsive behaviours when tensions have reduced and to discuss the incident with the instigator in private.
c. To closely supervise children in the playgrounds, hallways, bathrooms, cafeterias and other areas where peer abuse may occur in children's / young people's environments.
d. To display clear behaviour standards, including rules against peer abuse / bullying, for all children and staff. Furthermore, to consistently and fairly enforce such standards.
e. To receive and listen receptively to parents / guardians and children who report peer abuse.
f. To provide the opportunity to make a complaint following an incident of peer abuse, and where a child is unable to make a complaint, to advocate on their behalf, when required.
g. To develop strategies to reward children for positive, inclusive behaviour. This should be recorded in the Positive Behaviour Support Plan and in the Personal Plan of all children, where applicable.
h. To provide activities that are designed to build self-esteem by spotlighting special talents, hobbies, interests and abilities of all children and that foster mutual understanding of and appreciation for differences in others.

9. Reporting Procedure

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Any incidents of observed or reported peer abuse must adhere to the following procedure;

a. As a Mandated Person (*see section 6.0 of SCA Child Protection & Welfare policy for further detail*), you are legally obligated to make a mandated report to Tusla for any concerns of abuse that meet, or exceed, the threshold of harm set out in Children First 2017.
b. However not all incidents of peer abuse will require onward reporting to Tusla. If you are unsure you should contact the DLP by phone to discuss the incident of abuse and the DLP will provide guidance on next steps.
c. If the DLP's decides not to report to Tusla, be advised that if you remain concerned about the situation, you are free to make a report to Tusla or An Garda Sìochàna.
d. Record in both the abuse victims and perpetrators daily report log that a Behavioural Incident Report Form (IRF) has been completed. Record any interventions used at the time of the incident and the names of people who have been informed. Staff members completing any report should clarify identified themselves and their role; i.e. Social Care Worker, Social Care Assistant, CNM, etc.
e. Complete an IRF, stating the details of incident of peer abuse.
f. If any physical injuries have been sustained, provide first aid if required and then complete a Health & Safety Form. This must be signed by staff member(s). Once signed the Health & Safety Form must be forwarded to the Environmental Health & Safety Officer and copied to the Line Manager.
g. The IRF must be reviewed by the PBS Specialist(s) who supports the child who instigates the peer abuse and the child who has been affected (i.e. victim).
h. IRFs concerning peer abuse should be noted by the Line Manager and be checked for patterns. The Line Manager should inform their Senior Manager of any patterns emerging.
i. Where a pattern is emerging, the Senior Manager will speak with the DLP for further advice on Child Protection matters.

j. An assessment of potential hazards and additional control measures should be implemented for both the abuse victim and perpetrator of the abuse. These measures may include proactive strategies for both children which may include social stories and re-direction activities.