WIS Child Protection Policy

Protecting the Safety and Well-being of WIS Students
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1. Purpose and Application

1.1 The Woodford International School (WIS) CPP outlines the guiding principles, and the roles and strategies that the school will implement to ensure that its students are safe from harm.

1.2 This policy applies to all WIS staff. For the purposes of this Policy, references to WIS “staff” include employees, staff, faculty, volunteers, invited instructors, consultants, coaches and sponsors.

1.3 For the purposes of this Policy, a “child” is any currently-enrolled student of WIS, irrespective of their age, and, where relevant, any other person under 18 years of age.

2. Guiding Principles

2.1 Protecting Children is Everyone’s Business

Parents, schools, communities and government organisations all have a role to play in protecting children. The Woodford CPP is based on the principle of partnership and shared responsibility. Most children are best protected and cared for within family/school; however, at times external support or intervention may be required.

2.2 Best Interest Principle

The best interests of the child shall be the primary consideration in all actions of WIS staff under this policy. These interests include protection from harm; protection of rights; and the promotion of children’s development in gender, age and culturally appropriate ways. To this end, WIS staff will:

2.2.1 report all allegations or disclosures of physical, emotional and sexual abuse and neglect to the Head of School.

2.2.2 promote the child’s interest in the protection and promotion of the cultural and spiritual identity of the child and maintaining their connection to family and community of origin

2.2.3 support the child and the child’s family to access appropriate services in order to reduce the long-term effects of abuse or neglect.

2.3 Collaborative Practice

Effective collaboration based on principles of trust, respect and shared decision-making contributes to ensuring the safety and well-being of all children and young people by protecting them from significant harm. WIS staff will work collaboratively together to respond to child protection issues at WIS. The Head of School will build relationships of mutual trust and respect with relevant external support and investigative agencies.
2.4 Duty Of Care

All staff have a duty of care to support and protect the children with whom they are involved. When staff members form a reasonable belief that a child has been harmed or is at risk of harm, they are ethically bound to take action to protect the safety and well-being of the child. For some staff, this obligation is mandated under this policy (refer Section 4.1 Mandatory Reporting).

2.5 Culturally Appropriate Responses

2.5.1 Culturally respectful approaches and considerations are to be adopted when working with children and families from culturally and linguistically diverse backgrounds (CALD). Cultural differences in child-rearing practices are to be acknowledged and sensitively considered within the relevant cultural context BUT should not compromise the child’s safety and well-being.

2.5.2 The school will promote an evidence-based ‘best-practice’ approach to supporting children with disabilities and their families.

3. Roles and Responsibilities

WIS has an important role to play in supporting students and their families and in protecting students who may be at risk of harm due to abuse and neglect. Staff are in close daily contact with students and are well-placed to observe a child who appears to be at risk of harm.

Teachers and the Head of School are mandatory reporters under this policy.

When reporting the suspicion of child abuse and/or neglect, staff are protected by the Solomon Islands Child and Welfare Act 2016 Part 4 Section 19, which states:

Where a person makes a report or discloses information concerning a child under this Act in good faith, the report or disclosure:

a) Does not give rise to civil, criminal or disciplinary proceedings against that person.

b) Does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct.

This policy interacts with other policies concerning student welfare, including:-
- Student Wellbeing and Behaviour Management Policy

4. Information for Staff Working with Vulnerable Children

WIS uses the definition of a “child in need of care and protection” set out in the Solomon Island Child and Welfare Act 2016. This defines “a child in need of care and protection” as a child who:

a) Has been orphaned, abandoned or is without parental care and appropriate arrangements have not been made for his/her care.
b) Lives in an unsafe environment, which may harm his/her physical well-being and development.

c) Has been displaced, traumatized or separated from his/her family as a result of an emergency, natural disaster or conflict.

d) Has been, or is at risk of physical abuse, sexual abuse or sexual exploitation, emotional abuse, neglect and/or hazardous or exploitive labour.

4.1 Forming a belief on reasonable grounds

A teacher may form a belief on reasonable grounds that a child is in need of protection after becoming aware that a child’s safety or well-being is at risk. There may be reasonable grounds for belief 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 the child (eg a sibling) has been physically or sexually abused
- A child shows signs of abuse (refer Appendix 1)

4.2 Mandatory Reporting

WIS staff members refer concerns/allegations of abuse to the Head of School.

In cases of alleged sexual abuse, in which both a victim and perpetrator have been identified, the Head of School is mandated to immediately make a report to the police.

In other cases, the Head of School may refer the report to the Police, an appropriate government agency, the Family Support Centre, or another support service with competency to support victims of physical or emotional abuse, neglect or family violence.

4.3 Reporting a Belief

The staff member and the Head of School need to report their belief in writing when the belief is formed in the course of undertaking their professional duties. (Refer Appendix 2 – WIS Child Protection Reporting Form)

If the Head of School does not refer a child protection report by a staff member to the Police and the staff member continues to hold a belief that a child is in need of protection, that staff member is obliged to make a report to the police.
4.4 Failing to Report

A failure by staff to report a reasonable belief that a child is in need of protection from significant harm as a result of physical or sexual abuse is a breach of this policy and could result in sanctions under the staff member’s employment contract.

4.5 Protecting the Reporter

The WIS Head of School prevents the disclosure of the name and any information likely to lead to the identification of a teacher who has made a report. Confidentiality applies unless:

- the reporter consents in writing to their identity being disclosed; or
- a court decides that it is necessary, or in the interests of justice, for the identity of the reporter to be disclosed.

5. WIS Code of Conduct

WIS staff have a duty of care to protect and preserve the safety, health and well-being of children in their care and must always act in the best interests of those children. If a staff member has a concern about a child, they must take immediate action. All concerns must be communicated to the Head of School.

The following list of behaviours which are appropriate (respectful to children) will be implemented by WIS staff:

- Ensure that staff are never alone with a child or children
- Maintain confidentiality and each child’s right to privacy
- Treat every child with respect, without discrimination
- Not bully or harass a child or children or use language or behaviour that is abusive, demeaning or culturally inappropriate
- Not use physical punishment on a child or children
- Not engage a child or children in any form of sexual activity, including paying for sexual services
- Never use any computers, mobile phones, video cameras, cameras or social media to exploit or harass a child or children or access child exploitation materials through any media
- Respect national laws and policies relating to children
- Respect every child’s privacy with any photos, images
- Support children to discuss their rights
- Not invite unaccompanied children into a staff member’s home unless the child is at immediate risk of harm
- Immediately report concerns or allegations of child exploitation and abuse and policy-non compliance in accordance with appropriate procedures

When photographing or filming a child or using children’s images for work-related purposes, WIS staff will:

- Take care to ensure local traditions or restrictions for reproducing personal images are adhered to before photographing or filming a child
- Obtain informed consent from the child and parent or guardian of the child before photographing or filming a child. An explanation of how the photograph or film will be used must be provided
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive
- Ensure images are honest representations of the context and the facts
- Ensure file labels, meta data or text descriptions do not reveal identifying information about a child

When a child reports abuse, there is usually a good chance that the child has trust in the person they are reporting to.

WIS staff will include the following strategies in their communication with a child:

- Try to keep calm and give the child your attention
- Let the child take his or her time
- Reassure the child that it is the right thing to tell
- Let the child use his or her own words to tell
• Don’t make promises you cannot keep
• Let the child know what you will do next
• Don’t confront the person who has allegedly abused the child

6. Child Protection Training for Staff

WIS will ensure that all staff are introduced to the CPP as part of their induction program to WIS.

Specialist professional learning will be provided as part of the school’s Professional Development Program.

7. Policy Review

The CPP will be reviewed at least annually.

This policy has drawn on and/or been informed by:

- Solomon Islands Child and Welfare Act 2016
- Protecting the Safety and Wellbeing of Children and Young People – Victorian Government
- Child Protection Compliance – Department of Foreign Affairs and Trade (Australia)
- Australian Volunteers International Guide for Best Practice Standards
Definitions of child abuse and indicators of harm

The following definitions are provided to assist Woodford staff and others covered by this policy to identify if abuse is occurring and to assist the Head of School to decide whether the impact warrants a report to the Royal Solomon Islands Police Force, Family Support Centre, Department of Child Welfare or other agency or service provider, as appropriate.

Physical abuse

Physical abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child or young person by any person. Physical abuse does not mean reasonable discipline, though it may result from excessive or inappropriate discipline. Physical abuse can include beating, shaking, burning and assault with implements.

Physical injury and significant harm to a child or young person may also result from the failure of a parent or caregiver to adequately ensure the safety of a child, exposing the child to extremely dangerous or life-threatening situations. Physical abuse also includes fabricated illness syndrome (previously known as Munchausen’s syndrome by proxy) and female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female organs for cultural or any non-therapeutic reasons.

Physical abuse - Possible Indicators

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron, teeth</td>
<td>• The child or young person states that an injury has been inflicted by someone else (caregiver or other), or offers and inconsistent or unlikely explanation or can’t remember the cause of injury</td>
</tr>
<tr>
<td>• Burns that show the shape of the object used to make them, such as an iron, grill, cigarette; or burns from boiling water, oil or flames</td>
<td>• Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched)</td>
</tr>
<tr>
<td>• Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury</td>
<td>• Wearing clothes unsuitable for weather conditions (such as long sleeved tops) to hide injuries</td>
</tr>
<tr>
<td></td>
<td>• Wariness or fear of a parent/caregiver; reluctance to go home</td>
</tr>
</tbody>
</table>
probable/possible at the child’s age and development

- Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia
- Human bite marks
- Bald patches where hair has been pulled out
- Multiple injuries, old and new
- Poisoning
- Internal injuries

| No reaction or little emotion displayed when hurt |
| Little or no fear when threatened |
| Habitual absences from school without explanations (the caregiver may be keeping the child or young person away until signs of injury have disappeared) |
| Overly compliant, shy, withdrawn, passive and uncommunicative |
| Fearfulness when other children cry or shout |
| Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others |
| Excessively friendly with strangers |
| Regressive behaviour, such as bed wetting or soiling |
| Poor sleeping patterns, fear of dark, nightmares |
| Sadness and frequent crying |
| Drug or alcohol misuse |
| Poor memory and concentration |
| Suicide attempts |

**Sexual abuse**

A child is sexually abused when any person uses their authority or power over the child or young person to engage in sexual activity. Child sexual abuse involves a wide range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution.
### Sexual abuse – Possible indicators

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Injury to the genital or rectal area, such as bruising or bleeding</td>
<td>• The child or young person discloses sexual abuse</td>
</tr>
<tr>
<td>• Vaginal or anal bleeding or discharge</td>
<td>• Persistent and age inappropriate sexual activity, including excessive masturbation,</td>
</tr>
<tr>
<td>• Discomfort in urinating or defecating</td>
<td>masturbation with objects; rubbing genitals against adults, playing games that act</td>
</tr>
<tr>
<td>• Presence of foreign bodies in vagina and/or rectum</td>
<td>out a sexually abusive event</td>
</tr>
<tr>
<td>• Inflammation and infection of genital area</td>
<td>• Drawings or descriptions in stories that are sexually explicit and not age appropriate</td>
</tr>
<tr>
<td>• Sexually transmitted diseases</td>
<td>• A fear of home, a specific place, a particular adult, excessive fear of men or of</td>
</tr>
<tr>
<td>• Pregnancy, especially in very young adolescents</td>
<td>women</td>
</tr>
<tr>
<td>• Bruising and other injury to breast, buttocks and thighs</td>
<td>• Poor or deteriorating relationships with adults and peers</td>
</tr>
<tr>
<td>• Anxiety related illnesses such as anorexia or bulimia</td>
<td>• Poor self care/personal hygiene</td>
</tr>
<tr>
<td>• Frequent urinary tract infections</td>
<td>• Arriving early at school and leaving late</td>
</tr>
<tr>
<td>• The child or young person discloses sexual abuse</td>
<td>• Complaining of headaches, stomach pains or nausea without physiological basis</td>
</tr>
<tr>
<td>• Persistent and age inappropriate sexual activity, including excessive masturbation</td>
<td>• Frequent rocking, sucking or biting</td>
</tr>
<tr>
<td>• Inflammation and infection of genital area</td>
<td>• Sleeping difficulties</td>
</tr>
<tr>
<td>• Sexually transmitted diseases</td>
<td>• Reluctance to participate in physical or recreational activities</td>
</tr>
<tr>
<td>• Pregnancy, especially in very young adolescents</td>
<td>• Regressive behaviour, such as bedwetting or speech loss</td>
</tr>
<tr>
<td>• Bruising and other injury to breast, buttocks and thighs</td>
<td>• Sudden accumulation of money or gifts</td>
</tr>
<tr>
<td>• Anxiety related illnesses such as anorexia or bulimia</td>
<td>• Truancy or running away from home</td>
</tr>
<tr>
<td>• Frequent urinary tract infections</td>
<td>• Delinquent or aggressive behaviour</td>
</tr>
<tr>
<td>• The child or young person discloses sexual abuse</td>
<td>• Depression</td>
</tr>
<tr>
<td>• Persistent and age inappropriate sexual activity, including excessive masturbation</td>
<td>• Self –injurious behaviour, including drug/alcohol abuse, prostitution, self-</td>
</tr>
<tr>
<td>• Inflammation and infection of genital area</td>
<td>mutilation, attempted suicide</td>
</tr>
<tr>
<td>• Sexually transmitted diseases</td>
<td>• Sudden decline in academic performance, poor memory and concentration</td>
</tr>
<tr>
<td>• Pregnancy, especially in very young adolescents</td>
<td>• Wearing of provocative clothing, or layers of clothes to hide injuries</td>
</tr>
<tr>
<td>• Bruising and other injury to breast, buttocks and thighs</td>
<td>• Promiscuity</td>
</tr>
</tbody>
</table>

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**WIS Child Protection Policy**
**Emotional abuse**

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or witnessing of family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent where the behaviour of the child or young person is disturbed or their emotional development is at serious risk of being impaired.

Psychological or emotional abuse may occur with or without other forms of abuse. The child or young person may develop personality or behavioural disorders, or become filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, mental or even physical development.

*Emotional abuse – Possible indicators*

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Speech disorders</td>
<td>• Overly compliant, passive and undemanding behaviour</td>
</tr>
<tr>
<td>• Delays in physical development</td>
<td>• Extremely demanding, aggressive, attention seeking behaviour</td>
</tr>
<tr>
<td>• Failure to thrive (without an organic cause)</td>
<td>• Anti-social, destructive behaviour</td>
</tr>
<tr>
<td></td>
<td>• Low tolerance or frustration</td>
</tr>
<tr>
<td></td>
<td>• Poor self-image</td>
</tr>
<tr>
<td></td>
<td>• Unexplained mood swings</td>
</tr>
<tr>
<td></td>
<td>• Behaviours that are not age appropriate for example, overly adult (parenting of other children), or overly infantile (thumb sucking, rocking, wetting or soiling)</td>
</tr>
<tr>
<td></td>
<td>• Mental or emotional delays</td>
</tr>
<tr>
<td></td>
<td>• Fear of failure, overly high standards, and excessive neatness</td>
</tr>
<tr>
<td></td>
<td>• Depression, suicidal</td>
</tr>
<tr>
<td></td>
<td>• Running away</td>
</tr>
<tr>
<td></td>
<td>• Violent drawings or writing</td>
</tr>
<tr>
<td></td>
<td>• Contact with other children forbidden</td>
</tr>
</tbody>
</table>
**Neglect**

Neglect includes a failure to provide the child or young person with an adequate standard of nutrition, medical care, clothing shelter or supervision to the extent where the health or development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned. Two types of neglect are discussed below.

**Serious neglect**

Serious neglect includes situations where a parent has consistently failed to meet the child’s basic needs for food, shelter, hygiene or adequate supervision to the extent that the consequences for the child are severe. For example:

- the child’s home environment is filthy or hazardous in the extreme and poses a threat to the child’s immediate safety or development and is characterised by the presence of animal or human faeces or urine, decomposing food, syringes or other dangerous paraphernalia
- the child is provided with consistently insufficient or inadequate food or nourishment for the child’s healthy development
- the child has a serious medical condition for which the parent has consistently failed to obtain treatment or dispense prescribed medication
- the parent consistently leaves the child unattended, exposed to or in the care of strangers who may harm the child.

**Medical neglect**

Neglect of medical care refers to a situation where a parent’s refusal of, or failure to seek, treatment or agree to a certain medical procedure leads to an unacceptable deprivation of the child’s basic rights to life or health.
Neglect – Possible indicators

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistently dirty and unwashed</td>
<td>• Begging or stealing food</td>
</tr>
<tr>
<td>• Consistently inappropriately dressed for weather conditions</td>
<td>• Gorging when food is available</td>
</tr>
<tr>
<td>• Consistently without adequate supervision and at risk of injury or harm</td>
<td>• Inability to eat when extremely hungry</td>
</tr>
<tr>
<td>• Consistently hungry, tired and listless, falling asleep in class</td>
<td>• Alienated from peers; withdrawn, listless, pale, and thin</td>
</tr>
<tr>
<td>• Unattended health problems and lack of routine medical care</td>
<td>• Aggressive behaviour</td>
</tr>
<tr>
<td>• Inadequate shelter and unsafe or unsanitary conditions</td>
<td>• Delinquent acts, for example, vandalism, drug and alcohol abuse</td>
</tr>
<tr>
<td>• Abandonment by parents</td>
<td>• Little positive interaction with parent/caregiver</td>
</tr>
<tr>
<td>• Failure to thrive</td>
<td>• Appearing miserable or irritable</td>
</tr>
<tr>
<td></td>
<td>• Poor socialising habits</td>
</tr>
<tr>
<td></td>
<td>• Poor evidence of bonding, little stranger anxiety</td>
</tr>
<tr>
<td></td>
<td>• Indiscriminate with affection</td>
</tr>
<tr>
<td></td>
<td>• Poor, irregular or non-attendance at school or kindergarten/child care</td>
</tr>
<tr>
<td></td>
<td>• Staying at school long hours</td>
</tr>
<tr>
<td></td>
<td>• Self –destructive</td>
</tr>
<tr>
<td></td>
<td>• Dropping out of school</td>
</tr>
<tr>
<td></td>
<td>• Taking on an adult role of caring for parent</td>
</tr>
</tbody>
</table>

Family violence

Family violence is defined as violence (either actual or threatened) which occurs within a family including physical, verbal, emotional, psychological, sexual, financial or social abuse. Where there are strong indicators that incidents of family violence are placing children at significant risk or danger, the Police must be informed. Family violence is a criminal offence.
### Family violence – Possible Indicators

<table>
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</thead>
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<td>• Overly compliant, shy, withdrawn, passive and uncommunicative</td>
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<td>• Delays in physical development</td>
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<td>• Failure to thrive (without an organic cause)</td>
<td>• Anti-social, destructive behaviour</td>
</tr>
<tr>
<td>• Bruises or welts on facial areas and other areas of the body, including back,</td>
<td>• Low tolerance or frustration</td>
</tr>
<tr>
<td>bottom, legs, arms and inner thighs. Any bruises or welts in unusual</td>
<td>• Showing wariness or distrust of adults</td>
</tr>
<tr>
<td>configurations, or those that look like the object used to make the injury,</td>
<td>• Demonstrated fear of parents and of going home</td>
</tr>
<tr>
<td>for example, fingerprints or handprints, buckles, iron, teeth</td>
<td>• Becoming very passive and compliant</td>
</tr>
<tr>
<td>• Fractures of the skull, jaw, nose and limbs, especially those not consistent</td>
<td>• Depression</td>
</tr>
<tr>
<td>with the explanation offered or with the type of injury probable/possible at</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>the child’s age and development</td>
<td>• Criminal activity</td>
</tr>
<tr>
<td>• Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia</td>
<td></td>
</tr>
<tr>
<td>• Multiple injuries, old and new</td>
<td></td>
</tr>
<tr>
<td>• Internal injuries</td>
<td></td>
</tr>
</tbody>
</table>
CHILD PROTECTION REPORTING FORM

If the child/ren are in immediate danger or in a life-threatening situation, contact the Police immediately by dialling 999.

If you have already made a verbal report to the Social Welfare or Police please identify the name of the officer you spoke with and their location.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

REPORTERS DETAILS

Reporters
Name:__________________________________________________________

Reporters Position at WIS:_________________________________________

Contact Phone Number:___________________________________________

Email:___________________________________________________________
CHILD/YOUNG PERSON DETAILS

Child/Young Person 1

Family Name: _______________________________________________________

Given Names: _______________________________________________________

Date of Birth or Age: __________________________ __________________________

Gender:

Male ☐ Female ☐

Place of Birth: _______________________________________________________

Cultural Background: ________________________________________________

Religion: ___________________________________________________________

Address:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Contact Details: _____________________________________________________

Has a Disability:

Yes ☐ No ☐ Unknown ☐

Primary Language: _________________________________________________

For additional children involved, please include their details at the end of this form using Appendix A.
PARENTS/CAREGIVERS, OTHER RELEVANT PERSONS

Person 1

Relationship to Child/Young Person: ____________________________________________

___________________________________________________________________________

Family

Name: _________________________________________________

Given Names: _____________________________________________

Cultural Background: ____________________________________________

Address:

___________________________________________________________________________

___________________________________________________________________________

Contact Details: _________________________________________________

Primary Language: ________________________________________________

SUSPECTED CHILD IN NEED OF PROTECTING CONCERNS (refer Appendix 1)

Types of Abuse Suspected (tick as many as apply)

☐ Physical Abuse

Examples of physical abuse include hitting, shaking, throwing, biting, burning, pinching, poisoning, drowning, using a weapon to inflict punishment
Neglect

Examples of neglect include providing unhygienic or unsafe housing, failing to seek adequate medical treatment when required, insufficient supervision, providing insufficient food, clothing or bedding. It can also include failing to act protectively in response to another person’s actions.

Sexual Abuse

Sexual abuse can be physical, verbal or emotional in nature. Examples include kissing, holding or otherwise touching a child in a sexual manner, exposing a sexual body part to a child, having sexual relations with a child under 16 years of age, using sexually explicit language which is not age or developmentally appropriate when communicating with a child, penetration of the vagina or anus by penis, finger or any other object, oral sex, rape, incest, having a child pose or perform in a sexual manner, making a child watch a sexual a sexual act or pornographic material or child prostitution. Sexual abuse may also be suspected based on a child displaying sexualised behaviours which is considered outside the range of age-appropriate sexualised behaviours.

Emotional/ Psychological Abuse

Examples of emotional/psychological abuse include rejection, hostility and teasing/bullying, yelling criticism, exposure to domestic and family violence.
What concerns have led you to reasonably suspect that the child/ren or young person/s has been significantly harmed or at risk of significant harm?

Please provide as much detail as possible about the circumstances that led you to be concerned.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

When did the incident/s of significant harm or risk of significant harm concerns occur (if known)?

___________________________________________________________________
___________________________________________________________________

Where did the incident/s of significant harm or risk of significant harm concerns occur (if known)?

___________________________________________________________________
This next section aims to identify any presenting behaviour and appearance concerns which may be linked to abuse. Examples include: showing wariness and distrust, rocking, sucking or biting, bedwetting or soiling, demanding or aggressive behaviours, sleeping disturbances, withdrawal from normal activities, self-harming, suicidal thoughts or attempts, unexplained bruising, being vague about injuries, being overly obedient, being reluctant or fearful to go home, creating stories, poems or artwork about abuse, begging, stealing, hoarding, having matted hair, dirty skin, strong body odour, frequent illness, sores, infections an presenting as underweight or malnourished.

What have you noticed about the child/ren and/or young person’s appearance?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

What have you noticed about the child/ren and/or young person’s behaviour?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
Does the child/ren have a current physical injury or experienced a previous physical injury as a result of the incident/s?

In this section, provide as much details as possible about the physical injury for example location, size, colour and if the child is experiencing pain as a result of this injury. Also provide any explanation given regarding the injury.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Are there any factors which may be negatively impacting the parent’s/caregiver’s functioning?

For example, domestic violence, alcohol/substance misuse/abuse, mental health instability, physical/intellectual disability.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Is the parent/caregiver aware of the incident/s involving significant harm or risk of significant harm?

Yes [ ] No [ ] Unknown [ ]
FOR ADDITIONAL CHILD/REN AND/OR YOUNG PERSON/S

CHILD/YOUNG PERSON DETAILS

Child/Young Person

Family Name: ________________________________________________

Given Names: ________________________________________________

Date of Birth or Age: _______________________________________

Gender:

Male ☐ Female ☐

Place of Birth: _____________________________________________

Cultural Background: ________________________________________

Religion: __________________________________________________

Address:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Contact Details: _____________________________________________

Has a Disability:

Yes ☐ No ☐ Unknown ☐

Primary Language: ___________________________________________