# **PROTECT**

## Responding to Suspected Student Sexual Offending: Template for all Victorian Schools

#### When to use this template

School staff should utilise this template to document any incident, disclosure or suspicion that a student is victim to, or has engaged in student sexual offending. This template should be used in conjunction with following the Four Critical Actions For Schools: Responding to Student Sexual Offending.

Completing this template should not impact on reporting times. If a student is in immediate danger school staff should report immediately to Victoria Police.

Whilst you may need to gather the information to make a report, remember it is not the role of school staff to investigate student sexual offending. Leave this to Victoria Police and/or DHHS Child Protection.

#### Why record this information?

When completing this template your aim should be to provide as much information as possible. This information will be critical to any reports and 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 any decisions.

It is a requirement under *Ministerial Order*No. 870 - Child Safe Standards - Managing the risk of child abuse in schools for schools to keep clear and comprehensive notes on all observations, disclosures and other details that led them to suspect the abuse.

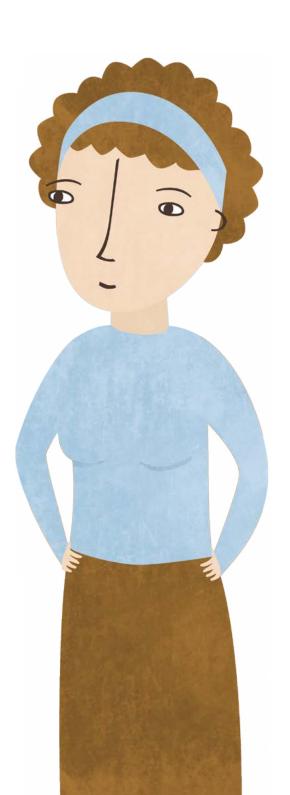




Education and Training







### **RESPONDING TO AN INCIDENT, DISCLOSURE OR** SUSPICION OF STUDENT SEXUAL OFFENDING

**STAFF MEMBER LEADING THE RESPONSE** 

NAME:

PLEASE NOTE: IF YOU ARE MAKING A REPORT TO DHHS CHILD PROTECTION OR VICTORIA POLICE YOU MUST SEEK ADVICE BEFORE CONTACTING PARENTS/CARERS SO AS NOT TO COMPROMISE ANY INVESTIGATION OR PLACE A CHILD AT FURTHER RISK.

OCCUPATION:
LOCATION (SCHOOL ADDRESS):
CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT
If anyone is in immediate danger school staff should report immediately to Victoria Police on 000.
See Action 1 of Four Critical Actions For Schools: Responding to Student Sexual Offending
RESPONDING TO AN EMERGENCY
DID ANY STUDENTS REQUIRE FIRST AID? PROVIDE DETAILS IF 'YES'.
WHO ADMINISTERED THIS? (NAME AND TITLE)
DID ANY CHILDREN REQUIRE FURTHER IMMEDIATE MEDICAL ASSISTANCE?
CURRENT LOCATION AND SAFETY STATUS:  E.G. ARE ALL IMPACTED STUDENTS SAFE AND NOT IN ANY IMMEDIATE DANGER?  IF A CHILD IS IN IMMEDIATE DANGER SCHOOL STAFF SHOULD REPORT IMMEDIATELY TO VICTORIA POLICE ON 000.

#### **INFORMATION OF THE ALLEGED VICTIM**

CHILD'S PERSONAL DETAILS	
NAME:	GENDER:
YEAR LEVEL/CLASS:	DATE OF BIRTH:
RESIDENTIAL ADDRESS:	
PARENT/CARER NAME/S:	
PARENT/CARER CONTACT:	
LANGUAGE(S) SPOKEN BY CHILD:	
DISABILITIES, MENTAL OR PHYSICAL HEALTH ISSUES:	

CHILD'S BACKGROUND (ALLEGED VICTIM)
CULTURAL STATUS AND RELIGIOUS BACKGROUND  IF THE CHILD IS OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND, GOVERNMENT SCHOOLS MUST CONTACT  THEIR KOORIE ENGAGEMENT SUPPORT OFFICER, AND CATHOLIC SCHOOLS MUST CONTACT THE DIOCESAN EDUCATION  OFFICE TO ARRANGE CULTURALLY APPROPRIATE SUPPORT. IF THE CHILD IS AN INTERNATIONAL STUDENT YOU MUST  NOTIFY THE INTERNATIONAL EDUCATION DIVISION ON (03) 9637 2990.
PREVIOUS HISTORY OR INDICATORS OF BEING VICTIM TO SEXUAL OFFENCE OR
ANY UNDERLYING PROTECTIVE CONCERNS:
FAMILY BACKGROUND (ALLEGED VICTIM)
FAMILY COMPOSITION (IF KNOWN):  LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES
ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):

FAMILY BACKGROUND (ALLEGED VICTIM)	
DISABILITY, MENTAL OR PHYSICAL HEALTH ISSUES IN FAMILY (IF KNOWN):	
LIKELY REACTION TO A REPORT BEING MADE (IF KNOWN):	

IF THERE IS MORE THAN ONE CHILD ALLEGED TO HAVE ENGAGED IN STUDENT SEXUAL OFFENDING, OR MORE THAN ONE CHILD WHO IS THE VICTIM OF STUDENT SEXUAL OFFENDING, PLEASE FILL OUT AN ADDITIONAL STUDENT DETAILS FORM FOR EACH CHILD. THE FORM CAN BE FOUND AT WWW.EDUCATION.VIC.GOV.AU/PROTECT.

## INFORMATION OF THE CHILD ALLEGEDLY ENGAGED IN **STUDENT SEXUAL OFFENDING**

CHILD'S PERSONAL DETAILS		
NAME:	GENDER:	
YEAR LEVEL/CLASS:	DATE OF BIRTH:	
RESIDENTIAL ADDRESS:		
PARENT/CARER NAME/S:		
PARENT/CARER CONTACT:		
LANGUAGE(S) SPOKEN BY CHILD:		
DISABILITIES, MENTAL OR PHYSICAL HEALTH ISSUES:		

CHILD'S BACKGROUND (ALLEGED TO HAVE ENGAGED IN THE OFFENCE)
CULTURAL STATUS AND RELIGIOUS BACKGROUND  IF THE CHILD IS OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND, GOVERNMENT SCHOOLS MUST CONTACT THEIR KOORIE ENGAGEMENT SUPPORT OFFICER, AND CATHOLIC SCHOOLS MUST CONTACT THE DIOCESAN EDUCATION OFFICE TO ARRANGE CULTURALLY APPROPRIATE SUPPORT. IF THE CHILD IS AN INTERNATIONAL STUDENT YOU MUST NOTIFY THE INTERNATIONAL EDUCATION DIVISION ON (03) 9637 2990.
PREVIOUS HISTORY OR INDICATORS OF SEXUAL OFFENCE OR ANY UNDERLYING PROTECTIVE CONCERNS:
FAMILY BACKGROUND (CHILD ALLEGED TO HAVE ENGAGED IN THE OFFENCE)
FAMILY COMPOSITION (IF KNOWN):  LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES
ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):

FAMILY BACKGROUND (CHILD ALLEGED TO HAVE ENGAGED IN THE OFFENCE)	
DISABILITY, MENTAL OR PHYSICAL HEALTH ISSUES IN FAMILY (IF KNOWN):	
LIKELY REACTION TO A REPORT BEING MADE (IF KNOWN):	

IF THERE IS MORE THAN ONE CHILD ALLEGED TO HAVE ENGAGED IN STUDENT SEXUAL OFFENDING, OR MORE THAN ONE CHILD WHO IS THE VICTIM OF STUDENT SEXUAL OFFENDING, PLEASE FILL OUT AN ADDITIONAL STUDENT DETAILS FORM FOR EACH CHILD. THE FORM CAN BE FOUND AT WWW.EDUCATION.VIC.GOV.AU/PROTECT.

## **DETAILS OF THE INCIDENT, DISCLOSURE OR SUSPICION**

## **GROUNDS FOR YOUR BELIEF THAT A STUDENT IS A VICTIM**

OF STUDENT SEXUAL OFFENDING
LIST INDICATORS OR INSTANCES WHICH LED YOU TO BELIEVE THE STUDENT IS SUBJECT TO
STUDENT SEXUAL OFFENDING, OR AT RISK OF STUDENT SEXUAL OFFENDING:
DETAIL ANY DISCLOSURES OR INCIDENTS OR SUSPICIONS (INCLUDING NAMES, TIMES AND DATES DOCUMENTING
A CHILD'S EXACT WORDS AS FAR AS POSSIBLE). INCLUDE SPECIFIC DETAIL HERE ON WHAT LED YOU TO FORM A REASONABLE BELIEF THAT A CHILD HAS BEEN, OR IS AT RISK OF BEING ABUSED
ANY PHYSICAL INDICATORS OF ABUSE:
ANY BEHAVIOURAL INDICATORS OF ABUSE:

ANY PATTERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT,	
DISCLOSURE OR SUSPICION.	

### **GROUNDS FOR YOUR BELIEF THAT A STUDENT HAS COMMITTED STUDENT SEXUAL OFFENDING:**

LIST INDICATORS OR INSTANCES WHICH LED YOU TO BELIEVE THE STUDENT HAS **ENGAGED IN STUDENT SEXUAL OFFENDING:** DETAIL ANY DISCLOSURES OR INCIDENTS OR SUSPICIONS (INCLUDING NAMES, TIMES AND DATES DOCUMENTING A CHILD'S EXACT WORDS AS FAR AS POSSIBLE). ANY PHYSICAL INDICATORS: ANY BEHAVIOURAL INDICATORS:

ANY PATTERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT, DISCLOSURE OR SUSPICION:
AND OTHER CROUNING FOR RELIEF THAT:
ANY OTHER GROUNDS FOR BELIEF THAT:  • THE STUDENT MAY BE SUBJECT TO ANOTHER FORM OF ABUSE THEMSELVES  • THE STUDENT'S PARENT/S ARE UNABLE TO PROTECT THE CHILD  • THE STUDENT IS AGED OVER 10 YEARS AND UNDER 15 YEARS, IS EXHIBITING SEXUALLY ABUSIVE  BEHAVIOURS. AND MAY BE IN NEED OF THERAPEUTIC TREATMENT TO ADDRESS THESE BEHAVIOURS.
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#### **CRITICAL ACTION 2: REPORTING**

See Action 2 of Four Critical Actions For Schools: Responding to Student Sexual Offending

REPORTING TO AUTHORITIES	
TICK THE AUTHORITES YOU HAVE REPORTED TO:  VICTORIA POLICE  DHHS CHILD PROTECTION  CHILD FIRST  DECISION NOT TO REPORT  IF YOU'VE DECIDED NOT TO REPORT, LIST YOUR REASONS HERE. ALSO INCLUDE ANY FOLLOW-UP ACTIONS UNDERTAKEN BY YOU BELOW:	
PROVIDE DETAILS OF YOUR REPORT:	
DATE:	TIME:
AUTHORITY:	
NAME OF PERSON SPOKEN TO:	
OUTCOMES FROM THE REPORT:	

REPORTING INTERNALLY	
PROVIDE DETAILS OF YOUR DISCUSSION WITH SCHOOL LEADERSHIP:	
TIME:	DATE:
NAMES:	
DISCUSSION OUTCOMES:	
PROVIDE DETAILS OF YOUR INTERNAL DISCU	
GOVERNMENT SCHOOL STAFF MUST REPORT TO SECURITY SERV IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF CATHOLIC SCHOOL STAFF MUST REPORT TO THEIR CATHOLIC D	MEMBER, CONTRACTOR OR VOLUNTEER
TIME:	DATE:
NAMES:	
DISCUSSION OUTCOMES:	

#### **CRITICAL ACTION 3: CONTACTING PARENTS/CARERS**

See Action 3 of Four Critical Actions For Schools: Responding to Student Sexual Offending

ACTIONS TAKEN (ALLEGED VICTIM)
PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (IF APPROPRIATE):  SCHOOL STAFF MUST CONSULT WITH VICTORIA POLICE AND/OR DHHS CHILD PROTECTION TO DETERMINE IF IT IS APPROPRIATE TO CONTACT PARENTS. IF IT IS, PARENTS MUST BE CONTACTED AS SOON AS POSSIBLE (PREFERABLY ON THE SAME DAY OF THE INCIDENT, DISCLOSURE OR SUSPICION).
HAVE YOU SOUGHT ADVICE FROM DHHS CHILD PROTECTION OR VICTORIA POLICE?
<ul><li>NO</li><li>YES</li></ul>
IS IT APPROPRIATE TO CONTACT PARENT/CARER?
<ul><li>NO</li><li>YES</li></ul>
LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER:
IF CONTACTING PARENT/CARER, PROVIDE THE FOLLOWING DETAILS:
NAME OF STAFF MEMBER MAKING THE CALL:
NAME OF PARENT/CARER RECEIVING THE CALL:
DISCUSSION OUTCOMES:

## ACTIONS TAKEN (CHILD ALLEGED TO HAVE ENGAGED IN THE OFFENCE)

#### PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (IF APPROPRIATE):

 ${\tt SCHOOL\,STAFF\,\textbf{\textit{MUST}}\,CONSULT\,WITH\,VICTORIA\,POLICE\,AND/OR\,DHHS\,CHILD\,PROTECTION\,TO\,DETERMINE\,IF\,IT\,IS\,APPROPRIATE}$ TO CONTACT PARENTS. IF IT IS, PARENTS MUST BE CONTACTED AS SOON AS POSSIBLE (PREFERABLY ON THE SAME DAY OF THE

INCIDENT, DISCLOSURE OR SUSPICION).
HAVE YOU SOUGHT ADVICE FROM DHHS CHILD PROTECTION OR VICTORIA POLICE?
NO
YES
IS IT APPROPRIATE TO CONTACT PARENT/CARER?
NO
YES
LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER:
IF CONTACTING PARENT/CARER, PROVIDE THE FOLLOWING DETAILS:
NAME OF STAFF MEMBER MAKING THE CALL:
NAME OF STAFF MEMBER MAKING THE CALL:  NAME OF PARENT/CARER RECEIVING THE CALL:
NAME OF PARENT/CARER RECEIVING THE CALL:

#### **CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT**

See Action 4 of Four Critical Actions For Schools: Responding to Student Sexual Offending

PLANNED ACTIONS (ALLEGED VICTIM)
INCLUDE DETAIL ON WHAT FOLLOW-UP ACTIONS HAVE OCCURRED TO SUPPORT THE STUDENT (FOR EXAMPLE REFERRAL TO WELLBEING PROFESSIONALS AND OTHER SPECIALISED SERVICES, THE CONVENING OF A STUDENT SUPPORT GROUP AND DEVELOPMENT OF SUPPORT PLANS):
FOLLOW-UP ACTIONS:
SUPPORT:
REFERRAL(S):

OLLOW-UP ACTIONS:	
IDDODT	
JPPORT:	
EFERRAL(S):	

PLANNED ACTIONS (CHILD ALLEGED TO HAVE ENGAGED IN THE OFFENCE)

#### **PROCESS OF REVIEW**

COMPLETE THIS SECTION BETWEEN 4-6 WEEKS AFTER AN INCIDENT, SUSPICION OR DISCLOSURE OF ABUSE IN CONJUNCTION WITH YOUR SCHOOL LEADERSHIP TEAM. THIS WILL SUPPORT YOU AND YOUR SCHOOL TO CONTINUE TO PROTECT CHILDREN IN YOUR CARE AND TO REFLECT ON YOUR PROCESSES AND THE NEED FOR ANY FOLLOW-UP ACTIONS.

#### **SAFETY AND WELLBEING**

CURRENT SAFETY AND WELLBEING OF THE VICTIM
IS THE CHILD SAFE FROM ABUSE AND HARM?  NO (IF NOT CONSIDER THE NEED TO MAKE A FURTHER REPORT.)  YES
DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?
<ul><li>NO</li><li>YES</li></ul>
IF SO, CONSIDER HOW THESE CAN BE ADDRESSED AND CAPTURED WITHIN A STUDENT SUPPORT PLAN.
HAS THE STUDENT SUPPORT PLAN BEEN EFFECTIVELY IMPLEMENTED?  NO YES
WHY OR WHY NOT?
FOLLOW UP ACTIONS:
HAS THERE BEEN ONGOING COMMUNICATION WITH THE CHILD?  NO YES
WHY OR WHY NOT?

### **CURRENT SAFETY AND WELLBEING OF STUDENT WHO** ENGAGED IN THE STUDENT SEXUAL OFFENDING

IS THE CHILD SAFE FROM ABUSE AND HARM?
NO (IF NOT CONSIDER THE NEED TO MAKE A FURTHER REPORT.)
YES
DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?
∩ NO
YES
IF SO, CONSIDER HOW THESE CAN BE ADDRESSED AND CAPTURED WITHIN A STUDENT SUPPORT PLAN.
HAS THE STUDENT SUPPORT PLAN BEEN EFFECTIVELY IMPLEMENTED?
NO
YES
WHY OR WHY NOT?
WHI OR WHI NOT?
FOLLOW UP ACTIONS:
. ellen er mener
HAS THERE BEEN ONGOING COMMUNICATION WITH THE CHILD?
○ NO
YES
WHY OR WHY NOT?

## **CURRENT WELLBEING OF STUDENTS WHO MAY HAVE BEEN IMPACTED BY A STUDENT SEXUAL OFFENDING** ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE? ON O YES IF SO HAVE THEIR WELLBEING NEEDS BEEN MET? ON NO YES HAS THERE BEEN ONGOING COMMUNICATION WITH THE CHILD? NO ) YES WHY OR WHY NOT? **CURRENT WELLBEING OF IMPACTED STAFF MEMBERS** DOES THE STAFF MEMBER WHO MADE THE REPORT/WITNESSED AN INCIDENT, FORMED A SUSPICION OR RECEIVED A DISCLOSURE REQUIRE ANY SUPPORT? O NO YES IF SO HAS THIS BEEN RECEIVED? ON O YES

#### **REVIEW OF ACTIONS TAKEN** HAVE SCHOOL STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR SCHOOLS: **RESPONDING TO STUDENT SEXUAL OFFENDING?** WAS AN APPROPRIATE DECISION MADE HAVE THE PARENTS CONTINUED TO BE IN RELATION TO WHEN TO ACT? **ENGAGED IF APPROPRIATE?** O NO ON ( YES YES COULD THE SUSPECTED ABUSE HAVE BEEN **ACTION 4 DETECTED EARLIER?** HAS THE SCHOOL PROVIDED ADEQUATE SUPPORT FOR THE STUDENTS? ON ( ON ( YES YES **ACTION 1** DID THE SCHOOL TAKE APPROPRIATE ACTION HAVE STUDENT SUPPORT PLANS BEEN ESTABLISHED. IMPLEMENTED & REVIEWED? IN AN EMERGENCY? ON ( ON ( YES YES **ACTION 2** HAS A STUDENT SUPPORT GROUP BEEN ESTABLISHED? WAS A REPORT MADE TO THE APPROPRIATE **AUTHORITIES AND INTERNALLY?** ON ( ON ( YES YES WERE THE STUDENTS APPROPRIATELY SUPPORTED IN ANY INTERVIEWS? WERE SUBSEQUENT REPORTS MADE IF NECESSARY? ON ( YES ON ( YES HAVE ANY COMPLAINTS BEEN RECEIVED? **ACTION 3** ON ( DID THE SCHOOL CONTACT THE YES

PARENTS/CARERS ASAP?

ON (

YES

HAVE THE COMPLAINTS BEEN RESOLVED?

ON (

YES

CONTINUOUS IMPROVEMENT	
ONSIDER AND LIST ACTIONS THAT CAN BE TAKEN TO BUILD YOUR SCHOOLS CAPACITY TO IDENTIFY AND RESPOND TO FUDENT SEXUAL OFFENDING IN THE FUTURE:	
ODENT SEXONE OF ENDING IN THE FOTOKE.	