

Supplementary File 7. Initial and revised safeguarding policies

Initial safeguarding policy

Responding to reports of severe abuse

In deciding on whether to breach confidentiality to respond to reported abuse we need to ensure that a response will be likely to do more good than harm. The potential benefit is that support will be offered to prevent further abuse. We will breach confidentiality to notify school safeguarding officers in cases of:

1. reported sexual activity before age 13 years;
2. severe abuse from a current partner
 - punched;
 - kicked;
 - hit with a hard object;
 - choked;
 - forced to have sex;
 - dumped out of a car;
 - burned;
 - beaten up; or
 - assaulted with a knife or gun.
3. other abuse where research participants themselves asks us to breach confidentiality.

We will check tick box responses as well as free text for reports of such experiences. Our threshold of age 13 for sex is informed by Pan London Child Protection Procedures (2016) and General Medical Council (2016) guidance. In line with the Pan London Child Protection Procedures, in cases of sexual activity between age 13 and 15 years we will check questionnaires for evidence of other risk indicators that would suggest that a referral should be made to the school safeguarding lead. Our definition of severe violence is informed by United Nations (2009) guidance.

If we were to breach confidentiality against the wishes of research participants in response to reports of less severe abuse such as pushing and shoving or reports of abuse concerning non-current partners this would result in breaching confidentiality and notifying school safeguarding leads for a majority of young women and a large minority of young men (Barter 2009, 2014). We will not breach confidentiality to intervene in such cases unless participants themselves request it. Breaching confidentiality without consent in such circumstances would for the large majority of individuals undermine their autonomy and be unwanted, disproportionate, deeply upsetting and potentially harmful. It would also lead to school safeguarding officers being overwhelmed and therefore unable to provide effective responses, bringing with it the risk of harmful responses which increase risk. As a secondary consideration it would also lead to significant under reporting of these experiences and probably of schools dropping out of the study, meaning the research would be prevented from adding to the evidence based about this important type of public health intervention.

Informed consent materials will indicate anonymity will be broken if sex before age 13 years or specified forms of severe abuse with a current partner are reported. In the case of the survey where such behaviours are reported we in the first instance contact the school's safeguarding officer and in the case of interviews/focus groups we will discuss with the student first, informing them that we will need to notify the safeguarding officer.

We will give all participants information on NSPCC services and remind young people about the school support services irrespective of their answers. We will also give young people the research team contact details to report any concerns relating to the issues in the survey. We will consult with school safeguarding officers in advance to ensure this process is in line with school policies.

We note this process is in line with guidelines for ethical research on gender based violence and dating and relationship violence (Merg 2012; Hartmann & Krishnan 2014). We also note evidence that completing questions on GBV and DRV is not perceived in itself as upsetting by young people (Shorey et al 2011).

References

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Instituto Nacional de Estadística y Geografía de México

Revised safeguarding policy

Safeguarding procedures for Project Respect

Purpose and scope

This document sets out the approach to safeguarding and procedures to be followed by all research staff and fieldworkers participating in Project Respect. Much of it relates to the conduct of focus groups and interviews with young people during the process evaluation but guidance is also provided on the survey data collection. The purpose of this Standard Operating Procedure (SOP) is to ensure that any potential disclosures of significant harm experienced by a young person or relating to another young person made during the fieldwork are dealt with appropriately.

Definition

By harm, we mean harms relating to dating and relationship violence or harms arising from other forms of abuse, neglect or child sexual exploitation defined as safeguarding or child protection issues within Working Together to Safeguard Children¹ (pp 92-92, the glossary of which is included as appendix 1 at the end of this document).

Named staff

Role	South West named contact	South East named contact
Local study manager	Jo Crichton	Rebecca Meiksin
Local principal investigator (PI)	Rona Campbell	Chris Bonell

The local PIs, the local study managers and the school liaison staff members will each designate a representative to engage in the above process when they expect to be away from work for 2 or more consecutive working days.

Responsibility and process

The primary responsibility for ensuring that these procedures are followed lies with the PIs and local study managers. They have all received a face-to-face briefing on safeguarding and child protection from Paul Anderson, Senior Consultant with the NSPCC, and have access to ongoing advice and support from NSPCC staff as and when required. Fieldworkers, and Dr Gemma Morgan who is a medically qualified member of the Bristol based research team, will be briefed about safeguarding during their initial training and reminded of their responsibilities in this regard when they attend data collection sessions in schools. Only trained researchers will undertake the focus groups and interviews in the process evaluation.

Young people who participate in interviews or focus groups conducted as part of the process evaluation of Project Respect will not be asked about their own personal experiences of dating and relationship violence or other forms of abuse, neglect or other harm. But such reports may nonetheless occur. Young people in focus groups will be advised beforehand orally and in writing not to discuss personal experiences of dating and relationship violence or other experiences of harm,

¹ HM Government. *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. March 2015.

because the focus group is a social exchange where confidentiality cannot be guaranteed. Nonetheless, researchers will also ask participants to respect the confidentiality of the views expressed in the focus group and not to discuss these afterwards. We will also stress in our written and oral information for focus groups that if participants wish to discuss any matter with researchers before or after the research session, we would be very happy to talk with them in private. Young people will be advised that they may approach the researchers after the data collection session with any concerns, and that the research team will remain available for enough time after focus group sessions so that young people may approach them without fear of observation by others.

If a young person within, before or after an interview or focus group gives any indication whatsoever that they or a young person they know may be at risk of harm, researchers will draw on the skills imparted in the NSPCC training to explore this further with them. The training stressed that we should not ignore any disclosures or assume that it is not our job to explore them. The recommendation was that, if a young person becomes distressed, the researcher will pause the interview and explore the issue at the time it is mentioned. If the young person does not appear distressed, it was recommended that the researcher may continue with the interview and then discuss the issue afterwards. The suggestion was that in focus groups, the researcher should acknowledge what the young person has said and indicate that they are believed but sensitively remind them that because this relates to a personal experience it is best not to continue to discuss it in the focus group and better to have a conversation about it when the focus group has finished. The researcher should attempt to discreetly talk to the young person as soon as the focus group is over, where necessary discreetly liaising with school staff so that there is time for a conversation with the young person rather than the young person needing to proceed to their next lesson.

The training stressed that where necessary in order to fully understand what participants are telling us, researchers should ask open questions to clarify what the young person has experienced. Researchers should aim to explain that they are asking these questions so that they can understand correctly what the young person has told them. Researchers should aim to give the young person the time to express themselves rather than leaping in to express their own views or to fill silences. Researchers should avoid using closed or leading questions. Researchers should not make promises that they cannot keep such as promising not to tell anyone else or promising that certain specific actions will definitely occur. If a young person reports harm but then tries to withdraw this disclosure, the recommendation was that the researcher should explain that they cannot disregard what the young person has already told them and that the researcher will need to explore the matter further to determine how the research team can help. Researchers should not regard withdrawal as evidence that harm has not actually been experienced. Researchers need to be conscious of the young person's and their own verbal and non-verbal cues and where appropriate seek to mirror the young person's demeanour to make them feel comfortable and enable them to communicate. Researchers should be attentive to the terms young people use and where in doubt ask participants what they mean by these terms. Researchers should respect young people's personal space and interpersonal styles, for example in terms of body language and eye contact. Researchers should attempt to summarise what they understand the young person has told them to ensure that they understand correctly. In communicating with the young person, researchers should emphasise where appropriate that: any victimisation that a young person has experienced is not their fault; that the researchers believe them; and that the young person has done the right thing in telling a member of the project team. In their responses to what young people say the researchers will aim to express sympathy rather than make judgements.

In determining what actions might be necessary the researcher will encourage the young person who discloses experiences of harm to consider how we can help, discuss what options there are and

ask them what they want to happen. Researchers will as far as possible seek young people's consent for further actions except in specific cases described below.

In some cases it will be clearly apparent to the researcher within the conversation with the young person that there are reasonable grounds for suspecting ongoing harm or risk of harm from physical abuse, emotional abuse, sexual abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children. In line with General Medical Council guidance,² cases of reported sexual activity will also be regarded as abuse where they have occurred under the age of 13 years or, for young people ages 13-17 where there are associated factors of concern such as but not limited to disparities of age and power or where sex is with someone in a position of trust. In these circumstances, the researcher will tell the young person within that conversation that they need to take action to notify the school safeguarding lead. The researcher will explain that the lead will need to meet with the young person to make an assessment of what further action is required. They will stress that they will notify the school safeguarding lead but not inform other parties outside our team. The researcher will explain that the school safeguarding lead will also respect their confidentiality except where it is determined that other people need to be informed so that an appropriate response can be made. We will aim to build the young person's consent for this notification but if we do not receive this we will still have to make the notification and we will make this clear to the young person. The researcher will debrief with the local study manager informing them of the disclosure. The local study manager will discuss the disclosure with the local PI and then notify the school safeguarding officer. The local study manager will follow up with the school safeguarding lead 1 week later to determine what steps were taken to resolve the matter.

There will be cases where it is clear to the researcher after a proper conversation that there are not reasonable grounds to suspect harm in terms of physical abuse, emotional abuse, sexual abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children or indicated in General Medical Council guidance on cases of reported sexual activity, but where the researcher perceives that the young person has needs which might be well addressed by the young person themselves seeking further support. In such cases, the researcher will encourage the young person to seek support and offer them specific information about where such support might be found. This would include information about sources of support within or beyond the school, drawing on the list given in the student information sheet. The researcher would ask the young person in such cases whether they would like us to refer them to the school safeguarding lead with their consent. The researcher will stress to the young person that these sources of support will respect their confidentiality and will only inform other people with the young person's consent or where this was judged necessary by these agencies if these sources of support determined that this was needed to protect the young person from harm as defined in safeguarding guidance. The researchers will make clear to the young person that it is the young person's choice whether they seek support, that we would encourage them to do so but that we will not notify school safeguarding leads or take any other actions without their consent. In these cases the researcher will debrief with the local study manager informing them of the advice given to the young person and considering the need for any further actions. Where necessary the local study manager will discuss the situation with the local PI, calling on further advice from NSPCC staff where necessary.

Where the researcher is in any doubt within the conversation with the young person about whether there are reasonable grounds to suspect ongoing harm or risk of harm in terms of physical abuse, emotional abuse, sexual abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children and indicated in General Medical Council guidance on cases of reported sexual activity, the researcher will discuss with the young person whether the young person would in fact

² General Medical Council. *0-18 years: guidance for doctors*. October 2007. Available at: http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_index.asp. Accessed 24 August 2017.

consent to the researcher making a referral to the school safeguarding lead, irrespective of whether the harms experienced meet the threshold for mandatory notification as defined above. If the young person does not consent to this, the researcher will inform the young person in the conversation that the researcher needs to seek further advice from colleagues within the research team about whether the researcher needs to notify the school safeguarding lead. The researcher will inform the young person that if the researcher is advised that a notification is necessary then this will involve the research team contacting the school safeguarding lead and the safeguarding lead then meeting with the young person to make an assessment of what additional action is required. The researcher will advise that if the advice from colleagues is that a referral is not mandatory then the researcher will take no further action. However, the researcher will ensure that the young person has the contact details both of the research team and the school safeguarding lead so that if the young person wishes to seek further advice or support they know where they can go for this. Where the researcher does need advice about whether there are reasonable grounds for suspecting harm as defined above, the researcher will discuss the matter in a debriefing session with the local study manager and the local PI, and seek advice from NSPCC staff where necessary to determine whether a notification to the school safeguarding lead is required even though the young person has not consented to this notification.

As explained above we will in all cases seek the young person's consent and encourage them to seek support, providing information and support to facilitate this. However, where it is clear to the researcher either within the conversation with the young person or afterwards in discussion with research colleagues and NSPCC staff that there are reasonable grounds to suspect physical abuse, emotional abuse, sexual abuse, child sexual exploitation or neglect as defined within Working Together to Safeguard Children and indicated in General Medical Council guidance on cases of reported sexual activity, we will notify school safeguarding leads, if necessary without the consent of the young person.

Student surveys will be anonymous; it is impossible to link survey responses to individuals. However should any survey participants disclose to researchers during survey sessions any evidence of experiencing harm, or should any participants appear significantly distressed while responding to the survey, the researcher or fieldworkers conducting the survey in that classroom will discreetly contact the lead fieldworker. The lead fieldworker will make an assessment about whether it is more appropriate in terms of supporting the needs of the young person and preserving their privacy to support the young person in the classroom and then communicate more fully with them afterwards, or to take the participant outside the classroom and discuss the matter with them using exactly the same procedures as set out above. In these cases the lead fieldworker will debrief with the local study manager informing them of the advice given to the young person and considering the need for any further actions. Where necessary the local study manager will discuss the situation with the local PI, calling on further advice from NSPCC staff where necessary.

Reporting procedures for other types of data collection

- NSPCC-delivered training: Audio recording and participant survey
- All-staff training: Audio recording
- Log sheets by teaching staff delivering curriculum sessions
- Interviews with NSPCC trainers, school staff and parents

In the event of a disclosure of a notifiable, or potentially notifiable, safeguarding issue, the following procedure will be followed:

Disclosure in the audio recording of a Project Respect training; in the survey filled in by participants in the NSPCC-delivered training; or in a log sheet:

1. The researcher analysing the data makes a note of the school, the date of the recording/survey/log sheet, the name of the trainer (for audio recordings of trainings) and the nature of the disclosure
2. The local study manager discusses the disclosure with the local PI and, where needed, seeks further guidance from our NSPCC partners (project lead or staff) to determine the appropriate response
3. For recordings and surveys collected from the NSPCC-delivered training:
 - a. If deemed appropriate in Step 2, the NSPCC partner discusses the disclosure with the trainer (if they themselves were not the trainer) to determine (a) whether, for disclosures made on a survey, the issue was raised on the day of the training; and (b) whether any action was taken on the day and if this appears to be an adequate response
 - b. If the NSPCC project partner determines that there has not already been an adequate response, the local study manager notifies the school safeguarding lead about the disclosure
 - c. The local study manager follows up with the school safeguarding lead 1 week later to determine what steps have been taken to resolve the matter
4. For data collected from the recording of the all-staff training, and from log sheets:
 - a. If deemed appropriate in Step 2, the local study manager notifies the school safeguarding lead about the disclosure
 - b. The local study manager follows up with the school safeguarding lead 1 week later to determine what steps have been taken to resolve the matter.

Disclosure during the observation of a curriculum session:

1. The researcher observing the session makes a note of the school, the date of the observation and the nature of the disclosure
2. The researcher observing the session raises the issue with the teacher after the lesson to discuss what actions were taken in the lesson, what further actions might be necessary and what further actions the teacher will take
3. The researcher observing the lesson reports back on this to the local study manager
4. The local study manager discusses the disclosure with the local PI and, where necessary, seeks further guidance from our NSPCC partners to determine the appropriate response. If the teacher has told the researcher observing the session that they will report the issue to the safeguarding lead, typically no further action on the part of the NSPCC or researcher will be indicated.
5. If deemed appropriate in Step 4, the local study manager notifies the school safeguarding lead about the disclosure
6. The local study manager follows up with the school safeguarding lead 1 week later to determine what steps have been taken to resolve the matter.

Disclosure during an interview with NSPCC trainers, school staff or parents (note: disclosures made during interviews with students are addressed earlier in this document).

1. If needed, the researcher conducting the interview asks additional questions to clarify whether, based on the interview participant's knowledge, there is a notifiable or potentially notifiable safeguarding issue, what actions have been taken, what further actions might be necessary, and for school staff what further actions the member of staff will take.
2. The researcher conducting the interview reports back on this to the local study manager
3. The local study manager discusses the disclosure with the local PI and, where necessary, seeks further guidance from our NSPCC partners to determine the appropriate response. For interviews with NSPCC trainers and school staff, if the interview participant has told the

researcher that they will report the issue to the safeguarding lead, typically no further action on the part of the NSPCC or researcher will be indicated.

4. If deemed appropriate in Step 3, the local study manager notifies the school safeguarding lead about the disclosure
5. The local study manager follows up with the school safeguarding lead 1 week later to determine what steps have been taken to resolve the matter.

Logging and reporting safeguarding concerns

After all such conversations with young people, and after debriefing within the research team and, where necessary, seeking advice from NSPCC staff, the local study manager will write a log (using the log form in appendix 2) as soon as possible afterwards, of what was asked, what was said and what actions were taken. This log form will be stored as a password protected document on a university network drive accessible only by the research team.

Anonymised summary details of any disclosures will be reported to the Study Steering Committee and reported to the NSPCC and LSHTM committees annually. Where safeguarding concerns meet the criteria for a serious adverse event (SAE) or suspected unexpected serious adverse reaction (SUSAR) these will also be subject to the SAE and SUSAR reporting standard operating procedure, and in the case of SUSARs be reported to the above committees immediately.

Updating of the SOP

It is the responsibility of the Study Managers to keep this SOP under review and update it when necessary with advice from the PIs and NSPCC staff.

Appendix 1: Glossary

Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: <ul style="list-style-type: none"> • protecting children from maltreatment; • preventing impairment of children's health or development; • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and • taking action to enable all children to have the best life chances.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave

	<p>in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>
Child sexual exploitation	<p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
Neglect	<p>The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>

Appendix 2: Log of safeguarding concerns

Concerns should be logged using the Safeguarding Concerns Log below.

Date concern identified	Initials of person noting the concern	Name, form and year group of the young person in question	School	Nature of concern	Actions taken (including all discussions)	Outcome of actions taken