

## Child Protection

### Abuse, Grooming & Neglect Identification & Initial Notification

#### **Child Abuse (Maltreatment)**

All children have the right to be protected from abuse, maltreatment and harm. Every child has the right to live a full and productive life in an environment that builds confidence, friendships, security and happiness irrespective of their family circumstances or background.

Child abuse or maltreatment occurs when a child (defined by the Children, Youth and Families Act 2005 (Vic) (CYFA) as being under 17 years of age) has been subjected to:

- Physical abuse;
- Sexual abuse;
- Emotional or psychological abuse or harm;
- Neglect; or
- Family violence;

which has resulted or is likely to result in harm to the child's wellbeing.

The CYFA defines "a child in need of protection" as a child (aged under 17).

Child abuse is not defined in the CYFA. It may involve ongoing, repeated or persistent abuse, or it may arise from a single incident.

It is possible for a child to be maltreated by a parent/carer, another adult person or another child who may or may not be older.

#### **Grooming**

Grooming is the means by which a person creates or exploits opportunities to safely engage in sexual contact with a particular child or children.

Grooming behaviour typically involves a graduation from attention giving and non-sexual touching to increasingly more intimate and intrusive behaviour.

Grooming behaviour is a criminal offence in Victoria. It is not identified as a form of abuse under Victoria law however it can lead to abuse.

St Catherine's treats the commission of grooming behaviours on its premises, online, using school equipment or during its extra-curricular activities as conduct which threatens the safety of students and action must be taken as part of our child protection program.

See our ***Detecting, Reporting and Addressing Grooming Behaviours Policy***.

#### **St Catherine's Policy**

St Catherine's is committed to providing a safe environment for all our students. School staff have a duty of care to protect the safety, health and wellbeing of our students.

It is our policy that:

- All staff are trained with respect to identification of child abuse and relevant procedures;

- All suspected cases of child abuse are reported to Child Protection and/or the Police;
- We maintain up-to-date procedures to assist staff in identifying and reporting child abuse;
- We work collaboratively with relevant external agencies that may be involved in child protection;
- We act immediately to ensure the safety of abused students;
- We provide ongoing support and assistance to students who have been abused; and
- St Catherine's staff respect the confidentiality of abused students and only discuss case details and the identity of the student with those managing the situation.

### **General Obligation to Protect**

Teachers, staff, volunteers and others at the school have a general obligation to protect a student (aged under 17) where that student's health and safety are threatened. There is a common law duty of care owed to each student by the school and its staff, as well as a statutory duty under the Crimes Act 1958 (Vic) to report to police beliefs that a sexual offence has been committed against a student under the age of 16.

Refer to **Child Protection – Reporting of Child Sexual Offences by Non-Mandatory Reporters**.

In Victoria, where a person in a position of authority in the school becomes aware that a staff member, volunteer, contractor, or other person associated with the school poses a substantial risk of committing a sexual offence against a student or students, the school, either the Principal or the Parish Priest/Canonical Administrator, has an obligation to take immediate action to protect students from that risk.

For more details, see **Child Protection – Taking Action to Protect Students from Risk of Sexual Offences**.

### **Indicators of Child Abuse (Maltreatment)**

Students in need of care and protection may show indicators of harm and maltreatment in their school environment. The following definitions and indicators may assist staff who are concerned about students in their care:

#### **1. Physical Injury and Physical Abuse**

Physical abuse consists of any non-accidental form of injury or serious physical harm inflicted on a child by any person. Physical abuse does not mean reasonable discipline, though it may result from excessive or inappropriate discipline.

Physical injury and significant harm to a child may also result from the failure of a parent or caregiver to adequately ensure the safety of the child or exposing the child to extremely dangerous or life threatening situations.

Physical abuse also includes fabricated illness syndrome (also known as Munchausen's Syndrome by Proxy) and female genital mutilation (FGM). FGM is illegal in Australia and can have significant physical and psychological repercussions upon a child.

#### **Possible Physical Indicators of Physical Abuse**

- 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.
- 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.
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury 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.

#### Possible Behavioural Indicators of Physical Abuse

- The student states that an injury has been inflicted by someone else (caregiver or other), or offers an inconsistent or unlikely explanation or cannot remember the cause of injury.
- Unusual fear of physical contact with adults.
- Wearing clothes unsuitable for weather conditions (such as long sleeved tops) to hide injuries.
- Wariness or fear of a parent/caregiver and reluctance to go home.
- 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 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.

## 2. **Sexual Abuse**

Sexual abuse is when someone involves a child in a sexual activity by using their power over them or taking advantage of their trust. Often children are bribed or threatened physically and psychologically to make them participate in the activity.

Sexual abuse involves a wide range of sexual activity and may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis or any other object. It can also include exploitation through pornography or prostitution.

#### Possible Physical Indicators of Sexual Abuse

- Injury to the genital or rectal area, such as bruising or bleeding.
- Vaginal or anal bleeding or discharge.
- Discomfort in urinating or defecating.
- Presence of foreign bodies in vagina and/or rectum.
- Inflammation and infection of genital area.
- Sexually transmitted diseases.
- Pregnancy, especially in very young adolescents.
- Bruising and other injury to breasts, buttocks and thighs.
- Anxiety related illnesses such as anorexia or bulimia.
- Frequent urinary tract infections.

#### Possible Behaviour Indicators of Sexual Abuse

- The student discloses sexual abuse.
- Persistent and age inappropriate sexual activity, including excessive masturbation, masturbation with objects, rubbing genitals against adults, playing games that act out a sexually abusive event.
- Drawings or descriptions in stories that are sexually explicit and not age appropriate.
- A fear of home, a specific place, a particular adult, excessive fear of men or of women.
- Poor or deteriorating relationships with adults and peers.

- Poor self care/personal hygiene.
- Arriving early at school and leaving late.
- Complaining of headaches, stomach pains or nausea without physiological basis.
- Frequent rocking, sucking or biting.
- Sleeping difficulties.
- Reluctance to participate in physical or recreational activities.
- Regressive behaviour, such as bedwetting or speech loss.
- Sudden accumulation of money or gifts.
- Unexplained absences or running away from home.
- Delinquent or aggressive behaviour.
- Depression.
- Self-injurious behaviour, including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide.
- Sudden decline in academic performance, poor memory and concentration.
- Wearing of provocative clothing, or layers of clothes to hide injuries.
- Promiscuity.

### 3. **Emotional or Psychological Abuse**

Serious emotional or psychological abuse occurs when a child 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 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 student may develop personality or behavioural disorders, or become filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are a few physical indicators, although emotional abuse may cause delays in emotional, or mental or even physical development.

#### Possible Physical Indicators of Emotional Abuse

- Speech disorders.
- Delays in physical development.
- Failure to thrive.

#### Possible Behavioural Indicators of Emotional Abuse

- Overly compliant, passive and undemanding behaviour.
- Extremely demanding, aggressive, attention seeking behaviour.
- Anti-social, destructive behaviour.
- Low tolerance or frustration.
- Poor self-image.
- Unexplained mood swings.
- Behaviours that are not age appropriate, for example, overly adult (parenting of other children), or overly infantile (thumb sucking, rocking, wetting or soiling).
- Mental or emotional delays.
- Fear of failure, overly high standards and excessive neatness.
- Depression, suicidal thoughts.
- Running away.
- Violent drawings or writing.
- Contact with other students forbidden.

### 4. **Neglect**

Child neglect includes a failure to provide the child 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.

The two types of child neglect are serious neglect and medical neglect.

a. **Serious Neglect**

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

Examples include:

- The student's home environment is filthy or hazardous in the extreme and poses a threat to the student'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 student is provided with consistently insufficient or inadequate food or nourishment for the student's healthy development.
- The student has a serious medical condition for which the parent has consistently failed to obtain treatment or dispense prescribed medication.
- The parent consistently leaves the student unattended, exposed to or in the care of strangers who may harm the student.

b. **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 student's basic rights to life or health.

Possible Physical Indicators of Neglect

- Consistently dirty and unwashed.
- Consistently inappropriately dressed for weather conditions.
- Consistently without adequate supervision and at risk of injury or harm.
- Consistently hungry, tired and listless, falling asleep in class.
- Unattended health problems and lack of routine medical care.
- Inadequate shelter and unsafe or unsanitary conditions.
- Abandonment by parents.
- Failure to thrive.

Possible Behavioural Indicators of Neglect

- Begging or stealing food.
- Gorging when food is available.
- Inability to eat when extremely hungry.
- Alienated from peers, withdrawn, listless, pale, and thin.
- Aggressive behaviour.
- Delinquent acts, for example, vandalism, drug and alcohol abuse.
- Little positive interaction with parent/caregiver.
- Appearing miserable or irritable.
- Poor socialising habits.
- Poor evidence of bonding, little stranger anxiety.
- Indiscriminate with affection.
- Poor, irregular or non-attendance at school or kindergarten/child care.
- Staying at school long hours.
- Self-destructive.
- Dropping out of school.
- Taking on an adult role of caring for parent.

5. **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. Family violence is a criminal offence and can be liable to prosecution.

Possible Physical Indicators of Family Violence

- Speech disorders.
- Delays in physical development.
- Failure to thrive.
- 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.
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and development.
- Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia.
- Multiple injuries, old and new.
- Internal injuries.

#### Possible Behavioural Indicators of Family Violence

- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Extremely demanding, aggressive, attention seeking behaviour.
- Anti-social, destructive behaviour.
- Low tolerance or frustration.
- Showing wariness or distrust of adults.
- Demonstrated fear of parents and of going home.
- Becoming very passive and compliant.
- Depression.
- Anxiety.
- Criminal activity.

### **Managing a Student's Disclosure of Abuse**

A student may disclose information about abuse or neglect privately to a staff member. Alternatively, a student may make a public disclosure such as making a disclosure in class or to a group of other students.

#### **a. Private Disclosure**

If a student discloses a situation of abuse directly to a staff member, their role is to reassure the student and support the student in their decision to disclose. The teacher must assure students that they have the right to feel safe and must listen actively to what the student is saying.

Disclosure of abuse can cause strong feelings in the person to whom the disclosure is being made. It is important for the staff member to be aware of, and control, their feelings.

Sometimes students may try and elicit a promise that a staff member not tell anyone about the disclosure. **Do not make this promise.**

The teacher is responsible for reporting the matter (refer to **Child Protection – Mandatory Reporting**) and is not responsible for investigating the matter.

#### **b. Public Disclosure**

It is possible that a student may start to disclose in class or with a group of other students. In this circumstance, a teacher should use a strategy of 'protective interrupting' and:

- Acknowledge that you have heard the student and stop further disclosure whilst maintaining support and encouraging the student to discuss the matter in a more private situation;
- Quietly arrange to see the student as soon as possible away from other students; and
- Do not allow other students to ask questions and discourage them from making judgements.

### **Taking Action to Protect Students**

The school has a duty of care to protect all students from foreseeable risks while at school or engaging in school activities. Any person with a reasonable belief or suspicion of a substantial risk to a student's health or safety should report this belief to the Principal as soon as practicable.

If a person in authority, such as the Principal or member of the School Leadership Team, has a suspicion or belief that students are at risk of harm, they must take steps to investigate further and follow up on that suspicion or belief.

The person in a position of authority at the school is required to act if they know that there is substantial risk that a student or students may become the victim of a sexual offence and the risk is caused by a person associated with the school. The person responsible for taking steps to remove or deduce risks to students will depend upon the source of the risk. Examples of people in a position of authority include:

- The Principal;
- Members of the School Leadership Team;
- Teachers; and
- Volunteers where they are in a position of authority.

In a normal school context, a member of the School Leadership Team will have the necessary degree of supervision, power and authority to remove or reduce the risk. On excursions or school camps, supervising teachers or volunteers carry this responsibility.

Under the Crimes Act 1958 (Vic) a person must not negligently fail in this duty to reduce or remove risks and protect students from harm.

For details see ***Child Protection – Taking Action to Protect Students from Risk of Sexual Offences.***

### **Initial Reporting of Abuse**

The identification of child abuse can be difficult especially where it is based upon the observation of multiple risk indicators that may often occur over a period of time. Teachers are encouraged to discuss any concerns about the safety and wellbeing of students with the school Principal or member of the School Leadership Team.

Where a staff member forms a belief on reasonable grounds that neglect or abuse may be occurring they must raise the matter with the Principal or the Parish Priest/Canonical Administrator if the matter involves the Principal.

If a teacher forms a reasonable belief that abuse may have occurred, that teacher is legally required to make a mandatory report of their concerns under the CYFA.

If an incident involves a belief about a sexual offence committed against a student under 16, the incident must be reported to Police under Section 327 Crimes Act 1958 (Vic).

### **Initial Action Following Disclosure**

The safety of our students is paramount. Once disclosure has been made the Principal, or appropriate person, may consult with the school counsellor/psychologist, as the particular circumstances demand, and will determine a strategy to ensure the student's immediate safety. This process must be documented (refer to the 'Records' section below).

### **Mandatory Reporting of Abuse & Neglect**

In Victoria, the Children, Youth and Families Act 2005 (Vic) (CYFA), makes it mandatory for all teachers, the School Principal, registered medical practitioners (including registered psychiatrists), registered nurses and school nurses, police officers and child care workers to report sexual and physical abuse to the Department of Health and Human Services (DHHS) Child Protection, where they suspect on reasonable grounds that a student is in need of protection from significant harm.

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To report concerns about the immediate safety of a child, call the 24-hour Child Protection Crisis Line 13 12 78.

It is also a crime to fail to make a report to Police (without reasonable excuse), where you form a reasonable belief that a sexual offence has been committed against a student under 16 years of age. Refer to **Child Protection – Reporting of Child Sexual Offences by Non-Mandatory Reporters**.

### **Reportable Conduct of Staff Members/Other Employees/Volunteers**

Where a matter that is subject to mandatory reporting also involves an allegation against a staff member or any person engaged by the school, that matter must be immediately reported directly to the Police by telephoning the emergency number 000.

If DHHS Child Protection receive information alleging a staff member or any person engaged by the school has abused a student, that information will be referred to the Police.

Allegations made against employees of St Catherine's should be made to the Principal or the Parish Priest/Canonical Administrator, if the matter involves the Principal.

If the school takes any action against a teacher in relation to such allegations, it must notify the Victorian Institute of Teaching.

Refer to **Child Protection – Misconduct by Staff, Volunteers & Others**.

### **Ongoing Management Plan**

DHHS Child Protection is responsible for the co-ordination of case plans for vulnerable children, which may include the involvement of St Catherine's.

St Catherine's staff may have a role in supporting children involved with DHHS Child Protection by observing and monitoring students' behaviour, liaising with child protection professionals, attending DHHS Child Protection case plan meetings and acting as a support person for students.

### **Record Keeping**

Where a staff member forms the belief on reasonable grounds that a student is in need of protection, written and dated notes of their observations and concerns should be recorded to assist in a referral/report of child abuse.

All verbal and written communications regarding child protection matters (including notes of observations, meetings and telephone calls) must be properly documented. The documented records should include dates and times and enough detail to record key conversations, especially those relating to the student's disclosure.

The records of child protection must be stored securely.

### **Confidentiality**

Staff who have access to information regarding a case of suspected child abuse must keep such information confidential and secure and must only disclose or discuss this information with those involved in managing the situation.

Staff must not provide undertakings that are inconsistent with their reporting obligations under this policy. In particular, staff must not promise a student that they will not tell anyone about the student's disclosure.

Students and any other parties who become involved in the investigation (this may include other students) should be informed of the reporting process and be required to maintain confidentiality.



Inappropriate disclosure will be subject to disciplinary action.

### **Employees' Responsibility**

All employees are responsible for ensuring:

- Reports of child abuse are made as soon as practicable to the Principal;
- They comply with their obligation for mandatory reporting of abuse or neglect;
- Confidentiality is maintained throughout the process;
- Immediate support is given to students making disclosures;
- Records of all verbal and written communication are maintained and stored securely;
- No attempts to investigate the incident are made; and
- Participation in training.

### **Implementation**

This policy is implemented through a combination of:

- Development of risk identification and reporting procedures;
- The provision of counselling services;
- Staff training;
- Signage;
- Effective communication and incident notification procedures;
- Effective record keeping procedures; and
- Initiation of corrective actions where necessary.

### **Discipline for Breach of Policy**

Where a staff member breaches this policy, St Catherine's will take disciplinary action, including in the case of serious breaches, summary dismissal.

### **Related Policies**

- ***Student Duty of Care Policies***
- ***Child Protection – Mandatory Reporting Policy***
- ***Child Protection – Reporting of Child Sexual Offences by Non-Mandatory Reporters***
- ***Child Protection – Detecting, Reporting and Addressing Grooming Behaviours***
- ***Child Protection – Misconduct by Staff, Volunteers & Others Policy***
- ***Child Protection – Working with Children Checks Policy***
- ***Child Protection – Taking Action to Protect Students from Risk of Sexual Offences***

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