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## 1.0 Agency Contacts and Website Addresses

<table>
<thead>
<tr>
<th>Department for Child Protection and Family Support</th>
<th>Tara Taylor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Reporting Service</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Telephone: 1800 708 704 (24 hour service)</td>
<td>Crisis Care Mandatory Reporting</td>
</tr>
<tr>
<td>Fax: 1800 610 614</td>
<td>Telephone: 9223 1125</td>
</tr>
<tr>
<td>Email: <a href="mailto:mrs@dcp.wa.gov.au">mrs@dcp.wa.gov.au</a></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.mandatoryreporting.dcp.wa.gov.au">www.mandatoryreporting.dcp.wa.gov.au</a></td>
<td></td>
</tr>
<tr>
<td>Address: PO Box 8146, PERTH BC WA 6849</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>WA Police</th>
<th>Child Assessment &amp; Interview Team (CAIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Mandatoryreport.child.abuse.squad@police.wa.gov.au">Mandatoryreport.child.abuse.squad@police.wa.gov.au</a></td>
<td>Telephone: 9428 1666</td>
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<thead>
<tr>
<th>Department of Education</th>
<th>Child Protection Support Team</th>
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<tbody>
<tr>
<td>Email: <a href="mailto:Child.Protection@education.wa.edu.au">Child.Protection@education.wa.edu.au</a></td>
<td>Telephone: 9402 6124</td>
</tr>
<tr>
<td>Website: <a href="http://det.wa.edu.au/childprotection/detcms/portal">http://det.wa.edu.au/childprotection/detcms/portal</a></td>
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<tr>
<th>Department of Health</th>
<th>Marg McBride</th>
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</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:spoccunit@health.wa.gov.au">spoccunit@health.wa.gov.au</a></td>
<td>Senior Project Officer, WA Health Statewide Protection of Children Coordination Team (SPOCC)</td>
</tr>
</tbody>
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<tr>
<th>Association of Independent Schools of WA</th>
<th>Telephone: 9441 1614</th>
</tr>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.ais.wa.edu.au">http://www.ais.wa.edu.au</a></td>
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<tr>
<th>Catholic Education Office of WA</th>
<th>Tim Wong</th>
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<tbody>
<tr>
<td>Email: <a href="mailto:Wong.Tim@ceo.wa.edu.au">Wong.Tim@ceo.wa.edu.au</a></td>
<td>Mandatory Reporting Consultant</td>
</tr>
<tr>
<td></td>
<td>Telephone: 6380 5134</td>
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<tr>
<th>Department for Child Protection and Family Support District Offices</th>
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<tr>
<td>Contact list at the back of the handout – Appendix A</td>
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**Children and Community Services Act 2004:**

**CPFS Publications:**
2.0 Reporting Child Protection Concerns
The protection and care of children is a whole of community and society responsibility. Any person who has a belief that a child is being subjected to any form of abuse or neglect should report these concerns to the Department for Child Protection and Family Support (CPFS).

2.1 Mandatory Reporters – Sexual Abuse
From the beginning of 2009, teachers, doctors, nurses, midwives and police must make a report to the Department for Child Protection and Family Support (via CPFS Mandatory Reporting Service) if they
- form a belief,
- based on reasonable grounds,
- in the course of their paid or unpaid work,
- that child sexual abuse has occurred or is occurring from the 1 January 2009.

(Children & Community Services Act 2004)

2.2 Mandatory Reporters – Other Forms of Abuse and Neglect
Other forms of abuse include physical, emotional, psychological and neglect, as well as child sexual abuse that occurred prior to 1 January 2009, or where the reporter has not formed a belief that child sexual abuse has occurred.

Mandatory Reporters should follow their organisation’s policy guidelines which may include reporting in the first instance to their supervisor or directly contacting the local CPFS District Office and/or the Western Australia Police.

2.3 Non-Mandatory Reporters – All Forms of Abuse and Neglect
Non-Mandatory reporters should follow their organisation’s policy guidelines when reporting child abuse or neglect. These guidelines may include reporting in the first instance to their supervisor or directly contacting the local CPFS District Office and/or the Western Australia Police.

3.0 Definition of ‘Child’

<table>
<thead>
<tr>
<th>Child</th>
<th>means a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently under 18 years of age.</th>
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<td>(Children &amp; Community Services Act 2004 &amp; Criminal Code Act Compilation Act 1913)</td>
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4.0 Definition of Child Sexual Abuse
Under the Act, sexual abuse in relation to a child includes sexual behaviour in circumstances where:
(a) the child is the subject of bribery, coercion, a threat, exploitation or violence; or
(b) the child has less power than another person involved in the behaviour; or
(c) there is significant disparity in the developmental function or maturity of the child and another person involved in the behaviour

(Children & Community Services Act 2004)

- Bribe - to offer money or other incentive to persuade somebody to do something dishonest or illegal
• **Coercion** - the use of force or threats to make somebody do something against his or her will
• **Threat** - the intention to cause harm or pain
• **Exploitation** - the practice of taking selfish or unfair advantage of a person or situation, usually for personal gain
• **Violence** - the use of physical force to injure somebody or damage something
• **Disparity** - inequality

Sexual abuse occurs when a child has been exposed to or subjected to sexual behaviours that are exploitative and/or inappropriate to his/her age and developmental level. Examples include: sexual penetration, inappropriate touching, exposure to sexual acts or pornographic materials, using the internet for grooming and soliciting children for sexual exploitation.

Harm which may result from sexual abuse includes significant emotional trauma, physical injury, infections and impaired emotional and psychological development.

(CPFS Operational Guidelines Casework Practice Manual)

### 4.1 **Indicators of Sexual Abuse**
Possible indicators of sexual abuse include, but are not limited to:

- sexualised behaviours inappropriate to their age (including sexually touching other children and themselves)
- knowledge of sexual behaviour inappropriate to their age
- disclosure of abuse either directly or indirectly through drawings, play or writing that describes abuse
- pain or bleeding in the anal or genital area with redness or swelling
- child or young person implies that he or she is required to keep secrets
- presence of sexually transmitted infection and/or pregnancy
- sudden unexplained fears
- enuresis and/or encopresis (bed-wetting and bed soiling)
- non-consensual sex or concerns about the young person’s capacity to give consent
- factors such as bribery, coercion, threats, exploitation or violence; the child has less power than the other person
- early onset of sexual activity may indicate childhood sexual abuse

One indicator in isolation may not necessarily be indicative of abuse. Each possible indicator needs to be considered in the context of the child, their age, the family’s personal circumstances and any explanations given.

The absence of medical or physical evidence does not necessarily mean that abuse has not occurred, and should not over-ride professional judgement regarding the health and safety needs of the child.

Refer Appendix B – How do I recognise when a child is at risk of abuse or neglect?

**Additional Resource:**
Family Planning Queensland – “Traffic Lights guide to sexual behaviours”
4.2 Age of Consent
In Western Australia, the Criminal Code Act Compilation Act 1913 (Section 321) outlines that the age of consent for sex, both heterosexual and homosexual, for males and females is 16 years. The age of consent refers to the age that an individual is considered capable of legally providing informed consent to sexual interactions with another person. Under the Act, children under 16 years of age are considered to not have the emotional maturity to consent to sexual activities, and children 13 years or younger are considered incapable of consenting to sex (Section 319 (2)(c)).

From the Criminal Code Act Compilation Act 1913 (Section 319):

(2) For the purposes of this Chapter —

(a) consent means a consent freely and voluntarily given and, without in any way affecting the meaning attributable to those words, a consent is not freely and voluntarily given if it is obtained by force, threat, intimidation, deceit, or any fraudulent means;

(b) where an act would be an offence if done without the consent of a person, a failure by that person to offer physical resistance does not of itself constitute consent to the act;

(c) a child under the age of 13 years is incapable of consenting to an act which constitutes an offence against the child.

Even though 16 and 17 year olds are over the age of consent for sexual activity, they are still considered a 'child' in terms of Mandatory Reporting legislation.

Refer also to Appendix C – What the law says about sex

4.2.1 What if both parties are under the age of consent? Inappropriate and abusive sexual behaviour
Sexual interaction that is harmful and abusive between two young people under the legal age can be difficult to identify and determine. In situations where there is a clear age difference - for example a teenager and a young child - any sexual interaction is sexual abuse, as there is a definite power imbalance. However, when both parties are close in age, identifying whether the sexual activity is abusive is more complex. Ryan (1997) proposed three factors that must be considered in order to evaluate sexual interactions between two or more children: consent, equality and coercion. Reflecting on these three factors can help to clarify when behaviour is abusive.

Consent
According to Ryan (1997), the key elements of consent include:

- understanding what is being proposed without confusion (not being tricked or fooled);
- knowing the standard for the behaviour in the family, the peer group and the culture (both parties have similar knowledge);
- having an awareness of possible consequences, such as punishment, pain, pregnancy or disease (both parties similarly aware);
- having respect for agreement or disagreement without repercussion; and
- having the competence to consent (being intellectually able and unaffected by intoxication).
Equality
Equality relates to the balance of power and control in the relationship. Indicators of inequality include size and weight differences, age differences and differences in intellectual development. Indicators of power differentials are more subtle and they are often established prior to sexual interactions; for example, a strength differential may have been established in earlier wrestling, fighting or play (Ryan, 1997).

Coercion
In considering the final factor of coercion, Ryan (1997) determined that coercion is the peer pressure put on one child by another to achieve compliance. Such pressure can be placed on a continuum. The lower end may include implied authority, manipulation, trickery or bribery. The top end of the continuum may include physical force, threats of harm and overt violence.

If the relationship between two children or young people under the legal age of consent is unequal, non-consensual or coercive, it is abusive and may require a child protection or judicial response.

Australian Institute of Family Studies
(http://www.aifs.gov.au/cfca/pubs/factsheets/a142090/#a5)


4.3 Young People and Mandatory Reporting
If you work with young people aged 13 to 15 years you might have a dilemma as to whether or not to make a report to CPFS or WA Police if they are involved in sexual relationships. In Western Australia, the legal age for males and females to consent to sexual activity is 16 years. Refer to s.319 (2) of the Criminal Code, Chapter XXXI. However, mandatory reporting legislation is based on whether or not the reporter has formed a belief that a child has been sexually abused and NOT solely on the age of the child who has engaged in sexual activity.

Below are some questions you might find useful when thinking about issues around young people and sexual activity. They may help you to make a decision to form a belief or not that sexual abuse is occurring. Please use this in conjunction with the definition of child sexual abuse at Section 4.0.

- What is the age of the child?
- Does the child understand both his/her responsibilities and the possible outcomes of their behaviour?
- What are the child's own views of his/her sexual behaviour?
- What is the age difference between the child and their sexual partner(s)?
- Does the child have any specific vulnerability to increase the likelihood of harm or exploitation?
- Is there any evidence of coercion, force, bribes, drugs or threats?
- Is the child engaging in safe or unsafe sex?
- Are there concerns around the issue of consent?
Does the child have any specific vulnerability to increase the likelihood of harm or exploitation – for example, previous sexual abuse experiences, immaturity, disability, or isolation?

Is there peer pressure? Have you looked at the role of coercion or unequal power in a relationship that is claimed to be consensual or socially sanctioned?

Are there health concerns such as the risk of HIV, Hepatitis B and C or other sexually transmitted infections or pregnancy?

(CPFS Operational Guidelines Casework Practice Manual)

If, by going through this process, you develop a concern for this young person and you form a belief that sexual abuse has occurred or is occurring you must make a mandatory report if you are a doctor, nurse, midwife, teacher or police officer. If you have any concern regarding a young person who is under the age of consent and is involved in sexual activity, please consult with the Mandatory Reporting Service.

A 16 or 17 year old may be the subject of a mandatory report if the other party (person of interest) is a person who has the care, supervision or authority of that child; or if the abuse falls into any of the other categories of the definition as described above (section 4.0).

Note that the mandatory reporting legislation is not intended to capture all sexual activity involving children and young people.

4.3.1 Mature Minors
Mature Minors are young people who professionals consider are capable of making decisions to consent or refuse treatment or action as they comprehend the nature, consequences and risks of the decision. The process for making a mandatory report relating to a mature minor is currently the same as for any other child. Service providers need to consider how to work with mature minors in the context of mandatory reporting of child sexual abuse.

4.3.2 Sexual abuse/assault occurring outside of family environment
If a mandatory reporter forms a belief that a child or young person has been sexually abused/assaulted by someone they are unlikely to come into contact with again (for example, outside of the family environment, at a party or public event), a report to the CPFS Mandatory Reporting Service is still required.

5.0 Forming a Belief
The concept of ‘forming a belief’ is a thinking process, based on information gathered, where a person is more inclined to accept rather than reject that sexual abuse has occurred or is occurring.

A belief is a higher form of judgement than a suspicion or concern.

Mandatory Reporters do not need to have proof or evidence to form a belief.

They may consult with colleagues who have expertise in the area, their agency’s specialised unit or the Mandatory Reporting Service. Ultimately, they need to use their professional judgement because the forming of a belief and the reporting of that belief is the individual reporter’s responsibility.
6.0 Making a Mandatory Report
The penalty for not submitting a mandatory report within the mandatory reporting guidelines (belief based on reasonable grounds in the course of paid or unpaid work that child sexual abuse has occurred or is occurring from 1 January 2009) is a fine of up to $6000.

6.1 Ways of Making a Report
(1) Verbal – call the Mandatory Reporting Service 1800 708 704
and Written – via email, fax, letter, web portal
A mandatory reporter who submits a verbal report MUST submit a written report as soon as practicable. The penalty for not submitting a written report following a verbal report is a fine of up to $3000.

(2) Written only - via email, fax, letter, web portal
If a written report is made, no verbal report is required.

To call or to write initially?
If the matter is not urgent, i.e. there are no concerns for the child’s immediate safety, it is preferable to submit a written report.

A MRS Officer may call the reporter back to clarify information. Reporters should provide a contact phone number at which they are easily accessible.

6.2 Information to be provided by Mandatory Reporter
There are three tiers of information needed by the officers in the Mandatory Reporting Service in order to provide the best assessment of the circumstances:

Tier 1 – Information that must be included in a mandatory report
Under the legislation a report must include:
- The name and contact details of the reporter.
- The name of the child or a description of the child.
- The grounds for the reporter’s belief that the child has been the subject of sexual abuse or is the subject of ongoing sexual abuse.

Tier 2 – Information that must be included, if known
A report must contain if known to the reporter:
- The child’s date of birth
- Information about where the child lives
- The name of the child’s parents or other responsible persons (carer, relative)
- The name of the person alleged responsible for the sexual abuse, their contact details and relationship to the child.

Tier 3 – Information that is important to include, if known:
- The child’s current whereabouts
- The telephone number of the child’s current address
- The child’s school, day care centre or kindergarten
- The child’s cultural background
- The child’s family arrangements, such as siblings and carers
- Whether the child and the child’s family/carers are aware of the report
6.3 If I call the Mandatory Reporting Service, what will they ask me?

Examples of some questions:

1. Are you a **mandatory reporter**? What is it that you are **concerned about**? Who is the child? Are you worried about the **immediate safety** of the child?

2. Have you **formed a belief** that Child Sexual Abuse has occurred?

3. Would you like to submit a **written report** rather than a verbal report at this stage?

1. If you are **not** a **mandatory reporter** and you do not have a concern for the immediate safety of the child or young person

OR

If you **are a mandatory reporter** and your concern is not of sexual abuse and you do not have a concern for the immediate safety of the child or young person, the Child Protection Worker (CPW) will offer to transfer you to your local office of the Department for Child Protection and Family Support. If you prefer to make the call yourself, you will be offered the phone number to make the call.

If a child or young person is in immediate danger e.g. in the care of the person alleged responsible, the Child Protection Worker will note the details and take the actions necessary to ensure the safety of the child or young person, no matter what the abuse and even if you are not a mandatory reporter.

2. If you are a mandatory reporter, the CPW will ask if you have **formed a belief** that child sexual abuse (CSA) has occurred. This is done to satisfy the conditions of the legislation and is not a determination of the seriousness of the issue. Even if you have not formed a belief that child sexual abuse has occurred, if the CPW considers that the issue requires appropriate action by CPFS, that action will be taken.

3. The legislation requires that a **written report** be submitted by a mandatory reporter.

Unless there is immediate concern for the safety of the child, it is recommended that **mandatory reporters submit a written report in the first instance** rather than a verbal report followed by a written report. This should be done as soon as practicable, with the best interests of the child in mind.
7.0 What Happens After I Submit My Report?

7.1 Mandatory Reporting Service

How does the Mandatory Reporting Service assess the safety of the child or young person? What actually happens?

STAGE 1: INITIAL ASSESSMENT

Your report comes in and we read it. We consult with colleagues as well as senior staff. We are likely to call you to clarify and gather more information.

We also consult -
- Department for Child Protection and Family Support database
- WA police – their database
- Local CPFS if there has been previous contact

We use the ‘Signs of Safety’ Assessment Tool (Appendix D) to distinguish -
“What are we worried about?”
“What are the strengths of this family in protecting the child?”
“What are there any complicating factors?”
“What needs to happen?”

(www.cpfs.wa.gov.au)

STAGE 2: Is there a role for the Department for Child Protection and Family Support?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td><strong>Action:</strong> NFA (No further action - no need for the Department to be involved at this stage)</td>
<td><strong>Action:</strong> Refer to local CPFS for further assessment and follow-up</td>
</tr>
</tbody>
</table>

All reports (mandatory and non-mandatory) are sent to the WA Police via the Child Assessment & Interview Team (CAIT). The local CPFS office is informed of all reports even if it is deemed that the Department does not need to be involved.

Other agencies may be involved or become involved with a child and their family in the course of a police investigation such as Victim Support Services and the George Jones Advocacy Centre.

When there is no police investigation and no ongoing role for the Department for Child Protection and Family Support, referrals can be made to other non-government agencies to provide family support to the child and/or family.
STAGE 3: Providing acknowledgement of receipt to the mandatory reporter
If the report is categorised as a mandatory report, the mandatory reporter will be provided with a standardised letter acknowledging receipt of the report. This letter contains the initials and date of birth of the child concerned, informs the reporter that the report has been forwarded to WA Police and the name of the District Office of the Department for Child Protection and Family Support to which the report has been referred.

Reports submitted via the Portal automatically generate a receipt number that may be quoted in any correspondence.

7.2 Police and ChildFIRST

What is the role of the Western Australia Police – the Child Assessment & Interview Team (CAIT) and Department for Child Protection and Family Support ChildFIRST?

The Child Assessment and Interview Team (CAIT) is a specialist assessment and interview area for children and vulnerable adults who have been referred as they have been identified as victims, alleged victims, or witnesses to offences as outlined in Schedule 7 of The Evidence Act 1906. CAIT is co-located with CPFS ChildFIRST service and is housed within the WAPOL Sex Crimes Division building in Stirling St, Perth. This building is shared with the Child Abuse Squad, the Online Child Exploitation Squad, Sex Assault Squad and the Family and Domestic Violence State Coordination Unit. All new referrals of child sexual abuse within Western Australia are sent to CAIT in the first instance for initial assessment and allocation to relevant investigating area if necessary. Workers from CAIT and ChildFIRST plan (in-conjunction with other relevant agencies), assess, and interview victims and witnesses to support decisions regarding the immediate and ongoing safety of the victim as well as identify any crime that may have been committed. Interviews of children and vulnerable adults are conducted for the purpose of Court proceedings and these interviews are used as the victim / witness Evidence in Chief, and will also form part of the CPFS assessment of risk.

When CAIT receives a mandatory report from the Mandatory Reporting Service (MRS), CAIT will check WA Police databases which may hold wider information to that of the MRS. All relevant information will be added to the investigation file and a decision will be made to prioritise the action to be taken. If the victim is open to CPFS or there are assessed protective concerns as a result of information known at that stage, a Multi-Agency Strategy Meeting will be arranged to ensure that all relevant agencies are aware of concerns (information sharing occurs under s.23 & s.24a of Children and Community Services Act (2004)) and a plan to ensure the victim’s ongoing safety, identified medical needs, and Police investigation requirements are carefully considered and a time-frame identified for when all actions will be met. The process of setting up the strategy meeting may differ between country and metropolitan areas, as CPFS ChildFIRST co-ordinate and chair all Multi-Agency Strategy Meetings within the Metropolitan area. In country locations CPFS or local Detectives will arrange to have a strategy meeting to discuss and plan how to manage reports of sexual abuse and serious physical abuse allegations.

Following the victim / witness interview at CAIT / ChildFIRST the information is recorded on both WA Police and CPFS case management systems. Any relevant information can be shared with individuals who have been part of the Multi-Agency
Strategy Meeting if considered necessary and appropriate. CAIT / ChildFIRST are then responsible for progressing the file for further investigation or for referring the victim and their family for any support as necessary.

7.3 Local Department for Child Protection and Family Support

What happens when the district office receive a mandatory report?

The Mandatory Reporting Service will complete the interaction and intake the matter, and the District Office is notified to commence the assessment and investigation process. Additional background checks will be undertaken, and relevant district officers will be notified and consulted in relation to the report.

Allegations of child sexual abuse, serious physical abuse or neglect warranting Police investigation must be discussed with the Child Assessment and Interview Team / ChildFIRST and/or WA Police. These discussions take place within a multi-agency strategy meeting. Refer to section 7.2 for further information.

Mandatory reports of child sexual abuse are assessed in the same manner as all allegations of abuse and neglect. In the event that a safety and wellbeing assessment is undertaken feedback should be provided to:

- the child (if appropriate)
- his/her parents
- the referrer (the mandatory reporter) at the conclusion of the assessment

The level of detail provided to the referrer will be guided by the nature of the relationship of the referrer with the child and family and the referrers ongoing involvement in the case.

In working collaboratively with Mandatory Reporters the Department should:

- Contact mandatory reporters, providing them with feedback and keeping them informed of any relevant case management decisions
- Acknowledge any safety concerns for mandatory reporters and be proactive in addressing the issue
- Include mandatory reporters in joint strategy meetings (when appropriate)
- Use the signs of safety mapping meeting as a way to develop joint collaborative partnerships

Refer to Appendix E for further information on local district roles and responsibilities, and the assessment and investigation process.

8.0 Confidentiality Provisions – Who will know I made the report?

Only those people you tell and other agencies who need to know will KNOW you have made a report. Others may guess.

The identity of a reporter is required to be kept confidential, except in limited circumstances.

Generally, the legislation protects a reporter’s identity from being disclosed. Disclosing the identity of a reporter is an offence and carries a maximum fine of $24,000 and imprisonment for two (2) years.

(Children and Community Services Act 2004 [s124F(2)])
Department for Child Protection and Family Support staff and other professionals who learn the identity of a reporter through the course of their work must not disclose the reporter's identity to another person unless it is allowed under one of the legislative exceptions.

Even where disclosure of a reporter's identity is allowed, care should be taken to ensure that the reporter's safety and other relevant considerations have been taken into account before revealing this information. There are some exceptions where revealing a reporter's identity is permitted.

For example:
- the Department must send a copy of every written report to the Western Australia Police, which includes the reporter's details
- the Western Australia Police may need to reveal a reporter's identity in order to investigate or prosecute a suspected offence relating to the child
- a Department officer may need to reveal a reporter's identity in performing their functions or in certain child protection, family law or adoption proceedings relating to the child
- a reporter may also provide written consent to their identity being disclosed.

8.1 Confidentiality and Protection from Liability

A person who, in good faith, makes a mandatory report about child sexual abuse is protected, in making the report, from breaching any duty of confidentiality or secrecy, professional ethics, standards or principles of conduct which would normally apply (for example, doctor/patient confidentiality).

Mandatory reporters must comply with the legislative requirements to report child sexual abuse, despite internal organisational policies, professional codes of conduct or confidentiality requirements which would normally apply.

If reporters are complying with their obligation to make a mandatory report, they will not incur any civil or criminal liability by making the report.

For further information, contact the Mandatory Reporting Service on free call 1800 708 704.

8.2 Safety of the Reporter

Making a report to CPFS can give rise to significant and legitimate safety concerns for the individual worker. However, there are several things that can be done prior to submitting a report, within the body of the report, or after submitting a report to CPFS, that can minimise the potential possible risk to workers as a result of reporting a child protection concern. Speak to your supervisor and/or the Mandatory Reporting Service if you are concerned for the safety of yourself or others as a result of submitting a Mandatory Report.

8.3 Requirement to Attend Court
- It depends on the circumstances of the incident.
- You will have sufficient notice and be prepared.
- Your agency’s legal section should be informed and they will provide you with the necessary level of advice and support.
9.0 Information Sharing

Exchange of information between prescribed public authorities

Section 24A of the Children and Community Services Act 2004 (the Act) allows for the exchange of relevant information between the CEOs (and their delegates) of prescribed public authorities, provided the information is relevant to the wellbeing of a child or a class or group of children.

This provision facilitates effective cooperation between state government agencies on child protection matters, including joint case planning and decision making.

The following agencies are prescribed public authorities:
- WA Health (Department of Health, Metropolitan Health Services, WA Country Health Service, Peel Health Service)
- Drug and Alcohol Office
- Mental Health Commission
- Western Australia Police Service
- Police Force of Western Australia
- Department of Education
- Department of Housing
- Department for Communities
- Department of Corrective Services
- Department of Education Services
- Department of the Attorney General
- Disability Services Commission
- Department of Indigenous Affairs

The Department’s requests for relevant information from other agencies

Under the Act, the CEO or an authorised officer may request a public authority, a corresponding authority, a service provider or an interested person who or which holds relevant information to disclose the information to the CEO or authorised officer as the case requires.

When the Department makes a request for information from another agency the child protection worker should identify themselves and explain the concerns for the child and/or the context of the request (for example, conducting a safety and wellbeing assessment or care planning) to inform the agency as to what information may be relevant.

Release of relevant information from the Department for Child Protection and Family Support to other agencies

Section 23(2) states that the CEO or an authorised officer may disclose relevant information to a public authority, a corresponding authority, a service provider or an interested person.

Information may be disclosed to other agencies in circumstances including:
- when an agency requests information to inform their work with a child, individual or family
- when an agency requests feedback in relation to information they have provided or to a concern they have reported
- to inform a request for the provision of a service
- to assist in joint planning to promote the safety and wellbeing of a child
- when an agency has a significant and ongoing role in providing services and supports to the child and/or family
10.0 Sexting
Sexting is the transmission of sexually explicit images and messages by electronic media, often by mobile phones.

It is an offence under the WA Criminal Code to:
- Take a sexually explicit image of a person under 16
- Transmit a sexually explicit image of a person under 18 over a carriage service (including telephone and internet services).

Additional Resource:
Youth Focus - ‘Respect and Sexting’

11.0 Issues for Particular Agency Staff
Agencies should be familiar with their own organisation policy guidelines.

11.1 Department of Health
11.1.1 Sexually Transmitted Infections (STI) Protocol
- Protocols about the reporting of STI's are found in WA Health's revised Operational Directive OD0296/10 (supersedes Operational Directive OD0267/10).
- As per the Operational Directive, if a child aged under 14 has an STI - regardless of whether it is believed to be a result of child sexual abuse or not - the Department for Child Protection and Family Support office, local to where the child usually lives, needs to be notified of the STI (operational since 2004).
- If a child of any age has a STI and a Mandatory Reporter forms a belief that child sexual abuse is a factor, the Mandatory Reporter must make a report to the CPFS Mandatory Reporting Service in addition to fulfilling the normal STI reporting process to the Communicable Disease Control Directorate.

11.1.2 Intimate Body Piercing
Section 104A of the Children and Community Services Act 2004 makes it illegal for a person to undertake intimate body piercing on a child under 18 years of age irrespective of parental consent (operational since 2011). Intimate body piercing means piercing a part of the body for the purpose of inserting a bar, pin, ring, stud or similar item. The Act states a person must not carry out body piercing on the genitals; the anal area; the perineum or the nipples of a child.

If you are aware of intimate body piercing/s on a child you must consider if you believe the piercing/s represent child sexual abuse.

11.1.3 Information Sharing Guidelines
Joint guidelines on the mutual exchange of relevant information between WA Health (incorporating the Department of Health, Metropolitan Health, WA Country Health Services and Peel Health Service) and the Department for Child Protection and Family Support for the purpose of promoting the wellbeing of children

These guidelines (2010) provide the rationale, context, and supporting legislation for information exchange between the Department of Health and CPFS.
11.2  Department of Education
11.2.1 Implications for non-teaching staff
Non-teaching staff continue to report concerns to the Principal.

What’s different?
- Teachers and Principals MUST make a mandatory report if they form a belief that sexual abuse has occurred or is occurring.
- If you have reported a concern, your name will be in the report but only the Principal, CPFS and the Police will read the report. The actual mandatory reporter will be the Principal or a teacher.
- Department of Education policy states that mandatory reports are not to be stored in the school office. Mandatory reporters may keep copies of the mandatory report in a safe place. Concerns of child abuse can be documented on a recording form and kept in the student’s file. If it is sexual abuse, the identity of the teacher recording the abuse should not be written down on the form.

Key questions for non-teaching staff -
- What do I do with a disclosure or if I form a belief that child abuse is taking place? (refer to Appendix F)
- Who can I talk to about my concerns?
- What happens after I make a report?
- What can I do if a Principal does not act on my concerns?

The safety of the child always comes first

11.2.2 Guidelines for responding to student sexualised behaviours
Refer to Appendix G.

Note: This document has been provided by the Department of Education and is a guideline only.
12.0 Counselling and Support Services
The following organisations offer counselling and/or support services to people who have experienced sexual assault or sexual abuse.

- SARC (Sexual Assault Referral Service) Emergency Contact
  24hr Crisis Line (08) 9340 1828 Freecall 1800 199 888
  - Business Hours (08) 9340 1820
- Anglicare (08) 9325 7033
- Centrecare (08) 9325 6644
- Child Witness Service (08) 9425 2850 1800 818 988
- Crisis Care (08) 9223 1111 (24 hrs) 1800 199 008 (Country Callers)
- FPWA (formerly Family Planning WA) (08) 9227 6177
- Kinway 1800 812 511
- Lifeline 13 1114 (24 hrs) Mental Health Emergency Response Line 1300 555 788 (24 hrs) 1800 676 822 (Country callers)
- Men's Line (08) 9332 8401 1800 671 130 (Country callers)
- Relationships Australia 1300 364 277
- Victim Support Services (08) 9425 2850 1800 818 988

(http://mandatoryreporting.dcp.wa.gov.au/Pages/Resources.aspx)
# Appendix A: CPFS – District Office Contact Details

## METROPOLITAN DISTRICT OFFICES

<table>
<thead>
<tr>
<th>Office</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armadale</td>
<td>145 Jull Street, Armadale WA 6112</td>
<td>(08) 9497 6555</td>
</tr>
<tr>
<td>Cannington</td>
<td>Cnr Grose and Lake Street Cannington WA 6107</td>
<td>(08) 9351 0888</td>
</tr>
<tr>
<td>Fremantle</td>
<td>25 Adelaide Street, Fremantle WA 6160</td>
<td>(08) 9431 8800</td>
</tr>
<tr>
<td>Gosnells</td>
<td>88 Lissiman Street, Gosnells WA 6110</td>
<td>(08) 9498 9300</td>
</tr>
<tr>
<td>Joondalup</td>
<td>Joondalup House, 8 Davidson Terrace Joondalup WA 6027</td>
<td>(08) 9301 3600</td>
</tr>
<tr>
<td>Midland</td>
<td>281 Great Eastern Highway Midland WA 6056</td>
<td>(08) 9274 9411</td>
</tr>
<tr>
<td>Mirrabooka</td>
<td>8 Sudbury Road Mirrabooka WA 6061</td>
<td>(08) 9344 9666</td>
</tr>
<tr>
<td>Perth</td>
<td>190 Stirling Street Perth WA 6000</td>
<td>(08) 9214 2444</td>
</tr>
<tr>
<td>Rockingham</td>
<td>8 Leghorn Street, Rockingham WA 6168</td>
<td>(08) 9527 0100</td>
</tr>
</tbody>
</table>

## COUNTRY DISTRICT OFFICES

<table>
<thead>
<tr>
<th>Office</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>25 Duke Street, Albany WA 6330</td>
<td>(08) 9841 0777</td>
</tr>
<tr>
<td>Broome</td>
<td>19 Coglen Street, Broome WA 6725</td>
<td>(08) 9192 1317</td>
</tr>
<tr>
<td>Bunbury</td>
<td>80 Spencer Street, Bunbury WA 6230</td>
<td>(08) 9722 5000</td>
</tr>
<tr>
<td>Busselton</td>
<td>Suite 8&amp;9, 8-10 Prince Street Busselton WA 6280</td>
<td>(08) 9752 5600</td>
</tr>
<tr>
<td>Carnarvon</td>
<td>Stuart Street, Carnarvon WA 6701</td>
<td>(08) 9941 1244</td>
</tr>
<tr>
<td>Collie</td>
<td>68 Wittenoom Street, Collie WA 6225</td>
<td>(08) 9734 1699</td>
</tr>
<tr>
<td>Derby</td>
<td>17 Neville Street, Derby WA 6728</td>
<td>(08) 9191 1577</td>
</tr>
<tr>
<td>Esperance</td>
<td>92 Dempster Street, Esperance WA 6450</td>
<td>(08) 9083 2566</td>
</tr>
<tr>
<td>Fitzroy Crossing</td>
<td>Cnr Flynn Dve and Fallon Road Fitzroy Crossing WA 6765</td>
<td>(08) 9191 5002</td>
</tr>
<tr>
<td>Geraldton</td>
<td>45 Cathedral Avenue, Cnr Chapman Road Geraldton WA 6530</td>
<td>(08) 9965 9500</td>
</tr>
<tr>
<td>Halls Creek</td>
<td>7 Thomas Street, Halls Creek WA 6770</td>
<td>(08) 9168 6114</td>
</tr>
<tr>
<td>Kalgoorlie</td>
<td>Cnr Boulder Road &amp; Cheetham Street Kalgoorlie WA 6430</td>
<td>(08) 9022 0700</td>
</tr>
<tr>
<td>Karratha</td>
<td>WA Government Administration Building Cnr Welcome &amp; Searipple Roads Karratha WA 6714</td>
<td>(08) 9185 0200</td>
</tr>
<tr>
<td>Office</td>
<td>Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Katanning</td>
<td>Reidy House, 25 Amherst Street Katanning WA 6317</td>
<td>(08) 9821 9000</td>
</tr>
<tr>
<td>Kellerberrin</td>
<td>4 Moore Street Kellerberrin WA 6410</td>
<td>(08) 9045 4203</td>
</tr>
<tr>
<td>Kununurra</td>
<td>State Government Building Cnr Konkerberry Drive &amp; Messmate Way Kununurra WA 6743</td>
<td>(08) 9168 0333</td>
</tr>
<tr>
<td>Laverton</td>
<td>Laver Place, Laverton WA 6440</td>
<td>(08) 9031 1104</td>
</tr>
<tr>
<td>Leonora</td>
<td>Lot 40, Cnr Tower and Rajah Streets Leonora WA 6438</td>
<td>(08) 9037 6132</td>
</tr>
<tr>
<td>Mandurah</td>
<td>Cnr Tuckey and Sutton Streets Mandurah WA 6210</td>
<td>(08) 9583 6688</td>
</tr>
<tr>
<td>Manjimup</td>
<td>Lot 432, South West Highway Manjimup WA 6258</td>
<td>(08) 9771 6000</td>
</tr>
<tr>
<td>Margaret River</td>
<td>33 Tunbridge Street Margaret River WA 6285</td>
<td>(08) 9757 2910</td>
</tr>
<tr>
<td>Meekatharra</td>
<td>Lot 83 Main Street, Meekatharra WA 6642</td>
<td>(08) 9981 1104</td>
</tr>
<tr>
<td>Merredin</td>
<td>113 Great Eastern Highway Merredin WA 6415</td>
<td>(08) 9041 1622</td>
</tr>
<tr>
<td>Moora</td>
<td>49 Dandaragan Street, Moora WA 6510</td>
<td>(08) 9653 0100</td>
</tr>
<tr>
<td>Mullewa</td>
<td>12 Main Street, Mullewa WA 6630</td>
<td>(08) 9961 1004</td>
</tr>
<tr>
<td>Narrogin</td>
<td>Government Buildings, Park Street Narrogin WA 6312</td>
<td>(08) 9881 0123</td>
</tr>
<tr>
<td>Newman</td>
<td>Cnr Newman Drive and Abydos Way Newman WA 6753</td>
<td>(08) 9175 4600</td>
</tr>
<tr>
<td>Norseman</td>
<td>80 Princep Street, Norseman WA 6443</td>
<td>(08) 9039 1129</td>
</tr>
<tr>
<td>Northam</td>
<td>Cnr Fitzgerald and Gairdner Streets Northam WA 6401</td>
<td>(08) 9621 0400</td>
</tr>
<tr>
<td>Onslow</td>
<td>Third Avenue Onslow WA 6710</td>
<td>(08) 9184 6005</td>
</tr>
<tr>
<td>Port Hedland</td>
<td>1st Floor State Government Building Cnr Brand and Tonkin Streets South Hedland WA 6722</td>
<td>(08) 9160 2400</td>
</tr>
<tr>
<td>Roebourne</td>
<td>Lot 37, Sholl Street, Roebourne WA 6718</td>
<td>(08) 9182 1208</td>
</tr>
<tr>
<td>South Hedland</td>
<td>1st Floor State Government Building Cnr Brand and Tonkin Streets South Hedland WA 6722</td>
<td>(08) 9160 2400</td>
</tr>
<tr>
<td>Southern Cross</td>
<td>11a Antares Street Southern Cross WA 6426</td>
<td>(08) 9049 1016</td>
</tr>
<tr>
<td>Tom Price</td>
<td>Lot 247, Poinciana Street Tom Price WA 6751</td>
<td>(08) 9189 1592</td>
</tr>
<tr>
<td>Wyndham</td>
<td>Lot 994, Great Northern Highway Wyndham WA 6740</td>
<td>(08) 9161 1110</td>
</tr>
</tbody>
</table>
Appendix B: How do I recognise when a child is at risk of abuse or neglect?

**Physical abuse**

Physical abuse is when someone is deliberately hurt, or is at serious risk of being physically hurt, by their parents or carers. This can include punching, kicking, shaking or throwing, scalding/burning, strangling or leaving a child alone in a car. It can also be from excessive physical discipline, or by being given drugs including alcohol. These injuries are not treated as accidental.

**Possible signs of physical abuse**

- broken bones or unexplained bruises, burns, or welts in various stages of healing
- the child or young person can't explain an injury, or the explanation is inconsistent, vague or unlikely
- the parents saying that they're worried that they might harm their child
- family history of violence
- Female Genital Mutilation
- delay between being injured and getting medical help
- parents who show little concern about their child, the injury or the treatment
- frequent visits to health services with repeated injuries, illnesses or other complaints
- the child or young person seems frightened of a parent or carer, or seems afraid to go home
- the child or young person reports intentional injury by their parent or carer
- arms and legs are kept covered by clothing in hot weather
- ingestion of poisonous substances including alcohol or drugs
- the child or young person avoids physical contact (particularly with a parent or carer)

**Sexual abuse**

Sexual abuse is children and young people being exposed to inappropriate sexual activity. This includes being involved in sexual acts (masurbation, fondling, oral sex or penetrative sex); or witnessing sexual activity, either directly or through pornography.

**Possible signs of sexual abuse**

- inappropriate sexual behaviour for their age and developmental level (such as sexually touching other children and themselves)
- inappropriate knowledge about sex for their age
- disclosure of abuse either directly, or indirectly through drawings, play or writing
- pain or bleeding in the anal or genital area, with redness or swelling
- fear of being alone with a particular person
- child or young person implies that they have to keep secrets
- presence of sexually transmitted infection
- sudden unexplained fear
- bed wetting and soiling
Emotional abuse

Emotional abuse is being treated in ways that damages a child’s ability to feel and express a range of emotions. This can be caused by behaviours that occur over time, such as verbal abuse and teasing, rejection, physical or social isolation, threats and bullying.

Possible signs of emotional abuse

- parent or carer constantly criticises, insults and puts down, threatens, or rejects the child or young person
- parent or carer shows little or no love, support, or guidance
- child or young person shows extremes in behaviour from aggressive to passive
- physically, emotionally and/or intellectually behind others of the same age
- compulsive lying and stealing
- highly anxious
- lack of trust
- feeling worthless
- eating hungry or hardly at all
- uncharacteristic seeking of attention or affection
- reluctant to go home
- rocking, sucking thumb or self-harming behaviour
- fearful when approached by someone they know.

Psychological abuse

Psychological abuse is being treated in ways that damages a child’s self-esteem, personal and moral development and intelligence. This can be caused by behaviours that occur over time, for example, belittling, threatening, isolating and causing the child to feel worthless.

Possible signs of psychological abuse are similar to the ones for emotional abuse.

[Image of a child]
Neglect

Neglect is not providing enough care or supervision so that the child is injured or their development is damaged. It includes lack of food, shelter, affection, supervision, untreated medical problems and abandonment.

Possible signs of neglect

- Signs of malnutrition, begging, stealing or hoarding food
- Poor hygiene: matted hair, dirty skin, or body odour
- Untreated medical problems
- Child or young person says that no one is home to look after them
- Child or young person always seems tired
- Frequently late or absent from school
- Clothing not appropriate to the weather
- Alcohol and/or drug abuse in the home
- Frequent illness, minor infections or scabs
- Hunger

Family and domestic violence

Family and domestic violence is strongly associated with child abuse and neglect. It is more likely that a child’s basic needs will not be met in a family where there is domestic violence occurs.

Witnessing violence between parents, or being involved in a violent act, can seriously affect the emotional health of children and young people. It can affect self image, response to other people, and the ability to form healthy relationships.

These children and young people don’t feel safe and secure. They believe that violence is a solution to problems, and may develop signs of post-traumatic stress disorder.

Family and domestic violence is seen as child abuse when it clearly affects the child or young person’s physical, emotional and psychological development.

Appendix C: What the law says about sex

Protecting children

Children and young people can be damaged in their spirit if people use them for sex. This damage can be with them for all their lives. It can finish their trust for people. They can sometimes give up and get drunk all the time or sniff. When they grow up it can make it hard for them to have a good marriage. The damage can be passed on to grandchildren and great-grandchildren and life will be hard for them too.

The law is not just about full on sex. It might be:

- touching in a sex sort of way
- making the child watch porn videos
- making the child touch their own or another person's private parts
- taking sexy sort of photos of a child

If a community is going to be strong, and have good families, the children have to be protected. Men who might want to use them for sex have to be stopped and kept away.

In the law, using children for sex is a crime.

The Law

In WA, the law protects children and young people. It says that:

- You aren't allowed to have sex with a boy or girl if they are younger than 16.
- You can't have sex with a close relation, like a son or daughter, a brother or sister, or a stepson or stepdaughter or any child under your care.
- If you are someone in authority, like a teacher, a pastor or a community leader, you aren't allowed to have sex with a boy or girl younger than 18.

If you are worried about someone, you can call:

DCD (08) 9223 1111 or 1800 199 008
SARC (08) 9340 1828 or 1800 199 888
Centrecare 1800 671 833

or talk to:

- your community nurse
- a teacher
- a police officer
- a welfare officer

They will do their best to make sure there is no gossip and that things are done the proper way.

The painting depicts child abuse and speaking up. The middle of the circle is hands, children's hands. The Elders at outside the circle protecting the children and talking among themselves, encouraging community members to speak up. Each Elder then carries this information back to their communities encouraging others to do the same.

Incarcerated Women's Trust, Western Australia

Produced by Centrecare Goldfields and Kalgoorlie Districts

IPF 1264
What the law says about sex between adults

The most important thing in the law about sex between adults is:

✔ Both people have to be OK about it.
✔ Both people have to agree to it.
✔ Both people have to have a free choice.

❌ You can’t force them.
❌ You can’t give them no choice.
❌ You can’t trick them into it.
❌ You can’t get them drunk or drugged and take advantage.
❌ You can’t threaten them in any way.

Both people have to be happy to have sex with each other. You got to make sure that the other person is OK for it to happen before you have sex with them.

The law calls that "consent"
Appendix D: Signs of safety assessment tool with detailed questions

Context and purpose
To determine if a child or young person’s well-being needs to be safeguarded or promoted. To assess issues of concern relating to the protection and safety of children and young people and determine whether statutory action is required.

<table>
<thead>
<tr>
<th>What are you/we worried about?</th>
<th>What’s working well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the worries regarding the child (e.g.)?</td>
<td>STRENGTHS and SAFETY</td>
<td>IF YOU ARE NOT GOING TO REFER THIS TO DCP WHAT WILL YOU DO IN THE MEANTIME?</td>
</tr>
<tr>
<td>What has happened to the child that worries you?</td>
<td>What do you see as positive about the care provided by the parents/caregivers? What else?</td>
<td>IF YOU ARE GOING TO REFER TO DCP, CONSIDER THE FOLLOWING QUESTIONS:</td>
</tr>
<tr>
<td>How did you become aware of the problem?</td>
<td>What do you say is going well in the life of the child/young person? What else?</td>
<td>TIP: if you want to remain anonymous, what is the reason for that?</td>
</tr>
<tr>
<td>Is the situation the worst it has been? What makes it worse or better?</td>
<td>Who else makes the child/young person’s life positive? Who else?</td>
<td>Do you know about DCP’s confidentiality policy?</td>
</tr>
<tr>
<td>What do you see as the cause of the problem?</td>
<td>What do you say is going well in the life of the child/young person? What else?</td>
<td>DETAILS ABOUT THE FAMILY</td>
</tr>
<tr>
<td>Do you think the family are concerned about these problems?</td>
<td>What is your knowledge of the family’s attempted solutions at solving the problem? What were these?</td>
<td>What is the family composition? Name of children, parents and significant caregivers, dates of birth or ages, residential address, residential and mobile telephone numbers, cultural context of family, name of schools attended by the children, parent’s work situation, other agencies involved?</td>
</tr>
<tr>
<td>Have you reported this to DCP previously?</td>
<td>Are there times when the family call on other people to help solve problems? When do they do this? Who do they call?</td>
<td>What is your perception of the family’s willingness and capacity to engage with DCP?</td>
</tr>
<tr>
<td>INFORMATION ABOUT HARM and DANGER</td>
<td>Are any community services engaged with the family?</td>
<td>Does the family know that you are speaking with DCP?</td>
</tr>
<tr>
<td>What actual harm or injury has happened to this child that makes you concerned now? Were medical services involved?</td>
<td>EXCEPTIONS</td>
<td>Are there any dangers around visiting the home — e.g. is there domestic or family violence, drug issues or known hostility towards DCP?</td>
</tr>
<tr>
<td>What are the details of the incident — who is involved, what happened, where did it happen, when did it happen, has it happened before, how often?</td>
<td></td>
<td>What other things are happening for this family that DCP should know about?</td>
</tr>
<tr>
<td>WORST FEAR</td>
<td></td>
<td>REFERRER’S GOALS</td>
</tr>
<tr>
<td>What you are worried will happen to this child in the future if no-one takes action about these problems?</td>
<td>What are your expectations of DCP?</td>
<td>What are your best hope for this child and their family?</td>
</tr>
<tr>
<td>COMPLICATING FACTORS and MISSING INFORMATION</td>
<td>BEST HOPE</td>
<td>FUTURE SAFETY</td>
</tr>
<tr>
<td>What are the things that you identify as making this situation more complicated?</td>
<td></td>
<td>What do you need to see that would satisfy you that the child/young person is safe from future harm?</td>
</tr>
<tr>
<td>What other things are happening for this family that might complicate matters?</td>
<td></td>
<td>How is this related to safety for the children?</td>
</tr>
</tbody>
</table>

(Turnell, Andrew “Signs of Safety”)
Appendix E: CPFS – Local District Office Information

Roles and responsibilities of people at your local district office

**Duty Officer**
Will gather and record information that referrers provide and decide how best to respond. The type of information that the officer will gather includes:
- details about the child/young person and family
- the reasons you are concerned
- the immediate risk to the child
- whether or not the child or family has support
- what may need to happen to make the child safe
- your contact details, so that the officer can call you to obtain further information if required or to provide feedback

**Case Manager**
- responds to concerns regarding the safety and wellbeing of children
- conducts assessments and investigations on behalf of the Department
- undertakes case work activities
- liaises with relevant agencies and community resources to establish appropriate services and supports

**Team Leader**
- supervises team members in child protection case work matters and where necessary, oversees case workers in taking intervention action to promote the safety and wellbeing of children.
- undertakes complex case work activities with the Team as required.
- supervises and supports team members and liaises with other Team Leaders and District/Departmental staff to ensure sound practice standards are maintained.
- reports to the District Director on the activities of the team

**Aboriginal Practice Leader**
- provides advice to District Directors and teams on issues relating to Aboriginal services
- contributes to duty/intake discussion and assessment and on-going case-management relating to Aboriginal children and their families
- provides advice on complex case matters
- ensures Aboriginal staff/family participation in the Signs of Safety meetings, for Aboriginal children

**Senior Practice Development Officer**
- provides advice, consultation and assistance to district staff on operational policy, practice matters and complex casework practice issues
- is the key Practice Leader in the Child Protection Practice (Signs of Safety) Framework and supporting the learning and growth of practice depth within the framework
promotes quality practice and continuous improvement by implementing strategies to address risk areas.

monitors, reports and makes recommendations on the standard of departmental practice.

**Assistant District Director**

- assists the district operations and establishes and maintains partnerships with non-government agencies to work together to produce improved outcomes for children, individuals, families and communities
- ensures quality assurance and quality improvement mechanisms within the district
- evaluates ongoing performance of the district
- assists District Director in managing district staffing and workload management
- Facilitates cooperation and partnerships, bringing people together and encouraging input from key stakeholders

**District Director**

- has a key role in assisting the Department fulfil its statutory responsibilities and is responsible for establishing district responses within the framework of the Departments strategic plan and operational guidelines
- leads the district operations and establishes and maintains partnerships with non-government agencies to work together to produce improved outcomes for children, individuals, families and communities
- leads the districts responses to protect children and improve the quality of care that children in care receive

**Signs of Safety Child Protection Practice Framework**

The Department for Child Protection and Family Support utilises Signs of Safety as its child protection practice framework across all Departmental child protection services.

The Signs of Safety child protection practice framework is used to determine:

- what supports are needed for families to care for their children
- whether there is sufficient safety for the child to stay within the family
- whether the situation is so dangerous that the child must be removed
- if the child is in the care system, whether there is enough safety for the child to return home

Signs of Safety seeks to create a more constructive culture around child protection organisation and practice. Central to this framework is the use of specific practice tools and processes where professionals and family members can engage each other in partnership to address situations of child abuse and neglect.

At its simplest the Signs of Safety can be understood as containing four domains of inquiry:

1. What are we worried about? (observable behaviors that demonstrate harm/danger – past harm, future danger and complicating factors/missing information)
2. What’s working well? (Observable behaviors that indicate existing strengths and safety)
3. Judgment – a range of scaling questions can be asked, tailored to the purpose and context of the circumstances. E.g. where are we on a scale of 0-10 where 10 means there is enough safety for the Department to close the case and 0 means that the child will be abused again.
4. What needs to happen? (immediate next steps to keep the child safe and build future safety, family goals and agency goals).

Consultation and Advice
Department staff are required to consult with the Aboriginal Practice Leaders or relevant Aboriginal officers for assistance in developing an effective assessment, client engagement and case management plan which takes into consideration cultural issues.

Assessment and Investigation Process
What is an interaction?
An interaction is what the Department call the period when information is first received and recorded. The interaction period enables the Department to assess information and ascertain what, if any, further information and assessment is needed and whether the Department has an ongoing role with the child in relation to their safety, wellbeing and/or protection.

Within this period, CPFS can:
- Clarify information with the person referring
- Check Department records
- Contact the person/s with parental responsibility.

If the Department needs to make inquiries about the child outside of the Department, parent and referrer the case will need to be intaked to the period of initial inquiry.

What is an initial inquiry?
An intake is completed to undertake initial inquiries when the Department has determined it:
- may have a role based on information received in relation to concerns for child’s wellbeing (care, development, health and safety of the child)
- there is concern about the parents capacity to protect
- CPFS need to make inquiries about this child outside the Department, parent or referrer.

At the conclusion of Initial Inquiry, if the Department has an ongoing role a decision is made in consultation with the Team Leader whether the case should proceed to the period of safety and wellbeing assessment.

What is a Safety and Wellbeing Assessment?
A safety and wellbeing assessment is conducted to ascertain the current circumstances of a child and family in relation to risk, harm, future danger, safety, wellbeing and protective concerns and to decide whether action should be taken by
the Department to safeguard or promote a child’s wellbeing and whether a child may be in need of protection.

The purpose of the safety and wellbeing assessment is to clarify if:
1. the child has suffered significant harm, or is likely to suffer harm as a result of abuse and/or neglect
2. the child’s parents have not protected or are unlikely or unable to protect the child from harm or further harm of that kind
3. a safety plan is required
4. the wellbeing concerns are likely to place the child at risk of significant harm in the future if joint work is not undertaken with the family

There is a 30 calendar day timeline from commencement of initial inquiry to the completion of the safety and wellbeing assessment.

Mandatory reports of child sexual abuse are assessed in the same manner as all allegations of abuse and neglect.

Decisions and Action from a safety and wellbeing assessment
A safety and wellbeing assessment should clarify:
- if the child has experienced, or is likely to experience harm or neglect of a significant nature which is detrimental in effect on the child’s wellbeing, and
- whether or not the child may be in need of protection

Actions from a safety and wellbeing assessment can include the following:
- no further action
- provision of social services [S.21(1)(a)]
- provision of child centred family support [S.32(1)(a)]
- arranging or facilitating a meeting between key stakeholders to develop a plan to address the ongoing needs of the child [S.32(1)(b)]
- take, or cause to be taken, intervention action in respect of the child [S.32(1)(e)]
- take, or cause to be taken, any other action in respect of the child that the Department considers reasonably necessary [S.32(1)(f)]

The following actions can be taken if the Department forms a view that the child may be in need of protection:
- take a child into provisional protection and care with a warrant (S.35)
- take a child into provisional protection and care without a warrant (S.37)
- make an application for protection orders (S.44)
Appendix F: Guidelines for responding to disclosure (DRAFT)

The following provides a guide to support {teachers / professionals} to listen to disclosures of child {sexual} abuse/criminality and provide necessary information on processes that follow a disclosure from a child.

What is a Disclosure?

A disclosure of abuse from a child or young person is seldom straightforward because they can disclose abuse in several ways. Many of the ways children and young people disclose abuse are indirect or accidental. Children can sometimes attempt to alert adults they trust to the fact they are being, or have been, abused by exhibiting certain kinds of behaviour or by making ambiguous verbal statements.

Understanding disclosure as a process may help adults to be patient and allow the child or young person to speak in their own way and their own time. It is important to let the child talk at the pace they wish, prompting the child with “Tell me more about that”. You may have to accept that the child may only tell you a bit of the story.

The person receiving the disclosure should write down all conversations verbatim, if possible, as well as some details of what has prompted the conversation or disclosure. This record will form part of your ‘reasonable grounds’ for submitting a report and will be useful to CPFS staff when making their assessment.

Once you have enough information or reasonable grounds to form a belief, you may allow the child to continue talking but it is not necessary to elicit any further information. If you have only received enough information from the child to be sufficiently concerned it is recommended you contact the Mandatory Reporting Service to discuss these concerns.

If you are a mandatory reporter and you form a belief that the child has been or is being sexually abused, you must submit a Mandatory Report.

If you are a mandatory reporter and you have not formed a belief that a child has been or is being sexually abused but are sufficiently concerned, it is recommended that you consult with the Mandatory Reporting Service.

If you are a mandatory reporter and you are sufficiently concerned about any other form of child abuse and neglect it is expected that you follow policy guidelines which may include consulting with or reporting to local CPFS.

Types of Disclosures:

- Full Disclosure: Child or Young Person states verbally what has happened to them in detail – this may include details of the person alleged responsible and a history of abuse. In this instance just let the child get to the end of their disclosure and do not interrupt them at any point, unless they are in the company of others who can easily hear what is being said. In this case please protectively interrupt the child and follow the guidelines found further in this. Afterwards, please write down the conversation in as much detail as possible
• **Direct Disclosure**: The child or young person verbally communicates their experience of being abused, **very brief and to the point**, establishes perhaps "what happened" and "by who" without many other details. There is no need to question further if abuse has been disclosed. Afterwards, please write down the conversation in as much detail as possible.

• **Partial Disclosure**: Child or Young Person gives a hint that they have been abused. Child may begin disclosure and stop part way through. If you are unsure if the child is attempting to disclose abuse, it would be appropriate to follow up conversation by saying "Tell me more about that." Afterwards, please write down the conversation in as much detail as possible.

• **Indirect Disclosure**: The child may use other methods of communication {drawing / behaviour / play} in a manner that lets you know that something may have happened to them. Please record the child’s behaviour / drawing and, if appropriate, you can ask the child “Tell me about your drawing”? Afterwards, please write down the conversation in as much detail as possible.

• **Slow Disclosure**: The child may make small disclosures over a longer period of time, only providing snippets of information initially – this may be dependent on their developmental age/stage as well as their proximity to the person alleged responsible. Afterwards, please write down the conversations in as much detail as possible.

**What is protective interrupting?**

- Protective interrupting is a strategy to prevent a child disclosing in front of other students / people who should not be privy to their information.
- You may feel anxious or uncomfortable at this point but it is important that you maintain a calm appearance whilst you support and comfort the child.
- It is essential that the child is given an **immediate** opportunity to continue to disclose in a safe and confidential manner once directed away from other students / people.
- Protective interrupting **is not** a strategy to stop a child from disclosing because we may be fearful or uncomfortable about what we may be about to hear.

**Recommendations after protectively interrupting the child:**

1. Tell the child that what they've said is really important and that you want to talk to them where no one else can hear.
2. Guide the child into a place where other students / people are not around
3. Be supportive and gently indicate that the child can talk in this private situation.
4. Let the child take their time and use their own words.
5. Listen attentively and ensure the child knows you believe them.
6. Reassure the child that they have done the right thing by telling; that it was not their fault and that they are not in any trouble.
7. If you are concerned about the child, tell the child that because they are being harmed or are likely to be harmed that you will need to make sure they are
safe and gain some help for them. Do not tell the child you will keep it secret or make any other promises.

8. Make arrangements to have the child looked after in a supportive and confidential way following the conversation or disclosure e.g. in the care of nurse or a trusted staff member.

9. As soon as possible afterwards, write down what the child said, if possible using the child’s words. This record will form part of your 'reasonable grounds' for submitting a report and will be useful to DCP staff when making their assessment.

10. If the child is in imminent danger e.g. returning home at the end of the school day to the person alleged responsible for the abuse, take appropriate action to ensure the child is protected. In this case, it is expected that you call the Department for Child Protection or Mandatory Reporting Service as a priority.

11. If you are a mandatory reporter and you form a belief that the child has been or is being sexually abused, you must submit a Mandatory Report.

12. If you are a mandatory reporter and you have not formed a belief that a child has been or is being sexually abused but are sufficiently concerned, it is expected that you consult with the Mandatory Reporting Service. If you are a mandatory reporter and you are sufficiently concerned about any other form of child abuse and neglect it is expected that you follow policy guidelines which may include consulting with or reporting to local DCP.

When no clear disclosure of sexual abuse made; however, child exhibiting behaviours that are causing concern –

Observe child’s behaviours…

- Make a record of
  - What the behaviour is that is causing concern;
  - When the behaviour is occurring;
  - Any identified triggers to the behaviour;
  - All noticeable changes to the child / young person.

This record of behaviours will be useful to CPFS staff when making their assessment.
# Appendix G: Guidelines for responding to student sexualised behaviours

**GUIDELINES FOR RESPONDING TO STUDENT SEXUALISED BEHAVIOURS**

**NOTE:** These are guidelines only and need to be interpreted in the context of each situation. Advice may be sought from the Child Protection Coordination Teams on (08) 9264 8994.

<table>
<thead>
<tr>
<th>Concerning Behaviours</th>
<th>Kindergarten to pre-primary</th>
<th>Years 1 to 7</th>
<th>Years 8 to 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very concerning behaviours</td>
<td>• Acts out explicit sexual behaviour</td>
<td>• Persistently masturbates – particularly in public</td>
<td>• Completive masturbation</td>
</tr>
<tr>
<td></td>
<td>• Simulates attempts to touch the genitals of adults</td>
<td>• Coercion of others into sexual activities</td>
<td>• Attempts/forces others to expose genitals</td>
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<tr>
<td></td>
<td>• Sexual behaviour involving penetration with objects</td>
<td>• Has a sexually transmitted infection (STI)</td>
<td>• Sexually explicit talk with younger children</td>
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<td></td>
<td>• Forces other children in sexual play</td>
<td>• Repeated peeping, exposing, obstructions</td>
<td>• Sexual contact with others of significant age and/or developmental difference</td>
</tr>
<tr>
<td></td>
<td>• Hurts own genitals</td>
<td>• Verbalises or acts out</td>
<td>• Genital injury to self/other</td>
</tr>
<tr>
<td>Response:</td>
<td></td>
<td>• Chronic pornographic interest</td>
<td>• Sexual contact with animals</td>
</tr>
<tr>
<td></td>
<td>• Requires immediate intervention and action</td>
<td>• Penetrates dolls, children, animals</td>
<td>• Genital injury to self/other</td>
</tr>
<tr>
<td></td>
<td>• Follow recording and reporting process as required</td>
<td>• Persistently touches other’s genitals</td>
<td>• Sends nude or sexually explicit image of self or others electronically</td>
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<tr>
<td></td>
<td>• Where behaviour(s) leads to a belief sexual abuse is occurring or has occurred, a report must be made to the Mandatory Reporting Service</td>
<td>• Simulates sexual acts that are sophisticated for their age, e.g. oral sex</td>
<td>• Forced or coercive sexual activity</td>
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<tr>
<td></td>
<td></td>
<td>• Sends nude or sexually explicit image of self or others electronically</td>
<td>• Persistent fear of STI/pregnancy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Duplicates pornography</td>
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</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Expected behaviours</td>
<td>• Preoccupation with adult sexual behaviours</td>
<td>• Frequent questions about sexual activity</td>
<td>• Sexual preoccupation which interferes with routine functioning</td>
</tr>
<tr>
<td></td>
<td>• Explicit sexual talk using adult language</td>
<td>• Makes sexually explicit threats</td>
<td>• Behaviour involves sexually aggressive themes/obsessives</td>
</tr>
<tr>
<td></td>
<td>• Repeatedly pulls other children’s pants down/shorts up against their will</td>
<td>• Consistent bullying using sexual aggression</td>
<td>• Unsafe sexual behaviour including unprotected sex and frequent changes of sexual partner</td>
</tr>
<tr>
<td></td>
<td>• Obsessed with touching another’s genitals</td>
<td>• Inappropriate knowledge and discussion of sex</td>
<td>• Consensual sexual activity in school</td>
</tr>
<tr>
<td></td>
<td>• Chronic peeping behaviour</td>
<td>• Persistent fear of STI/pregnancy</td>
<td>• Violation of anyone’s personal space</td>
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<tr>
<td></td>
<td>• Follows others to toilets to look at/touch them</td>
<td>• Single incidents of peeping, exposing, pornographic interests</td>
<td>• Sexually explicit themes in written work or art work</td>
</tr>
<tr>
<td></td>
<td>• Masturbates and doesn’t stop when told</td>
<td>• Simulates sex with others</td>
<td>• Preoccupation with pornography</td>
</tr>
</tbody>
</table>

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<tr>
<td>Normal sexual development which is spontaneous, curious, mutual and responds to teacher correction</td>
<td>• Thumb sucking, body stroking and holding genitals</td>
<td>• Increased curiosity in adult sexuality, e.g. talk about bodies, gender differences</td>
<td>• Sexually explicit conversations with peers</td>
</tr>
<tr>
<td>Play/activities among equals in terms of age, size and developmental stage</td>
<td>• Touches other children’s genitals</td>
<td>• Increased curiosity about other children’s genitals</td>
<td>• Flirts</td>
</tr>
<tr>
<td>There is no coercion, force or exploitation</td>
<td>• Touches own genitals when tired, upset or tense</td>
<td>• Increased sense of privacy about bodies</td>
<td>• Interest in eroticism</td>
</tr>
<tr>
<td>The child is not left feeling angry, ashamed, scared or anxious</td>
<td>• Curious where babies come from</td>
<td>• Uses sexual language</td>
<td>• Interest/participation in one-on-one relationship</td>
</tr>
<tr>
<td>Response:</td>
<td>• Shows others their genital</td>
<td>• Has boyfriends/girlfriends</td>
<td>• Has boyfriends/girlfriends</td>
</tr>
<tr>
<td></td>
<td>• Give the student positive feedback and information e.g. public vs private behaviour and impact of behaviour on others</td>
<td>• Increased curiosity about other children’s genitals</td>
<td>• Consensual sexual activity with same age/developmental partner including hugging, kissing, holding hands</td>
</tr>
<tr>
<td></td>
<td>• Redirect the behaviour</td>
<td>• Increased sense of privacy about bodies</td>
<td></td>
</tr>
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