

CHILD PROTECTION POLICY (VIC)

Our Service is committed to providing a child safe environment where children's safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. We will ensure all employees and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and requirements as Mandatory Reporters.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
155	Interactions with children
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training

RELATED POLICIES

Child Safe Environment Policy Code of Conduct Policy Family Communication Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy Recruitment Policy Reportable Conduct Scheme Policy [Vic.]	Respect for Children Policy Responsible Person Policy Staffing Arrangements Policy Student and Volunteer Workers Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

All educators, staff and volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities to protect children from all types of abuse and neglect and will adhere to our moral and legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best interest of each child, assisting them to develop to their full potential in a secure and child safe environment. We understand our statutory duty of care to comply with both the Victorian Child Safe Standards and Reportable Conduct Scheme to build our capacity as an organisation to prevent and respond to allegations of child abuse.

SCOPE

This policy applies to management, staff, families, visitors (including contractors) and children of the Service.

WHAT IS CHILD ABUSE?

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

IDENTIFYING SIGNS OF CHILD ABUSE

Staff within early childhood services play a vital role in protecting children from harm by responding to and reporting any incidents, disclosure or suspicions. Educators and staff are best placed to identify signs and behaviours that may indicate that a child has been subject to abuse or identify a community member, staff member, contractor or volunteer may be a perpetrator. Understanding the signs of child abuse is critical in supporting children's safety and wellbeing. [Victoria State Government-Child protection in early childhood PROTECT].

There are different forms of child abuse-

- Physical abuse
- child sexual abuse
- grooming
- emotional child abuse

- neglect
- family violence and
- children exhibiting inappropriate sexual behaviour. Further information about the recognition of signs of child abuse and definitions are include in *Appendix 1* of this policy.

Duty of Care

Duty of care refers to your responsibility to adequately protect children in care from harm. This common law concept applies to all staff members within any Victorian early childhood service and is usually expressed as “*a duty to take reasonable steps to protect children from injury that is reasonably foreseeable.*” Victoria State Government (2021).

Duty of care means:

- acting on concerns quickly and in the child's best interests
- protecting the safety, health and wellbeing of children in their care
- seeking appropriate advice or consulting when unsure
- reporting concerns to the relevant authorities
- providing ongoing support to a child and their family
- sharing information, upon request, to assist DHHS Child Protection or Police to protect and/or promote the wellbeing and development of a child
- attending DHHS Child Protection Case Planning meetings.
- Staff may breach their duty of care towards a child if they fail to act in the way a reasonable/diligent person would in the same situation.

Mandatory reporting is the legislative requirement for selected classes of people to make a report to Child Protection and/or Victoria Police where they form a reasonable belief, that a child has been or is at risk of significant harm, as a result of physical or sexual abuse, and the child's parents have not protected or are unlikely to protect the child from that abuse. It is a criminal offence to fail to report in these circumstances. In Victoria (VIC) mandatory reporting is regulated by the *Children Youth and Families Act 2005*.

Mandatory reporters

Mandatory reporters in Victoria, are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- registered medical practitioners
- nurses, including midwives

- Victorian police officers
- registered teachers and school principals
- out of home care workers (excluding voluntary foster and kinship carers)
- early childhood workers
- youth justice workers
- registered psychologists
- school counsellors
- people in religious ministry.

<https://providers.dffh.vic.gov.au/child-protection>

Working With Children Check

A Working With Children Check is mandatory for all employees working or volunteering with children within Education and Care Services. Education and Care Services and organisations are required to check the status of an employee's Working With Children Check BEFORE an employee begins working with children. Working with Children Check Victoria will notify organisations in writing if an employee's Working With Children Check has been suspended or revoked.

Child Safe Standards

All early childhood services must comply with the Victorian Child Safe Standards and implement strategies to embed an organisational structure of child safety. These include: screening, supervision, training and other human resources practices to reduce the risk of child abuse for new and existing staff members, processes for responding to and reporting suspected child abuse, strategies to identify and reduce or remove risks of child abuse and strategies to promote the participation and empowerment of children

Failure to disclose and failure to protect

Failure to disclose or take action in relation to suspected child sexual abuse can constitute a criminal offence. The law requires any adult who holds a reasonable belief that a sexual offence has been committed in Victoria, by an adult against a child (aged under 16) disclosed this information to police.

Forming a reasonable belief/reasonable grounds

A person forms a reasonable belief that a child is in need of protection, or their safety or wellbeing is at risk when they are more likely to accept rather than reject their suspicion and the belief is formed through disclosures, observations or other information. Proof is not required to support your claim.

Reasonable grounds for forming a belief may include where:

- a child states they have been abused
- a child states they know someone who has been, or is being, abused
- someone who knows the child states that the child has been abused, is being abused, or is at risk of abuse
- you observe a child's behaviour, actions or injuries that may place them at risk of harm or abuse
- you are aware of persistence violence, parental substance misuse, disability that is impacting on the child's safety, stability or development
- you observe signs or indicators of abuse.

Staff should make sufficient enquiries to form a belief, however it is not the role of staff to conduct an investigation into child protection concerns or criminal offences. DHHS Child Protection or Victoria Police will determine what is to be investigated.

IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare, or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to maintain current knowledge of child protection and Mandatory Reporter requirements by completing Child Protection Awareness Training **annually**.

The Approved Provider/ Nominated Supervisor will ensure:

- any Responsible Person in day-to-day charge of the Service has successfully completed a course in child protection approved by the Regulatory Authority
- the recruitment process for all educators and staff is robust and includes pre-employment screening, reference checks
- all educators', staff, and volunteers' Working with Children Checks are checked prior to engagement of work and recorded on staff records
- all employees and volunteers are:
 - provided with a copy of the current *Child Protection Policy* as part of the induction process at the Service
 - aware of child protection legislation including:
 - their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm

- their duty of care obligations for all children who are involved in or affected by the suspected child abuse
 - their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
 - aware of indicators showing a child may be at risk of harm or significant risk of harm
 - aware of the [Four Critical Actions](#) to follow when responding to incidents, disclosures and suspicions of child abuse
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis
- educators are supported and empowered to make a report to DHHS Child Protection, Victoria Police or seek a referral to Child FIRST by having clear procedures in place
- access is provided to all staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations
- to adhere to the Reportable Conduct Scheme and report any allegations of 'reportable conduct'
- to notify the Commission within three (3) business days of becoming aware of a reportable allegation made against an employee or volunteer using online forms found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/notify-and-update>
- records of abuse or suspected abuse are kept in line with our *Privacy and Confidentiality Policy*
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

Educators will:

- promote the welfare, safety, and wellbeing of children at the Service at all times
- ensure children feel safe and supported at the early childhood service and their individual needs are met
- comprehend their obligations as mandatory reporters and their duty of care requirements if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
- participate in annual child protection training and other relevant professional training
- be able to identify signs of child abuse (see Appendix 1)
- follow the [Four Critical Actions for Early Childhood Services: Responding to incidents, disclosures and suspicions of Child Abuse](#)

- Responding to an emergency
- Reporting to authorities
- Contacting parents or carers
- Providing ongoing support
- respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST or The Orange Door- <https://services.dffh.vic.gov.au/referral-and-support-teams> Family consent will be sought before making referrals
- allow children to be part of decision-making processes where appropriate
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority
- understand their legal obligations to report or take action in relation to suspected child abuse under the Reportable Conduct Scheme
- share information with other professionals working with children as part of the information sharing and family violence reform schemes
- provide ongoing monitoring and follow-up for children's health and wellbeing.

MAKING A CHILD PROTECTION REPORT

Early childhood services must take immediate action relating to concerns about potential child abuse. In the case of an emergency, staff should contact Emergency Services on 000.

Under the Failure to Disclose offence, *any adult* must report to Victoria Police if they reasonably believe that a sexual offence has been committed by an adult against a child under the age of 16.

A report must be made to DHHS Child Protection if the mandatory reporter forms a belief on reasonable grounds the child is:

- in need of protection due to child abuse
- at risk of being, harmed (or has been harmed) and the harm has, or is likely to have an impact on the child's safety, stability or development.

If an educator has a concern and they are unsure if a report should be made to DHHS Child Protection or Victoria Police, or a referral to Child First they should discuss this with the approved provider, director or responsible person.

Services will contact their local DHHS Child Protection intake provider to report concerns.

Northern Division intake: 1300 664 977

South Division Intake: 1300 655 795

East Division intake: 1300 360 391

West Division intake- metropolitan: 1300 664 977

West Division intake- rural and regional: 1800 075 599

If you are not sure which number to call, check Department of Health and Human Services - [Child protection](#) contacts for details on the LGAs covered by each intake service.

REPORTING CONCERNS ABOUT THE WELLBEING OF A CHILD

Educators and staff who have significant concerns for the wellbeing of a child (or unborn child) may report these concerns to DHHS Child Protection or refer the matter to Child First.

DOCUMENTING A SUSPICION OF HARM

If educators have concerns about the safety of a child, they will:

- record their concerns in a non-judgmental and accurate manner as soon as possible
- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
 - not endeavour to conduct their own investigation
- Child Protection will require accurate information including:
 - child's personal details (name, gender, address, DOB, details of siblings)
 - indicators of harm- the reason for believing that the injury or behaviour is the result of abuse or neglect
 - description- full details of the alleged abuse (times and dates)
 - safety assessment- assessment of any immediate danger to the child or children
 - other services- agency involved (previous)
 - family information- language spoken, history of violence
 - cultural characteristics- any specific cultural details that will assist to care for the child
 - notifier information- name, date, position, relationship to child
 - date of report and signature

[see: Child Protection Notification- Observation Record]

DOCUMENTING A DISCLOSURE

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm, the Service will:

- remain calm and not display expressions of panic or shock
- state clearly that the abuse is not the child's fault
- listen to the child
- not promise to keep a secret
- use the child's language and vocabulary
- tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe and stop the abuse
- only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- not attempt to conduct their own investigation or mediate an outcome between the parties involved.
- document as soon as possible so the details are accurately captured including:
 - time, date and place of the disclosure
 - 'word for word' what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken
 - date of report and signature.

In addition, an educator receiving a disclosure from a child will:

- give the child or young person their full attention
- maintain a calm appearance
- reassure the child or young person it is right to tell
- accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- let the child or young person take his or her time
- let the child or young person use his or her own words
- don't make promises that can't be kept. For example, never promise that you will not tell anyone else
- honestly tell the child or young person what you plan to do next
- do not confront the perpetrator.

CONFIDENTIALITY

It is important that any notification to DHHS Child Protection or Child FIRST remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

Protection for reporters

All reporters are protected against retribution for making or proposing to make a report under amendments to the *Children Youth and Families Act 2005 and Crimes Act 1958* effective April 2021. The identity of the reporter is protected by law from being disclosed, except in certain exceptional circumstances. Provided the report is made in good faith:

- does not breach standards of professional conduct or ethics
- cannot lead to defamation and civil and criminal liability

A report is also an exempt document under the *Freedom of Information Act 1989*.

Sharing of Information

The [Child Information Sharing Scheme](#) allows professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner. Victorian education and care services are able to share, request and use information about child wellbeing or safety through the scheme with other professionals.

Staff within the Service need to have sufficient information in order to be able to support a child who has been impacted (or is suspected to have been impacted) by child abuse. Therefore, it is legally allowable for service staff to share certain information about a child with other staff members, without the consent of a parent/carer and without breaching privacy laws.

Circumstances where it is appropriate to share information about a child who is impacted, or suspected to be impacted by child abuse, may include informing service staff:

- that a child is in a difficult situation
- that a child should be monitored and may need support
- of details on what to do if the child seems distressed or how the child can be supported
- of the management plans and strategies that have been put in place
- of any potential risks to other children

- of a contact person if any additional concerns/observations are made about the child or their family.

If the Service receives a request from an officer from DHHS Child Protection or Victoria Police, for information relating to a child who has been impacted (or is suspected to have been impacted) by child abuse, you should:

- first check the authority and credentials of the person identifying him/herself as an officer from the DHHS or Victoria Police
- provide the information, if the information requested will assist in protecting the child (disclosing information to police will ensure that staff avoid committing a failure to disclose offence). The approved provider or licensee should maintain contact with Victoria Police and DHHS Child Protection as necessary to protect the safety and wellbeing of the children involved.

Disclosure of information to DHHS Child Protection in good faith does not constitute unprofessional conduct or a breach of professional ethics.

BREACH OF CHILD PROTECTION POLICY

All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

- does something that a reasonable person in that person's position would not do in a particular situation
- fails to do something that a reasonable person in that person's position would do in the circumstances or
- acts or fails to act in a way that causes harm to someone the person owes a duty of care.

MANAGING A BREACH IN CHILD PROTECTION POLICY

Management will investigate the breaches in a fair, unbiased and supportive manner by:

- discussing the breach with all people concerned and advising all parties of the process
- giving the educator/staff member the opportunity to provide their version of events
- documenting the details of the breach, including the versions of all parties
- recording the outcome clearly and without bias
- ensuring the matters in relation to the breach are kept confidential
- reach a decision based on discussion and consideration of all evidence.

OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure
- providing closer supervision

- further education and training
- providing mediation between those involved in the incident (where appropriate)
- disciplinary procedures if required
- reviewing current policies and procedures and developing new policies and procedures if necessary

REPORTABLE CONDUCT SCHEME-ALLEGATIONS AGAINST EMPLOYEES, VOLUNTEERS or STUDENTS (or contractors)

The reportable Conduct Scheme has been designed to ensure that the Commission for Children and Young People (CCYP) will be aware of every allegation of certain types of employee misconduct involving children in relevant organisations, including approved education and care services (kindergartens, after school hours care services) and Children's services (occasional care providers).

EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

Our program will educate children:

- about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age-appropriate level and understanding
- about their right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe or uncomfortable
- about how to use their own knowledge and understanding to feel safe
- to identify feelings that they do not feel safe
- the difference between 'good' and 'bad' secrets
- that there is no secret or story that cannot be shared with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

RESOURCES FOR INDICATORS OF ABUSE OR NEGLECT

NAPCAN- <https://www.napcan.org.au/napcan-brochures/>

CHILD SAFE ORGANISATIONS- <https://childsafe.humanrights.gov.au>

Victoria State Government Education and Training. Child protection in early childhood (PROTECT)
<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.aspx>

Source

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Australian Institute of Family Studies. (2005). National comparison of child protection systems: <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>

Australian Government Australian Institute of Family Studies. (2018). Australian child protection legislation: <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.

Australian Government: Australian Institute of Family Studies. (2017). Mandatory reporting of child abuse and neglect: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Children Youth and Families Act 2005

Crimes Act 1958 (Vic)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020).

Revised National Quality Standard. (2018).

The Commission for Children and Young People Act 1998

Victoria State Government Education and Training. *Child Protection in Early Childhood (PROTECT)* <https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.aspx>

Victoria State Government Education and Training: (2018). *Obligations to protect children in early childhood services*: <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>

Victoria State Government Health and Human Services. Child safe standards: <https://providers.dhhs.vic.gov.au/child-safe-standards>

Victoria State Government Health and Human Services. Creating child safe organisations: <https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Victoria State Government Health and Human Services. *Children, youth & families. Child Protection* <https://providers.dhhs.vic.gov.au/child-protection>

Victoria State Government. [Child Information Sharing Scheme](#)

Victoria State Government. Working with Children Check. What organisations need to know. <https://www.workingwithchildren.vic.gov.au/organisations/what-organisations-need-to-know>

Victoria State Government. Commission for Children and Young People. Reportable Conduct Scheme. <https://ccyp.vic.gov.au/reportable-conduct-scheme/>

Working with Children Act 2005 (Vic)

REVIEW

POLICY REVIEWED	AUGUST 2021	NEXT REVIEW DATE	AUGUST 2022
MODIFICATIONS	<ul style="list-style-type: none"> New policy drafted for Victorian ECEC services 		

Appendix 1: Identify signs of child abuse

The State Government of Victoria identifies the following signs of child abuse and includes definitions and physical and behaviour indicators. The following information has been sources from the Victoria State Government- Child Protection in Early Childhood (PROTECT)

[source:<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.aspx>]

INDICATORS OF ABUSE

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

General indicators of abuse and neglect may include:

- Marked delay between injury and seeking medical assistance
- History of injury
- The child gives some indication that the injury did not occur as stated
- The child tells you someone has hurt him/her
- The child tells you about someone he/she knows who has been hurt
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

PHYSICAL ABUSE

Physical child abuse is the non-accidental infliction of physical injury or harm of a child.

Examples of physical abuse may include beating, shaking or burning, assault with implementation of female genital mutilation.

What are the physical indicators of physical child abuse?

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

- evidence of physical injury that would not likely be the result of an accident
- bruises or welts on facial areas and other areas of the body (back, bottom, legs, arms and inner thighs)
- burns from boiling water, oil or flames or burns that show the shape of the object used to make them (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

What are the physical indicators of physical child abuse?

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emaciated and pale
- exhibits significant delays in gross motor development and coordination
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support.

In all children, infants and toddlers:

- disclosure of physical abuse (by child, friend, family member)
- inconsistent or unlikely explanation for cause of injury
- wearing clothes unsuitable for weather conditions to hide injuries
- wariness or fear of a parent, carer or guardian and reluctant to go home
- unusual fear of physical contact with adults
- fear of home, specific places or particular adults
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self-and/or others
- overly compliant, shy, withdrawn, passive and uncommunicative
- change in sleeping patterns, fear of the dark or nightmares and regressive behaviour (bed-wetting)
- no reaction or little emotion displayed when being hurt or threatened
- habitual absences from the service without reasonable explanation, where regular attendance is expected
- complaining of headaches, stomach pains or nausea without physiological basis, poor self-care or personal hygiene.

CHILD SEXUAL ABUSE

Child sexual abuse is when a person uses power or authority over a child to involve them in sexual activity. This can include a wide range of physical and non-contact sexual activity.

Physical sexual contact:

- kissing or fondling a child in a sexual way
- masturbation
- fondling the child's genitals
- oral sex

- vaginal or anal penetration by a penis, finger or other object
- exposure of the child to pornography

Non-contact offences

- 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)
- grooming or manipulation

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) 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 is most at risk of child sexual abuse?

Any child can be victim of sexual abuse, however children who are vulnerable, isolated and/or have a disability are disproportionately abused and are much more likely to become a victim.

What are the physical indicators of child sexual abuse?

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

- injury to the genital or rectal area (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 infections
- frequent urinary tract infections.

What are the behavioural indicators of child sexual abuse?

The behavioural indicators of sexual abuse may be, but are not limited to in an infant or toddler

- self-stimulator behaviours, for example rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination

In all children, infants and toddlers:

- disclosure of sexual abuse (by child, friend, family member)
- drawings or descriptions of stories that are sexually explicit and not age appropriate
- persistent and age-inappropriate sexual activity (excessive masturbation or rubbing genitals against adults)
- wariness or fear of a parent, carer or guardian and reluctance to go home
- unusual fear of physical conduct with adults
- change in sleeping patterns, fear of the dark or nightmares and regressive behaviour such as bed-wetting
- wearing clothes unsuitable for weather conditions to hide injuries
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self- and/or others
- exhibits significant delays in gross and fine motor development and coordination
- overly compliant, shy, withdrawn, passive and uncommunicative
- fear of home, specific places or particular adults
- poor self-care or personal hygiene
- complaining of headaches, stomach pains or nausea without physiological basis.

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 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
- controlling a child through threats, force or use of authority (this can make a child or their parent fearful to report unwanted behaviour)
- making close physical contact or sexual contact, such as inappropriate tickling and wrestling
- openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts.

[What are the behavioural indicators of child grooming?](#)

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 gifts, money and expensive items given by the friend

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, emotionally or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

What are the physical indicators of emotional child abuse?

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

- language delay, stuttering or selectively being mute
- delays in emotional, mental or physical development

What are the behavioural indicators of emotional child abuse?

In an infant or toddler

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support

In all children, infants and toddlers

- 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
- behaviours that are not age-appropriate
- exhibits significant delays in gross and fine motor development and coordination

- 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
- 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.

This includes low-to-moderate concerns for the wellbeing of a child, such as:

- concerns due to conflict within a family
- parenting difficulties
- isolation of a family or a lack of apparent support

Both forms of neglect must be responded to via the Four Critical Actions for Early Childhood Services.

What are the physical indicators of neglect?

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.

What are the behavioural indicators of neglect?

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

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination
- inadequate attention to the safety of the home (e.g. dangerous medicines left where children may have access to them)
- being left unsupervised, either at home, on the street or in a car
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support
- developmental delay due to lack of stimulation.

In all children, infants and toddlers:

- being left with older children or persons who could not reasonably be expected to provide adequate care and protection
- 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
- little positive interaction with parent, carer or guardian
- indiscriminate acts of affection and excessive friendliness towards strangers
- exhibits significant delays in gross and fine motor development and coordination
- poor, irregular or non-attendance at the service (where regular attendance is expected)
- refusal or reluctance to go home
- 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 physical harm and long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma.

Research shows that during pregnancy and when families have very young babies:

- there is an increased risk of family violence

- pre-existing family violence may increase in severity
- there is an opportunity for intervention as families are more likely to have contact with services.

The longer that a child experiences or is exposed to family violence, the more harmful it is. This is why if you suspect that a child is exposed to, or at risk of being exposed to family violence, you must follow the [four critical actions](#).

Family Violence in Aboriginal and Torres Strait Islander Communities

In identifying family violence in Aboriginal and Torres Strait Islander communities it is important to recognise that:

- Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model (grandparents, uncles and aunts, cousins and other community and culturally defined relationships)
- Aboriginal and Torres Strait Islander family violence can also include cultural and spiritual abuse
- perpetrators of Aboriginal and Torres Strait Islander family violence may not be Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander family violence occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families. However, this should never detract from the legitimacy of the survivor's experience of violence, or your obligation to report and respond to any suspected family violence.

What are the physical indicators of family violence?

Physical indicators of family violence may 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.

What are the behavioural indicators of family violence?

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

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all

- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- violent/aggressive behaviour and language
- depression and anxiety
- appearing nervous and withdrawn, including wariness of adults
- difficulty adjusting to change
- developmentally inappropriate bedwetting and sleeping disorders
- extremely demanding, attention-seeking behaviour
- participating in dangerous risk-taking behaviours to impress peers.
- overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- 'acting out', such as cruelty to animals.
- demonstrated fear of parents, carers or guardians, and of going home
- complaining of headaches, stomach pains or nausea without physiological basis.

CHILDREN EXHIBITING INAPPROPRIATE SEXUAL BEHAVIOUR

Inappropriate sexual behaviour includes:

Problem sexual behaviour

Problem sexual behaviour is the term used by the Victorian government and funded service providers to describe concerning sexual behaviour exhibited by children under the age of 10 years. Children under 10 years are deemed unable to consent to any form of sexual activity and cannot be held criminally responsible for their behaviour.

Sexually abusive behaviour

Sexually abusive behaviour is the term used by the Victorian Government and funded service providers to describe concerning sexual behaviour by children aged 10 years or older and under 15 years of age.

A child is considered to exhibit sexually abusive behaviour when they have used power, authority, or status to engage another party in sexual activity that is unwanted, or the other party is unable to give consent. A child who engages in sexually abusive behaviour may be in need of therapeutic treatment. It may also be an indicator that the child has been or is being sexually abused by others. Sexually abusive behaviour may amount to a sexual offence. A sexual offence includes rape, sexual assault, indecent acts and other unwanted sexualised touching, all of which are offences under the Crimes Act 1958.

It may be difficult to determine the nature of children's sexual behaviour, including whether the behaviour:

- constitutes a sexual offence
- is indicative of any underlying abuse.

Under Victorian Law:

- children aged between 12-15 can only consent to sexual activity with a peer no more than two years their senior (therefore sexual contact led by a child with another child outside of these age parameters may amount to a sexual offence)
- in order for a person to consent to sexual activity they have to have the capacity to understand the context and possible consequences of the act (therefore sexual contact led by a child involving a person with a cognitive impairment or affected by alcohol and other drugs may also amount to a sexual offence).

Most critically you must follow the four critical actions if:

- you witness an incident, receive a disclosure or form a reasonable suspicion that a child has engaged in inappropriate sexual behaviour, even if you're not sure (these actions will support you to report to Victoria Police)
- a child's inappropriate sexual behaviour leads you to form a reasonable belief that the child may be subject to abuse.