

# PROTECT

## Identifying and Responding to All Forms of Abuse in Early Childhood Services



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# Introduction

This content has been developed to support staff employed in Victorian early childhood services (including approved and licenced services, Maternal Child Health Services, Early Childhood Intervention Services, Supported Playgroups and Supported Parenting Programs) to take action if they suspect, or are witness to any form of child abuse. This includes all staff within any service providing education and care on a regular basis to children under the age of 13 years, this includes staff working in Outside School Hours Care (OSHC). Separate guidance exists for school staff within Victorian Schools.

As a staff member within an early childhood service, you play a vital role in protecting children from abuse by responding to and reporting any incidents, disclosures or suspicions. You are often best placed to identify signs and behaviours that may indicate that a child\* has been subject to abuse, or that a community member, staff member, contractor or volunteer may be a perpetrator of abuse.

This resource has been designed to support you in this role and it includes specific advice on:

- Understanding your Obligations to Protect Children
- Identifying Signs of Child Abuse
- **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse**
- Reporting Concerns About the Wellbeing of a Child.

This resource has been developed to support a wide range of Victorian early childhood services, including services:

- Approved under the *Education and Care Services National Law Act 2010* (kindergartens/ preschools, long day care, family day care and outside school hours care services)
- Licensed under the *Children's Services Act 1996* (occasional care services, including limited hours type 1 and type 2 services, school holiday care services, short term type 1 and type 2 services and standard services)
- Maternal Child Health Services
- Early Childhood Intervention Services
- Supported Playgroups
- Supported Parenting Programs.

*\*This resource uses the term child to refer to any person under the age of 18.*





### **This content may be distressing for some staff members**

These sections include explicit descriptions of abuse and may be distressing to engage with for some staff members, including those who have experienced, or are experiencing abuse.

If you need to talk to someone, it is recommended that you speak to your manager/service provider about arranging appropriate support. You can also talk to your GP or another allied health professional, and report historical or current experiences of abuse to Victoria Police.

You can also contact Life Line on 13 11 14 or chat to someone online at [lifeline.org.au](http://lifeline.org.au).

### **Support materials**

There is a range of supporting materials, which are referred to within this policy. These include:

- **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse**
- *Responding to Suspected Child Abuse: Reporting Template*
- *Fact Sheet- Warning Signs of Abuse* (developed for staff to distil the key warning signs of abuse)
- *Factsheet parents- Protecting Children From Abuse* (developed for parents of children in early childhood settings)

# Understanding Your Obligations

## CRITICAL INFORMATION

- As a staff member of an early childhood service, you have a moral obligation and a range of legal obligations to protect the children in your care from abuse.
- Whilst some of these obligations may apply differently to you, depending on the nature of the service and your role within it, it is strongly recommended that **all early childhood service staff** follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) as soon as a reasonable belief is formed that a child has, or is at risk of being abused.

As community members, we all have a moral obligation to protect any child under our care and supervision from foreseeable harm. As early childhood service staff members, you play an especially critical role in protecting children (including identifying, responding to and reporting child abuse) and must meet a range of legal obligations to do so.

These legal obligations vary, depending on the nature of the service and your role within it. However the best way to comply and the best way to protect children in your care is to follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) as soon as you form **any reasonable suspicion that a child has been abused, or is at risk of being abused**. You must respond regardless of whether the abuse has, or is suspected to have taken place in the home, within the community or within the service.

This section sets out your legal obligations in further detail, including:

- Duty of Care Obligations (all staff)
- New Criminal Offences (all adults)
- Mandatory Reporting Obligations (teachers and nurses)
- National Quality Framework (Approved Services)
- Victorian Children's Services Act (Licensed Services)
- Maternal Child Health Program Standards, Guidelines and By-Laws (Maternal Child Health nurses)



## DUTY OF CARE OBLIGATIONS

Duty of care is a common law concept that refers to your responsibility to adequately protect children in your care from harm. It applies to all staff members within any Victorian early childhood service and it is usually expressed as a duty to take reasonable steps to protect children from injury that is reasonably foreseeable.

The courts will objectively determine what constitutes “reasonable steps”. This will depend on the individual circumstances of each case, including the nature of the service and your role within it. The courts have found that the standard of care owed by early childhood service providers to children is high.

You may breach your duty of care towards a child if you fail to act in the way a reasonable or diligent professional would have acted in the same situation.

In relation to suspected child abuse, examples of “reasonable steps” within an early childhood service will vary depending on the nature of the service, but at a minimum would likely include:

- acting on concerns and suspicions of abuse quickly and in the child’s best interests
- seeking appropriate advice or consulting when unsure
- reporting suspected child abuse to Department of Health and Human Services (DHHS) Child Protection and/or Victoria Police
- sharing information, upon request, to assist DHHS Child Protection or Victoria Police to investigate the suspected child abuse and protect and/or promote the wellbeing and development of a child (see Information Sharing (pg. 47)
- notifying regulator where appropriate or required.

It is strongly recommended that you follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) to ensure that you fulfil your duty of care obligations for all children who are involved in, or affected by, the suspected child abuse.

For services working with children 10 years and over you must also be aware that your duty of care extends to children who may engage in a sexual offence (See Children exhibiting inappropriate sexual behaviour pg. 25 for more advice).

## CRIMINAL OFFENCES

In response to the *Betrayal of Trust Report*, the Victorian Government has introduced new criminal offences to protect children from sexual abuse. Under these reforms a failure to report, or take action in relation to suspected child sexual abuse can now constitute a criminal offence, including:

### ■ Failure to disclose

This offence applies to all adults (not just professionals who work with children) who form a reasonable belief that another adult may have committed a sexual offence against a child under 16 years of age and fail to report this information to Victoria Police.

Failing to disclose a sexual offence based on concerns for the interests of the perpetrator or organisation (e.g. concerns about reputation, legal liability or financial status) will not be regarded as a reasonable excuse.

### ■ Failure to protect

This offence applies to a person in a position of authority within an organisation who:

- knows of a substantial risk that a child who is under 16 years and in the care and supervision of the organisation may become the victim of a sexual offence committed by an adult associated with that organisation (e.g. an employee, contractor, volunteer or visitor); and
- fails to take reasonable steps to remove or reduce the risk.

Within an early childhood service a position of authority includes local service managers and staff in management positions within licensed or approved services.

For further information on these offences, please refer to:

- Failure to disclose offence: <http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence>
- Failure to protect offence: <http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence>
- Government’s responses to the recommendations of the *Betrayal of Trust Report*. <http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/betrayal+of+trust+implementation>

## MANDATORY REPORTING OF A CHILD IN NEED OF PROTECTION

There are certain classes of professionals, who are classified as “mandatory reporters”. Within an early childhood service setting, mandatory reporters include:

- a person registered to teach or with permission to teach under the Education and Training Reform Act 2006 (including early childhood and primary teachers)
- registered doctors and nurses (including Maternal Child Health Nurses).

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

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

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

Mandatory reporters must also follow **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) to ensure they fulfil all of their legal obligations.

## CHILD SAFE STANDARDS

On 1 January 2016 the Victorian Government introduced compulsory minimum Child Safe Standards for all organisations providing regulated or funded services for children.

The Child Safe Standards:

- aim to drive continuous improvement in the way organisations prevent child abuse, encourage reporting and improve responses to allegations of abuse
- form part of the Victorian Government's response to the Betrayal of Trust Inquiry, which found that more must be done to prevent and respond to child abuse in our community.

The Child Safe Standards require early childhood services to implement the following:

- strategies to embed an organisational culture of child safety, including through effective leadership arrangements
- a child safe policy or statement of commitment to child safety
- a code of conduct that establishes clear expectations for appropriate behaviour with children
- screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
- processes for responding to and reporting suspected child abuse
- strategies to identify and reduce or remove risks of child abuse
- strategies to promote the participation and empowerment of children.

In complying with the Child Safe Standards, an entity to which the Standards apply must include the following principles as part of each standard:

- promoting the cultural safety of Aboriginal children
- promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds
- promoting the safety of children with a disability.

This resource will support early childhood services to comply with Child Safe Standard 5 which specifies that all services must have processes for responding to and reporting suspected child abuse.

For licensed and approved services, the Child Safe Standards closely align with the existing regulatory requirements set out in the *National Quality Framework and the Children's Services Act 1996* and will be regulated as far as possible under the existing regulatory framework. The Department's Quality Assessment and Regulation Division (QARD) will have primary responsibility for ensuring that services meet the new standards.

## NATIONAL QUALITY FRAMEWORK (APPROVED SERVICES)

Approved early childhood services (that is services operating under the *Education and Care Services National Law Act 2010*) include any service providing or intending to provide education and care on a regular basis to children under the age of 13 years.

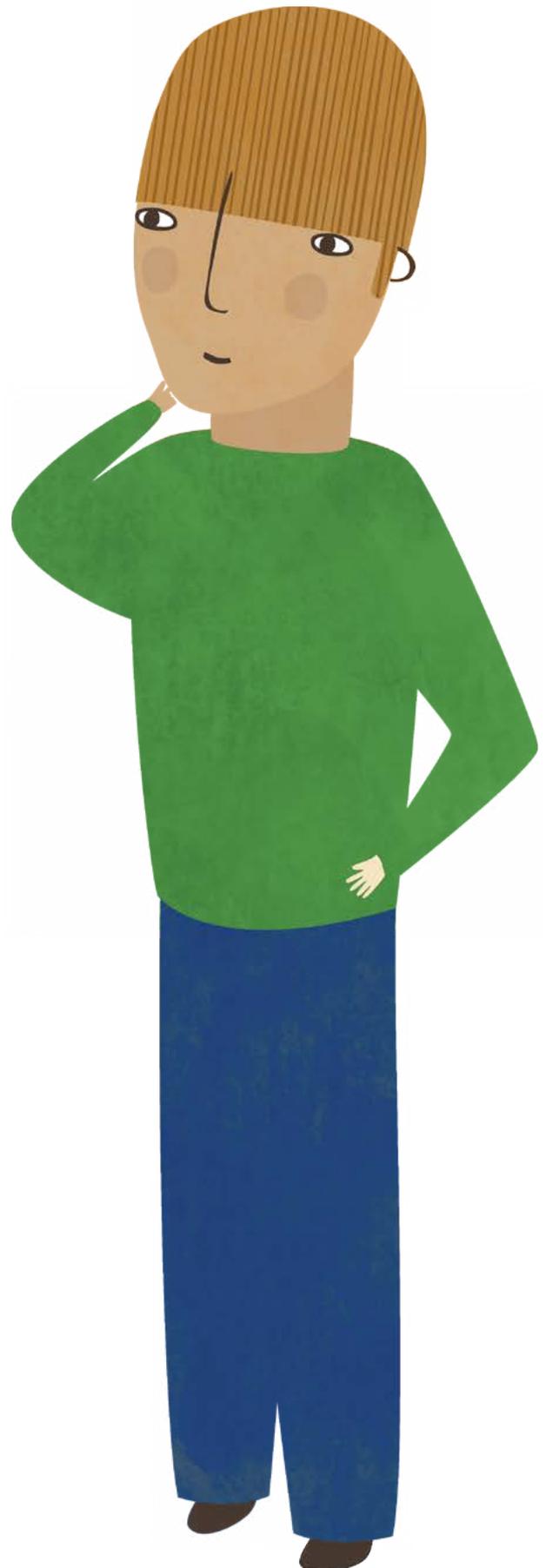
Every approved service must meet the requirements of the National Quality Framework and associated regulatory system.

The National Quality Framework's:

- key objective is to ensure the safety, health and wellbeing of children attending education and care services
- first guiding principle is that the rights and best interests of the child are paramount.

Most notably, it is a legal requirement that **every reasonable precaution must be taken to protect children from harm and any hazard likely to cause injury** within approved education and care services. Staff within education and care services must also ensure no child being educated and cared for by the service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances. Failure to meet this requirement can amount to a criminal offence.

There are a broad range of requirements, set out in the National Quality Framework and associated regulatory system, which directly relate to a service's obligations to respond to suspected child abuse. Some of these are summarised below for your reference and are reflected throughout the resource.



## National Quality Standard 2: Every child's health and wellbeing is safeguarded and promoted.

### National Quality Standard- Element 2.3.4 (Regulation 84)

The approved provider of an education and care service must ensure that the nominated supervisor and staff members at the service who work with children are advised of:

- the existence and application of the current child protection law
- any obligations that they may have under that law.

### National Quality Standard - Element 2.3.2

Every reasonable precaution must be taken to protect children from harm and any hazard likely to cause injury.

### National Quality Standard - Element 2.3.3 (Regulation 85 & 86)

Plans to effectively manage incidents and emergencies must be developed in consultation with relevant authorities, practised and implemented.

The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service.

### (Regulation 87)

The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.

## National Quality Standard 5: Relationships that are responsive, respectful and promote children's sense of security and belonging.

### National Quality Standard - Element 5.1.3

Each child is supported to feel secure, confident and included.

### Regulation 155

An approved provider must take reasonable steps to ensure that the education and care service provides education and care to children in a way that... maintains at all times the dignity and rights of each child.

### Section 166

The approved provider of an education and care service must ensure that no child being educated and cared for by the service is subjected to:

- (a) any form of corporal punishment; or
- (b) any discipline that is unreasonable in the circumstances.

## National Quality Standard 6: Collaborative relationships with families are fundamental to achieve quality outcomes for children.

### National Quality Standard – Element 6.2.2

Current information is available to families about community services and resources to support parenting and family wellbeing.

### National Quality Standard - Element 7.3.3

The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and of any complaints, which allege a breach of legislation.

Notifications may be made at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) or by contacting 1300 307 415. Further information on notifications is available at [www.education.vic.gov.au/childhood/providers/regulation](http://www.education.vic.gov.au/childhood/providers/regulation)

This resource has been designed to support you in identifying and responding to incidents, disclosures and suspicions of child abuse and therefore only reflects some of your requirements under the National Quality Framework in this specific area.

The Department of Education and Training regulates approved early childhood services in Victoria. For further information please:

- Phone: 1300 307 415
- Email: [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)
- Visit: [www.education.vic.gov.au/childhood/providers/regulation](http://www.education.vic.gov.au/childhood/providers/regulation)

## VICTORIAN CHILDREN'S SERVICES ACT 1996 (LICENSED SERVICES)

There are approximately 450 services within Victoria (mainly occasional care services) which are licensed under the Children's Services Act.

Under the Children's Services Act and supporting Children Services Regulations 2008 staff members must:

- ensure that every reasonable precaution is taken to protect a child in the care of that staff member from harm and from any hazard likely to cause injury
- notify the Secretary, Department of Education and Training within 24 hours of any:
  - incident involving injury or trauma to a child while being cared for or educated by the service requiring the attention of a registered medical practitioner or admission to a hospital (within 24 hours)
  - complaint which alleges that the health, safety or wellbeing of any child being cared for or educated by the children's service may have been compromised
- ensure that no one being cared for or educated by the service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances.

See [www.education.vic.gov.au/Documents/childhood/providers/regulation](http://www.education.vic.gov.au/Documents/childhood/providers/regulation) for advice on when and how to notify the Department.

As a condition of licensing, services must be operated in a way that:

- ensures the safety of the children being cared for or educated;
- ensures that the developmental needs of those children are met; and
- supports the health and wellbeing of those children.

The Department of Education and Training regulates licensed early childhood services in Victoria. For further information please:

- Phone: 1300 307 415
- Email: [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)
- Visit: [www.education.vic.gov.au/childhood/providers/regulation/pages/vcs.aspx](http://www.education.vic.gov.au/childhood/providers/regulation/pages/vcs.aspx)

## MATERNAL CHILD HEALTH PROGRAM STANDARDS, GUIDELINES AND BY-LAWS (MATERNAL CHILD HEALTH NURSES)

Maternal Child Health (MCH) nurses are classified as mandatory reporters (see Mandatory Reporters (pg. 8) for information on mandatory reporting obligations).

In addition to this Victorian MCH services operate under the:

- Maternal Child Health Service Guidelines, which includes the policies, procedures, funding criteria and data collection requirements for all Victorian MCH service providers.
- Maternal Child Health Program Standards, which outline evidence based best practice, establish an expected service level and are recommended for use by the Victorian MCH workforce and providers and support services
- by-laws of its local government or governing authority

As articulated within the MCH Program Standards, services will:

- identify the child at risk of, or experiencing, neglect and abuse and act on professional observation and judgement.
- respond to the child at risk of, or experiencing, abuse and make a report in accordance with the *Children, Youth and Families Act 2005*.
- support their workforce to respond to child abuse through policies, procedures and training and ensure they are able to meet their legislative requirements under the:
  - *Children, Youth and Families Act 2005*
  - *Child Wellbeing and Safety Act 2005*
  - *Health Records Act 2001*
  - *Family Violence Protection Act 2008*.

The MCH Program Standards also specify that it is important to work from the principle that children, particularly infants, are highly vulnerable and unable to protect themselves. Abuse and neglect of infants has the potential for life threatening injury, and serious impairment of brain development, attachment and the development of trust and healthy relationships in later life.

# Identifying Signs of Child Abuse

## CRITICAL INFORMATION

- As an early childhood staff member:
  - it is critical to be able to recognise the physical or behavioural signs of child abuse (in many circumstances they may be the only indication that a child is subject to abuse)
  - you may be the best placed or only adult in a position able to identify and respond to suspected abuse.
- If indicators lead you to form a reasonable belief that a child is being abused, you must follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27), which will support you to immediately report your suspicion to DHHS Child Protection, and/or to Victoria Police.

It is strongly recommended that ALL early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Suspicions and Disclosures of Abuse** as soon as they witness an incident, or form a reasonable belief that a child has, or is at risk of being abused. Following these actions will support you to best protect children in your care and meet your legal obligations and duty of care.

As an early childhood service staff member, you have a critical role to play in protecting children from abuse and may be the best-placed, or only adult in a child's life who is in a position to identify and respond to signs that a:

- child is impacted by, or at risk of abuse
- community member (including a staff member) may be a perpetrator of child abuse.

This section will help you to recognise the signs of child abuse and includes definitions and physical and behavioural indicators, including:

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

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

- the trauma associated with child abuse can be catastrophic to the wellbeing and development of a child, and can continue after the abuse has ended
- all concerns about the safety and wellbeing of a child, or the conduct of a staff member, contractor or volunteer should be acted upon as soon as practicable. Early intervention can save lives.

If physical and/or behavioural indicators lead you to suspect that a child has, or is being abused, or is at risk of abuse, you must respond as soon as practicable by following the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27).

If you believe that a child is not being abused, but you still hold concerns for their safety or wellbeing, refer to advice about **Responding to concerns about the wellbeing of a child (or unborn child)** (pg. 46) to determine who to consult with, when to make a report and when to engage other wellbeing professionals.

## PHYSICAL CHILD ABUSE

### CRITICAL INFORMATION

- Physical child abuse is the non-accidental infliction of physical injury or harm of a child.
- If you suspect that a child has or is being physically abused, or is at risk of physical abuse, you must respond by following the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27).

For Mandatory reporters (including VIT registered teachers and nurses) these Actions will support you to fulfil your legal obligations to report any reasonable belief that an adult is physically abusing a child.

It is strongly recommended that all early childhood service staff follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) in any instance that you form a reasonable belief that a child has been, or is at risk of being physically abused. These Actions are best practice and align with your duty of care obligations.

### What is physical child 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 implements and 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, e.g. 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, e.g. iron, grill, cigarette
- fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development
- cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- bald patches where hair has been pulled out
- multiple injuries, old and new
- effects of poisoning
- internal injuries.



## What are the behavioural indicators of physical child abuse?

### BEHAVIOURAL indicators of physical child abuse 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 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, e.g. 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 reluctance 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, e.g. 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

### CRITICAL INFORMATION

- Child sexual abuse:
  - is when a person uses power or authority over a child to involve them in sexual activity
  - can include a wide range of sexual activity including fondling the child's genitals, oral sex, vaginal or anal penetration by a penis, finger or other object, or exposure of the child to pornography
  - does not always involve physical contact or force.
- You **must** follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27) if you suspect that a:
  - child has, or is being sexually abused, or is at risk of sexual abuse
  - staff member, contractor or volunteer may be engaging, or are at risk of engaging in sexual behaviour with a child/children.
- For services working with children 10 years and over, it is important to note that unwanted sexual behaviour by a child 10 years or over can constitute a sexual offence. All incidents, suspicions and disclosures of child-led sexual offending must be responded to by following the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27).

All adults are legally obliged to report any reasonable belief that an adult is sexually abusing a child to Victoria Police (failure to do so can amount to a criminal offence). Therefore it is strongly recommended that all early childhood service staff follow the **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27). These Actions are best practice and align with your legal obligations.

### What is child sexual abuse?

Child sexual abuse:

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

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

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

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

### What is child sexual exploitation?

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

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

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim. For more information on child sexual exploitation and advice on specific strategies for identifying and preventing exploitation please see <http://www.education.vic.gov.au/about/programs/health/protect/Pages/exploitationgrooming.aspx>

## 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 victim.

## Who are the common perpetrators of child sexual abuse?

Child sexual abuse is most commonly perpetrated by someone who is known to, and trusted by the child (and often someone highly trusted within their family, communities, schools and/or other institutions). See advice on **identifying perpetrators of child sexual abuse** (current page).

Perpetrators can include (but are not limited to):

- a family member (this is known as intra family abuse and can include sibling abuse)
- a staff member, coach or other carer
- a peer/child 10 years or more in age\*
- a family friend or stranger
- a person via a forced marriage (where a child is subject to a marriage without their consent, arranged for by their immediate or extended family- this constitutes a criminal offence and must be reported)

*\* Unwanted sexual behaviour toward a child by a child 10 years or over can constitute a sexual offence.*

See **Children exhibiting inappropriate sexual behaviour** (pg. 25) for critical information on how to respond in these circumstances.

## 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, e.g. bruising, bleeding, discharge, inflammation or infection
- injury to areas of the body such as breasts, buttocks or upper thighs
- discomfort in urinating or defecating
- presence of foreign bodies in the vagina and/or rectum
- sexually-transmitted infections
- frequent urinary tract infections.

## What are the behavioural indicators of child sexual abuse?

### BEHAVIOURAL indicators of sexual abuse 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:

- disclosure of sexual abuse, e.g. by child, friend, family member
- drawings or descriptions of stories that are sexually explicit and not age-appropriate
- persistent and age-inappropriate sexual activity, e.g. 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 contact with adults
- change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. 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

*\* further information about age appropriate sexual behaviour is available on DHHS website.*

## How can I identify perpetrators of child sexual abuse?

In addition to identifying the physical and behavioural signs of sexual abuse within children, you can play a critical role in identifying signs that a staff member or member of the community may be engaging in child sexual abuse, or grooming a child for the purpose of engaging in sexual activity.

Most critically you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27) if you:

- feel uncomfortable about the way an adult interacts with a child/children, and/or
- suspect that the adult may be engaging in sexual abuse of a child/children, and/or
- suspect that the adult is grooming the child/children for the purpose of engaging in sexual activity, and/or
- reasonably believe that the adult is at risk of engaging in sexual behaviour with a child/children.

You must report suspected child sexual abuse, or risk of abuse regardless of any concerns about the risk to the reputation of the suspected perpetrator or service. Your report could prove critical to protecting children in your care, and a failure to report can result in criminal charges.



## What are the behavioural indicators for perpetrators of child sexual abuse?

In many cases the signs that an adult is sexually abusing (or grooming a child with the intent of sexually abusing them) may not be obvious. However there are a number of signs to look for.

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

#### Family Member

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

#### Service staff member, contractor, volunteer, coach or other carer

##### With any child:

- touching a child inappropriately
- obvious or inappropriate preferential treatment of the child, making them feel “special”
- inappropriately befriending the parents and making visits to their home and offering to drive a child to or from the service
- giving of gifts to the child
- undermining the child's reputation, so that the child won't be believed.

##### With older children:

- bringing up sexual material or personal disclosures into conversations
- inappropriate contact (e.g. calls, emails, texts, social media)
- having inappropriate social boundaries, e.g. telling the potential victims about their own personal problems.

## GROOMING

### CRITICAL INFORMATION

- 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.
- If you suspect that a child is being groomed, you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).

All adults are legally obliged to report any reasonable belief that an adult is sexually abusing a child to Victoria Police (failure to do so can amount to a criminal offence). Therefore it is strongly recommended that all early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Suspicions and Disclosures of Abuse**. These Actions are best practice and align with your legal obligations.

### What is grooming?

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

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

Examples of grooming behaviours may include:

- giving gifts or special attention to a child or their parent or carer (this can make a child or their parent feel special or indebted)
- controlling a child (or that child’s parents) 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 (this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault).

### What is online grooming?

Online grooming is a criminal offence and occurs when an adult uses electronic communication (including social media) in a predatory fashion to try to lower a child’s inhibitions, or heighten their curiosity regarding sex, with the aim of eventually meeting them in person for the purposes of sexual activity. This can include online chats, sexting, and other interactions. Any incidents of suspected grooming must be reported by following the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse**.

Online grooming can also precede online child exploitation, a form of sexual abuse where adults use the internet or a mobile to communicate sexual imagery with or of a child (e.g. via a webcam). Any incidents of suspected online child exploitation must be reported.

For more information about online grooming please visit: <http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/adviceonlinegrooming.aspx>



### What are the behavioural indicators that a child may be subject to 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'
- being excessively secretive about their use of communications technologies, including social media
- being dishonest about where they've been and whom they've been with.

See **Behavioural indicators for perpetrators of child sexual abuse** (pg. 25) for information on the indicators to look for in suspected perpetrators.

## EMOTIONAL CHILD ABUSE

### CRITICAL INFORMATION

- Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats, or by witnessing family violence.
- If you suspect that a child has suffered, or is likely to suffer, emotional or psychological harm, you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).

It is strongly recommended that all early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse**. These Actions are best practice and align with your duty of care obligations.

### What is emotional abuse?

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats, or by witnessing family violence.

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

### 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 (only speaking with certain people or in certain situations)
- delays in emotional, mental or physical development.

### What are the behavioural indicators of emotional child abuse?

#### BEHAVIOURAL indicators of emotional abuse 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
- 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, e.g. overly adult, or overly infantile
- 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

### CRITICAL INFORMATION

- Serious neglect may significantly impair the health and/or physical development of the child, or places this development at serious risk.
- If you suspect that a child is experiencing neglect, you must report it by following the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).
- If you have 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, the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** will support you in determine whether to report to DHHS Child Protection, make a referral to ChildFIRST and/or to take other action to support the child.

It is strongly recommended that all early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27). These Actions are best practice and align with your duty of care obligations.

### What is neglect?

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

In some circumstances the neglect of a child:

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

Both forms of neglect must be responded to via the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).

### 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?

### BEHAVIOURAL 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

### CRITICAL INFORMATION

- Family violence can include physical violence or threats, verbal abuse, emotional and psychological abuse, sexual abuse and financial and social abuse.
- If you suspect that a child is exposed to family violence (including witnessing family violence), or is at risk of family violence you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27)

It is strongly recommended that all early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27). These Actions are best practice and align with your duty of care obligations.

### What is 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 you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27) if you suspect that a child is exposed to, or at risk of being exposed to family violence.

### 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 (e.g. 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.

#### **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.

For more information about family violence please visit: <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-violence/what-is-family-violence>

## CHILDREN EXHIBITING INAPPROPRIATE SEXUAL BEHAVIOUR

### CRITICAL INFORMATION

- If you are concerned or suspect that a child has experienced sexual abuse or that a child 10 years and over has exhibited sexually abusive behaviour you must follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).
- For children aged 10-15 you may also report concerns about sexual behaviour to DHHS Child Protection, who can make an application to the Children's Court for a therapeutic treatment order.

It is strongly recommended that all early childhood service staff follow the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27). These Actions are best practice and align with your duty of care obligations.



### What is 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 for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27) 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.

### Reporting a Child in Need of Protection or Therapeutic Treatment

Any member of the public is able to report concerns about inappropriate sexual behaviour to DHHS Child Protection and / or Victoria Police.

In the case of sexually abusive behaviour by a child aged between 10 – 15 years of age, DHHS Child Protection may determine that the child may be in need of therapeutic treatment. This therapeutic treatment can be provided on a voluntary basis, with the consent and support of parents / carers; or it can be ordered by a Court via the making of a therapeutic treatment order.

DHHS Child Protection may make an application to the Children's Court for a therapeutic treatment order if it is assessed that:

- a child is of, or above the age of 10 and under the age of 15 years; and
- has exhibited sexually abusive behaviours.

A therapeutic treatment order must require the child to attend an appropriate treatment program to address their sexually abusive behaviours. It may also direct the child's parent(s) or carer(s) to take any necessary steps to enable the child to participate in the treatment.

Reporting to DHHS Child Protection in relation to a child who may be in need of therapeutic treatment does not replace your requirement to report possible sexual offending to Victoria Police as per the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).



# Four Critical Actions: Respond to Incidents, Disclosures or Suspicions of Child Abuse

## FOUR CRITICAL ACTIONS

**1 RESPONDING TO AN EMERGENCY** PAGE 32

**2 REPORTING TO AUTHORITIES** PAGE 34

**3 CONTACTING PARENTS/CARERS** PAGE 37

**4 PROVIDING ONGOING SUPPORT** PAGE 39

This section outlines four critical actions to take when responding to an incident, disclosure or suspicion of child abuse.

For easy reference these actions are summarised below in a printable PDF.

You should read this summary in conjunction with the following advice, which includes critical detail and specific advice on responding to different forms of abuse and links to supporting documents (including the **Responding to Suspected Child Abuse: Template** which it is strongly recommended that you complete when responding to any form of suspected abuse).

**FOUR CRITICAL ACTIONS FOR EARLY CHILDHOOD SERVICES**  
Responding to Incidents, Disclosures and Suspicions of Child Abuse

**PROTECT** THE EDUCATION STATE VICTORIA Government Education and Training



It is strongly recommended that **ALL** early childhood service staff follow these **Four Critical Actions** as soon as they witness an incident, or form a reasonable belief that a child has, or is at risk of being abused. This means acting even when you're not sure and have not directly witnessed the abuse (e.g. if another person tells you about the abuse). A reasonable belief is a deliberately low threshold. This enables authorities to investigate and take action.

Following these actions will support you to:

- best protect children in your care
- meet your legal obligations and Duty of Care.\*
- It is also strongly recommended that you use the **Responding to Suspected Child Abuse Template** to keep clear and comprehensive notes. MCH services may opt to use this form, but **must** still utilise their existing information management systems.

**1 RESPONDING TO AN EMERGENCY**

If there is no risk of immediate harm, go to **Action 2**.

If the child is at immediate risk of harm you **must** ensure their safety by:

- separating alleged victim and others involved
- administering first aid
- calling **000 for urgent medical and/or police assistance** to respond to immediate health or safety concerns
- identifying a contact person at the service for future liaison with police

Where necessary you may also need to maintain the integrity of the potential crime scene and preserve evidence.

\* In Victoria there are a range of legal obligations which set out the actions you **must** take if you suspect a child has, or is at risk of being abused. Some of these obligations apply differently across the range of licensed, approved and other early child services and can vary depending on your role within the service. For further information on how these obligations apply to you see the **Identifying and Responding to All Forms of Abuse in Early Childhood Services**.

**2 REPORTING TO AUTHORITIES**

As soon as immediate health and safety concerns are addressed you **must** report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

**Q: Where does the source of suspected abuse come from?**

**WITHIN THE SERVICE**

**VICTORIA POLICE**  
You **must** report all instances of child abuse which are led by a staff member, contractor or volunteer, or child\* to Victoria Police.

**REPORT TO MANAGEMENT**  
You **must** report to your approved provider or licensee.

**NOTIFY THE REGULATOR**  
Licensed or approved early childhood services\* **must also** report to their Quality Assessment and Regulation Division.

Notifications may be made at [www.qasrca.gov.au/notification-quality-assessment-system](http://www.qasrca.gov.au/notification-quality-assessment-system) or by contacting **1300 307 415**.

\* Sexual offending, involving children 10 years and over.

\* Licensed services operate under the Children's Services Act 1996 and approved services operate under Education and Care Services National Law Act 2010.

**WITHIN THE FAMILY OR COMMUNITY**

**DHHS CHILD PROTECTION**  
You **must** report to DHHS Child Protection if a child is considered to be:

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

**VICTORIA POLICE**  
You **must also** report all instances of suspected sexual abuse (including grooming) to Victoria Police.

If you believe that a child is not subject to abuse, but you still hold **significant concerns** for their wellbeing you **must** still act. This may include making a referral or seeking advice from Child FIRST (in circumstances where the family are open to receiving support), or to DHHS Child Protection or Victoria Police.

**REPORT TO MANAGEMENT**  
You **must** report to your approved provider or licensee.

**NOTIFY THE REGULATOR**  
Approved and licensed early childhood services\* **must** notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health, and wellbeing of a child being educated and cared for by a service.

Notifications may be made at [www.qasrca.gov.au/notification-quality-assessment-system](http://www.qasrca.gov.au/notification-quality-assessment-system) or by contacting **1300 307 415**.

**3 CONTACTING PARENTS/CARERS**

You **must** consult with DHHS Child Protection or Victoria Police to determine what information can be shared with parents/carers. They may advise:

- not to contact** parents/carers (e.g. in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and does not wish for their parent/carer to be contacted)
- to contact** the parents/carers and provide agreed information as soon as possible (for licensed and approved services it is a requirement that parents/carers are notified within 24 hours if the suspected abuse occurred at the service)

**4 PROVIDING ONGOING SUPPORT**

Your service **should** take reasonable steps to make a child feel safe and supported whilst they are attending the service.

Your service should also consider providing support for children impacted by abuse. E.g. referral to wellbeing professionals.

MCH nurses should follow the MCH Service Practice Guidelines to determine appropriate support.

You **must** follow the **Four Critical Actions** every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

**CONTACT**

<p><b>DHHS CHILD PROTECTION AREA</b></p> <p>North Division <b>1300 664 9777</b></p> <p>South Division <b>1300 655 795</b></p> <p>East Division <b>1300 360 391</b></p> <p>West Division (Rural) <b>1800 075 599</b></p> <p>West Division (Metro) <b>1300 664 9777</b></p> <p><b>AFTER HOURS</b> After hours, weekends, public holidays <b>13 12 78</b></p> <p><b>CHILD FIRST</b> <a href="http://www.dhs.vic.gov.au">www.dhs.vic.gov.au</a></p> <p><b>VICTORIA POLICE</b> 000 or your local police station</p>	<p><b>QUALITY ASSESSMENT AND REGULATION DIVISION</b></p> <p><b>NORTH WESTERN</b> Loddon Mallee (03) 5440 3111 Northern Metropolitan (03) 8397 0372</p> <p><b>SOUTH-EASTERN</b> Gippsland Area (03) 5127 0400 Southern Metropolitan (03) 8765 9787</p> <p><b>NORTH-EASTERN</b> Eastern Metropolitan 1300 651 940 Hume (03) 8392 9500</p> <p><b>SOUTH-WESTERN</b> Barwon South West (03) 5225 1001 Western Metropolitan (03) 8397 0246 Grampians (03) 5337 8444</p>
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## YOU MUST ACT

### CRITICAL INFORMATION

- As an early childhood staff member, you must act as soon as you witness an incident or form a reasonable belief that a child has been, or is at risk of being abused.
- You must act if you form a suspicion/ reasonable belief, even if you are unsure and have not directly observed child abuse (e.g. if the victim or another person tells you about the abuse).
- You should make sufficient enquiries to form a reasonable belief and to determine a child's immediate needs. However, once a reasonable belief has been formed, it is not your role to investigate. This is the role of DHHS Child Protection or Victoria Police.
- Child abuse includes any instance of physical or sexual abuse (including grooming), emotional or psychological harm, serious neglect and family violence.
- If you hold significant concerns for a child's wellbeing, which do not appear to be a result of child abuse you must still act (see [Responding to Other Concerns About the Wellbeing of a Child](#) (44).

Maternal Child Health services should utilise their existing information management systems (e.g. CDIS, Expedite of MACHS) to record appropriate detail about any incidents, disclosures and suspicions of child abuse. Services may opt to ALSO use this form, which aligns with the Four Critical Actions.

## DOCUMENT YOUR ACTIONS

Under the National Quality Framework the approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept. This template aligns with this requirement and it is strongly recommended that all early childhood service staff utilise this template for incidents, disclosures and suspicions of child abuse.

As an early childhood staff member, you must keep clear and comprehensive notes relating to incidents, disclosures and allegations of child abuse.

It is strongly recommended that all staff use the [Responding to Suspected Child Abuse Template](#) (pg. 27)

Your aim should be to provide as much information within the template as possible. These records will be helpful in making a report of the abuse to the relevant authorities. If you require support to complete the template you should seek support from your manager/service provider.

This information may be sought at a later date if the matter is the subject of Court proceedings. These notes may also later assist you if you are required to provide evidence to support the Court's decisions (see [Reporting a Child in Need of Therapeutic Treatment](#) (pg. 27) for further information).

In Victoria there are a range of legal obligations which set out the actions you must take if you suspect a child has, or is at risk of being abused:

- **All adults** are legally obliged to report any reasonable belief that an adult has sexually abused a child under the age of 16 years to Victoria Police (failure to do so can amount to a criminal offence). These reports must be made to Victoria Police.
- **Mandatory reporters** (including VIT registered early childhood teachers and MCH nurses) must also report any reasonable belief that a child is being physically or sexually abused, and the child's parents are unable or unwilling to protect the child from that harm. These reports must be made to DHHS Child Protection or Victoria Police.
- **All early childhood service staff** have a duty of care to take reasonable steps to protect children in their care from harm (your duty of care will be determined in relation to the nature of the service, and your role within it)
- **All services** must comply with the Child Safe Standards
- **Licensed services** must comply with the *Children's Services Act 1996* and corresponding legislation, which includes specific requirements on how services must respond to child abuse.
- **Approved services** must comply with the Education and Care Services National Regulations and corresponding legislation, which includes specific requirements on how services must respond to child abuse.
- **Maternal Child Health Services** must comply with the Maternal Child Health Service Guidelines, corresponding legislation and the by-laws of its local government.

Following these **Four Critical Actions** is considered best practice and will support you to meet these obligations.

This section steps you through when and how to

respond if you:

- Witness an Incident
- Form a Suspicion
- Receive a Disclosure

It also outlines the threshold for Forming a Reasonable Belief.

If, after considering this content you:

- are unsure whether a witnessed incident, suspicion or disclosure should lead you to form a reasonable belief that child abuse has, or is at risk of occurring you should seek further advice from service management (your approved provider or licensee) or DHHS Child Protection and/or Victoria Police.
- hold significant concerns for a child's wellbeing, which do not appear to be a result of child abuse you should still act (see Responding to Other Concerns About the Wellbeing of a Child (pg. 27), which will support you in making appropriate referrals to Child FIRST, DHHS Child Protection and Victoria Police).



## WITNESSING AN INCIDENT

If you witness an incident where you believe a child has been subject to abuse you must take immediate action to protect the safety of children involved. Go straight to:

- **Action One**– Responding to an Emergency (pg. 32) if there is an immediate risk to health and safety
- **Action Two**– Reporting to Authorities (pg. 34) if there is no immediate risk to health and safety.

## FORMING A SUSPICION

All suspicions that a child has been, or may be in danger of being abused must be taken seriously. This includes abuse that is suspected to have occurred within the family, the community or within the service.

If you form a reasonable belief that a child has been, or may be at risk of being abused, you must act, even if you have not directly witnessed the child abuse.

## RECEIVING A DISCLOSURE

If anyone discloses that they believe that a child has been, is being, or is at risk of being abused, you must treat these disclosures seriously and take immediate action.

Very young children may be unable to disclose abuse. They may be unaware that they are being subject to abuse and/or unaware that the information they are providing is disclosing abuse.

Regardless of the intent of a child's conversation, on receipt of any information that supports you to form a reasonable belief that a child has been abused, or is in danger of being abused, you must take immediate action by following **Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse** (pg. 27).

For further guidance on managing the disclosure see **strategies for managing a disclosure** (pg. ?).

## FORMING A REASONABLE BELIEF

If you have witnessed behaviour, have a suspicion, or received a disclosure of child abuse, you will need to determine whether you have formed a 'reasonable belief' or a 'belief on reasonable grounds' that a child has or is being abused or is at risk of being abused.

A reasonable belief is a deliberately low threshold:

- to encourage people to report suspected abuse to the relevant authorities and agencies, enabling authorities to investigate the allegations and take further action to prevent or stop any further abuse
- that does not require proof, but is more than rumour or speculation
- which is met if a reasonable person in the same position would have formed the belief on the same grounds.

Most of the reporting provisions in the *Children Youth and Families Act 2005* and *Crimes Act 1958* require people to report suspected child abuse that has occurred, is occurring, or is at risk of occurring where they have formed a 'reasonable belief' or 'a belief on reasonable grounds'.

### Forming a belief on reasonable grounds may include:

- a child stating that they have been abused
- any person telling you they believe someone has been abused (sometimes the child may be talking about themselves)
- physical indicators of abuse such as non-accidental or unexplained injuries; persistent neglect, or inadequate care and supervision lead you to believe that the child has been abused (see Identifying Signs of Abuse)
- behavioural indicators of abuse lead you to believe that the child has been abused (see Identifying Signs of Abuse)
- other signs such as family violence, parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child's safety, stability or development.

## STRATEGIES FOR MANAGING A DISCLOSURE

Very young children may be unable to disclose abuse. They may be unaware that they are being subject to abuse and/or unaware that the information they are providing is disclosing abuse.

Regardless of the intent of the conversation, it is important that you respond in an appropriate and supportive manner. All disclosures of abuse must be taken seriously and addressed immediately by following the **Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse** (pg. 27).

It is the role of early childhood staff members to listen and respond appropriately to a child's concerns. You should reassure the child that they have done the right thing in talking to you. Where a child discloses abuse then asks you to keep a secret you should consider stating:

*'I am not going to be able to keep your story a secret. I really have to tell someone who is going to be able to help you.'*

It is strongly recommended that you document any disclosures within the **Responding to Suspected Child Abuse: Template**. This may be critical for further investigations and/or legal proceedings.

The tables below include advice on how best to manage a disclosure and what to avoid.

### When managing a disclosure, you should:

- listen to the child and allow them to speak
- stay calm and not display expressions of panic or shock
- use a neutral tone with no urgency and where possible use the child's language and vocabulary
- be patient and non-judgmental throughout
- highlight to the child that they are doing the right thing in telling you about what has happened and that it is not their fault
- allow the child to talk at their own pace and in their own words
- reassure the child that you believe them and that disclosing the matter was the right thing to do
- use verbal facilitators such as, "Okay, I see", restate the child's previous statement, and use non-suggestive words of encouragement, designed to keep the child talking in an open-ended way
- tell the child you are required to tell someone who is going to be able to help you.' (For an older child it may be appropriate to tell them which authority you have to report to and to briefly explain their role).

### When managing a disclosure, you should AVOID:

- asking questions that are investigative and potentially invasive, and may make the child feel uncomfortable and cause them to withdraw
- going over the information time and time again (you are only gathering information to help you form a belief on reasonable grounds that you need to make a report to the relevant authority
- asking leading questions, but instead, gently ask, "What happened next?" rather than "Why?"
- pressuring the child into telling you more than they want to.

# ACTION 1: RESPONDING TO AN EMERGENCY

## CRITICAL INFORMATION

- If a child has just been abused, or is at immediate risk of harm you must take reasonable steps to protect them. These include:
  - separating the alleged victim and others involved, ensuring both parties are supervised by a staff member
  - arranging and providing urgent medical assistance where necessary by:
    - administering first aid assistance
    - calling 000 for an ambulance and following any instructions from emergency service officers / paramedics.
  - Calling 000 for urgent police assistance if the person who is alleged to have engaged in the abuse poses an immediate risk to the health and safety of any person (you should also identify a contact person at the service for future liaison with police)
- Take reasonable steps to preserve the environment, the clothing, other items, and potential witnesses until the police or other relevant authorities arrive on the premises.

## Ensuring Immediate Safety

If a child has just been abused, or is at immediate risk of harm you must take reasonable steps to protect them. These include:

- separating the alleged victim and others involved, ensuring both parties are supervised by a staff member
- arranging and providing urgent medical assistance where necessary by:
  - administering first aid assistance
  - calling 000 for an ambulance and following any instructions from emergency service officers/paramedics.
- calling 000 for urgent police assistance if the person who is alleged to have engaged in the abuse poses an immediate risk to the health and safety of any person, (you should also identify a contact person at the service for future liaison with police).

Under the National Quality Framework services must have in place and implement plans to effectively manage incidents and emergencies. This requirement is in addition to every staff members Duty of Care to take reasonable steps to protect children in their care from harm.

## Preserving Evidence

Where an incident of suspected child abuse occurs at the service, you may need to take action to preserve any items that may amount to evidence of the abuse. Consider all of the following:

### Environment

**Do not clean up the area** and do preserve the sites where the alleged incidents occurred. Cordon off the relevant area/room/building and take reasonable steps to ensure that no one enters these areas.

### Clothing

If sexual abuse/physical abuse is suspected you may also need to ensure that the person who has allegedly committed the abuse and the child who has allegedly been abused remain in their clothing and, if this is not possible, ensure that the clothes are not washed, are handled as little as possible, and stored in a sealable bag.

### Other Physical Items

If there is any other items that may amount to evidence (e.g. weapons, bedding, condoms), **try to ensure that these things remain untouched.**

### Potential Witnesses

Reasonable precautions must be taken to prevent discussion of the incident between those involved in the alleged incident (including any other children who may have witnessed the incident). If the incident involves:

- **Children exhibiting inappropriate sexual behaviour** (pg. 25) (children 10 years and over) a staff member should be allocated to remain with each child involved in separate rooms
- a staff member, they should be asked to remain with a member of the services leadership team (if possible) and be instructed not to discuss the incident with anyone.



# 2 ACTION 2: REPORTING TO AUTHORITIES

## CRITICAL INFORMATION

As soon as immediate health and safety concerns are addressed you must report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report sexual child abuse may amount to a criminal offence.

### SUSPECTED ABUSE WITHIN THE SERVICE

If the source of suspected abuse comes from within the service (this includes any forms of suspected child abuse involving a staff member, contractor or volunteer):

- you must report to Victoria Police (via your local police station)
- you must ALSO report internally to management (your approved provider or licensee in all instances)
- licensed or approved early childhood services must ALSO notify the Quality Assessment and Regulation Division.

Notifications may be made at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) or by contacting 1300 307 415.

### SUSPECTED ABUSE WITHIN THE FAMILY OR COMMUNITY

If the suspected abuse involves a family member or someone within the community:

- you must report to DHHS Child Protection (see contact details (pg. 50) if a child is considered to be:
  - in need of protection due to child abuse
  - at risk of being harmed (or has been harmed), and the harm has had, or is likely to have, a serious impact on the child's safety, stability or development.
- you must ALSO report suspected sexual abuse (including grooming) to Victoria Police
- you must ALSO report internally to management (your approved provider or licensee in all instances)
- licensed or approved services must ALSO notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health, and wellbeing of a child being educated and cared for by a service. Notifications may be made at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) or by contacting 1300 307 415.

You must identify a contact person at the service for future liaison with Victoria Police and/or DHHS Child Protection and seek advice about contacting parents/carers (see Action Three (pg. 37).

Licensed services operate under the Children's Services Act 1996 and approved services operate under Education and Care Services National Law Act 2010.

Following any incident, suspicion or disclosure of child abuse you must make a report as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

This section steps you through the process for:

- Reporting when the source of the suspected abuse is within the service
- Reporting when the source of suspected abuse is within the family or community
- Making Additional Reports (in circumstances where a report has already been made)

## Reporting when the source of suspected abuse is within the service

If the source of suspected abuse comes from within the service (this includes any form of suspected child abuse by a staff member, contractor or volunteer or other child):

- you **must** contact Victoria Police via your local police station (it is important that you first contact your local Police station, where appropriate they will refer you onto the local Sexual Offences and Child Abuse Investigation Team)
- you **must ALSO** report internally to management (your approved provider or licensee in all instances)
- licensed or approved services **must ALSO** notify the **Quality Assessment and Regulation Division**. Notifications may be made at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) or by contacting **1300 307 415**. Further information on notifications is available at [www.education.vic.gov.au/childhood/providers/regulation](http://www.education.vic.gov.au/childhood/providers/regulation).

You must also identify a contact person at the service for future liaison with DHHS Child Protection and Victoria Police, and seek advice about contacting parents/carers (see **Action Four** (pg. 39).

Child-led abuse refers to child-led sexual offending, involving children 10 years and over. This must be reported to the Victoria Police. If the suspected abuse involves child-led sexual offending by a child aged between 10 – 14 years (up to 15 years of age), you may also consider making a report to DHHS Child Protection if you believe that the child may be in need of therapeutic treatment. See **Children exhibiting inappropriate sexual behaviour** (pg. 25) for more advice.

In cases of child-led sexual offending, it is also important to consider the underlying causes of the child's behaviour. If you form a reasonable belief that the child is engaging in child-led sexual offending because they have been subject to abuse, you must also report this belief.

## Reporting when the source of suspected abuse is within the family or community

If the source of suspected abuse comes from within the family or community:

- you **must** report to **DHHS Child Protection** (see contact details (pg. 50) if a child is considered to be:
  - in need of protection due to child abuse
  - at risk of being harmed (or has been harmed), and the harm has had, or is likely to have, a serious impact on the child's safety, stability or development.
- you **must ALSO** report suspected sexual abuse (including grooming) to Victoria Police
- you **must ALSO** report internally to management (your approved provider or licensee in all instances)
- licensed or approved services **must ALSO** notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health, and wellbeing of a child being educated and cared for by a service. Notifications may be made at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) or by contacting **1300 307 415**. Further information on notifications is available at [www.education.vic.gov.au/childhood/providers/regulation](http://www.education.vic.gov.au/childhood/providers/regulation).

Please note that reporting internally does not mean that mandatory reporting obligations have been met. The staff member who has formed a reasonable belief regarding child abuse or neglect must also report to DHHS Child Protection or Victoria Police if the child is in immediate risk of harm.

If you believe that a child is not subject to abuse, but you still hold significant concerns for their wellbeing (e.g. concerns due to conflict within the family) you should consider making a referral to Child FIRST. In some circumstances you may still need to contact DHHS Child Protection and/or Victoria Police (e.g. extreme risk taking behaviour, harm to an unborn baby). For further advice see – *Responding to Other Concerns about the Wellbeing of a Child* (pg. 44).

### How should you proceed if your service manager, approved provider or licensee advises you not to make a report?

In some circumstances your service manager, approved provider or licensee may advise you not to proceed with reporting suspected abuse.

Regardless of this advice, if you hold a reasonable belief that a child has been, or is at risk of being abused you **must** still make a report to DHHS Child Protection and/or Victoria Police. This report may be critical in protecting a child from abuse.

If you fail to report you may not discharge your duty of care and in some circumstances you may be subject to criminal charges.

If you decide not to report, it is strongly recommended that this decision should be documented within the **Responding to Suspected Child Abuse: Template**.

Also see advice on the actions that must be taken in the event that a report has already been made—*Making Additional Reports* (below).

### Making Additional Reports

#### Reporting further reasonable grounds for belief

You must make a new report in any circumstance where you become aware of any further reasonable grounds for the belief. Every report is critical to protecting a child by building evidence and enabling authorities to gain a clearer understanding of the risks.

This means that you must make a report to protect a child even if you are aware that:

- DHHS Child Protection, or Victoria Police were previously involved or are already involved with the child and/or their family
- another party, such as a family member, has already raised concerns with the relevant authorities.

### What if another person has already made a report?

Once you form a reasonable belief that a child has been, or is at risk of being abused, your obligation to report is separate from the obligations or actions of other people.

In addition, it is important to consider that other people may not have access to the specific detail you have. The information you provide through your report may assist the relevant authority to take further action to protect the child.

However, there may be times when two or more service staff members, have formed a belief about the same child on the same occasion and based on the same information. In this situation it is sufficient that only one of the staff members make a report. The other is obliged to ensure that the report has been made and that all the grounds for their own belief were included in the report made by the other person.

In instances where two staff members form different views about whether or not to make a report, if one staff member continues to hold a reasonable belief that a child is in need of protection, then they are legally obliged to make a report.

### What if you don't think the child is at risk of abuse but you still hold concerns about a child's wellbeing?

If you believe that a child is not subject to child abuse, but you still hold significant concerns for their wellbeing you may still need to contact DHHS Child Protection and/or Victoria Police and/or make a referral to Child FIRST. For further advice see – **Responding to concerns about the Wellbeing of a Child** (pg. 44).

## ACTION 3: CONTACTING PARENTS/CARERS

### CRITICAL INFORMATION

- In many cases where it is suspected that a child has been, or is at risk of being abused, it is extremely important that parents/carers are notified as soon as practicable.
- However before contacting parents, you must seek advice from DHHS Child Protection or Victoria Police (depending on who the report was made to).
- This is critical to ensure the safety of the child as well as to avoid any compromise to the investigations being conducted by the relevant authorities or agencies.
- Where advised to be appropriate, your service should make sensitive and professional contact with parents as soon as possible on the day of the incident, disclosure or suspicion.

In many cases where it is suspected that a child has been, or is at risk of being abused, it is extremely important that parents/carers are notified as soon as practicable. This enables parents/carers to take steps to:

- or limit their child's exposure to further abuse.
- ensure that their child receives the support that they require.

It is also a requirement under the National Quality Framework that parents be contacted within 24 hours, if the suspected abuse occurs whilst a child is at an education or care service.

However, there are some circumstances where contacting parents/carers may place a child at greater risk.

This is why before contacting parents/carers, you must contact **Victoria Police** or **DHHS Child Protection** (depending on who the report has been made to). They will advise your service about whether it is appropriate to contact parents/carers at this stage.

You will be advised not to contact the parents in circumstances where:

- the parents are alleged to have engaged in the abuse
- a disclosure to the parents/carers may subject the child to further abuse
- the notification is likely to adversely affect the investigation of the incident by the relevant authorities.

Where advised to be appropriate, your service should make sensitive and professional contact with parents as soon as possible on the day of the incident, disclosure or suspicion.

### When talking to parents/carers about suspected abuse it is important to:

- Remain calm
- Be empathetic to feelings and acknowledge distress
- Acknowledge and validate concerns
- Provide appropriate details of the incident, disclosure and/or suspicion of child abuse
- Outline the action the service has taken to date
- Inform them of who the incident, disclosure and/or suspicion has been reported to
- Provide the name and contact phone number of DHHS Child Protection and/or the police officer who is investigating
- Provide information on whether they are likely to be contacted by DHHS Child Protection or Victoria Police (if known)
- Inform them that the investigation may take some time and ask what further information they would like and how staff can assist them.

For more advice on what information can be shared about student sexual offending please refer to: **Privacy and Information Sharing** (pg. 47).

For guidance on sharing information about student sexual offending with the school community please see **Information Sharing with the Community** (pg. 48)



# ACTION 4: PROVIDING ONGOING SUPPORT

## CRITICAL INFORMATION

- In addition to reporting suspected abuse, your service:
  - should take reasonable steps to make a child feel safe and supported whilst they are attending the service
  - where appropriate should also consider providing support for children impacted by abuse (this may include referral to wellbeing professionals).
- You may also be required to respond to subpoenas to attend court proceedings.

**MATERNAL CHILD HEALTH NURSES:** In order to provide support for families and children impacted by child abuse you should follow the Maternal Child Health Service Practice Guidelines. This will support you in to determine appropriate support and referral necessary in your roles as health care professionals.

Experiences of child abuse can cause trauma and significantly impact on the mental health and wellbeing of children. In many instances even after the abuse has ended, children's brains and bodies continue to react as if the stress is continuing.

Your service may be able to help limit the impact of this trauma and support a child's recovery. You have a duty of care to take reasonable steps to make a child feel safe and supported whilst they are attending your service.

It is also a requirement under the Child Safe Standards that services:

*"provide ongoing support or make referrals for support to alleged victims, their families and affected staff, such as helping them understand their rights and the process that will be followed in responding to allegations, and assistance in accessing counselling or other support as required."*

A range of factors will influence the level of support that your service should provide to children and families impacted by abuse, including:

- whether the child/family continue to regularly attend the service
- whether the child/family are receptive to support from the service
- the capacity of staff members to provide support and/or referrals to support services.

This section includes details on:

- Ensuring a Child is Safe and Supported Whilst They are Attending the Service (all services)
- Providing Referral to Support Services (where appropriate)
- Providing Culturally and Developmentally Appropriate Support
- Providing Support for Impacted Staff Members
- Responding to Subpoenas or Court Attendance
- Responding to Complaints or Concerns.

## Ensuring a Child is Safe and Supported Whilst They Are Attending the Service

The National Quality Standard 5.1.3 (applying to regulated services) specifies that each child attending the service, should be supported to feel secure, confident and included.

Providing holistic support to address the trauma and wellbeing issues associated with child abuse is best achieved through careful planning.

Where appropriate, services should consider:

- establishing regular communication with the child's parent/carer to plan support strategies and discuss a child's progress, and the success of any support strategies
- engage allied health professionals with expertise in addressing child abuse and trauma to support the service to design and implement support strategies.
- establish a safety plan, in instances where the abuse has been led by a person within the service, and/or visiting the service to mitigate risk of further abuse.

## Referral to Support Services

Services can also refer children and their families to a wide range of support services, specialising in providing tailored support and advice for children impacted by abuse and their families.

For example the Centre Against Sexual Assault (CASA) provide expert support for victims of sexual assault and Australian Childhood Foundation provide recognised programs that counsel and support children to recover. Other agencies such as Safe Steps and the Domestic Violence Resource Centre provide support and referrals to victims of family violence.

See Counselling/Support Organisations (pg. 52) for details on where to go for further support.

Where appropriate it is recommended that you provide impacted families with the details of available support services. This corresponds with the requirement under National Quality Standard 6.2.2 (applying to regulated services), that current information is available to families about community services and resources to support parenting and family wellbeing.

## Providing Developmentally and Culturally Appropriate Support

Whilst a child's background should not impact on a decision to report suspected abuse, early childhood staff need to be sensitive to a child's individual circumstances.

It is a requirement under the Child Safe Standards that services "take account of the diversity of all children", including (but not limited to) the needs of:

### Children with disabilities

When supporting a child with a disability who has been impacted by child abuse it is critical to consider the child's:

- chronological age, developmental age and their cognitive functioning in order to tailor developmentally appropriate support strategies
- vulnerability to ongoing abuse when considering the need to make a further report and/or implement risk mitigation strategies (children with disabilities disproportionately fall prey to child abuse, in particular child sexual abuse).

## Aboriginal and Torres Strait Islander children

When working with Aboriginal or Torres Strait Islander children who have been impacted by child abuse, in addition to taking action to protect a child's safety and wellbeing, it is essential that services provide culturally appropriate support.

It is important to recognise that Aboriginal and Torres Strait Islander communities have a specific history, and cultural traditions, and may be sensitive to the way Aboriginal issues are represented. For example:

- it may be inappropriate to use peoples' names or images and you should always ask
- family violence is not an aspect of 'traditional' Aboriginal or Torres Strait Islander cultures (family violence is obviously unacceptable in any cultural context and care should be taken not to suggest that culture or ethnicity explains family violence).

There are interconnecting and trans-generational experiences of abuse within Aboriginal and Torres Strait Islander communities. The impact of this abuse is compounded by the fact that many Aboriginal and Torres Strait Islander communities have:

- not had access to culturally appropriate services or supports
- a fear or distrust of government supports,
- experienced significant socioeconomic disadvantage and marginalisation as a result of their Aboriginal status.

The Victorian Aboriginal Legal Service (VALS) plays an important role in providing referrals, advice/information, duty work or case work assistance to Aboriginal and Torres Strait Islander peoples in the State of Victoria.

See Counselling/Support Organisations (pg. 52) for details on other culturally appropriate supports.



### **Children from Culturally and Linguistically Diverse (CALD) backgrounds**

When supporting a child from CALD backgrounds who has been impacted by child abuse, in addition to taking action to protect a child's safety and wellbeing, it is essential that services provide culturally appropriate support. However this should not detract from ensuring the child's safety and wellbeing.

Where possible services should work with relevant cultural support services (ensuring that the confidentiality of the child and family is maintained) and engage an interpreter when communicating with the child's family if needed.

See Counselling/Support Organisations (pg. 52) for details on where to go for further support.

### **Children with refugee backgrounds**

When working with children from refugee backgrounds who have been impacted by child abuse it is important to recognise that they (and their families) may also be experiencing trauma, dislocation and loss. This trauma may significantly affect family wellbeing and parenting capacity and whilst these issues also require sensitive consideration, they should not detract from ensuring the child's safety and wellbeing (or impact on decisions to report suspected abuse).

Services can consider contacting services who specialise in providing support to refugees (ensuring that the confidentiality of the child and family is maintained).

See Counselling/Support Organisations (pg. 52) for details on where to go for further support.

### **Providing Support for Impacted Staff Members**

It can be stressful for staff involved in incidents, disclosures or suspicions of child abuse, especially if they have also experienced abuse.

It is recommended that you speak to your manager/ service provider about arranging appropriate support. If you are a Maternal Child Health nurses consider speaking to your manager about reflective practice or clinical supervision.

You should also consider:

- talking to your GP or another allied health professional
- reporting historical or current experiences of abuse to Victoria Police.

You can also contact Life Line on 13 11 14 or chat to someone online at [lifeline.org.au](http://lifeline.org.au).

## Responding to Subpoenas or Court Attendance

A subpoena/witness summons is a Court Order that compels you to produce documents, or attend Court and give evidence, or to do both of these things.

You are usually issued with a subpoena/witness summons because one of the parties to the legal proceedings believes that you may have information /documentation that is relevant to the legal proceeding.

You must comply with the subpoena/witness summons because there can be serious consequences for not doing so.

If you are unsure about your obligations under a subpoena / witness summons, speak to your manager/service provider, and ask for support to respond to the subpoena. This support may include obtaining independent legal advice. It is not appropriate to contact the lawyer who issued the subpoena/witness summons for advice.



## Responding to Complaints or Concerns

There may be concerns or complaints about a service's management of an incident, in particular by parents/carers. This is a very stressful time for parents/carers, and concerns, which they do not believe have been dealt with fairly, may escalate quickly.

You should refer all concerns or complaints that are raised by parents or carers to your approved provider or licensee as soon as they are received.

If you hold concerns that the health, safety and wellbeing of children may have been compromised by the actions of your approved provider or licensee (or another approved provider or licensee), or if you believe the relevant legislation has been contravened, you should make a complaint to the Quality Assessment and Regulation Division (QARD) at the relevant Department of Education and Training regional office. This applies to registered services only.

Further information is available at <http://www.education.vic.gov.au/childhood/providers/regulation/Pages/complaints.aspx>

# Responding to Concerns About the Wellbeing of a Child

## CRITICAL INFORMATION

- Regardless of the suspected cause, all concerns about the wellbeing of a child (or an unborn child) should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which does not appear to be the result of abuse.
- You should make a referral to Child FIRST if:
  - you have a significant concern for a child's wellbeing and/or
  - You are concerned that the child's wellbeing is being impacted in a low-to-moderate capacity and/or
  - the child's immediate safety is not compromised and/or
  - you/your service has discussed the referral with the family and they are supportive of it.
- You **must** contact Victoria Police if:
  - there is any concern for a child's immediate safety and/or
  - a child is partaking in any risk taking activity that is illegal and extreme in nature or poses a high risk to their own safety, or the safety of someone else
- You should contact DHHS Child Protection if:
  - after consideration of all of the available information you form a view that the child is in need of protection and/or
  - you believe that the child's parent/carers will not be open to, or will be unable to receive, support from family services to address their child's wellbeing.

Regardless of the suspected cause, all concerns about the wellbeing of a child (or an unborn child) should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which do not appear to be the result of abuse.

This section will support you to determine how to respond to concerns about the wellbeing of a child which do not appear to be the result of child abuse, with information on:

- When to Report Wellbeing Concerns to Child FIRST
- When to Report Wellbeing Concerns to Victoria Police
- When to Report Wellbeing Concerns to DHHS Child Protection.

In addition to reporting and referring wellbeing concerns to relevant authorities, you also have a duty of care to ensure that children feel safe and supported at your service. See **Action Four-Providing Support** (pg. 39).

## WHEN TO REPORT WELLBEING CONCERNS TO CHILD FIRST

Child FIRST (Family Information, Referral and Support Team) is a community-based referral point into Family Services.

In addition to reporting suspected abuse to appropriate authorities, you should make a referral to Child FIRST if:

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

Examples of concerns that you should reported to Child FIRST include instances when a child's care or development is significantly impacted on by:

- parents who lack the skills to support their child's physical, emotional and cognitive development
- family conflict or family breakdown
- pressure due to a family member's physical / mental illness, substance abuse, or disability
- vulnerability due to youth, isolation or lack of support
- significant social or economic disadvantage etc.

## WHEN TO REPORT WELLBEING CONCERNS TO VICTORIA POLICE

In addition to reporting suspected abuse to appropriate authorities, you must contact Victoria Police on 000 if the:

- child's immediate safety is compromised and/or
- child is partaking in any risk taking activity that is illegal and extreme in nature or poses a high risk to their safety, or the safety of somebody else.

## WHEN TO REPORT WELLBEING CONCERNS TO DHHS CHILD PROTECTION

In addition to reporting suspected abuse to appropriate authorities, you should contact DHHS Child Protection if have significant protective concerns for the wellbeing of a child, but the parents are unable or unwilling to address or resolve these concerns (see table on Common Grounds for Protection).

This includes all concerns that:

- have a serious impact on a child's safety, stability or development (including abandonment, death or incapacity, extreme risk-taking behaviour, or harm to an unborn child- see Other reports to DHHS Child Protection) and/or
- are persistent and entrenched and likely to have a serious impact on a child's safety, stability or development and/or
- relate to a parent/s who cannot or will not protect the child from significant harm and/or
- include a belief that the family is likely to be uncooperative in seeking assistance.

## Common grounds for protection include:

### Abandonment

The child's parents have abandoned the child and after reasonable inquiries, the parents cannot be found, and no other suitable person can be found who is willing and able to care for the child.

### Death or incapacity of parent/carer

The child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child.

### Extreme Risk-taking behaviour (as applicable to older children up 13 years of age in some services)

The child is displaying extreme risk taking behaviour, which has potentially severe or life threatening consequences. Examples include severe alcohol or drug use; unsafe sexual activity including prostitution; solvent abuse and chroming, and violent or dangerous peer group activity.

In addition to contacting DHHS Child Protection it may also be necessary to contact Victoria Police when the risk taking activity is illegal and extreme in nature or poses a high risk to the child.

### Harm to an Unborn child

There is a threat of harm to an unborn child, including circumstances where a parent has previously demonstrated an inability to safely parent.

The Children Youth and Families Act 2005 allows DHHS Child Protection to receive and respond to reports about an unborn child, which provides an important opportunity for earlier intervention and prevention. Prenatal reports may be particularly helpful to the unborn child in family violence situations, or where there are mental health concerns or drug or alcohol misuse during pregnancy.



# Privacy and Information Sharing

## CRITICAL INFORMATION

- As an early childhood service staff member you are permitted to share certain information about a child who has been impacted (or is suspected to have been impacted) by abuse with:
  - your manager/approved provider and other staff members in order to enable staff to best support and protect that child
  - an officer from DHHS Child Protection, if the information requested may be of assistance to DHHS Child Protection in their investigation of protective concerns
  - Victoria Police if the information may assist in the investigation of potential criminal offences, or may aid in the immediate protection and safety of the child.

**MATERNAL CHILD HEALTH NURSES:** Please note following the Maternal Child Health Service Practice Guidelines will support you to meet your privacy and information sharing requirements.

## SHARING INFORMATION

Following a report to DHHS Child Protection, Victoria Police and/or ChildFIRST you should:

- consult with your approved provider or licensee before disclosing information about the report and the child and their family to anyone (except to verified Victoria Police and DHHS Child Protection workers in very urgent situations and/or if the information is required to protect the safety of that child) and/or
- seek consent from a child or their parents/carers before disclosing information about the report and the child and their family to anyone other than authorities and service staff members (provided this does not place the child or another person at risk).

This section provides detail on the specific information sharing requirements between:

- early childhood service staff
- DHHS and Victoria Police
- Family services
- Community.

Privacy laws allow for staff to share a child's personal and health information to enable the services to:

- provide and support the education of the child, plan for individual needs and address any barriers to learning
- support the social and emotional wellbeing and health of the child
- fulfil duty of care obligations to the child, other children, staff and visitors
- make reasonable adjustments if the child has a disability, including a medical condition or mental illness
- provide a safe and secure workplace.

### Information sharing between staff at your service

Your manager/approved provider and staff at your 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.

### Information sharing with DHHS and Victoria Police

If you receive 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).

Your 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.

### Information sharing with family services

Once a family service (or other service agency) commences providing services to a child and their family, staff members can only share information with this agency with the consent of the child's parents (and the child if they are old enough to consent).

This is because service provision in these circumstances is by voluntary agreement between the family and the service provider.

Family services are allowed to consult with DHHS Child Protection at any time, if necessary.

### Information sharing with the community

Planning and care should be taken before providing any information about child abuse to the community. You should be aware that even confirming the existence of an allegation can lead to the identification of a victim. This may be a breach of privacy laws and other legal obligations.

## PRIVACY LAWS

Reporting suspected child abuse to DHHS Child Protection or Victoria Police DOES NOT constitute a breach of Victorian privacy laws. Staff are allowed to disclose personal or health information in cases where this disclosure is authorised or permitted by law. For example, mandatory reporters can report a child in need of protection from physical abuse or sexual abuse to DHHS Child Protection or the Victoria Police. This is expressly permitted and authorized in the *Children Youth and Families Act 2005*.

Staff cannot be successfully sued or suffer formal adverse consequences in their work because they have made a report to Victoria Police or DHHS Child Protection. Reporters and referrers identity will be protected, unless they consent to its disclosure or disclosure is required by law.

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



# Contact Details and More Information

## ROLES OF RELEVANT AUTHORITIES

### DHHS Child Protection

Under the *Children Youth and Families Act 2005* (CYFA) the Department of Health and Human Services (DHHS) has a responsibility to provide child protection services for all children and young people under the age of 17 years, or where a protection order is in place, for children under the age of 18.

The main functions of DHHS Child Protection are to:

- receive reports from people who believe that a child is in need of protection or have significant concerns about the wellbeing of a child
- provide consultation and advice to people making reports
- investigate matters where it is believed that a child is at risk of significant harm
- refer children and families to services that assist in providing for the ongoing safety and wellbeing of children.

DHHS Child Protection will also intervene and bring cases before the Children's Court if a child's safety cannot be managed without intervention. DHHS Child Protection has a responsibility to provide adequate supervision, care and protection for children in accordance with orders granted by the Children's Court.

### Child FIRST

Child and Family Information, Referral and Support Teams (Child FIRST) were introduced to give families an opportunity to obtain family services earlier at their own request or following a referral from others, including early childhood service staff.

Child FIRST is staffed by family services practitioners who are experienced in assessing the needs of vulnerable children and their families. Child FIRST teams work closely with community-based DHHS Child Protection workers.

The role of Child FIRST includes:

- providing a point of entry to a local network of family services
- receiving reports about vulnerable children where there are significant concerns about their wellbeing
- undertaking an initial identification and assessment of the risks to the child and the child's needs in consultation with DHHS Child Protection and other services
- identifying appropriate service responses for families.

## Victoria Police

Both DHHS and Victoria Police have statutory responsibilities under the CYFA in relation to the protection of children. DHHS Child Protection is the lead agency responsible for the care and protection of children, while Victoria Police is responsible for criminal investigations into alleged child abuse.

Members of Victoria Police are protective interveners and mandatory reporters under the CYFA. The predominant role of police in child abuse incidents is to detect and investigate alleged child physical and sexual abuse, and to initiate legal proceedings where appropriate, against the alleged offender/s.

The key responsibilities of Victoria Police in relation to child abuse are to:

- Ensure all police members are aware of relevant legislation and their responsibilities
- Conduct all investigations on the basis that the safety and welfare of the child are paramount
- Plan investigations in collaboration with other, relevant agencies
- Work with other agencies in accordance with agreed work practices
- Provide information to other, relevant agencies
- Provide training for staff, and, jointly, with relevant agencies.

Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCIT) have been established to ensure that appropriately trained and qualified police officers are available to respond to and investigate allegations of child abuse and sexual offences.

## Quality Assessment and Regulation Division (Department of Education and Training)

Quality Assessment and Regulation Division (QARD) regulates education and care services and is responsible for ensuring the safety, health and wellbeing of children in kindergarten, long day care, family day care and outside school hours care.

This includes:

- almost 4000 education and care services in Victoria, which operate under the National Quality Framework
- 450 services (mainly offering occasional care), which continue to operate under the *Children's Services Act 1996*.

QARD has a strong focus on monitoring providers and services to ensure they comply with regulations. Its activities include assessment and rating visits, and the investigation of serious incidents and complaints.

QARD also drives the improvement of services, so children receive the best possible care and education to support their social, emotional and intellectual development.

## COUNSELLING/SUPPORT ORGANISATIONS

### The Centre Against Sexual Assault

There are 15 Centres Against Sexual Assault, who work to ensure that women, children and men who are victim/survivors of sexual offending have access to comprehensive and timely support and intervention to address their needs.

<http://www.casa.org.au/>

ph: **1800 806 292**

### Gatehouse Centre, Royal Children's Hospital

Provides support and assistance to children and young people affected by sexual offending or problem sexual behaviours

<http://www.rch.org.au/gatehouse/>

### Children's Protection Society

Provide advice and support to children and families to help them break out of the cycle of abuse, neglect, poverty and disadvantage through a creative portfolio of programs, resources and services.

<http://www.cps.org.au/>

ph: **(03) 9450 0900**

### Australian Childhood Foundation

Provide recognised programs that counsel and support children to recover, help professionals who work with children to better support at risk children and raise awareness of the causes and consequences of abuse.

<http://www.childhood.org.au>

ph: **1800 176 453**

### Victorian Aboriginal Child Care

### Agency Co-Operative Limited

The Victorian Aboriginal Child Care Agency (VACCA) is the lead Aboriginal child and family welfare organisation in Victoria, protecting and promoting the rights of Aboriginal children and young people. VACCA is an Aboriginal community controlled organisation advocating for the rights of Aboriginal children, young people and families, and providing them with services premised on human rights, self-determination, cultural respect and safety.

<http://www.vacca.org>

ph: **(03) 9287 8800**

### Child Wise

Child Wise is Australia's leading international child protection charity committed to the prevention and reduction of sexual abuse and exploitation of children around the world.

<http://www.childwise.org.au/>

ph: **(03) 9695 8900**

### Aboriginal Family Violence and Legal Services

Provides assistance to victims of family violence and sexual offending and work with families and communities affected by violence.

<http://www.fvpls.org/>

### Victorian Aboriginal Legal Service (VALS)

The Victorian Aboriginal Legal Service VALS plays an important role in providing referrals, advice/information, duty work or casework assistance to Aboriginal and Torres Strait Islander peoples in the State of Victoria.

<http://vals.org.au>

### Safe Steps – Family Violence Response Centre

Safe steps has a 24/7 response service, keeping women and their children safe, safe steps crisis support advocates are available to assist families explore their options and escape abuse.

<http://www.safesteps.org.au>

## CONTACT INFORMATION

### 24 Hour Services

Victoria Police Sexual Offence and Child Abuse Investigation Team	000
Department of Health and Human Services Child Protection	131 278
Department of Education and Training Security Services Unit	(03) 9589 6266

### Department of Education and Training

#### Quality Assessment and Regulation Division- Regional Offices

<b>North-Western Victoria Region</b>	
<b>Loddon Mallee Area</b> 7-15 McLaren Street, BENDIGO VIC 3550 (PO Box 442 BENDIGO VIC 3550) Switchboard: (03) 5440 3111 <a href="mailto:lmr.qar@edumail.vic.gov.au">lmr.qar@edumail.vic.gov.au</a>	<b>Northern Metropolitan Area</b> Level 9, 1 McNab Avenue, FOOTSCRAY VIC 3011 PO Box 2141, FOOTSCRAY VIC 3011 Switchboard: (03) 8397 0372 <a href="mailto:nmr.qar@edumail.vic.gov.au">nmr.qar@edumail.vic.gov.au</a>
<b>South-Eastern Victoria Region</b>	
<b>Gippsland Area</b> Corner of Kirk and Haigh Streets, MOE VIC 3825 (PO Box 381 MOE VIC 3825) Switchboard: (03) 5127 0400 <a href="mailto:gippsland.qar@edumail.vic.gov.au">gippsland.qar@edumail.vic.gov.au</a>	<b>Southern Metropolitan Area</b> Level 6, 165 - 169 Thomas Street, DANDENONG VIC 3175 (PO Box 5 DANDENONG VIC 3175) Switchboard: (03) 8765 5787 <a href="mailto:smr.qar@edumail.vic.gov.au">smr.qar@edumail.vic.gov.au</a>
<b>North-Eastern Victoria Region</b>	
<b>Eastern Metropolitan Area</b> Level 3, 295 Springvale Road, GLEN WAVERLEY VIC 3150 Switchboard: 1300 651 940 <a href="mailto:emr.qar@edumail.vic.gov.au">emr.qar@edumail.vic.gov.au</a>	<b>Hume Area</b> 150 Bridge Street East, BENALLA VIC 3671 (PO Box 403 BENALLA 3671) Switchboard: (03) 8392 9500 <a href="mailto:hume.qar@edumail.vic.gov.au">hume.qar@edumail.vic.gov.au</a>
<b>South-Western Victoria Region</b>	
<b>Barwon South West Area</b> 5A Ryrie Street, GEELONG VIC 3220 (PO Box 2086 GEELONG VIC 3220) Switchboard: (03) 5225 1001 <a href="mailto:bsw.qar@edumail.vic.gov.au">bsw.qar@edumail.vic.gov.au</a>	<b>Western Metropolitan Area</b> Level 9, 1 McNab Avenue, FOOTSCRAY VIC 3011 PO Box 2141 FOOTSCRAY VIC 3011 Switchboard: (03) 8397 0246 <a href="mailto:wmr.qar@edumail.vic.gov.au">wmr.qar@edumail.vic.gov.au</a>
<b>Grampians Area</b> 109 Armstrong Street, NORTH BALLARAT 3350 Switchboard: (03) 5337 8444 <a href="mailto:grampians.qar@edumail.vic.gov.au">grampians.qar@edumail.vic.gov.au</a>	<b>Western Metropolitan Area</b> Level 9, 1 McNab Avenue, FOOTSCRAY VIC 3011 PO Box 2141 FOOTSCRAY VIC 3011 Switchboard: (03) 8397 0246 <a href="mailto:wmr.qar@edumail.vic.gov.au">wmr.qar@edumail.vic.gov.au</a>

## Department of Health and Human Services Child Protection

<b>Intake</b>	<b>Local government areas</b>	<b>Contact</b>
North Division	Banyule, Buloke, Darebin, Campaspe , Central Goldfields, Gannawarra, Greater Bendigo, Hume, Loddon, Macedon Ranges, Mildura, Moreland, Mount Alexander, Nillumbik, Swan Hill, Whittlesea, Yarra	<b>1300 664 977</b>
East Division	Alpine, Benalla, Boroondara, Greater Shepparton, Indigo, Knox, Manningham , Mansfield, Maroondah, Mitchell, Monash, Moira, Murrindindi, Strathbogie, Towong, Wangaratta, Whitehorse, Wodonga, Yarra Ranges	<b>1300 360 391</b>
South Division	Bass Coast, Baw Baw, Bayside, Cardinia, Casey, East Gippsland, Frankston, Glen Eira, Greater Dandenong, Kingston, Latrobe, Mornington Peninsula, Port Phillip, South Gippsland, Stonnington, Wellington	<b>1300 655 795</b>
West Division – rural and regional	Ararat, Ballarat, Colac-Otway , Corangamite, Glenelg, Golden Plains, Greater Geelong, Hepburn, Hindmarsh, Horsham, Moorabool, Moyne, Northern Grampians, Pyrenees, Queenscliff, Southern Grampians, Surf Coast, Warrnambool, West Wimmera, Yarriambiack	<b>1800 075 599</b>
West Division – metropolitan	Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley, Wyndham	<b>1300 664 977</b>
After hours child protection emergency service	Statewide	<b>13 12 78</b>

## Child First

Alpine	1800 705 211
Ararat	1300 783 341
Ballarat	1300 783 341
Banyule	03) 9450 0955
Bass Coast	(03) 5662 5150
Baw Baw	1800 339 100
Bayside	1300 367 441
Benalla	1800 705 211
Boroondara	1300 762 125
Brimbank	1300 138 180
Buloke	1300 665 218
Campaspe	1800 260 338
Cardinia	(03) 9705 3939
Cardinia - Aboriginal children and families	(03) 9794 5973
Casey	(03) 9705 3939
Casey - Aboriginal children and families	(03) 9794 5973
Central Goldfields	1800 260 338
Colac-Otway	(03) 5232 5500
Corangamite	(03) 5232 5500
Darebin	(03) 9450 0955
East Gippsland	(03) 5152 0052
Frankston	1300 721 383
Gannawarra	1300 665 218
Glen Eira	1300 367 441
Glenelg	1300 543 779
Golden Plains	1300 783 341
Greater Bendigo	1800 260 338
Greater Dandenong	(03) 9705 3939
Greater Dandenong - Aboriginal children and families	03) 9794 5973
(Greater Geelong	1300 551 948
Greater Shepparton	1300 854 944
Hepburn	1300 783 341
Hindmarsh	1800 195 114
Hobson's Bay	1300 775 160
Horsham	1800 195 114
Hume	1300 786 433
Indigo	1800 705 211
Kingston	1300 367 441
Knox	1300 369 146
La Trobe	1800 339 100
Loddon	1800 260 338
Macedon Ranges	1800 260 338

Manningham	1300 762 125
Mansfield	1800 705 211
Maribyrnong	1300 775 160
Maroondah	1300 369 146
Melbourne	1300 775 160
Melton	1300 138 180
Mildura	1300 625 533
Mitchell	1800 663 107
Moira	1300 854 944
Monash	1300 762 125
Moonee Valley	1300 775 160
Macedon Ranges	1300 783 341
Moorabool	1300 786 433
Moreland	1300 721 383
Mornington Peninsula	1800 260 338
Mount Alexander	1300 543 779
Moyne	1800 663 107
Nillumbik	(03) 9450 0955
Northern Grampians	1800 195 114
Port Phillip	1300 367 441
Pyrenees	1300 783 341
Queenscliff	1300 551 948
South Gippsland	(03) 5662 5150
Southern Grampians	1300 543 779
Stonnington	1300 367 441
Strathbogie	1300 854 944
Surf Coas	1300 551 948
Swan Hill	1300 665 218
Towong	1800 705 211
Wangaratta	1800 705 211
Warrnambool	1300 543 779
Wellington	(03) 5144 7777
West Wimmera	1800 195 114
Whitehorse	1300 762 125
Whittlesea	(03) 9450 0955
Wodonga	1800 705 211
Wyndham	1300 775 160
Yarra	(03) 9450 0955
Yarra Ranges	1300 369 146
Yarriambiak	1800 195 114

### Sexually Abusive Behaviour Treatment Service Providers:

Aust Childhood Foundation	9874 3922
Children's Protection Society	9450 0900
Berry St	5822 8100
Mallee Sexual Assault	5025 5400
South Eastern CASA	9928 8741
Ballarat CASA	5320 3933
Barwon CASA	5222 4318
Campaspe CASA	5441 0430
Gippsland CASA	5134 3922
Goulburn Valley CASA	5831 2343
Upper Murray CASA	5722 2203
Wimmera CASA	5381 9272

