

Child Safe Standards – Standard Five



Responding to allegations of suspected child abuse

This policy statement should be read in conjunction with Westall Primary school's Mandatory Reporting policy.

At Westall Primary School, procedures for responding to allegations of child abuse apply to allegations or disclosures of child abuse made in relation to a child, by school staff, visitors or any other person connected to our school environment. Whether a school staff member, visitor, maintenance person, contract staff member etc., each adult has a duty to take reasonable steps to protect children under their care and/or supervision from harm that is reasonably foreseeable (this applies to ALL persons connected to the school environment). The question of what constitutes “**reasonable steps**” will depend on the individual circumstances of each case. In relation to suspected child abuse, reasonable steps may include (but are not necessarily limited to):

- acting on concerns and suspicions of abuse as soon as practicable seeking appropriate advice or consulting with other professionals or agencies when the school staff member is unsure of what steps to take
- reporting the suspected child abuse to appropriate authorities such as the Victoria Police and DHHS Child Protection arranging counselling and/or other appropriate welfare support for the child providing on-going support to the child – this may include attending DHHS Child Protection Case Planning meetings, and convening regular Student Support Group meetings
- sharing information with other school-based staff who will also be responsible for monitoring and providing on-going support to the child. It is particularly important for visitors and/or others associated with the school such as contractors, maintenance personnel etc. to seek out school personnel who can assist and advise regarding further steps that need to be taken.

NOTE: Duty of care also extends to students who are:

- **aged 17 years and over** In circumstances where you suspect that a student over the age of 17 is subject to abuse you should still follow the Four Critical Actions for Schools: Responding to Incidents, Disclosures or Suspicions of Child Abuse. Although DHHS Child Protection work with children under 17 they can still be contacted with concerns relating to students 17 and over for referral and advice.
- **involved in student sexual offending** You have a duty of care towards all students involved in student sexual offending, including the alleged victim, assailant and any other students in the school who may have witnessed and/or been affected by the abusive behaviour.

Different types of abuse and recognising the possible physical and behavioural indicators of:

- physical abuse
- sexual abuse
- grooming
- emotional or physiological harm
- neglect
- family violence.

When identifying child abuse, it is critical to remember that:

- the trauma associated with child abuse can significantly impact upon the wellbeing and development of a child
- all concerns about the safety and wellbeing of a child, or the conduct of a staff member, contractor or volunteer must be acted upon as soon as practicable.

What is physical child abuse?

Physical child abuse can consist of any non-accidental infliction of physical violence on a child by any person. Examples of physical abuse may include beating, shaking or burning, assault with implements and female genital mutilation (FGM).

PHYSICAL indicators of physical child abuse include (but are not limited to):

- bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs
- bruises or welts in unusual configurations, or those that look like the object used to make the injury, e.g. fingerprints, handprints, buckles, iron or teeth

- burns from boiling water, oil or flames or burns that show the shape of the object used to make them, e.g. iron, grill, cigarette
- fractures of the skull, jaw, nose and limbs (especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development)
- cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- bald patches where hair has been pulled out
- multiple injuries, old and new
- effects of poisoning
- internal injuries.

Behavioural indicators of physical child abuse:

- disclosure of an injury inflicted by someone else (parent, carer or guardian), or an inconsistent or unlikely explanation or inability to remember the cause of injury
- unusual fear of physical contact with adults
- aggressive behaviour
- disproportionate reaction to events
- wearing clothes unsuitable for weather conditions to hide injuries
- wariness or fear of a parent, carer or guardian
- reluctance to go home
- no reaction or little emotion displayed when being hurt or threatened
- habitual absences from school without reasonable explanation
- overly compliant, shy, withdrawn, passive and uncommunicative
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self-and/or others
- poor sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. bed-wetting
- drug or alcohol misuse, suicide or self-harm.

What is child sexual abuse?

Child sexual abuse:

- is when a person uses power or authority over a child to involve them in sexual activity
- can include a wide range of sexual activity including fondling the child's genitals, oral sex, vaginal or anal penetration by a penis, finger or other object, or exposure of the child to pornography.

Child sexual abuse may not always include physical sexual contact (e.g. kissing or fondling a child in a sexual way, masturbation, oral sex or penetration) and can also include non-contact offences, for example:

- talking to a child in a sexually explicit way
- sending sexual messages or emails to a child
- exposing a sexual body part to a child
- forcing a child to watch a sexual act (including showing pornography to a child)
- having a child pose or perform in a sexual manner (including child sexual exploitation).

Child sexual abuse does not always involve force. In some circumstances a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.

Who is most at risk of child sexual abuse?

Any child can be victim to sexual abuse, however children who are vulnerable, isolated and/or have a disability are much more likely to become victim and are disproportionately abused. Perpetrators can include (but are not limited to):

- a family member (this is known as intra family abuse and can include sibling abuse) a school staff member, coach or other carer a peer/child 10 years or more in age* a family friend or stranger a person via a forced marriage (where a student is subject to a marriage without their

consent, arranged for by their immediate or extended family - this constitutes a criminal offence and must be reported).

**Unwanted sexual behaviour toward a student by a person 10 years or over can constitute a sexual offence and is referred to as student-to-student sexual offending.
Please note that a child who is under 10 years of age is not considered to be capable of committing an offence. Any suspected sexual behaviours by children under 10 is referred to as problem sexual behaviour.*

PHYSICAL indicators of sexual abuse include (but are not limited to):

- injury to the genital or rectal area, e.g. bruising, bleeding, discharge, inflammation or infection
- injury to areas of the body such as breasts, buttocks or upper thighs
- discomfort in urinating or defecating
- presence of foreign bodies in the vagina and/or rectum
- sexually-transmitted diseases
- frequent urinary tract infections
- pregnancy, especially in very young adolescents
- anxiety-related illnesses, e.g. anorexia or bulimia.

BEHAVIOURAL indicators of sexual abuse include (but are not limited to):

- disclosure of sexual abuse, either directly (from the alleged victim) or indirectly (by a third person or allusion)
- persistent and age-inappropriate sexual activity, e.g. excessive masturbation or rubbing genitals against adults
- drawings or descriptions in stories that are sexually explicit and not age-appropriate
- fear of home, specific places or particular adults
- poor/deteriorating relationships with adults and peers
- poor self-care or personal hygiene.
- complaining of headaches, stomach pains or nausea without physiological basis
- sleeping difficulties
- regressive behaviour, e.g. bed-wetting or speech loss
- depression, self-harm, drug or alcohol abuse, prostitution or attempted suicide
- sudden decline in academic performance, poor memory and concentration
- promiscuity
- wearing layers of clothing to hide injuries and bruises.

BEHAVIOURAL indicators for perpetrators of child sexual abuse include (but are not limited to):

Family Member (adult)

- attempts by one parent to alienate their child from the other parent
- overprotective or volatile relationship between the child and one of their parents/ family members
- reluctance by the child to be alone with one of their parents/family members.

Family Member (sibling)

- the child and a sibling behaving like boyfriend and girlfriend
- reluctance by the child to be alone with a sibling
- embarrassment by siblings if they are found alone together.

School staff member, coach or other carer

- touching a child inappropriately
- bringing up sexual material or personal disclosures into conversations with a student/s
- inappropriately contacting the student/s, e.g. calls, emails, texts, social media
- obvious or inappropriate preferential treatment of the student/s (making them feel “special”)
- giving of gifts to a student/s
- having inappropriate social boundaries, e.g. telling the potential victims about their own personal problems etc.

- offering to drive a student/s to or from school
- inviting themselves over to their homes, calling them at night
- befriending the parents themselves and making visits to their home
- undermining the child's reputation (so that the child won't be believed).

What is grooming?

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer.

Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming behaviour can look like "normal" caring behaviour.

What is online grooming?

Online grooming is a criminal offence and occurs when an adult uses electronic communication (including social media) in a predatory fashion to try to lower a child's inhibitions, or heighten their curiosity regarding sex, with the aim of eventually meeting them in person for the purposes of sexual activity. This can include online chats, sexting, and other interactions.

BEHAVIOURAL indicators that a child may be subject to grooming include (but are not limited to):

- developing an unusually close connection with an older person
- displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed)
- using street/different language; copying the way the new 'friend' may speak; talking about the new 'friend' who does not belong to his/ her normal social circle
- possessing jewellery, clothing or expensive items given by the 'friend'
- possessing large amounts of money which s/he cannot account for
- using a new mobile phone (given by the 'friend') excessively to make calls, videos or send text messages
- being excessively secretive about their use of communications technologies, including social media
- frequently staying out overnight, especially if the relationship is with an older person
- being dishonest about where they've been and whom they've been with
- using drugs; physical evidence includes spoons, silver foil, 'tabs', 'rocks'
- assuming a new name; being in possession of a false ID, stolen passport or driver's license provided by the 'friend' to avoid detection
- being picked up in a car by the 'friend' from home/school or 'down the street'.

What is emotional abuse?

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats, or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person, to the extent that the child suffers, or is likely to suffer, emotional or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

PHYSICAL indicators of emotional abuse include (but are not limited to):

- speech disorders such as language delay, stuttering or selectively being mute (only speaking with certain people or in certain situations)
- delays in emotional, mental or physical development.

BEHAVIOURAL indicators of emotional abuse include (but are not limited to):

- overly compliant, passive and undemanding behaviour
- extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour
- low tolerance or frustration
- poor self-image and low self-esteem
- unexplained mood swings, depression, self-harm or suicidal thoughts
- behaviours that are not age-appropriate, e.g. overly adult, or overly infantile

What is neglect?

Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

In some circumstances the neglect of a child:

- can place the child's immediate safety and development at serious risk
- may not immediately compromise the safety of the child, but is likely to result in longer term cumulative harm.

PHYSICAL indicators of neglect include (but are not limited to):

- appearing consistently dirty and unwashed
- being consistently inappropriately dressed for weather conditions
- being at risk of injury or harm due to consistent lack of adequate supervision from parents
- being consistently hungry, tired and listless
- having unattended health problems and lack of routine medical care
- having inadequate shelter and unsafe or unsanitary conditions.

BEHAVIOURAL indicators of neglect include (but are not limited to):

- gorging when food is available or inability to eat when extremely hungry
- begging for or stealing food
- appearing withdrawn, listless, pale and weak
- aggressive behaviour, irritability
- involvement in criminal activity
- little positive interaction with parent, carer or guardian
- poor socialising habits
- excessive friendliness towards strangers
- indiscriminate acts of affection
- poor, irregular or non-attendance at school
- staying at school for long hours and refusing or being reluctant to go home
- self-destructive behaviour
- taking on an adult role of caring for parent.

There are many indicators of child abuse and neglect. The presence of a single indicator, or even several indicators, does not prove that abuse or neglect has occurred. However, the repeated occurrence of an indicator, or the occurrence of several indicators together, should alert teachers to the possibility of child abuse and neglect.

What is family violence?

Family violence can include physical violence or threats, verbal abuse, emotional and physical abuse, sexual abuse and financial and social abuse.

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma.

PHYSICAL indicators of family violence include (but are not limited to):

- speech disorders
- delays in physical development
- failure to thrive (without an organic cause)
- bruises, cuts or welts on facial areas, and other parts of the body including back, bottom, legs, arms and inner thighs
- any bruises or welts (old or new) in unusual configurations, or those that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron or teeth)
- internal injuries.

BEHAVIOURAL indicators of family violence include (but are not limited to):

- violent/aggressive behaviour and language
- depression and anxiety and suicidal thoughts
- appearing nervous and withdrawn, including wariness of adults
- difficulty adjusting to change.

- psychosomatic illness
- bedwetting and sleeping disorders.
- 'acting out', such as cruelty to animals
- extremely demanding, attention-seeking behaviour
- participating in dangerous risk-taking behaviours to impress peers
- overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- taking on a caretaker role prematurely, trying to protect other family members
- embarrassment about family
- demonstrated fear of parents, carers or guardians, and of going home
- disengagement from school and/or poor academic outcomes
- parent-child conflict.

For older children and young people indicators can also include:

- moving away/running away from home
- entering a relationship early to escape the family home
- experiencing violence in their own dating relationships
- involvement in criminal activity
- alcohol and substance abuse.

How should an adult respond and what should they do?

If physical and/or behavioural indicators leads to a suspicion that a child has or is being abused, or is at risk of abuse, then you must respond as soon as practicable by following the Four Steps (described below).

Responding to Incidents, Disclosures or Suspicions of Child Abuse

If you believe that a student is **not** being abused, but you still hold concerns for their safety or wellbeing, refer to advice about Responding to Other Concerns About the Wellbeing of a Child (see below) to determine who to consult with, when to make a report and when to engage other wellbeing professionals. Regardless of the suspected cause, all concerns about the wellbeing of a child should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which do not appear to be the result of abuse.

You should make a referral to **Child FIRST** if:

- you have a significant concern for a child's wellbeing
- your concerns have a low-to-moderate impact on the child
- the child's immediate safety is not compromised
- you/your school has discussed the referral with the family and they are supportive of it.

You **must** contact **Victoria Police** if:

- there is any concern for a child's immediate safety and/or
- a child is partaking in any risk-taking activity that is illegal and extreme in nature or poses a high risk to the child.

You should contact **DHHS Child Protection** if:

- after consideration of all of available information you form a view that the child is in need of protection
- you believe that the child's parent/carers will not be open to support from family services to address their child's wellbeing.

If you are unsure whether to take action, or what action to take you should discuss this with the Principal and/or Child Safe Leader and make contact with authorities for further advice.

The Principal, Assistant Principal and/or Child Safe Leader are responsible for:-

- promptly **managing** the school's response to an allegation or disclosure of child abuse, and ensuring that the allegation or disclosure is taken seriously.
- Responding appropriately to a child who makes or is affected by an allegation of child abuse. The support of the child/children affected needs to be ongoing with a follow up support plan put in place.

- **monitoring** overall school compliance with the school's response to incidents procedures.
- managing an alternative procedure for responding to an allegation or disclosure if the person allocated responsibility under **Ministerial Order clause 11 (3)**

(c) (i) ie promptly managing the school's response to an allegation or disclosure of child abuse, and ensuring that the allegation or disclosure is taken seriously; cannot perform his or her role. Fulfilling these roles and responsibilities contained in the procedure, the Principal, Assistant Principal or Child Safe Leader does not displace or discharge any other obligations that arise if a person reasonably believes that a child is at risk of child abuse.

If physical and/or behavioural indicators lead you to suspect that a child has or is being abused, or is at risk of abuse, you must respond as soon as practicable, by following these four key steps:

See link

https://www.education.vic.gov.au/Documents/about/programs/health/protect/FourCriticalActions_ChildAbuse.pdf

All reporters who form a belief on reasonable grounds that a child or young person:

- is in need of protection from physical injury or sexual abuse must report their concerns to DHHS Child Protection or Victoria Police.
- is displaying sexually abusive behaviours and is in need of therapeutic treatment should report their concerns to DHHS Child Protection.

The reporter must:

- Make a report as soon as practicable
- Make a report on each occasion that they form a belief or
- Ensure that a report has been made in instances where another mandated reporter has undertaken to make the report.

FAILURE TO PROTECT and FAILURE TO DISCLOSE OFFENCES

Any staff member or person associated with the school (e.g. visitor, contractor, maintenance worker etc.) who forms a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 **must disclose that information to police.**

Failure to disclose the information to police is a criminal offence, unless a reasonable excuse has been formed such as:-

- information has already been reported to DHHS Child Protection.

Fear for own or others' safety

The offence applies to all adults in Victoria, not just professionals who work with children.

If an adult fails to take reasonable steps to protect a child from harm and/or fails to disclose, this may amount to a criminal offence. Refer to the Dept of Justice fact sheets on FAILURE to Protect and Failure to DISCLOSE for further information.

If you need to report a child in immediate risk or danger of a sexual offence please call Triple Zero (000).

Reducing or removing the risk of child sexual abuse posed by an adult associated with Westall Primary School.

If required, the principal (or assistant principal) may need to take reasonable steps to reduce or remove a known substantial risk that an adult associated with their organisation will commit a sexual offence against a child.

Examples could include:

- A current employee who is known to pose a risk of sexual abuse to children in the organisation should be immediately removed from contact with children and reported to appropriate authorities and investigated.
- A community member who is known to pose a risk of sexual abuse to children should not be allowed to volunteer in a role that involves direct contact with children at the organisation.
- A parent who is known to pose a risk of sexual abuse to children in a school should not be allowed to attend overnight school camps as a parent helper.
- Removing a suspected adult from child-related work pending investigation.

Action/notification to DHHS Child Protection must occur if a 'reasonable belief' has been formed. For example, a 'reasonable belief' might be formed if:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows a child states that the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads a professional to form a belief that the child has been physically or sexually abused or is likely to be abused
- signs of abuse lead to a belief that the child has been physically or sexually abused

A report should be made to DHHS Child Protection in circumstances where, for example:

- the child is engaging in risk-taking behaviour
- female genital mutilation has occurred, or there is a risk of it occurring
- there is a risk to an unborn child
- a child or young person is exhibiting sexually-abusive behaviours
- there are indications that a child is being groomed.

The following table describes the steps in how to make a mandatory report, to report child abuse or child protection concerns.

In case of emergency or if a child is in immediate danger contact Triple Zero (000) or the local police station.

Alternatively, to report concerns about the immediate safety of a child within their family unit to DHHS Child Protection, call the Child Protection Crisis Line on 13 12 78 (24 hours 7 days, toll free)

1. Keep comprehensive notes that are dated and include the following information:

- information that has led to concerns about the child's safety (e.g. physical injuries, student behaviour)
- the source of this information (e.g. observation of behaviour, report from child or another person)
- the actions taken as a result of the concerns (e.g. consultation with principal, report to DHHS Child Protection etc.).

2. Discuss any concerns about the safety and wellbeing of students with the principal or a member of the school leadership team. The individual staff member should then make their own assessment about whether they should make a report about the child or young person and to whom the report should be made.

3. Gather the relevant information necessary to make the report. This should include the following information:

- full name, date of birth, and residential address of the child or young person
- the details of the concerns and the reasons for those concerns
- the individual staff member's involvement with the child and young person
- details of any other agencies who may be involved with the child or young person, if known.

4. Make a report to the relevant agency

To report concerns about the immediate safety of a child within their family unit to DHS Child Protection, call the Child Protection Crisis Line on 13 12 78 (24 hrs 7 days, toll free)

To report concerns to DHHS Child Protection, contact your local child protection office.

5. Make a written record of the report which includes the following information:

- the date and time of the report and a summary of what was reported
- the name and position of the person who made the report and the person who received the report.

6. Notify relevant school staff and/or Department staff of a report to DHHS Child Protection or Child FIRST.

7. For Victorian government schools, the allegations must be reported to the:

- principal or member of the school leadership team

Department's Security Services Unit on (03) 9589 6266

- relevant Regional Office (where applicable, the Koori support officer is to be notified)
- Student Critical Incident Advisory Unit on (03) 9637 2934 or (03) 9637 2487.

In the case of international students, the principal must notify the International Education Division on (03) 9637 2990 to ensure that appropriate support is arranged for the student.

Interviews

The roles and responsibilities of staff members in supporting children who are involved with DHHS Child Protection may include the following:

- acting as a support person for the child or young person
- attending DHHS Child Protection case planning meetings
- observing and monitoring the child's behaviour
- liaising with professionals.

Requests for Information

DHHS Child Protection and/or Child FIRST and/or Victoria Police may request information about the child or family for the purpose of investigating a report and assessing the risk to the child or young person.

In certain circumstances, DHHS Child Protection can also direct school staff and Department staff to provide information or documents about the protection or development of the child. Such directions should be in writing and only be made by authorised persons within DHHS Child Protection. for more information see:

Requests for Information About Students

Witness Summons

If DHHS Child Protection makes a Protection Application in the Children's Court of Victoria, any party to the application may issue a Witness Summons to produce documents and/or to give evidence in the proceedings.

See reporting sheets