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Title: Exploring teachers' lived experiences of child-on-child harmful sexual behaviour at school. An Interpretative Phenomenological Analysis.

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Abstract

Child-on-child harmful sexual behaviour at school is highlighted in the literature although very little is known about how teachers experience it. Interpretative Phenomenological Analysis was used to address this gap. Semi structured interviews were conducted with nine teachers from two special schools and one mainstream school. Overarching themes used the proverb of the three wise monkeys as a framework in which to show how HSB was not seen, heard or spoken about. Instead, it was accepted and expected as part of the special school day because it was not recognised and paid little attention to, whilst in the mainstream school it was not recognised due to lack of knowledge and understanding. A lack of training, support and the sharing of information compounded teachers' fears for personal safety, careers and reputation. Implications for teachers and multi-agency professionals are discussed.

Keywords: harmful sexual behaviour; children; schools; teachers; experience

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Introduction

Harmful Sexual Behaviour (HSB) between children is defined as an aggressive or manipulative sexual interaction that occurs without the consent of the victim (NSPCC, 2002). It is considered developmentally inappropriate (Hackett et al., 2016), can occur online (Belton and Hollis, 2016) and can include the use of sexually explicit language, threats, inappropriate touching, violence and full penetrative sex with other children or adults

Waters J, Anstey S, Clouston T and Sydor A

(NSPCC, 2018). Useful comparative models of sexualised child behaviour exist to assist various professionals in identifying and responding to different sexual behaviours including harmful behaviour (Brook, 2015, Hackett, 2010, Hackett et al., 2016, Ryan, 2000). The outcomes of a literature review revealed two-thirds of child sexual abuse to be perpetrated by other children (Radford et al., 2011), but that when provided with the correct support and intervention, most children will not become sex offenders in adulthood (Boswell et al., 2014, Hackett et al., 2012). This is somewhat confirmed by the findings from a recent meta-analysis showing a decline in global adolescent recidivism rates (Caldwell, 2016). Conversely, UK data has reported a 78% rise in adolescent sexually inappropriate behaviour suggesting instead the emergence of an increasingly significant problem (Hackett et al., 2016). Data extracted from English police forces substantiates this concern by revealing 5,500 alleged sexual offences and 600 incidents of rape which took place on school premises between 2012 and 2015, with victims and alleged perpetrators as young as five years old (House of Commons, 2016). These figures, in addition to a significant numbers of referrals for multi-agency assistance emerging from schools highlights the importance of the school and its staff being able to recognise and respond to harmful sexual behaviours between children (Hackett et al., 2016). Unfortunately however, whilst most cases of child-on-child HSB can be safely maintained at school research also shows that teachers face difficulties distinguishing between behaviours of concern as compared to those of normal sexual development (Hackett and Taylor, 2008). Although remaining an under researched area, recent surveys indicate an increased awareness of the lack of knowledge within schools and the need for training and support to assist educators in identifying and responding appropriately (Draugedalen, 2020, McInnes and Ey, 2020). In the UK too, increased awareness of the problems, lack of knowledge, education and support for schools has resulted not just in the creation of support for schools in terms of checklists for the prevention, identification, response and intervention of child-on-child HSB (Firmin et al.,

Waters J, Anstey S, Clouston T and Sydor A

2019) but also highlighted the need for greater school inclusion within social care assessments (Lloyd et al., 2020).

Despite the difficulties experienced at school, references to child-on-child HSB have been omitted from the UK statutory guidance since 1995 (Hackett, 2018). Non-mandatory guidance published in recent years (Garrett et al., 2018) offers assistance for generalist professionals working with children and young people but omits to mention or offer assistance specifically to schools including definitions between normally and not normally expected child sexualised behaviour (Torjesen, 2016). Schools are instead advised to consult alternative specific school based guidance according to the child's age group, for example: pre-school children (NICE, 2012); primary education (NICE, 2008); and secondary education (NICE, 2009). However, none of these documents refer to child-on-child HSB at school, meaning little information was provided for teachers about how to address their experiences or how to respond. The publication of advice specifically directed towards schools has instead emerged from projects such as the AIM project (Assessment, Intervention, Moving on) (ref) and frameworks for practice and response (Hackett et al., 2019). However, despite the increase in guidance, teachers' voices remain a critical missing element.

Aims of the study

This study is based upon a thesis presented at viva in October 2019, one element of a doctoral process of investigation and research that commenced in October 2012. With a paucity of research into HSB between children at that time this study aimed to fill the gap in the literature by exploring teacher's lived experiences of child-on-child harmful sexual behaviour at school. Currently, no other research into the lived experiences of teachers has been published. Nine teachers, five men and four women employed at two special secondary schools and one mainstream primary school were included.

Method

Research design

Interpretative Phenomenological Analysis (IPA) was used for this study. Underpinned by three major theoretical perspectives of phenomenology, hermeneutics and idiography, this method was chosen because it requires the researcher to commit to conducting a deep analysis of the idiographic details of a participant's lived experiences. The detail of these experiences emerge on two levels; the first being the way in which the experience has been understood from the perspective of the person experiencing it, that is the participant; and the second, how the researcher seeks to understand the way in which the participant is trying to understand their experiences (Smith et al., 2009). This process known as the double hermeneutic assists the researcher to uncover unique insights, nuances and 'little gems' in the detail of the experience (Smith, 2011) enabling the depth and detail of experience to be uncovered. Semi-structured interviews were used as the method of data collection. This is because they are considered to be the most effective tool due to their real-time nature which offers the opportunity to fully explore the experience at the time (Eatough and Smith, 2008). Interviews were conducted by request on the premises of the special schools and at the home of the participant from the mainstream school. Inductive analysis was conducted soon after the interview using paper-based methods. This process of analysis requires the researcher to set aside existing preconceptions about the topic to allow for the emergence of new understandings and unanticipated themes, rather than attempting to verify pre-existing theory (Smith, 2004). Therefore, because the principal researcher possessed previous professional experience of child-on-child HSB at school a reflective diary was used throughout. Ethical approval to commence this study was received from the School of Health Care Sciences at Cardiff University. Pseudonyms were used to protect the identities of the participants.

Participants

Participants who considered themselves to have experienced harmful sexual behaviours exhibited by and between children at school in the UK were invited to enter the study. Three schools consented to take part, two being special secondary schools and the third a mainstream primary school. The study sample consisted of nine teachers (Table 1), two from special school A, six from special school B and 1 from the mainstream primary school. All were white British with a total of 51 years' teaching experience and were responsible between them for 333 children (Table 1). Whilst multiple incidents of child-on-child HSB occurred in the special schools, the mainstream school had experienced a single incident.

Data collection

Participant information sheets provided details of the study. Questions were developed for the interviews (Table 2), the first of which meant that each began in exactly the same way thereby maintaining consistency (Smith et al., 2009). Vignettes linked to identifying behaviours of concern (Ryan, 2000) were made available to use as discussion prompts (Table 3). The first author conducted each interview, making reflective notes after each session.

Analysis

Although transcription of the data by the researcher is useful to the analysis this is not considered to be a rigid pre-requisite for an IPA study (Smith et al., 2009). Therefore, because of time limits for the research the interviews were transcribed by a third party as soon as possible after interview. This was not considered to be detrimental to the process of analysis because the methodology requires each individual transcript to be analysed in full prior to moving onto the next, noting for emergent themes. In line with the IPA methodology these were considered in terms of the participant's use of language, descriptions and subsequent researcher conceptual thought (Smith et al., 2009). Emergent themes were gathered together to create thirty-one subordinate themes that were then clustered into four

Waters J, Anstey S, Clouston T and Sydor A

emerging superordinate themes, eventually becoming three overarching superordinate themes.

Findings

Three overarching superordinate themes focusing upon the teachers' lived experiences of child-on-child HSB at school were generated from the nine interview transcripts. The proverb of the three wise monkeys was adopted as a useful analogy to aid sense making of the data and to capture the essence of the teachers' lived experiences of child-on-child HSB. The themes were categorised as; (1) Not seeing child-on-child HSB; (2) Not hearing about child-on-child HSB; and (3) Not speaking about child-on-child HSB.

Not seeing child-on-child HSB

The first theme of not seeing child-on-child HSB captured a sense of acceptance and expectation for child-on-child HSB to occur at both special schools whilst at the mainstream school it was associated with shock and disbelief. A lack of knowledge and understanding about child-on-child HSB was experienced by participants across all schools meaning it was not recognised.

At both special schools, child-on-child HSB was accepted as normal behaviour for the majority of children:

most of our young people will display a level of sexualised behaviour in the way of drawing explicit things or saying things of repeating things of what they've heard or making gestures (Margaret, special school A).

This expectation for child-on-child HSB to occur at special school was presented as an expected part of the school day and a common experience, cemented by a number of beliefs about the children, for example, the influence of the child's family environment:

Waters J, Anstey S, Clouston T and Sydor A

these children come from environments where you understand that, this type of thing is going to happen...they're young, they're young lads, their hormones are all over the place, they are going to be sexually explicit (Gregory, special school B).

This belief about the negative influence of the family environment upon the child was compounded by a further belief that the influence of male hormones would also result in inappropriate sexual behaviour at school:

You don't have a boarding provision full of boys and testosterone without anything happening (Celia, special school B).

Expectation of a sexualised response from boys was evident. In one school it was unfortunate that this was not dealt with directly, but instead identified as the problematic behaviour of the female students. Hugh (special school B) described how he had explained to the girls:

they might wear something, how they might portray themselves to the boys which can then be misinterpreted quite heavily by some of the boys

This revealed a gender-based approach which had the effect of excusing child-on-child HSB as normal behaviour thus, minimising its impact.

An example of accepting inappropriate sexualised behaviour between children was observed at special school A within a description of the aftermath of an incident that had occurred when a 12-year-old male pupil had been taken to a play centre outside of the school by a member of staff:

And after that erm the mum of a six year old girl had said that this boy had kissed her daughter and erm touched her.....we explain to our residential pupils what it's okay to do when you're in the public and what it's not okay to do, who it's okay to talk to, who it's okay to play with, you know is their 12 year old okay playing with a 6 year old? Well no, not really, you should find people your own age (Margaret, special school A).

The impact of both accepting, and interpreting the behaviour as childhood play, was that it was minimised not just for the pupil, but for the alleged victims and the wider school staff.

Unlike the multiple experiences described in the special schools, the mainstream school had experienced child-on-child HSB as a singular occurrence, describing a sense of shock combined with a lack of knowledge and understanding in which to make sense of the experience. Rosaline (school C) recounted how this meant that when inappropriate sexualised behaviours exhibited by the same children had been previously experienced, they had not been seen or understood as such, and were thus accepted as being something other than what they were:

one boy's head was just tucked up inside her skirt, her ... and she was wearing a dress, just tucked up inside her dress," and she'd gone over, the Lunch Supervisor, quite rightly, had gone over and said, "What are you doing?" but had done so ... "You're, you're obviously being daft." You're not doing something dreadful. You're being daft. And he had just ... and, and all three of them had agreed, yes, they were playing hide and seek.

Although sufficiently concerned to ask the children what they were doing, the supervisor had accepted the children's own explanation of the inappropriate behaviour, meaning it was ignored. This acceptance may have been due in part to a lack of knowledge, but may also have been due to a reluctance to consider that the incident was sexualised; because to do so was both unthinkable and uncomfortable.

The experience of an overall lack of knowledge emerges within the narratives, supporting the need for whole school staff training. However, child protection training for school staff had fallen short of talking about child-on-child HSB, instead focusing on child sexual abuse perpetrated by adults:

we knew that ten per cent of children were being sexually abused, but so much of our perception of that was because we felt that that sexual abuse was coming from parents or from home or from adults, connected to the home or connected to the community in some way.... when this occurrence took place, which wasn't from an adult at all but was a problem between children, this was a real shock to us...we knew that there was a great, there was a high chance that 18 of our children were being sexually abused, and that they would try very hard to hide it. And we knew all of that. We were on the lookout for odd things. The ... we, we did not expect one of our six-year olds to insert his hand into another girl's vagina.....they're six years old.....they're not sexually active' (Rosaline, mainstream school C).

The narrow and rigid interpretation of the training had led to assumptions being made about the risks of sexual abuse for children at the school. These assumptions, reinforced by a belief that at six years old, the children were not capable of acting sexually, had blinded staff to the wider possibility that a child or group of children could sexually abuse other children within the school.

In summary, this theme has captured the impact of not seeing, or recognising child-on-child HSB across all schools by revealing multiple experiences of inappropriate sexualised behaviours. In the absence of formal training, the influence of personal beliefs and attitudes meant that inappropriate sexualised behaviours were unfortunately accepted as normal. This in turn affected the way in which teachers thought about child sexualised behaviour resulting in the potential for a lack of appropriate responses and actions.

Not hearing about child-on-child HSB

The second theme of not hearing about child-on-child HSB captured the sense of not hearing about inappropriate sexualised child behaviour, meaning little attention was paid to it. Experiences of feeling personally vulnerable were expressed by both female and male staff; female staff experienced fearing for their personal physical safety whilst males experienced the fear of career loss and also loss of the school's reputation if the behaviours became known to the outside community. Participants also experienced a lack of support from the relevant local authority.

The sense of vulnerability experienced by females in both special schools was shown within their descriptions of inappropriate sexualised behaviours they had themselves experienced. Examples revealed how one male pupil escalated his behaviour towards female teachers:

Waters J, Anstey S, Clouston T and Sydor A

he likes to stroke females' hair if it's long, and he's gone from stroking females' hair to putting his hand over their mouth and grabbing their mouth. Erm, and we think that's a concern (Margaret, special school A).

A further example revealed the way in which male pupils did not adjust their behaviours when female teachers were present, meaning female staff felt unsafe and vulnerable:

when they (female staff) walked into the room he would continue masturbating and look in their eye, erm, and we say we, you know we're not equipped to deal with that. You know we're a school, we're a residential school, we're not a hospital in mental health (Celia, special school B).

it is there in the back of your mind, how safe actually am I working with this pupil or this pupil (Juliet, special school B).

Although inappropriate sexualised behaviour between children was shown in the first theme to be accepted and expected as normalised, this was not the case when behaviours were directed towards female staff. Rather than accepting their previously held views about the influences of inappropriate sexualised behaviours between children, inappropriate sexualised behaviours directly exhibited towards female staff then became unacceptable. This meant the behaviours were then considered to be outside of the remit of teachers and managed more appropriately within a mental health hospital. A sense of distancing is therefore implied with the creation of a threshold for the type of sexualised behaviours that would be accepted at school, delineated not by the behaviours themselves but by the identity of the intended target. Moreover, there is a sense of a belief that inappropriate sexualised behaviours exhibited towards staff should be considered a mental health problem. Conversely, male teachers who experienced sexualised behaviour directed towards them by a child, perceived this as a threat to their careers and career prospects. This was made worse by a personal belief that special schools were negatively perceived, the influence of negative media reporting about child sexual abuse and a lack of local authority support:

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you're here not to advance your, not to advance your career, er because many people see this as career suicide, coming to a place like this (Gregory, special school B).

we are very wary of the danger we put ourselves in because we work with extremely vulnerable children....and there's a huge grey line and it would only take the wrong child to say the wrong thing and our careers are over, you know. Or do the wrong thing in our care and the judgment from the higher powers, whether it's local authority, safeguarding officers, you know, to point the finger and it could end someone's career very quickly (James, special school B).

People don't necessarily want to discuss it that much. People certainly don't want to admit that there are issues. I think because... This is just me personally, but certainly recently, because of all the Press and all the reports around the high-profile cases, Jimmy Saville and all the rest of it. And the fact that there have been incidents in schools before. If you, if something does come up at school, it is likely to ruin that school (Peter, special school B).

Negative personal beliefs existed about teaching in a special school meaning the environment was viewed as a risky. These included being subjected to an allegation of child abuse and a lack of support from the employing local authority. Although cognisant of wider media reporting of high-profile child sexual abuse cases, these personal beliefs meant that fears of personal and school ruination resulted in a sense of the participant distancing themselves from the child. This was confirmed following an incident in school B whereby senior school staff appeared to distance themselves from other staff involved in an incident of HSB with the result that they were '*spoken to, it's on their file and if it happens again then it'll go through disciplinary*' (Celia, special school B). Thus, in addition to the sense of distancing is an apparent apportioning of blame. Both of these were again observed in a description of the response of the community to the incident of child-on-child HSB at the mainstream school:

there was a tide flowing, um, of ... if I say anger against the boys, it, it wasn't anger against the boys, it was anger against the situation that enabled boys to be carrying out that kind of assault. And of course, that anger ... um, it was mixed with compassion from a lot of our parents ... but they didn't want those boys ... they didn't want them left in the community. They, they wanted them shipped out..... kind of, um ... demonising (Rosaline, mainstream school C).

The narrative implied an alarming experience of the extreme negative response expressed by the community through the use of language referring to tides, flowing and ships, the cumulative effect of which meant it would be difficult for the child to return to a previous life.

In summary, this theme revealed that participants experienced child-on-child HSB as a sense of personal vulnerability expressed as fears for physical safety, career loss and the potential loss of the school's good reputation. These were made worse by the belief that children displaying behaviours towards staff needed to be managed elsewhere. Additionally, experiences were made worse by an observed lack of support for staff within school and the participant's perceived lack of support from the relevant local authority, suggesting that they too paid little attention to the problem.

Not speaking about child-on-child HSB

The third theme of not speaking about child-on-child HSB captured the sense of not communicating experiences of inappropriate sexualised child behaviour both at school and across wider professional agencies. This was evidenced through the experiences of the lack of information sharing that took place with schools about a child's previous sexualised history. This included the failure to respond to the needs of a child attending special school A. At this school, not speaking about child-on-child HSB was revealed within a description of the experiences of the school staff who considered themselves to be the best professionals to work with the children they knew well:

we're more close and knowledgeable of the young person and the young person is more receptive to us than they are of somebody you know in a room that there's a stranger that they don't know. So it's better if we do the work..... it gets to the point where we can't manage it because we're not erm, professional people in working with children with sexually harmful behaviour (Margaret, special school A).

Thus, when behaviours became unmanageable the child was referred to external agencies for further assistance because staff did not have the skills to be able to manage the child. However, despite the school being previously involved with the child, when the specialist agency was introduced, no information was subsequently shared with teachers because it was considered to be:

very private and you're not to know what's going on (Margaret, special school A)

The lack of information sharing between the school and the provider of the intervention meant that a child's progress and responses were not spoken about or shared; the impact of which was to reduce the school's knowledge of any associated risks and to effectively distance the school from the child and the problem. James, in special school B, recounted how the failure to share information was experienced as a frustration:

we don't get that history and often what we get is multiple foster homes, multiple school placements that have failed... and no real focus on the need of the individual.....they don't really seem to tackle the major issue over sexualised behaviour or incidents that might have happened in the past.... the support doesn't seem to be out there, and I feel that people are looking to point fingers to see that, erm, the kids are failing and it's the school that's failing the children and I find that really depressing at times.

The lack of information engendered feelings of an overall lack of support and distancing from the problem which contributed to a personal frustration and a sense of sadness about the way in which the specific needs of the child, and the school, were ignored in favour of fulfilling the academic priorities of the local authority. The sense of frustration at not being supported by the local authority was also evident in mainstream school C, where the experience of child-on-child HSB was described as not being '*normal enough for us to know where to go*' (Rosaline, school C). The lack of support also emerged as a sense of distancing between the teachers and their employers, that was tinged with feelings of personal and professional abandonment:

I'd always felt that County (Local Authority) had been my ultimate backstop, um, for support, and we're very lucky, we do have a very good relationship with County..... I always felt that whenever, er, if, if we were ever in any serious need, that they'd be there, and it was such a blow to me to discover that that wasn't the case.nobody came to the school for weeks.

Not communicating with and supporting the mainstream school was contrary to the way in which it had previously experienced support from the local authority. Thus, it was the

Waters J, Anstey S, Clouston T and Sydor A

experience of the incident of child-on-child HSB that had fundamentally altered the relationship between the school and the local authority leading to this being a new experience for them.

In summary, this theme captured the impact of the experiences of not communicating or sharing information about child-on-child HSB within schools and across agencies. The lack of teacher involvement meant participants experienced an inability to assess risks due to the provision of insufficient information. Moreover, the lack of communication from the local authority led to the experience of confusion and a sense of distancing from the participants.

Discussion

The analysis revealed that child-on-child harmful sexual behaviour at school was not seen, heard or spoken due to a lack of training and support which meant appropriate responses and actions were sometimes not taken. In both special schools inappropriate and harmful sexualised behaviours were expected and accepted as a normal part of the school day, understood as influenced by family environments and male hormones. This contributed to a sense of inevitability which meant that experiences of child-on-child HSB were not recognised, paid little attention to and not communicated. Female and male participants expressed their experiences as vulnerability associated with physical safety, careers and loss of reputation. In the mainstream school child-on-child HSB was not seen due to a lack of knowledge and understanding of the topic. All participants experienced a similar lack of training and support for when child-on-child HSB occurred at school.

This study used the proverb of the three wise monkeys as a framework in which to explore teachers' experiences of child-on-child HSB at school. However, when viewed in its original Buddhist version the proverb also includes a fourth monkey who symbolically covers his

Waters J, Anstey S, Clouston T and Sydor A

genitals to indicate he is '*doing no harm*'. Kilroy (2013), writing in the Faculty of Medical Leadership and Management links the use of the proverb of the wise monkeys with findings taken from the independent report into failings at the Mid Staff NHS Trust (Francis, 2010) (Kilroy, 2013). In this report, Kilroy (2013) asserts that the potential to do harm by not doing good was revealed by the numerous warning signs displaying an institutional culture focused upon the system and not the user. For example, more weight was given to positive information about the service rather than to information of concern; a lack of focus upon standards of care and tolerance of poor standards existed; and the failure to communicate and share information of concern was evident (Francis, 2010). Kilroy (2013) points out that the reasons why the fourth monkey is often missing from the proverb are unclear, but posits this may be understood as a modern preference for not wanting to know that all of us can sometimes do harm, by failing to acknowledge when good is not being done (Kilroy, 2013). Thus, the proverb offered a framework around which to explore the ways in which participants experienced not seeing, hearing or speaking about child-on-child HSB.

Whilst occasions of sexualised behaviours between children are to be expected at school, sexualised behaviours that become inappropriate or harmful are not (NSPCC, 2017, Ryan, 2000, Hackett et al., 2019). This is an important point because the descriptions of the sexualised behaviours experienced by participants in this study were not normally expected and instead were inappropriate or problematic (Brook, 2015, Hackett, 2010, Ryan, 2000). As frontline responders of child-on-child HSB (Hackett, 2014), schools are best placed to witness inappropriate sexualised behaviours (Fyson, 2008). In special schools in the UK, Fyson (2007) reports that 65% of incidents of child-on-child HSB occur termly with 19% occurring on a weekly basis and involving behaviours such as inappropriate touching (85%), public masturbation (50%) and actual or attempted rape (15%) (Fyson, 2007). Due to their frontline status schools are therefore considered ideal venues for supporting children who

Waters J, Anstey S, Clouston T and Sydor A

exhibit inappropriate sexualised behaviour (Fyson, 2008) but may experience difficulties distinguishing between what is acceptable and what is not (Hackett, 2010). This is not unique however, as even practitioners specialised in HSB can sometimes disagree as to what is unacceptable child sexualised behaviour (Vosmer et al., 2009) meaning specific training in the topic is essential (Charles and McDonald, 2005). Moreover, given that children, including those below the age of ten years, may abuse multiple other children, in groups and at school (Allardyce and Yates, 2013, Hawkes, 2011, Vizard et al., 2007b), a salient point is highlighted regarding the need to raise awareness about child-on-child HSB for all schools and across all ages. However, the present study has revealed the experience of a lack of specific training provision which meant inappropriate and problematical sexualised behaviours were not recognised. Opportunities for training were described as being focused upon the adult male as the main perpetrator, thus portraying an outdated profile (Hackett, 2018) rather than raising awareness that some children will sexually abuse other children (Finkelhor, 1984). Additionally, it is also important to raise awareness that although a child's experience of prior sexual abuse is a significant factor in the development of child-on-child HSB (Bladon et al., 2005, Hackett et al., 2013), around one third of children exhibiting HSB may not have experienced prior sexual abuse at all (Hackett et al., 2013).

When experiencing inappropriate sexualised behaviours directed towards participants, expressions of feeling vulnerable in various ways were noted according to gender. Whilst vulnerability associated with female practitioners working with child-on-child HSB is supported in the literature, male vulnerability is not (Almond, 2013) and is therefore a unique finding of this study. Whilst female participants experienced vulnerability in terms of physical safety, male participants experienced concerns over their careers and the loss of the school's reputation. This was associated with personal beliefs about the damaging effect upon the school that a high-profile case of child sexual abuse might have (McShane, 2013,

BBC, 2016). Further personal beliefs expressed indicated that sexualised behaviours directed towards staff were outside the professional remit of participants and more suited to management within a mental health institution. However, the exhibition of HSB is not considered to be a mental health diagnosis. Instead, research has revealed connections between a child's experience of sexual offending and their own feelings of anxiety, isolation or depression (Bladon et al., 2005) and mental health difficulties (Vizard et al., 2007a). With two thirds of children said to be meeting the criteria for a mental health diagnosis (Desbiens and Gagné, 2007, Fanniff and Kolko, 2012) it remains important to consider the wellbeing of all parties involved.

As many as two thirds of children exhibiting HSB are known to be experiencing educational problems (Bladon et al., 2005). Up to 40% of these children are not in full time education (Almond et al., 2006), risking academic failure, exclusion from school or repeating school years (Desbiens and Gagné, 2007). Children often need additional support such as a Statement of Educational Need (Hackett and Taylor, 2008) and sometimes admission to special school (Bladon et al., 2005, Vizard et al., 2007a). However, despite the research this present study has revealed that participants experienced minimal local authority and multi-agency support for when HSB occurred at school. Additionally, participants experienced safeguarding services to be reluctant to engage with the school when HSB occurred, a finding of this present study that is at odds with research showing schools to be critical of the instigating of child protection procedures (Fyson, 2007). These delays coupled with a lack of support mean that minimal or no action is taken until a criminal offence had been committed by the child, who is then placed on the sex offenders' register (Fyson, 2007), an action that can have long-term negative consequences both at school and in the community (Hackett et al., 2015). One participant's experience of negativity from the school's community was described as witnessing children being '*demonised*'. This term, supported

Waters J, Anstey S, Clouston T and Sydor A

in literature, is identified as a metaphor for the lost innocence of children (Franklin and Petley, 1996) and was used following a high profile sexual assault and death of a toddler by teenage boys (Guardian, 1993) to describe children who act outside of normally expected sexualised behaviour (Kehily, 2004). A further lack of support was experienced as insufficient information being shared about a child's previous sexualised history despite the sharing of information being an established and essential component of effective child protection systems (HM Government, 2018). Research supports the experiences of participants by revealing schools to be rarely included in multi-agency conversations, meaning the safety of potential victims are not always given sufficient attention at school (Fox, 2013). Additionally, the experiences of external HSB interventions being considered private is in contrast to recent understandings about the sharing information in the context of child-on-child HSB (Hackett, 2018) because without it schools are unable to support and protect children from harm (Hackett and Taylor, 2008).

Although the sample in the present study was small it allowed for an in-depth exploration of the participant's sense making, demonstrating the difficult negotiations that teachers face between their career progression, accessing the support and training they require and educating and caring for their pupils. These difficulties meant that the lack of training, support and sharing of insufficient information in addition to personal beliefs and misunderstandings about child sexualised behaviour, resulted in a lack of recognition between normally and not normally expected child sexual behaviour. In a similar way to that described by Kilroy (2013), the experiences of participants in this present study reveal the ways in which, without support and specific training teachers may inadvertently be doing harm by not being offered the opportunity to do good.

Practice implications

This study offers new insights into perspectives about child-on-child HSB not being seen, heard or spoken about at school. Teachers at special schools accepted and expected it as normal child behaviour and a part of the school day. All teachers were affected by the lack of knowledge and understanding that affected their abilities to recognise and respond appropriately to child-on-child HSB. Their experiences of receiving insufficient information about a child, in addition to the lack of support from the local authority, compounded teachers' experiences of vulnerability caused by fear of blame and risks to personal safety and careers.

To enable appropriate responses to child-on-child HSB, recommendations are made for teachers' experiences of child-on-child HSB to be recognised within all statutory and school-based guidance. To aid clarity and understanding the phrase child-on-child HSB should also be immediately adopted to replace the vaguer phrase 'peer on peer abuse' which is non-specific and open to personal interpretation. Specific child-on-child HSB school-based policies and procedures should be adopted and made available to all staff. These should be produced in conjunction with the school's child protection, bullying and whistleblowing policies clearly identifying behaviours of concern, appropriate responses and incident reporting procedures. There is an urgent need for the removal of the hierarchical culture of blame, both within and outside schools and which contributes to child-on-child HSB not being seen, heard or spoken about. This should be achieved through improvements in knowledge and understanding, enhanced training and the sharing of information with regards to a child's previous sexualised history across all schools. When a child is exhibiting HSB towards other children, schools should be fully supported by external agencies working and involved at multi-disciplinary meetings so that all children are protected from harm. Child protection training for schools should be updated to ensure the concept of the sexually abusive behaviour of children exhibited towards other children is included, discussed and

clearly understood. Specific training for schools in child-on-child HSB should be delivered to teachers, whole school staff and wider agencies and professionals involved with schools, to ensure they are properly equipped to protect children through enhanced knowledge and understanding. Training providers should be equipped with the expertise and knowledge to be able to guide attendees to positively explore their personal beliefs and attitudes towards child sexuality and child-on-child HSB. Further study into teachers' lived experiences of child-on-child HSB at school is recommended as is the study of wider multi-agency connections, responses and reciprocal arrangements with schools for when child-on-child HSB occurs.

Strengths and limitations

Child-on-child HSB is an under-researched area. The strength of this study is recognised in its contribution to the understanding of, and responses to, child-on-child HSB at school by providing insight into the lived experiences of teachers. As is expected with qualitative analysis, the sample numbers of participants is small with multiple experiences of child-on-child being drawn from special school and one experience from a mainstream primary school. Although the findings are not intended to be generalisable to all schools, they do present an important addition to the limited available research seeking to understand teachers' experiences of child-on-child HSB, and across all ages of children. In addition, the findings may at another time and date, be interpreted in a different way. Moreover, the literature review focused on commonly used references and phrases concerned with child-on-child HSB within the UK meaning there is a potential for wider international and global research using alternative phrases and descriptions to have been omitted.

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Table 1: Schools and Participant details

School	Type	Provision	Numbers of pupils	Age range	Name	Years in role
School A	Independent day and residential special school	Social, Emotional and Mental Health Difficulties	63 male and female	7-19	Laurence	10
					Margaret	18
School B	Publicly funded independent state school	Social, Emotional and Mental Health Difficulties	90 mainly male	11-16	Gregory	1
					Juliet	1
					James	2
					Peter	2
					Hugh	2.5
Celia	1.5					
School C	Church of England primary school	Mainstream	180 male and female	7-11	Rosaline	13

Table 2: Questions for semi-structured interviews

1	Please describe your role within the school and how long you have worked here.
2	Have you any prior experience of children exhibiting HSB?
3	What have you experienced with regards to children who exhibit HSB?
4	Can you tell me about how that experience made you feel?
5	What were you thinking at the time of the experience?
6	How did that make you feel towards the victims and the perpetrators?
7	Can you help me to understand your experience?
8	How might guidelines for HSB help you?
9	How might training help you?

Table 3: Behaviour identification vignette sheet (Ryan, 2000)

<p>Normal and developmentally expected behaviours include,</p> <ul style="list-style-type: none">• Genital or Reproduction conversations with peers or similar age siblings• Show me yours/ I'll show you mine with peers• Playing 'doctor'• Occasional masturbation without penetration• Imitating seduction (i.e. kissing, flirting)• Dirty words or jokes within cultural or peer group norm <p>Behaviours requiring an adult response include,</p> <ul style="list-style-type: none">• Preoccupation with sexual themes (especially sexually aggressive)• Attempting to expose others' genitals (i.e. pulling other's skirt up or pants down)• Sexually explicit conversations with peers• Sexual graffiti (esp. chronic or impacting individuals)• Sexual innuendo/ teasing/ embarrassment of others• Precocious sexual knowledge• Single occurrences of peeping/ exposing/obscenities/pornographic interest/ frottage• Preoccupation with masturbation• Mutual masturbation/ group masturbation• Simulating foreplay with dolls or peers with clothing on (i.e. petting, French kissing) <p>Behaviours requiring correction include,</p> <ul style="list-style-type: none">• Sexually explicit conversations with significant age difference• Touching genitals of others without permission• Degradation/ humiliation of self or others with sexual themes• Inducing fear/ threats of force• Sexually explicit proposals/ threats including written notes• Repeated or chronic peeping/ exposing/ obscenities/pornographic interests/ frottage• Compulsive masturbation/ task interruption to masturbate• Masturbation which includes vaginal or anal penetration• Simulating intercourse with dolls, peers, animals, with clothing on <p>Behaviours that are always problematic and require intervention include,</p> <ul style="list-style-type: none">• Oral, vaginal, anal penetration of dolls, children, animals• Forced exposure of others' genitals• Simulating intercourse with peers' clothing off• Any genital injury or bleeding not explained by accidental cause
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