

08 Resources

- [Child Safeguarding Practice Review Report – Peer on Peer Abuse](#)
- [Peer on Peer Abuse Multi-Agency Guidance for Herefordshire](#)
- [Resources on HSCP website](#)
- [Professional Differences Policy \(Herefordshire\)](#)

07 Speaking about sexual health/activity

When speaking with young people about whether they are sexually active and about their sexual health, it is important that professionals:

- communicate clearly and ask direct questions (i.e. ask - have they been sexually active in the past; and, are they sexually active now).
- provide an opportunity for young people to be seen alone without a parent or carer.

06 Referrals to Specialist Services

Specialist services may provide a valuable support to children affected by peer on peer abuse. When these referrals are made:

- specialist services should always seek to work directly with young people.
- professionals who have existing relationships with young people should be informed so that they can support and encourage the young person to engage.

01 Background

A young person made disclosures to a School Nurse that indicated their relationship with another young person had been abusive. This led to referrals being made to Children's Services and the Police. A Child Safeguarding Practice Review (Working Together, 2018) was commissioned, that identified multi-agency learning. These learning points are summarised in this briefing.

02 What is Peer on Peer Abuse?

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control exercised between children, and within children's relationships (both intimate and non-intimate), friendships, and wider peer associations.

03 Child and Family Assessment

Where there are concerns of peer on peer abuse, both the child who has been harmed, and the child who is alleged to have caused harm, should be considered for a Child and Family Assessment.

CSPR Peer on Peer Abuse: Learning Briefing

05 Professional challenge

If a referral is made to children's social care at Level 4 and subsequently deemed not to require social care intervention, the referrer should discuss the outcome with a Safeguarding Lead in their own agency and, when there is disagreement with the decision, the Professional Differences Policy should be used to raise the professional difference of opinion and challenge the decision.

04 Strategy Meeting

When there are concerns that a child has suffered significant harm as a result of peer on peer abuse, a Strategy Meeting should be convened, in line with the Right Help, Right Time Levels of Need Framework.

A separate Strategy Meeting should also be convened for the child who is alleged to have caused harm. At each strategy meeting, a coordinated multi-agency plan should be agreed, that focusses on the needs and vulnerabilities of the individual child / young person and any risks to the children involved and their peers.