



Child Safe Standard 5

POLICY DETAILS

Policy Title	Child Safe Standard 5
Creation Date	17 th August 2017
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Ratified	By School Council August 2017

As a Harcourt Valley Primary School staff member, you have a duty to take reasonable steps to protect children under your care and supervision from harm that is reasonably foreseeable (this applies to ALL school staff).

The question of what constitutes “reasonable steps” will depend on the individual circumstances of each case.

You may breach your duty of care towards a student if you fail to act in the way a reasonable or diligent professional would have acted in the same situation. 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 Department Health and Human Services (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


You must follow the Four Critical Actions for Schools as described on page 8: Responding to Incidents, Disclosures or Suspicions of Child Abuse (pg. 21), to ensure that you fulfil your duty of care obligations for all children who are involved in, or affected by, the suspected child abuse.

Reporting

All staff are required to read and understand the school policy – Child Protection Reporting Policy.

There are certain classes of professionals, who are classified as “mandatory reporters”. Within a school mandatory reporters include all:

- Victorian Institute of Teaching (VIT) registered teachers (including Principals)
- staff who have been granted permission to teach by the VIT
- registered doctors and nurses



All mandatory reporters must make a report to Victoria Police and/or DHHS Child Protection as soon as practicable if, during the course of carrying out their professional roles and responsibilities, they form a belief on reasonable grounds that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical abuse and/or sexual abuse, and
- the child's parents have not protected, or are unlikely to protect, the child from harm of that type

It is a criminal offence not to report in these circumstances.

Identifying signs of child abuse.

As a school staff member: it is critical to be able to recognise the physical or behavioural signs of child abuse (in many circumstances they may be the only indication that a child is subject to abuse) you may be the best-placed or only adult in a position to identify and respond to suspected abuse.

Types of abuse that you need to be aware of include:

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

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

1. the trauma associated with child abuse can significantly impact upon the wellbeing and development of a child
2. 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.

Indicators of Child Abuse.

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 include (but are not limited to):

- 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

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
- does not always involve physical contact or force.

Unwanted sexual behaviour toward a student by a child 10 years or over can constitute a sexual offence and is referred to as student-to-student sexual offending.

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.

What is child sexual exploitation?

Child sexual exploitation is also a form of sexual abuse where offenders use their power, (physical, financial or emotional) over a child to sexually or emotionally abuse them.

It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc.) in return for participating in sexual activities.



Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim.

Who are the common perpetrators of child sexual abuse?

Child sexual abuse is most commonly perpetrated by someone who is known to, and trusted by the child, and often someone highly trusted within their families, communities, schools and/or other institutions.

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.


Indicators of Sexual Abuse.

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

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- 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.

Indicators of 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.

Examples of grooming behaviours may include:


- giving gifts or special attention to a child or their parent or carer (this can make a child feel special or indebted to an adult)
- controlling a child through threats, force or use of authority (this can make a child fearful to report unwanted behaviour)
- making close physical contact sexual, such as inappropriate tickling and wrestling
- openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts (this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault).

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 he/she 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’.

Emotional Child 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
- fear of failure, overly high standards, and excessive neatness
- poor social and interpersonal skills
- violent drawings or writing
- lack of positive social contact with other children.

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

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- self-destructive behaviour
 - taking on an adult role of caring for parent

Family Violence

Family violence is behaviour towards a family member that may include:

- physical violence or threats of violence
- verbal abuse, including threats
- emotional or psychological abuse
- sexual abuse
- 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. The longer a child experiences or is exposed to family violence, the more harmful it is

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

Four Critical Actions

The following four critical actions **MUST** be taken when responding to an incident, disclosure or suspicion of child abuse.

1. Responding to an Emergency

2. Reporting to Authorities

3. Contacting Parents/Carers

4. Providing on-going support

1. Responding to an emergency

Steps to take include:

- Separate the child if required from danger
- Arrange for urgent medical care if required
- Administer first aid if required
- Call 000 immediately and ask for police
- Preserve the environment if possible – the child's clothing, other items and witnesses (if available)
- Remain with the student **AT ALL TIMES**

2. Reporting to Authorities

Please read the school policy – Child Protection Reporting Policy

Steps to also take are:

- Contact the police
- Report internally to:
 - Principal
 - Employee Conduct Brane and Security Services Unit
 - DHHS Child Protection

3. Contacting Parents/Carers

BEFORE contacting parents – the Principal MUST seek advice from DHHS Child Protection or Victoria Police. The Principal will be advised not to contact the parents if:

- the parents are alleged to have engaged in the abuse
- a disclosure to the parents/carers may subject the child to further abuse
- the child is a mature minor (assessed to be sufficiently mature and intelligent to make such decisions on his or her own behalf) and have requested that their parents/carers not be notified (in these circumstances ideally the child will nominate another responsible adult be contacted)
- the notification is likely to adversely affect the investigation of the incident by the relevant authorities.

If parents are contacted, it is important to:

- Remain calm
- Be empathetic to feelings
- Validate concerns
- Provide appropriate details of the incident, disclosure and/or suspicion of child abuse
- Outline the action the school staff have taken to date
- Inform them of who the incident, disclosure and/or suspicion has been reported to
- Provide the name and contact phone number of DHHS Child Protection and/or the police officer who is investigating
- Provide information on whether they are likely to be contacted by DHHS Child Protection or Victoria Police (if known)
- Inform them that the investigation may take some time and ask what further information they would like and how school staff can assist them
- Assure them that school wellbeing staff can provide support to the child. Victorian Government school staff can make referrals to Student Support Services or other wellbeing staff based at the school
- Invite the parents/carers to attend a Student Support Group meeting where a Student Support Plan can be prepared to ensure that appropriate support can be provided for their child

4. Providing ongoing support

School must undertake:

- Working Together and Planning Support
- Engaging Allied Health and Wellbeing Supports
- Referring to Non-School Based Supports
- Providing Developmentally and Culturally Appropriate Support
- Providing Support for Impacted School Staff Members
- Supporting Students in Interviews Conducted at School
- Complying with Subpoenas or Court Attendance
- Responding to Complaints or Concerns



Principal Checklist

Principals have primary responsibility for managing their school's response to incidents, disclosures and suspicions of child abuse.

As outlined in the *Minimum Standards for a Child Safe Environment, Ministerial Order No. 870- Child Safe Standards- Managing the risk of child abuse in schools*, it is a requirement that the school leadership team support and empower staff to make a report by having clear policies and procedures about:

- who a staff member can seek advice from regarding if and who to report to
- what arrangements are in place to relieve staff while they are making or deciding to make a report as soon as practicable
- what strategies are in place to support staff through the process of making a report
- maintaining written records.

PRINCIPAL'S CHECKLIST

Fulfilling your role when an incident, disclosure or suspicion of child abuse comes to your attention.

If there is an incident, disclosure or suspicion of child abuse concerning a student or staff member at your school, as a Principal, you are responsible for:

REPORTING AND RECORDING

- Ensuring that **the Four Critical Actions for Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse** have been followed
- Ensuring that your staff complete the **Responding to Suspected Child Abuse: Template for all Victorian Schools**
- Undertaking the review process included within the template between 4-6 weeks after a report is made.

ON-GOING COMMUNICATION

Ongoing liaison/communication with:

- DHHS Child Protection and Victoria Police
- Regional Office and SIRU if engaged (Government schools)
- Diocese education office (Catholic schools)
- School Board (Independent schools)
- Parents/carers of all impacted students (where appropriate, following advice from authorities)

If an international student is impacted:

- Liaison with International Education Division (Government schools)
- Liaison with VRQA (Catholic and Independent schools in some instances)

If an Aboriginal or Torres Strait Islander Student is impacted:

- Liaison with Koorie Education Officer (Government schools)
- Liaison with Diocese education office (Catholic schools)

If a staff member is implicated:

- Liaison with Victoria Police
- Ongoing communication and action as set out by the Employee Conduct Branch (Government schools)
- Ongoing communication and action as set out by Diocesan education office (Catholic schools)
- Ongoing communication with the School Board (Independent schools).

PROVIDING ON-GOING SUPPORT

Overseeing the development of a short-term action plan for all children impacted by suspected abuse in consultation with:

- The Region and the Student Incident and Recovery Unit (government schools)
- Diocese education office (Catholic schools)

Ensuring ongoing education and support services are provided for all children involved via:

- Formation of a Student Support Group
- Developing, implementing and reviewing a ***Student Support Plan*** in partnership with children and their parents/carers, allied health workers and external support agencies where appropriate (this plan should list appropriate school-level and non-school based supports and should assist students in returning to school)
- Addressing concerns as they arise

Provision of school based wellbeing services

- Continued monitoring of the situation and the health and wellbeing of impacted children and staff members
- Ensuring the provision of ongoing support for the children, families and staff members involved.

STANDARD REVIEW

This standard will be reviewed in conjunction with the school Principal each year by the elected School Council. Any changes will be made in accordance to the Victorian Education Department and VRQA guidelines. All revisions will be documented.

REVISION HISTORY

Version	Date	Revisions Made
1	17/8/17	Standard created