

## **CHILD PROTECTION POLICY**

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### **PURPOSE**

Male Survivors Bay of Plenty ('MSBOP') Child Protection Policy (the 'Policy') provides guidelines for staff and Trustees to create safe environments for children and young persons who are, or are suspected of, being abused.

The Policy reflects MSBOP's commitment to the spirit and intention of the relevant New Zealand legislation (Section 6 of the Oranga Tamariki Act 1989 and the Vulnerable Children Act 2014) which states "...welfare and interests of a child or young person is paramount...", "...the welfare and interests of the child or young person shall be the first and paramount consideration...".

The Policy honours this commitment by requiring MSBOP staff to make an appropriate response to any suspected or known concerns of abuse of a child or young person and to ensure that the response always prioritises the safety of that child or young person.

The Policy will be reviewed on a regular basis to ensure compliance with relevant legislation and to reflect operational experience and informed best practice. The overall responsibility for this Policy rests with the MSBOP Designated Person for child protection.

### **SCOPE**

This Policy applies to all staff working for MSBOP and to MSBOP Trustees and/or their advisors in respect of their governance role where that involves the implementation of any national policies or protocols that may affect peer-workers ability to ensure the safety of children and your persons.

The Policy is intended to provide a useful framework for addressing issues relating to the abuse of children and young persons including helping peer-workers to respond appropriately to situations where they know or suspect that a child or your person is or has been the subject of abuse.

### **OBJECTIVES**

Applying this Policy will:

- Ensure the safety of children and young persons is given paramount consideration;
- Ensure any known or suspected abuse of a child or young person is dealt with in an appropriate manner;
- Provide clear guidance for responding (management and reporting) of any abuse of a child or young person;
- Minimise the risk of allegations against peer-workers relating to the abuse of children or young persons; and
- Ensure that peer-workers are supported by MSBOP in their actions to protect children or young persons at risk of abuse

### **DEFINITIONS**

**Advisor**

Means any individual or organisation that is engaged (remunerated or voluntary) to provide advisory or consultancy services to MSBOP, or any individual working for MSBOP in a capacity that has potential to affect peer-workers ability to ensure the safety of children and young people.

**Child**

Means a young person under the age of 14 years

<b>Child abuse<sup>1</sup></b>	Means the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect or deprivation of any child or young person.
<b>Designated Person</b>	(DP) Please refer to the definition in this Policy (see below)
<b>Emotional abuse</b>	Is the persistent emotional ill treatment of a child or young person such as to cause severe and persistent adverse effect on the child or young person's self-esteem and emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child or young person. It may also include age or developmentally inappropriate expectations being imposed on children or young people and their social competence undermined or eroded over time. A child or young person can also experience emotional abuse by being exposed to a dysfunctional environment which includes seeing or hearing the ill treatment of others, including but not limited to being exposed to family violence.
<b>Family Violence</b>	Can take many forms and may include, but is not limited to, actual physical violence (to a person, pet or property), threats of physical violence (to a person, pet or property), psychological, economic or sexual abuse. Children and young people are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present.
<b>MMO</b>	Is an organisation that is affiliated via formal membership agreement as an official Member Organisation of MSBOP
<b>MSA</b>	Is the national organisation Male Survivors Aotearoa, which provides advocacy for male survivors of sexual abuse and national governance, coordination and representation for MSBOP
<b>Neglect</b>	Is characterised as the persistent failure to meet a child or young person's basic physical and/or psychological need. This can occur through direct and deliberate action or by omission or deliberate inaction to care for and/or protect the child or young person. It may also include neglect of a child or young person's basic or emotional needs.
<b>Peer-worker</b>	Means an individual engaged as employee or volunteer by MSBOP to provide peer-support services to male survivors of sexual abuse
<b>Physical abuse</b>	Is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.
<b>Sexual abuse</b>	is an act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. Sexual abuse can be committed by a relative, a trusted friend, an associate, or someone unknown to the child or young person. Sexual abuse includes situations where the adult seeks to have the child or young person touch them for a sexual purpose, and where they involve the child or young person in pornographic activities or prostitution.
<b>Staff</b>	Means any person working at, for, or on behalf of, MSBOP and includes, but is not limited to, peer-workers, counsellors, social workers MSBOP trustees and advisors, and any other persons employed directly by MSBOP, irrespective of whether they are paid or voluntary, or whether they are working on a full time, part time, casual, or temporary basis.

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<sup>1</sup> Abuse is defined under Section 2 of the CYP Act 1989

<b>Young Person</b>	Means a young person over the age of 14 years but under 18 years; but does not include any person who is or has been married or in a civil union
<b>Trustee</b>	. Means a trustee of MSBOP

## DESIGNATED PERSON

The Designated Person<sup>2</sup> ('DP') is the person within MSBOP who is the 'champion' of this Policy and has responsibility for ensuring child protection is a key focus, and that appropriate protocols and practices, including training, are in place.

The key responsibilities of this role include:

- Being a source of advice and support for peer-workers who may have child protection concerns
- Ensuring this Policy is reviewed regularly, and that peer-workers are well informed
- Ensuring peer-workers have received child protection training, and that this is recorded
- Ensuring practices and procedures within the organisation have a child protection lens applied
- Overseeing the maintenance and confidentiality of child protection records and documentation.

## RELEVANT LEGISLATION

This policy has been written with the United Nations Convention on the Rights of the Child in mind and in accordance with the following legislation:

- Care of Children Act, 2004
- Children's Act, 2014
- Crimes Act, 1961
- Family Violence Act, 1995
- Education and Training Act 2020
- Employment Relations Act, 2000
- Health and Safety Act 1956
- Health and Safety at Work Act 2015
- Health and Disability Sector Standards Regulations, 2001
- Health Information Privacy Code, 1994
- Human Rights Act, 1993
- Oranga Tamariki Act, 1989
- Privacy Act, 2020

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<sup>2</sup> The DP for this Policy is the Manager of the MSBOP or in his absence the Chair of the MSBOP Ethics and Standards Committee or his nominee

## CORE ELEMENTS

The Policy has eight core elements' that together reflect MSBOP 's commitment to assuring the safety of children and young people:

- > **Identifying potential abuse or neglect;**
- > **Responding to the child or young person;**
- > **Reporting abuse or neglect**
- > **Confidentiality and information sharing;**
- > **Safe recruitment;**
- > **Safe working practices;**
- > **Educating for safety; and**
- > **Assuring safe practice.**

### 1. Identifying potential abuse or neglect

MSBOP staff should be alert to, and aware of, the fact that abuse of a child or young person can occur in many different settings and forms and may come to light in a variety of different ways. These can include, but are not limited to:

- Direct or indirect disclosure by the child or young person;
- Direct or indirect disclosure from someone known to the child or young person;
- Suspicions of abuse by those involved with the child or young person;
- Allegations and/or direct observations or signs displayed in the child or young person's physical or emotional behaviour;
- Direct witnessing of abuse.

If a member of staff is unsure about what might constitute abuse of a child or young person, they should ask for advice and guidance from their Designated Person for Child Protection or a Duty Social Worker at Oranga Tamariki (0508 326 459).

Please refer to **Attachment One: Indicators of Abuse**

### Suicidal concerns and self-harming behaviours

It is important to be aware that children and young people can harm themselves or attempt suicide. When a child or young person identifies thoughts of suicide, or self-harming behaviour, this must be taken seriously and the Designated Person for Child Protection notified immediately.

If an immediate response is required to ensure the child or young person's safety, the NZ Police and the relevant local Mental Health Crisis team should be contacted

## 2. Responding to the child or young person

### a. Responding to abuse/suspected abuse

MSBOP staff will respond to allegations of abuse in a manner which ensures that the child or young person's safety is the first and paramount consideration.

When abuse of a child or young person is suspected, disclosed or witnessed, everything must be done to ensure the ongoing safety of the child or young person concerned, along with the ongoing safety of any other child or young person who is in close connection to the alleged offender. In all cases, the child or young person is the primary concern and all other concerns (including the guilt or innocence of the alleged offender) must be secondary. This does not mean that the alleged offender is to be considered guilty without due investigation, but that the safety of the child or young person comes first.

In a situation where any a member of MSBOP staff believes that a child or young person is in immediate danger, or in a situation where they believe that a third party is not prepared to secure the safety of the child or young person by contacting a statutory service, the staff member, in consultation with the Designated Person for Child Protection, will inform Oranga Tamariki and the Police of their concerns. MSBOP staff will not collude to protect an adult or an organisation. Records of these Reports of Concern will be kept in a specific, secure, protection file for children and young people.

Please refer to **Attachment Two: Responding to Abuse**

### b. Responding to Disclosures

Disclosures of abuse may come directly from a child or young person. It is important that MSBOP staff take what the child or young person says seriously, and respond in a calm, caring and sensitive manner. This applies irrespective of the setting, or the staff members own opinion on what is being said. If there is information disclosed regarding actual or suspected abuse **MSBOP staff must:**

- stay calm
- listen and hear
- give time to the child or young person to say what they want
- reassure them that they were right to tell
- tell the child or young person that they are being taken seriously and that they are not to blame
- explain that they have to pass on what the child or young person has told them as soon as they are aware that the child or young person is making a disclosure
- give an appropriate explanation to the child or young person of what they can expect to happen next, having regard for the child or young person's age and mental capacity.
- record in writing what was said as soon as possible, using the child or young person's own words where possible.
- report the concern to their Designated Person for Child Protection.

**MSBOP staff must not:**

- make the child or young person repeat the story unnecessarily
- promise to keep secrets
- enquire in to the details of the alleged abuse
- ask leading questions

### c. Keeping the family/whanau informed and involved

Wherever possible, a child or young person's family and whānau should participate in the decisions affecting that child or young person and the relationship between the child or young person and their family and whānau should be maintained and strengthened.:

Although the parent or caregiver of the child or young person will usually be informed of concerns, there may be times when those with parental responsibility may not be initially informed. This may happen when:

- the parent or caregiver is the alleged offender
- it is possible that the child or young person may be intimidated into silence
- there is a strong likelihood that evidence will be destroyed

Where MSBOP does engage with family and whānau members in circumstances where abuse is suspected, witnessed or disclosed, they must inform them of their Child Protection Policy and the procedures contained therein. In these circumstances MSBOP must ensure that, wherever possible, they work in partnership with the family and whānau and support them throughout the process.

### 3. Reporting child abuse and neglect

Reports to Police or Oranga Tamariki of concerns regarding child abuse made in good faith, will not result in repercussions for the informant<sup>3</sup>

If you know or suspect that a child or young person is in immediate danger, peer-workers must call the Police on 111.

If you suspect that a child or young person may not be safe you should call 0508 FAMILY (0508 326 459)

If you are worried about a child or young person, but you do not consider them to be in immediate danger, you should discuss your concerns with the DP at the first opportunity to do so and before deciding what to do.

Remember, your first and primary obligation is to ensure the safety of the child or young person

When reporting any known or suspected incidence of abuse of a child or young person, MSBOP staff should provide the following information:

- A record of facts, including observations, with time and date
- What was said and by whom, using the person's words
- What action has been taken, by whom and when, and
- If the concern does not require notifying Oranga Tamariki and/or the Police.

All records must be kept securely in a secure child protection file with the reasons for the decision to notify/not notify clearly identified and explained.

Where MSBOP staff are required to report on the abuse of a child or young person they will be provided with appropriate support by MSBOP, and the DP, including access to supervision as required.

### 4. Confidentiality and information sharing

Ensuring the privacy and confidentiality of client records is essential to provide an effective and trusted peer-support service<sup>4</sup>. Accordingly disclosure of any client information to a third party is strictly prohibited unless:

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<sup>3</sup> Section's 15 and 16 of the Oranga Tamariki Act 1989

<sup>4</sup> Refer to MSBOP Code of Ethics – Principles and Core Values: 4. Confidentiality and Privacy

- The client has made a request in writing to provide the information to a third party; or
- The information requested is required for clinical reasons and the client has approved the disclosure.

However, MSBOP recognises that all MSBOP staff must act within the legal requirements of the Privacy Act, Children, Young Person's and their Families Act, Health information Act and other statutes. There are provisions within each of these acts for sharing information needed to protect children and young people and enable other people to carry out their legitimate functions. For example, peer-workers may be asked to provide information to Child, Youth and Family, the Police, Court or Lawyers and Psychologists.

Under the Privacy Act 2020, the giving of information to protect children and young people is not a breach of confidentiality. Principle 11 of the Privacy Act, 2020, states that the sharing of personal information is allowed if "disclosure of the information is necessary to prevent or lessen a serious threat".

As identified in the policy under the section on reporting abuse and neglect, under the Oranga Tamariki Act 1989, if a legitimate concern is raised in good faith about suspected abuse of a child or young person, which proves to be unfounded on investigation, no civil, criminal or disciplinary proceedings may be brought against that person.

Advice should be sought from Oranga Tamariki and/or the Police before any information about an allegation that identifies an individual is shared with anyone other than the Designated Person for Child Protection or the Chair of the MSBOP Ethics and Standards Committee

In general, MSBOP staff will not share any information if they believe that by doing so this will endanger the child or young person.

Where a peer-worker is required to share information about a child or young person they must:

- Ensure that the request for information is lawful;
- Restrict the information shared by providing only the required information to those who need to know;
- Only provide the information after they have identified the person making the request, the actual purpose of the request, what use the information will be put to, and who will see the information; and
- If practicable, refer to the Privacy Officer<sup>5</sup> for clearance before providing the information.

## 5. Safe recruitment

All MSBOP staff working with children or young people, both employed and voluntary, must be appropriately safety checked (screened and vetted).

Please refer to MSBOP's **Recruitment Policy**.

All MSBOP staff working with children or young people, both employed and voluntary, must be safety checked every three years. For new appointments the initial safety screening must be completed before the person is engaged.

For appointments that existed at the time this policy was introduced, the initial safety check must be completed before June 30, 2017<sup>6</sup>.

All candidates for appointment to roles within MSBOP will be treated with respect, fairness and warmth and volunteers will be reassured that they will be treated the same as employees.

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<sup>5</sup> The Privacy Officer for MSBOP is the Chair of the Ethics and Standards Committee or his Nominee; The Privacy Officer for MSBOP is the Manager.

<sup>6</sup> Section 25 Children's Act 2014



The safety checking process should verify the candidate's identity and gather sufficient information about them (through application forms, interviews, reference checks and the use of external checks including the Police vetting service) to assess the risks that the candidate is safe to work with children or young people in the role they occupy or are applying for. The records of completed safety checks must be retained for audit purposes.

For more detailed information on safe recruitment refer to [Safer Recruitment, Safer Children](#) – (Downloadable PDF) published by the Ministry of Education and Child Matters

## 6. Safe working practices

All MSBOP staff working with children or young people must comply with the MSBOP Code of Ethics, which they are expected to have a clear understanding of.

This code requires peer-workers, trustees and advisors to:

- Maintain a high level of ethical understanding and practice; and
- Promote an environment in which the human rights, values, customs and spiritual beliefs of children and young people and their family/Whanau and community are respected and upheld.

Acting ethically will require peer-workers to:

- Maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others and report and record any incident with this potential;
- Carefully consider and plan their interactions with children and young people to ensure that their communications (mode, manner, setting, timing etc.) do not risk misinterpretation of their support activity;
- Take care with the sharing of any information with third parties to ensure appropriate levels of confidentiality and to protect the interests of the child or young person;
- Acknowledge their responsibility to make an appropriate response to matters of concern, including recording and (as appropriate) reporting the concern;
- Refrain from entering into any relationships with a child, young person or their family/Whanau that could:
  - Constitute a conflict of interest;
  - Place the peer-worker in a position of compromise; or
  - Breach the spirit, intent or requirements of this Policy
- Inform the DP or their manager of any potential situations of possible compromise or conflicts of interest that arise as part of their work with children and young people or their family/Whanau.

MSBOP staff should be fully aware of their 'duty of care', which precludes developing a sexual relationship with or grooming of a child. A sexual relationship between an adult and a child will always be wrong, unequal and unacceptable.

If a staff member knows or suspects that another staff member is or may be involved in the abuse or neglect of any child or young person, there is an obligation to report that knowledge or suspicion to the DP or the Chair of MSBOP, where reporting to the DP may not be possible, practicable or appropriate.

MSBOP is committed to a need for high standards of staff behaviour to protect children and young people from abuse and at-risk situations, and to protect staff from unwarranted suspicion. Staff should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Clear boundaries are important in maintaining professional behaviour and staff must act in a way that is considered to be safe practice. This includes, but is not limited to:

- Avoiding situations where they are alone with a child or young person;
- Ensuring that they are visible to others when with a child or young person;
- Using an open-door policy where possible;
- Avoiding circumstances where their behaviour (both verbal and physical) may be misinterpreted as hostile, suggestive, inappropriate, offensive, or neglectful.
- Not displaying images of children or young people unless they have consent to do so from the child or young person (where appropriate), and their parents or caregivers.

## Physical Contact

When physical contact is made with a child or young person, this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. MSBOP staff should always use their professional judgement, observe and take note of the child or young person's reaction and feelings and use a level of contact and/or form of communication which is acceptable to the child or young person for the minimum amount of time necessary.

## Communication

Communication with children and young people, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phone, text messaging, emails, digital cameras, videos, web-cams, websites, social networking and blogs. MSBOP staff should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child or young person other than that which might be appropriate as part of their professional role. Staff should ensure that all communications are transparent and open to scrutiny.

## 7. Educating for safety

MSBOP requires all staff who are working with children and/or young people to be appropriately trained to identify and respond appropriately to incidents of abuse or neglect.

Induction processes for new peer-workers, trustees and advisors (who are engaged in matters that may affect peer-workers ability to protect children or young people) must ensure familiarity with this Policy, identify, and plan the delivery of, further training needs.

All reviews, updates and changes to this Policy must be communicated to all peer-workers and trustees in a manner that ensures they remain familiar with their obligations for the safety of children and young people.

Peer-workers should have access to education and training programmes that:

- Ensures their familiarity with this Policy;
- Enable them to identify when children or young people are at risk;
- Enable them to offer appropriate assistance and support to the child or young person;
- Help them to make an appropriate response to incidents involving abuse or neglect, including taking action and reporting;
- Assist them to deal with suspected or known abuse or neglect by a peer-worker, trustee or advisor;
- Record their engagement with the education and training programme.

Peer-workers are required to attend a refresher child protection refresher education programme every three years or at any time when there is a substantial change to the legal requirements and/or this Policy.

## 8. Assuring safe practice

### a. Supporting staff

MSBOP is committed to encouraging and supporting the safe practices of MSBOP staff through the following:

- Ensuring that this Policy is implemented, maintained, understood and observed by all staff;
- Educating and training staff in the application of this Policy and in safe practices;

- Encouraging and supporting staff to activate this Policy by:
  - Ensuring that there is a capable DP for them to reference as required;
  - Ensuring that staff who report abuse or neglect have access to appropriate supervision as required; and
  - Ensuring that staff who are required to deal with issues relating to abuse or neglect are fully supported in their actions by MSBOP.

#### **b. Allegations against staff**

Allegations, suspicions or complaints of abuse against staff will be taken seriously and reported to the Designated Person for Child Protection who, in consultation with the Chair of the MSBOP Ethics and Standards Committee, will deal with them immediately, sensitively and expediently within the procedures outlined in this policy.

Any concern of abuse of a child or young person will follow the procedures outlined in this policy. In the event of an allegation of abuse by a member of staff, a report of concern will be made to the Police and/or Oranga Tamariki.

When there are suspicions of abuse by a member of staff, both the staff member's and child or young person's rights are to be attended to. This means that the safety of the child or young person is of first concern, and that the member of staff must have access to legal and professional advice, in accordance with the Employment Relations Act.

Any staff member against whom an allegation is made will be immediately stood down until all investigations and assessments have been complete.

In all protection cases, MSBOP will co-operate fully with both Oranga Tamariki and the Police in their investigations and assessments.

It is important that no internal investigation is undertaken, and no evidence gathered that might prejudice any criminal or Oranga Tamariki investigation. If there is insufficient evidence to pursue a criminal prosecution, then an internal disciplinary investigation may still be undertaken subject to internal disciplinary procedures.

A staff member tendering his or her resignation, or ceasing to provide their services to MSBOP, will not prevent an allegation of abuse against a child or young person being followed up in accordance with these procedures.

## Attachment One: Indicators of Abuse

The indicators for child abuse and neglect fall into three general categories:

- **Physical indicators:** Injuries to a child that are severe, occur in a pattern or occur frequently. These injuries range from bruises to broken bones to burns or unusual lacerations and are often unexplained or inconsistent with the explanation given
- **Behavioural indicators:** The child's actions, attitudes, and emotions can indicate the possibility of abuse or neglect. Behavioural indicators alone are much less reliable than physical indicators, as a child's behaviour may be the result of a variety of other problems or conditions. When observing changes in behaviour, look for the frequency and pattern of the new behaviour, as well as a child's age and stage of development. For example, it is normal for younger children to be wary of adults, as they may have been taught not to talk to strangers. Look for a combination of physical and behavioural indicators.
- **Caregiver indicators:** Caregivers who abuse, neglect or exploit children are either unable or unwilling to provide care and protection in an appropriate way. Those who are unable to provide care and protection may be physically unable due to their own medical or health condition. They may be overly stressed, tired, or working under the influence of drugs or alcohol which limits their abilities. Caregivers who are unwilling to provide children with the appropriate level of care and protection are more aware that what they are doing is wrong but continue to act in that way. These caregivers may not view the child as someone who has feelings and emotions and often have the need to control others or have displaced aggression towards weaker persons.

The indicators alone do not prove child abuse or neglect. Likewise, the absence of indicators does not exclude the possibility that abuse is occurring. If you have any concerns about the wellbeing of a child, seek advice from your Designated Person for Child Protection, or an Oranga Tamariki Duty Social Worker.

### Emotional Abuse Indicators

#### ○ Physical Indicators

- Bed wetting or bed soiling with no medical cause
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Non-organic failure to thrive
- Pale, emaciated
- Prolonged vomiting and/or diarrhoea
- Malnutrition
- Dressed differently to other children in the family

#### ○ Behavioural Indicators:

- Severe developmental lags with obvious physical cause
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Overly compliant
- Extreme attention seeking behaviours or extreme inhibition
- Running away from home, avoiding attending at school
- Nightmares, poor sleeping patterns
- Anti-social behaviours
- Lack of self esteem
- Obsessive behaviours
- Eating disorders

#### ○ Caregiver Indicators:

- Labels the child as inferior or publicly humiliates the child (e.g. name calling) Treats the child differently from siblings or peers in ways that suggest dislike for the child
- Actively refuses to help the child
- Constantly threatens the child with physical harm or death

- Locks the child in a closet or room for extended periods of time
- Teaches or reinforces criminal behaviour
- Withholds physical and verbal affection
- Keeps the child at home in role of servant or surrogate parent
- Has unrealistic expectations of child
- Involves child in adult issues such as separation or disputes over child's care
- Exposes child to situations of arguing and violence in the home

## Neglect Indicators

### ○ Physical Indicators:

- Dressed inappropriately for the season or the weather
- Often extremely dirty and unwashed
- Severe nappy rash or other persistent skin disorders
- Inadequately supervised or left unattended frequently or for long periods
- May be left in the care of an inappropriate adult
- Does not receive adequate medical or dental care
- Malnourished - this can be both underweight and overweight
- Lacks adequate shelter
- Non-organic failure to thrive

### ○ Behavioural Indicators:

- Severe developmental lags without an obvious physical cause
- Lack of attachment to parents/caregivers
- Indiscriminate attachment to other adults
- Poor school attendance and performance
- Demanding of affection and attention
- Engages in risk taking behaviour such as drug and alcohol abuse
- May steal food
- Poor social skills
- No understanding of basic hygiene

### ○ Caregiver Indicators:

- Puts own need ahead of child's
- Fails to provide child's basic needs
- Demonstrates little or no interest in child's life - does not attend school activities, social events
- Leaves the child alone or inappropriately supervised
- Drug and alcohol use
- Depression

## Physical Abuse Indicators

### ○ Physical Indicators:

- Bruises, welts, cuts and abrasions
- Burns - small circular burns, immersion burns, rope burns etc
- Fractures and dislocations - skull, facial bones, spinal fractures etc
- Multiple fractures at different stages of healing
- Fractures in very young children

### ○ Behavioural Indicators:

- Inconsistent or vague explanations regarding injuries
- Wary of adults or a particular person
- Vacant stare or frozen watchfulness

- Cringing or flinching if touched unexpectedly
  - May be extremely compliant and eager to please
  - Dresses inappropriately to hide bruising or injuries
  - Runs away from home or is afraid to go home
  - May regress (e.g. bedwetting)
  - May indicate general sadness
  - Could have vision or hearing delay
  - Is violent to other children or animals
- **Caregiver Indicators:**
- Inconsistent or vague explanations regarding injuries
  - May appear unconcerned about child's wellbeing
  - May state the child is prone to injuries or lies about how they occur
  - Delays in seeking medical attention
  - May take the child to multiple medical appointments and seek medical treatment without an obvious need

### Sexual Abuse Indicators

- **Physical Indicators:**
- Unusual or excessive itching or pain in the genital or anal area
  - Torn, stained or bloody underclothing
  - Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
  - Blood in urine or stools
  - Sexually transmitted infections
  - Pregnancy
  - Discomfort in sitting or fidgeting as unable to sit comfortably
- **Behavioural Indicators:**
- Age-inappropriate sexual play or language
  - Bizarre, sophisticated or unusual sexual knowledge
  - Refuses to go home, or to a specific person's home, for no apparent reason
  - Fear of a certain person
  - Depression, anxiety, withdrawal or aggression
  - Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
  - Overly compliant
  - Extreme attention seeking behaviours or extreme inhibition
  - Dresses inappropriately to hide bruising or injuries
  - Eating disorders
  - Compulsive behaviours
- **Caregiver Indicators:**
- May be unusually over-protective of the child
  - Accuses the child of being sexually provocative
  - Misuse's alcohol or drugs
  - Invades the child's privacy (e.g., during dressing, in the bathroom)
  - May favour the victim over other children

### Family Violence Indicators

- **Indicators in the Child:**
- Physical injuries consistent with the indicators of Physical Abuse
  - Absenteeism from school

- Bullying or aggressive behaviour
- Complaints of headaches or stomach aches with no apparent medical reason
- Talking or describing violent behaviours
- **Indicators in the Victim:**
  - Physical Injuries including: bruising to chest and abdomen, injuries during pregnancy
  - Depression and/or anxiety
  - Inconsistent explanations for injuries
  - Fearful
  - Submissive
- **Indicators in the Offender:**
  - Isolates and controls partner and children
  - Threatens, criticises, intimidates, uses aggressive and physical abuse towards partner and children
  - Minimises and denies own behaviour, or blames victim for the perpetrator's own behaviour



Attachment Two: Responding to Abuse

Child and Young Person Protection Procedures Flowchart:

