



**Methodist Ladies' College**

**Child Protection  
(including Mandatory Reporting)  
Policy**

**August 2016**



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## MLC CHILD PROTECTION (including Mandatory Reporting) POLICY

### 1. INTRODUCTION

Schools have a responsibility in the prevention and reporting of child abuse and neglect.

Staff at Methodist Ladies' College (MLC) have a duty of care to protect and preserve the safety, health and wellbeing of all students in their care and staff must always act in the best interests of the child or young person. If a staff member has any concerns regarding the health, safety or wellbeing of a child or young person it is important to take immediate action.

This policy outlines procedures and processes associated with:

- **Mandatory reporting of child abuse** to the Department of Health & Human Services (DHHS)
- **Reporting of child sexual offences** to the Police.

MLC staff are encouraged to discuss any other wellbeing concerns about students with an appropriate staff member: JS Class Teacher, Home Group Teacher, Tutor, Student or House Coordinator, Deputy Head, Head of School and/or the Student Counsellors. (Refer to the MLC Student Wellbeing Policy and the MLC Student Issue Management Framework on myMLC.net).

### 2. PURPOSE

To protect children and young people from abuse and neglect by ensuring:

- All MLC staff members understand their mandatory reporting responsibilities and duty of care obligations to protect children and young people from child abuse including physical and sexual abuse under the Children's & Young Persons Act 2005 (CYPA).
- All members of the MLC community\* aged 18 years and over understand their reporting obligations when they have formed a reasonable belief that a sexual offence has been committed by an adult against a child under 16, in accordance with the *Crimes Act 1958 (Vic)*.
- Individuals are able to identify and be aware of the indicators of abuse.
- Individuals know who to contact when they have formed a belief on reasonable grounds that a child or young person is at risk of significant harm

*\*MLC Community in this context includes MLC staff, MLC Board members, volunteers, parents and guardians and all students over the age of 18.*

### 3. MANDATORY REPORTING (Under Child Protection Law)

The **Principal, all Teachers** and the **Nurses** at MLC are mandated **by law** under Section 182 of the CYFA to report to the Child Protection Service of the Department of Health and Human Services (DHHS) concerns relating to child abuse.

The MLC protocol requires all staff to report a child protection concern to their designated contact regardless of whether they are mandated staff or not.



### 4. CRIMES ACT 1958 (under Criminal Law)

In 2014, the Victorian parliament amended the *Crimes Act 1958 (Vic)* to incorporate three new offences which are also now part of Mandatory Reporting obligations. These three offences are:

#### 4.1. Failure to Disclose

Under Section 327 of the *Crimes Act 1958*, any person over the age of 18 years who forms a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 years of age must disclose that information to police, as soon as it is practicable to do so. Failure to disclose the information to police is a criminal offence, except in limited circumstances such as where the information has already been reported to DHHS Child Protection.

The offence applies to **all adults** in Victoria, not just professionals who work with children.

#### 4.2. Grooming Offence

Section 49B of the *Crimes Act 1958* relates to the offence of 'Grooming for sexual conduct with a child under the age of 16 years.' The offence targets predatory conduct designed to facilitate later sexual activity. The offence can be committed by any person aged 18 years or over.

#### 4.3. Failure to Protect

Section 49C of the *Crimes Act 1958* makes it a criminal offence in Victoria for a person in authority to fail to protect a child under the age of 16 from criminal sexual abuse. This applies where there is substantial risk that a child under the care, supervision or authority of an organisation (including schools) will become a victim of a sexual offence by an adult associated with the school. The person in a position of authority may be guilty of an offence if they know of the risk of abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so. At MLC, if a risk has been identified, the Principal will act immediately to ensure the risk is removed.

### 5. DEFINITION OF CHILD

The **CYFA (2005)** defines a "child" as being under 17 years of age. When a child turns 17, DHHS is no longer involved and any allegations of abuse must be reported to the police.

The **CYFA (2005)** legislation defines "a child in need of protection" as being a child under 17 years of age, who is at risk of harm as a result of physical or sexual abuse.

The **Crimes Act 1958** imposes a clear legal duty upon all adults to report information about any sexual abuse of a child under 16 years of age to police.

The MLC protocol requires all staff to report a child protection concern to their designated contact regardless of the age of the student.

### 6. WHAT IS CHILD ABUSE?

By definition, child abuse is an act by parents or caregivers which endangers a child or young person's physical or emotional health or development. Child abuse includes physical injury, sexual abuse, emotional abuse and neglect.



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The immediate and long term effects can be serious and traumatic for the individual child, their family and the community. Early intervention can have a significant effect on lessening the harm, and promoting recovery of the child and the family.

**Abuse, neglect and maltreatment** are generic terms used to describe situations where a child may need protection. **Child abuse is an act or omission by an adult that endangers or impairs a child's physical or emotional health and development.** Child abuse is not usually a single incident, but takes place over time.

**Refer to Appendix 1** for a definition of Child Abuse and Possible Indicators.

While carrying out legislative responsibilities as mandated professionals, the key issues are:

- Immediate protection of the child;
- Long-term support of the child and family;
- Respect for the privacy of the child and family; and,
- Support for the staff involved.

### 7. FORMING A BELIEF ON REASONABLE GROUNDS

A person may form a belief on reasonable grounds that a child is in need of protection after becoming aware that a child or young person's health, safety or wellbeing is at risk and the child's parents are unwilling or unable to protect the child.

There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically, emotionally or sexually abused.
- a child or young person states that they know someone who has been physically, emotionally or sexually abused (sometimes the child may be talking about themselves).
- someone who knows the child or young person states that the child or young person has been physically, emotionally or sexually abused.
- a child shows signs of being physically, emotionally or sexually abused. Refer to Appendix 1.
- the staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child or young person's safety, stability or development.
- the staff member observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision.
- a child's actions or behaviour may place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

**You must act if you form a suspicion/reasonable belief, even if you are unsure and have not directly observed child abuse (e.g. if the victim or another person tells you about the abuse).**

**Note: The role of investigating an allegation of child abuse rests solely with DHHS Child Protection and/or Victoria Police.**



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### 8. RESPONDING TO A STUDENT DISCLOSURE

If a child or young person makes a disclosure to you, it is important that you respond in an appropriate and supportive manner. It is also important to inform the child that there are some things you cannot keep a secret or confidential.

When managing a disclosure, you should:

- stay calm and control expressions of panic or shock
- state clearly that the abuse was not the child's fault - no matter what the circumstances are
- listen to the child
- use the child's language and vocabulary
- reassure the child that you believe them and that disclosing the matter was the right thing to do
- tell the child you are required to report to your key MLC contact - Student Counsellor or Head of School.

### 9. CONFIDENTIALITY

School staff must respect confidentiality when dealing with a case of suspected child abuse and neglect, and may discuss case details and the identity of the child or the young person and their family only with those involved in managing the situation.

### 10. MLC REPORTING PROTOCOL

When an MLC community member suspects that a child is experiencing physical, sexual, emotional abuse, neglect or family violence, the person is required to immediately complete a 'Child Abuse Incident Report Form' (see Appendix 3) and report (either by **telephone** or **in person**) to a **DESIGNATED CONTACT** as outlined in Section 11 below. **Do not rely on email.** The completed Form is to be handed to the **DESIGNATED CONTACT**.

### 11. DESIGNATED CONTACTS

<b>MLC Kindle</b>	Student Counsellor, Director of Kindle or Head of School
<b>Junior School</b>	Student Counsellor or Head of School
<b>Junior Secondary School</b>	Student Counsellor or Head of School
<b>Middle School</b>	Student Counsellor or Head of School
<b>Senior School</b>	Student Counsellor or Head of School
<b>Boarding House</b>	Student Counsellor or Head of Boarding
<b>MLC Marshmead</b>	Student Counsellor or Director of MLC Marshmead
<b>MLC Banksia</b>	Student Counsellor or the Director of MLC Banksia
<b>MLC Tours and overnight trips</b>	Student Counsellor on call or CMT Emergency contact



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### 12. PROCESS

- 12.1.** Staff member **must** contact a Designated Contact to report the child protection concern and submit the completed 'Child Protection Incident Report Form' (see Appendix 3). If a student makes the report, the 'Child Protection Incident Report Form' may be completed by the Designated Contact in conjunction with the student or on behalf of the student, depending on the age of the student.
- The Designated Contact will discuss the detail of the information outlined in the completed report with the reporting staff member. The Designated Contact may choose to seek further clarification or request further detail relating to the following:
  - Date/s times/s nature of incident
  - Patterns of behaviour
  - Current and/or prior concerns
  - Grounds for reasonable belief regarding student
- 12.2.** Following a report from an MLC staff member the Student Counsellor and relevant Head of School will consult to ensure the needs of students and staff are met. The MLC Student Counsellor involved coordinates the processes relating to any possible issue involving Mandatory Reporting where either contact with the Department of Health and Human Services (DHHS) or Police is required. The Head of School will document the concerns on MLC Connect at Access Level 4.
- 12.3.** The staff member **must** contact their Designated Contact if they become aware of any further information or instances of abuse.
- 12.4.** **The Principal is always informed if a Report is required to be made to either the DHHS Child Protection or the Police. The Principal will, in turn, inform the Chair of the Board.** If the report relates to the failure to protect offence the Principal will take action to remove the risk to the child. If the report relates to a staff member, the Principal will inform Human Resources. If the report relates to a student over the age of 18, the Principal will inform the Head of Senior School.
- 12.5. Contacting Parents/Carers.** The Designated Contact **must** consult with DHHS Child Protection or Victoria Police to determine what information can be shared with parents/carers. They may advise:
- **not to contact** the parents/carers (e.g. in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and does not wish for their parents/carers to be contacted)
  - **to contact** the parents/carers and provide agreed information (this must be done as soon as possible, preferably on the same day of the incident, disclosure or suspicion).
- 12.6. Providing ongoing support.** The College will provide ongoing support for any child/student impacted by abuse. This will include the development of a Student Support Plan in consultation with the College counselling team and/or external professional.
- 12.7.** If the Student Counsellor determines that a child or young person is not at immediate significant risk, a referral to Child FIRST could be considered. (Refer to Appendix 4 - Glossary of Terms).
- 12.8.** Either the Head of School or Student Counsellor will inform the staff member who made the report of the outcome of a report to the DHHS. If the MLC procedures are followed and a report is not made and the staff member still believes there is significant harm for the child, then they



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can make a report directly to DHHS or Police. If this occurs the staff member is requested to inform the Designated Contact of their intentions both as a courtesy and as a check that there had not been actions of which they were not aware.

- 12.9. If a member of MLC staff is contacted by someone from outside the College such as the Department of Health and Human Services or the Police, the staff member should immediately transfer the call to the Co-ordinator of Student Counselling. If the Coordinator of Student Counselling is unavailable then the staff member should transfer the call to Principal's Administration.**

### 13. PROFESSIONAL PROTECTION FOR REPORTERS

Confidentiality is provided for reports under the *CYFA 2005*. This prevents the disclosure of the name or any information likely to lead to the identification of a person who has made a report in accordance with legislation except in specific circumstances.

The identity of a reporter must remain confidential unless:

- The reporter chooses to inform the child, young person or family of the report
- The reporter consents in writing to their identity being disclosed
- A court or tribunal decides that it is necessary for the identity of the reporter to be disclosed to ensure the safety and wellbeing of the child
- A court or tribunal decides that, in the interest of justice, the reporter is required to attend court to provide evidence.

### 14. PENALTIES FOR FAILURE TO REPORT

A failure by mandated professionals and staff members to report a reasonable belief that a child is in need of protection from significant harm as a result of physical or sexual abuse may result in the person being prosecuted and a court imposing a fine under the *CYFA 2005* and/or three (3) to maximum 10 years imprisonment, under the *Crimes Act 1958*.

### 15. COMMUNICATION OF POLICY

The Principal will ensure that:

- Copies of the policy are made available to:
  - all existing staff members and students via school intranet mymlc.net.
  - all parents via school intranet myMLCfamily.net
  - members of the community via the external MLC website
- New staff are given copies of the policy and are required to sign off that they have read and understood the policy.
- An annual briefing is conducted for all MLC staff about the policy, their responsibilities and education about indicators of abuse.
- An annual briefing is held for Year 11 students regarding the implication of the Crimes Act 1958 when they are 18 years. This is followed up with a summary of the information in an email.
- Board Members are advised by the Principal annually about their responsibilities in relation to the Crimes Act 1958.
- An annual Connections is article published for MLC Community, regarding the responsibilities of the community in relation to the Crimes Act 1958.





**APPENDIX 1: DEFINITIONS OF CHILD ABUSE AND INDICATORS OF HARM**

The following definitions are provided to assist school staff to decide if abuse is occurring and to assist them in forming a reasonable belief that a child has been abused.

**1.1. 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, carer or guardian 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.

**Possible indicators**

<b>PHYSICAL</b>	<b>BEHAVIOURAL</b>
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia</li> <li>• Human bite marks</li> <li>• Bald patches where hair has been pulled out</li> <li>• Multiple injuries, old and new</li> <li>• Poisoning</li> <li>• Internal injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Disclosure of an injury inflicted by someone else (parent, carer or guardian), or an inconsistent or unlikely explanation or inability to remember the cause of injury</li> <li>• Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched)</li> <li>• Wearing clothes unsuitable for weather conditions (such as long-sleeved tops) to hide injuries</li> <li>• Wariness or fear of a parent, carer or guardian; reluctant to go home</li> <li>• No reaction or little emotion displayed when hurt</li> <li>• Little or no fear when threatened</li> <li>• Habitual absences from school and licensed children’s services without explanations (the parent, carer or guardian may be keeping the child or young person away until signs of injury have disappeared)</li> <li>• Overly compliant, shy, withdrawn, passive and uncommunicative</li> <li>• Fearfulness when other children cry or shout</li> <li>• Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others</li> <li>• Excessively friendly with strangers</li> <li>• Regressive behaviour, such as bed-wetting or soiling</li> <li>• Poor sleeping patterns, fear of dark, nightmares</li> <li>• Sadness and frequent crying</li> <li>• Drug or alcohol misuse</li> <li>• Poor memory and concentration</li> <li>• Suicide attempts</li> </ul>



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### 1.2. 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.

#### Possible indicators

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



### 1.3. Emotional Abuse

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent that 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, mental or even physical development.

#### Possible indicators

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

### 1.4. 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 that 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 consistently fails 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:

- 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.



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- The child is provided with consistently insufficient or inadequate food or nourishment for 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, or exposed to or in the care of strangers who may harm the child.

### Medical neglect

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

### Possible indicators

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



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### 1.5. Family Violence

Family violence is defined as violence (either actual or threatened) that occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. When 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.

#### Possible indicators

PHYSICAL	BEHAVIOURAL
<ul style="list-style-type: none"><li>• Speech disorders</li><li>• Delays in physical development</li><li>• Failure to thrive (without an organic cause)</li><li>• 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 or teeth</li><li>• 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.</li><li>• Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia</li><li>• Multiple injuries, old and new</li><li>• Internal injuries</li></ul>	<ul style="list-style-type: none"><li>• Overly compliant, shy, withdrawn, passive and uncommunicative</li><li>• Extremely demanding, aggressive, attention-seeking behaviour</li><li>• Antisocial, destructive behaviour</li><li>• Low tolerance or frustration</li><li>• Showing wariness or distrust of adults</li><li>• Demonstrated fear of parents carers or guardians and of going home</li><li>• Becoming very passive and compliant</li><li>• Depression</li><li>• Anxiety</li><li>• Criminal activity</li></ul>



### APPENDIX 2: GROOMING

#### 2.1. Definition of Grooming

The offence of grooming concerns predatory conduct undertaken to prepare a child for sexual activity at a later time.

The offence applies where an adult communicates, by words or conduct, with a child under the age of 16 years or with a person who has care, supervision or authority for the child with the intention of facilitating the child's engagement in or involvement in sexual conduct, whether with the groomer or another adult.

Grooming does not necessarily involve any sexual activity or even discussion of sexual activity – for example, it may only involve establishing a relationship with the child, parent or carer for the purpose of facilitating sexual activity at a later time.

The sexual conduct must constitute an indictable sexual offence. This includes offences such as sexual penetration of a child, indecent assault and indecent act in the presence of a child. It does not include summary offences, such as 'upskirting' and indecent behaviour in public.

#### 2.2. The Grooming Process

##### How Abusers Groom Children:

Grooming is a subtle, gradual, and escalating process of building trust with a child. It is deliberate and purposeful. Abusers may groom children for weeks, months, or even years—before any sexual abuse actually takes place. It usually begins with behaviours that may not even seem to be inappropriate.

Grooming children may include:

- Befriending a child and gaining his or her trust.
- Testing a child's boundaries through telling inappropriate jokes, roughhousing, backrubs, tickling, or sexual games.
- Moving from non-sexual touching to "accidental" sexual touching. This typically happens during play so the child may not even identify it as purposeful, inappropriate touching. It is often done slowly so the child is gradually desensitized to the touch.
- Manipulating the child to not tell anyone about what is happening. The abuser may use a child's fear, embarrassment, or guilt about what has happened. Sometimes, the abuser uses bribery, threats, or coercion.
- Confusing the child into feeling responsible for the abuse. Children may not notice or may become confused as the contact becomes increasingly intimate and sexual.

##### How Abusers Groom Adolescents:

Grooming adolescents may include additional strategies, such as:

- Identifying with the adolescent. The abuser may appear to be the only one who understands him/her.
- Displaying common interests in sports, music, movies, video games, television shows, etc.
- Recognizing and filling the adolescent's need for affection and attention.
- Giving gifts or special privileges to the adolescent.



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- Allowing or encouraging the adolescent to break rules (e.g., smoking, drinking, using drugs, viewing pornography).
- Communicating with the adolescent outside of the person's role (e.g., teacher, or coach). This could include, for example, texting or emailing the teen without the parents' knowledge.

### How Abusers Groom Adults

It is not just children and adolescents who are groomed. Abusers also work hard to gain the trust of the adults around a child/youth (e.g., parents, other family members, and co-workers). This may include:

- Befriending the parents or other caregivers.
- Looking for opportunities to have time alone with a child (e.g., offering to babysit or inviting the child for a sleepover).



## MLC CHILD PROTECTION (including Mandatory Reporting) POLICY

### APPENDIX 3: CHILD PROTECTION INCIDENT REPORT FORM

The child safe standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. This form can be used by a staff member or provided to a child or their family if they disclose an allegation of abuse or safety concern.

All incident reports will be stored securely.

### Incident details

Who is completing this form?

*MLC Employee, Contractor, Agency Staff, Volunteer, Student/Child, Parent/Guardian (please circle)*

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Name(s) of child/children involved:</b>	
<b>School / Year Level:</b>	
<b>Name(s) of individuals involved:</b>	

If you believe a child is at immediate risk of abuse phone 000.

#### 1. Does the child identify as Aboriginal or Torres Strait Islander?

*(Mark with an 'X' as applicable)*

No  Yes, Aboriginal  Yes, Torres Strait Islander

#### 2. Please categorise the incident:

<b>Physical violence</b>	<input type="checkbox"/>
<b>Sexual offence</b>	<input type="checkbox"/>
<b>Serious emotional or psychological abuse</b>	<input type="checkbox"/>
<b>Serious neglect</b>	<input type="checkbox"/>

#### 3. Please describe the incident:

<b>When did it take place?</b>	
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## MLC CHILD PROTECTION (including Mandatory Reporting) POLICY

<b>Who was involved?</b>	
<b>What did you see?</b>	
<b>Other information</b>	

#### 4. Designated Contact use:

<b>Date incident report received:</b>	
<b>Staff member managing incident:</b>	
<b>Follow-up date:</b>	
<b>Comments/Notes:</b>	

#### 5. Has the incident been reported?

<b>Child protection</b>	
<b>Police</b>	
<b>Another third party (please specify):</b>	

#### 6. Incident reporter wishes to remain anonymous?

*(Mark with an 'X' as applicable)*

Yes  No

If no, name of reporter: \_\_\_\_\_

#### 7. This form is to be handed to a 'Designated Contact' as soon as practical.



## MLC CHILD PROTECTION (including Mandatory Reporting) POLICY

### APPENDIX 4: ADDITIONAL INFORMATION

#### 3.1. Glossary of Terms

<b>MLC Staff Member</b>	Refers to all MLC employees, contractors, agency staff and volunteers.
<b>Child FIRST</b>	Family Information Referral and Support Team. A family services community-based intake and referral service. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection.  <a href="http://www.cyf.vic.gov.au/family-services/child-first">www.cyf.vic.gov.au/family-services/child-first</a>
<b>Child Protection</b>	The statutory child protection service provided by the Department of Health & Human Services, which is able to intervene to protect children and young people at risk of significant harm.
<b>DHHS</b>	Department of Health & Human Services. The department provides information and delivers services in the areas of health, community services, aged care and public housing in the state of Victoria.  <a href="http://www.dhs.vic.gov.au">www.dhs.vic.gov.au</a>

#### 3.2. Legislative Frameworks

<b>Children, Youth &amp; Families Act 2005 (CYFA 20015)</b>	The legislative basis of the Victorian Government's "Every Child Every Chance" reforms. Available at <a href="http://www.austlii.edu.legis/vic/consol-act/eatra">www.austlii.edu.legis/vic/consol-act/eatra</a>
<b>Crimes Act 1958</b>	The <i>Crimes Act 1958</i> was amended in 2014 to include three new offences: <ol style="list-style-type: none"> <li>1. Failure to Disclose Offence</li> <li>2. Grooming Offence</li> <li>3. Failure to Protect Offence.</li> </ol>

#### 3.3. Resources

- Protecting the Safety and Wellbeing of Children and Young People – A Joint Protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools (May 2010).  
<http://www.education.vic.gov.au/Documents/school/principals/spag/safety/protectionofchildren.pdf>
- Failure to Disclose Offence – Fact Sheet, Department of Justice (2014).  
<http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence>
- Grooming Offence - Fact Sheet, Department of Justice (2014).  
<http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/grooming+offence>
- Failure to Protect Offence – Fact Sheet, Department of Justice (2014).  
<http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence>



## MLC CHILD PROTECTION (including Mandatory Reporting) POLICY

### DOCUMENT DETAILS

<b>Title:</b>	MLC Child Protection (including Mandatory Reporting) Policy Replaces the MLC Mandatory Reporting Policy (2013)
<b>Author(s):</b>	Coordinator of Student Counselling
<b>Owner:</b>	Vice Principal
<b>Reviewer:</b>	Director of Student Wellbeing
<b>Other staff involved in review:</b>	Coordinator of Student Counselling
<b>Created:</b>	2005
<b>Review Timeline:</b>	Biennial (or when legislation changes)
<b>Document location:</b>	Principal's Administration

### VERSION CONTROL

<b>Version</b>	<b>Date</b>	<b>Description</b>
V1	2005	To meet legislative requirements
V2	2007	To meet legislative requirements outlined in the Children, Youth and Families Act 2005 which came into effect in 2007
V3	2008	Minor update
V4	2009	Minor update
V5	2011	Updated to comply with Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools (May 2010) requirements.
V6	2013	Minor update
V7	2015	Significant update to incorporate new offences outlined in the amendments to the <i>Crimes Act 1958 (Vic)</i> introduced in 2014. Replaces the MLC Mandatory Reporting Policy (2013).
V8	2016	Updated to comply with Child Safe Standards

### AUDIENCE

All College staff, volunteers and students over the age of 18.