

Policy Document No: ELC09
Category: Early Learning
Topic: Child Abuse or Neglect Policy



Date Issued: January 2005

Last Review Date: July 2017

Considerations

Philosophy: Child's right to care and protection; responsibility to act in the interest of the child.

Children's needs: Right to care, safety & personal privacy. Counselling & support in the event of abuse.

Parents need: To feel assured every effort has been made to ensure their child is not in danger of abuse.

Staff needs: Clear Guidelines and Support in the event of reporting/witnessing abuse.

Management needs: Clear guidelines and lines of support from Department of Community Development if abuse is suspected.

Background and Legislation

National Law: Sections 166 -167

Education and Care Services National Regulations, Part 4, Regulations 84, 168

Ministerial Council for Education, Early Childhood Development and Youth Affairs, October 2011

Children, Youth and Families Act 2005

Guide to the National Quality Standard, standard 2.3.4

Responding to Child Abuse, Victorian Government Publishing Service, 2002

Protecting the safety and wellbeing of children and young people, A joint protocol of the DHS, DEECD,

Licensed Children's Services and Victorian Schools. Melbourne, 2010

http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/protecting_children_protocol27_5_10.pdf

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection>

National Privacy Principles – www.privacy.gov.au/act/index.html

Child Safe Standards - Ministerial Order 870, Education Training and Reform Act 2006

Reportable Conduct Scheme, Commission for Children and Young People

Policy Statement

The Centre believes it has a responsibility to all children attending the centre to defend their right to care and protection. Children have the right to be physically and emotionally safe at all times. To support this right, the Program will follow the procedures set down in the *Protecting the safety and wellbeing of children and young people*, (a joint protocol of the DHS, DEECD, Licensed Children's Services and Victorian Schools), when dealing with any allegations of abuse or neglect of children, to ensure the protection of all children attending the Centre. The Program also follows the College policy on Mandatory Reporting.

The *Protecting the safety and wellbeing of children and young people* protocol is held at the Centre and must be read by all staff and be available to parents of children attending the Program.

This policy is to be used in conjunction with the College's policy on [Mandatory Reporting of Child Physical and Sexual Abuse \(HR16\)](#), [Crimes Act 1958 \(ED35\)](#), and [Reportable Conduct policy \(ED42\)](#).

The centre believes it also has a responsibility to its employees to defend their right to confidentiality unless allegations of abuse against them are substantiated.

How the policy will be implemented - Specific practices and procedures

Strategies for creating a child protective environment will be adopted and followed at the Centre.

- Employer and employee responsibilities in relation to allegations of child abuse are included in staff handbook. These responsibilities are highlighted to new staff at their induction.
- A guide to recognising signs of abuse or neglect (see Appendix 1) will be made available to all staff and will be regularly discussed at Staff Meetings, to remind staff of the possible signs of child abuse, and the procedures they should follow if a child in their care displays behaviour or physical signs that could indicate abuse has taken place.
- The centre will ensure that staff are made aware of current legislation and reporting requirements related to child protection and maltreatment and that a system for the reporting and recording of suspicious incidents is in place.
- Management will ensure they are aware of their roles and responsibilities in regard to child protection.
- All staff are regularly reminded about the centre's policies, procedures, and confidentiality requirements in regard to child protection and issues are discussed at staff meetings.

To be read in conjunction with the College's [Child Protection Policy](#)

Approved by the College Principal:

Date: July 2017

A handwritten signature in black ink, appearing to read 'James Keenan', is written over a light blue rectangular background.

Appendix 1 – Definitions and possible physical and behavioural indicators of abuse or neglect

Recognising signs of abuse or neglect

Staff must remember that the effects of child abuse and neglect are not always easy to identify.

The following are just some of the general indicators of child abuse and neglect that you may observe in children. The presence of one or more of these factors does not by itself prove that abuse is happening. However, it can alert you to the possibility of abuse. The possibility of abuse may be higher if more indicators are present.

Indicators need to be considered in relation to a child’s developmental stage, medical history and social context. While the indicators may not mean abuse, they may be warning signs that something is not right for the child.

The following definitions are provided to assist licensed children’s services and school staff to decide if abuse is occurring and to assist them in deciding whether the impact warrants a report to Child Protection, a referral to Child FIRST services or whether another action is required.

Physical abuse

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

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

Physical abuse - Possible Indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron, teeth • Burns that show the shape of the object used to make them, such as an iron, grill, cigarette; or burns from boiling water, oil or flames • Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and development • Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia • Human bite marks • Bald patches where hair has been pulled out • Multiple injuries, old and new • Poisoning • Internal injuries 	<ul style="list-style-type: none"> • The child or young person states that an injury has been inflicted by someone else (caregiver or other), or offers and inconsistent or unlikely explanation or can't remember the cause of injury • Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched) • Wearing clothes unsuitable for weather conditions (such as long sleeved tops) to hide injuries • Wariness or fear of a parent/caregiver; reluctance to go home • No reaction or little emotion displayed when hurt • Little or no fear when threatened • Habitual absences from school without explanations (the caregiver may be keeping the child or young person away until signs of injury have disappeared) • Overly compliant, shy, withdrawn, passive and uncommunicative • Fearfulness when other children cry or shout • Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others • Excessively friendly with strangers • Regressive behaviour, such as bed wetting or soiling • Poor sleeping patterns, fear of dark, nightmares • Sadness and frequent crying • Drug or alcohol misuse • Poor memory and concentration • Suicide attempts

Sexual abuse

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

Sexual abuse – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Injury to the genital or rectal area, such as bruising or bleeding • Vaginal or anal bleeding or discharge • Discomfort in urinating or defecating • Presence of foreign bodies in vagina and/or rectum • Inflammation and infection of genital area • Sexually transmitted diseases • Pregnancy, especially in very young adolescents • Bruising and other injury to breast, buttocks and thighs • Anxiety related illnesses such as anorexia or bulimia • Frequent urinary tract infections 	<ul style="list-style-type: none"> • The child or young person discloses sexual abuse • Persistent and age inappropriate sexual activity, including excessive masturbation, masturbation with objects; rubbing genitals against adults, playing games that act out a sexually abusive event • Drawings or descriptions in stories that are sexually explicit and not age appropriate • A fear of home, a specific place, a particular adult; excessive fear of men or of women • Poor or deteriorating relationships with adults and peers • Poor self care/personal hygiene • Arriving early at school and leaving late • Complaining of headaches, stomach pains or nausea without physiological basis • Frequent rocking, sucking or biting • Sleeping difficulties • Reluctance to participate in physical or recreational activities • Regressive behaviour, such as bedwetting or speech loss • Sudden accumulation of money or gifts • Truancy or running away from home • Delinquent or aggressive behaviour • Depression • Self –injurious behaviour, including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide • Sudden decline in academic performance, poor memory and concentration • Wearing of provocative clothing, or layers of clothes to hide injuries

Emotional abuse

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

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

Emotional abuse – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">• Speech disorders• Delays in physical development• Failure to thrive (without an organic cause)	<ul style="list-style-type: none">• Overly compliant, passive and undemanding behaviour• Extremely demanding, aggressive, attention seeking behaviour• Anti-social, destructive behaviour• Low tolerance or frustration• Poor self-image• Unexplained mood swings• Behaviours that are not age appropriate for example, overly adult (parenting of other children), or overly infantile (thumb sucking, rocking, wetting or soiling)• Mental or emotional delays• Fear of failure, overly high standards, and excessive neatness• Depression, suicidal• Running away• Violent drawings or writing• Contact with other children forbidden

Neglect

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

Serious neglect

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

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

- the parent consistently leaves the child unattended, exposed to or in the care of strangers who may harm the child.

Medical neglect

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

Neglect – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Consistently dirty and unwashed • Consistently inappropriately dressed for weather conditions • Consistently without adequate supervision and at risk of injury or harm • Consistently hungry, tired and listless, falling asleep in class • Unattended health problems and lack of routine medical care • Inadequate shelter and unsafe or unsanitary conditions • Abandonment by parents • Failure to thrive 	<ul style="list-style-type: none"> • Begging or stealing food • Gorging when food is available • Inability to eat when extremely hungry • Alienated from peers; withdrawn, listless, pale, and thin • Aggressive behaviour • Delinquent acts, for example, vandalism, drug and alcohol abuse • Little positive interaction with parent/caregiver • Appearing miserable or irritable • Poor socialising habits • Poor evidence of bonding, little stranger anxiety • Indiscriminate with affection • Poor, irregular or non-attendance at school or kindergarten/child care • Staying at school long hours • Self –destructive • Dropping out of school • Taking on an adult role of caring for parent

Family violence

Family violence is defined as violence (either actual or threatened) which occurs within a family including physical, verbal, emotional, psychological, sexual, financial or social abuse. Where there are strong indicators that incidents of family violence are placing children at significant risk or danger, Child Protection must be informed. Family violence is a criminal offence and can be liable to prosecution.

Family violence – Possible indicators

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> • Speech disorders • Delays in physical development • Failure to thrive (without an organic cause) • Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations, or those that look like the object used to make the injury, for example, fingerprints or handprints, buckles, iron, teeth • Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and 	<ul style="list-style-type: none"> • Overly compliant, shy, withdrawn, passive and uncommunicative • Extremely demanding, aggressive, attention seeking behaviour • Anti-social, destructive behaviour • Low tolerance or frustration • Showing wariness or distrust of adults • Demonstrated fear of parents and of going home • Becoming very passive and compliant • Depression • Anxiety

Physical Indicators	Behavioural Indicators
development <ul style="list-style-type: none"> • Cuts and grazes to the mouth, lips, gums, eye area, ears, and external genitalia • Multiple injuries, old and new • Internal injuries 	<ul style="list-style-type: none"> • Criminal activity

Other reports to Child Protection Risk-taking behaviour

While risk-taking behaviour in adolescence is a normal aspect of healthy development, some behaviour may require attention from Child Protection when they carry 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 (for example, train surfing).

There are community services that work with young people and their families where children are engaged in risk taking behaviours. Parents or guardians can contact the local Government to find these services or may wish to contact the Police where the risk taking activity is illegal and extreme in nature or poses a high risk to the child or young person

Female Genital Mutilation (FGM)

There are an increasing number of migrants and refugees settling in Victoria for whom female genital mutilation (FGM) is a cultural practice. It is important to remember that while FGM is not perceived by these communities as harming or abusing a child or young person this practice is illegal in Australia and can have very significant physical and psychological repercussions upon a child. See definitions of physical abuse section for more information.

Unborn Child

The CYFA (s.29-30) allows Child Protection to receive and respond to reports about an unborn child. These reports provide 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.

It is also appropriate to consider prenatal reporting where a parent has previously demonstrated an inability to safely parent. Child Protection will take the lead in engaging the mother and planning and facilitating supports where the risks to the child following birth are more serious.

Child or young person exhibiting sexually abusive behaviours

Child Protection can receive reports from the police or the public, or referrals from the criminal division of the Children’s Court, about a child over 10 years and under 15 years exhibiting sexually abusive behaviours. Child Protection’s role is to assess the child or young person’s circumstances and behaviour, determining the need for therapeutic treatment and identification of any other protective concerns.

In some cases the parents, carers or guardians of the child or young person may not permit or enable the child to access or engage in these support services. In such cases, Child Protection may apply to the Children’s Court for a Therapeutic Treatment Order and, if needed, an associated placement order. The Children’s Court may make these orders if it is satisfied that the child or young person has exhibited sexually abusive behaviours and that an order is necessary to ensure the child’s access to and attendance at an appropriate therapeutic program.

The goal of therapeutic treatment for children who exhibit sexually abusive behaviours is to ensure that early intervention services are provided to prevent ongoing and more serious sexual offences in adulthood.

Sexually Abusive Behaviour Treatment Services

Below is a list of Sexually Abusive Behaviour Treatment Services (SABTS) providers:

METROPOLITAN Divisions		
East	Australian Childhood Foundation 579 Whitehorse Rd, Mitcham	9874 3922
North	Children's Protection Society 70 Altona St, Heidelberg West	9450 0900
	Gatehouse Centre Royal Children's Hospital, Flemington Road, Parkville Hume, Moreland and Melton	9345 6391
South	South East Centre Against Sexual Assault AWARE program 374 Nepean HWY, Frankston	9928 8741
West	Gatehouse Centre Royal Children's Hospital, Flemington Road, Parkville Brimbank, Maribyrnong, Melbourne, Moonee Valley, Hobsons Bay, Wyndham and City of Melbourne (parts only)	9345 6391
RURAL DIVISIONS		
East	Centre Against Violence Building 50, Ground Floor, 50 Docker St, Wangaratta	5722 2203
	Australian Childhood Foundation Welford St, Shepparton	9874 3922 (Mitcham Office)
North	Loddon Campaspe CASA 48 Wattle St, Bendigo	5441 0430
	Mallee Sexual Assault Unit Suite 1, 144-146 Lime Ave, Mildura	5025 5400
South	Gippsland CASA 6 Victoria St, Morwell	5134 3922
West	Barwon Centre Against Sexual Assault 291 La Trobe Terrace, Geelong	5222 4318
	South Western CASA 299 Koroit St, Warrnambool	5563 1277
	Ballarat CASA 115A Ascot St, South Ballarat	5320 3933

The Department of Education and Early Childhood Development has developed guidelines for Victorian Government Schools when responding to allegations of student sexual assault and inappropriate behaviour.

To read more, visit: <http://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>