**POLICY STATEMENT**

In providing counseling, education and personal support services, the counselling and psychological services delivered by Wheatbelt GP Network (WGPN) upholds the right of children to protection from physical, sexual or psychological/emotional abuse or neglect. The right of children to protection takes precedence over the rights of adults.

The WGPN counseling and psychological services has a duty of care requirement to report cases of child abuse, neglect or assault to the Department for Child Protection or the WA Police Service, and will provide coordinated and cooperative approaches in such cases.

# Purpose and Scope

The purpose of this policy is to support the right to protection of children from abuse or other harm. This policy applies when working directly with children, where children are in the care of WGPN counseling and psychological services clients, or where harm to other children may become apparent.

The WGPN counseling and psychological services child protection policy is consistent with the *Children and Community Services Act 2004* (WA), and WA Department of Health and Department for Child Protection.

All staff of the service will be made aware of the WGPN counselling and psychological services child protection policy, and contribute to any review of the policy based on its applicability to practice.

**RATIONALE**

Children have neither the internal resources (developmentally ready) nor the external resources (may be living in situations that are abusive and be unable to secure help easily) needed to protect themselves from harm. The younger the child, the greater the duty of care. Babies are at the highest risk especially in relation to physical abuse and neglect.

Family and domestic violence is strongly associated with child abuse and, increasing the risk that care and protection needs will not be met. Witnessing, or being involved in a violent act between adults in the home can have serious negative impacts on self image, responses to other people and ability to form healthy relationships as adults.

Harm in relation to a child means any detrimental effect of a significant nature on the child’s wellbeing including harm to the child’s physical, emotional or psychological development.

The WGPN counselling and psychological services act on the belief that children have a right to safety and protection from physical, sexual and emotional abuse and neglect, and that when a child has been abused or is considered to be at serious risk of harm the child's right to protection takes precedence over the rights of adults. Each situation is considered individually and every effort is made to work with the family. However, in some instances, the WGPN counselling and psychological services has no other choice than to involve statutory agencies.

The services’ approach in working with individuals and families is to assist them to make the changes they believe appropriate for themselves, but will act to protect children when deemed necessary.

The WGPN counselling and psychological service does not have a statutory obligation in dealing with child abuse, and Western Australia does not have mandatory reporting of child abuse. The WGPN counselling and psychological services role is one of appropriate intervention to minimise the risk and not one of investigation. The latter is undertaken by the Department for Child Protection or the Police Child Abuse Investigation Unit.

**PRINCIPLES AND VALUES**

The wellbeing, care, protection and rights of children are paramount when making decisions about child protection, abuse and neglect.

Child protection approaches are consistent with the *United Nations Convention on the Rights of the Child,* internationally accepted practice in child protection, abuse and neglect and the *Children and Community Services Act, 2004* (WA).

Indemnity is afforded to counsellors and other workers who act in good faith. Under the *Children and Community Services Act, 2004*, people who give information, in good faith, to the Department for Child Protection are protected from incurring any civil or criminal liability, from having breached any confidentiality imposed by law, or from having breached any professional ethics or standards.

Counsellors and other workers are to take an active approach in their response to concerns about the care and protection of children. A child’s best interests must come first where there is a risk of child abuse and neglect.

The transfer of information between organisations shall be conducted within an ethical framework based on the precept that shared information is provided on a ‘need to know’ basis, and that it enhances a child’s safety and leads to the provision of better coordinated and more effective services.

In determining the best interest of a child, the following should be considered:

* the need to protect the child from harm;
* parental capacity to protect the child from harm and provide for the child’s needs;
* the significant relationships in the child’s life and the need for the child to maintain this contact;
* parental attitude and demonstrated responsibility for the child;
* any wishes or views expressed by the child within the context of age and maturity;
* the importance of continuity and stability in living arrangements;
* the child’s age, maturity, sex, sexuality, background, language and cultural, ethnic or religious identity;
* the child’s physical, emotional, intellectual, spiritual, developmental and educational needs; and
* the likely effect of any change in the child’s circumstances.

A case involving a child should always be considered within the context of their family, culture and community.

Counsellors and other workers consider that a child is in need of protection if:

* a child has suffered or is likely to suffer harm as a result of physical abuse, sexual abuse, emotional abuse, psychological abuse and/or neglect;
* a child’s parents are unable to provide or arrange for adequate care and/or the provision of effective medical or other remedial treatment for the child;
* a child has been abandoned by his or her parents or the child’s parents are dead or incapacitated and no suitable adult relative or other person can be found who is willing and able to care for the child; or
* a child is living in a household where there are incidents of family and domestic violence.

Counsellors and other workers understand that child abuse and neglect is inextricably linked to family and domestic violence. Whilst the primary emphasis is on the safety and care of the child, the safety and wellbeing of parent/carers is also a priority.

Counsellors and other workers are committed to working in partnership with Aboriginal communities to protect Aboriginal children. This includes strengthening families by providing services that are holistic, culturally appropriate and community

focussed.

Counsellors and other workers acknowledge the individual needs of culturally and

linguistically diverse communities and the need for culturally appropriate intervention and management of services.

Children and their families have a right to be informed about any intervention and be provided with an opportunity to express their wishes and/or participate in decision-making processes.

**DEFINITIONS**

**Child**

Any male or female under the age of 18 years and in the absence of positive evidence as to age, any male or female apparently under the age of 18 years.

Australian common law recognises the developing competency of adolescents to make decisions regarding their own medical treatment prior to reaching the age of 18 years. As a result, parents and their teenage children hold concurrent rights to consent to the child's treatment. In Western Australia, the requirements for consent to be obtained prior to the commencement of treatment may vary depending

on whether the patient is competent (adult or a mature minor), or incompetent (child or adult requiring parent or legally appointed guardian).

**Categories of Child Maltreatment**

### Child Abuse

Physical, sexual or psychological/emotional abuse or neglect of a child by any person.

Physical Abuse

Includes acts of violence that may result in pain, injury, impairment or disease. This

may include shaking, hitting, choking or in any way assaulting another person. There may be visible evidence of physical abuse (bruising, fractures, burns and lacerations etc) or few readily apparent physical signs. The differences between accidental injury and physical abuse may be slight and require expert investigation to differentiate.

Sexual Abuse

Sexual abuse is any act which exposes a child to, or involves a child in, sexual

processes beyond his or her understanding or contrary to accepted community standards. The child is unable to provide informed consent to and is not developmentally prepared for sexual activity.

Child sexual abuse is the involvement of a child in sexual activity of any form. It may involve activities ranging from exposing the child to sexually explicit materials or behaviours, taking visual images of the child for pornographic purposes, touching, fondling and/or masturbation of the child, having the child touch, fondle or masturbate the abuser, oral sex performed by the child, or on the child by the abuser, and anal or vaginal penetration of the child.

Child sexual abuse is further classified as sexual exploitation, which involves touching the child and/or compelling the child to observe, or be involved in exploitation, which involves touching the child and/or compelling the child to observe, or be involved in other sexual activity (for example, watching pornographic videos), prostitution, sexual assault, molestation, victimisation and child rape.

Emotional/Psychological Abuse

Includes any behaviour and attitude that causes anguish or fear. This includes intimidation, harassment, damage to property, threats of physical or sexual abuse and in relation to a child, exposing the child to the physical, psychological and/or sexual abuse of another person, and concerted attacks on an individual’s self-esteem and social competence.

Neglect

Occurs when a person fails to do what is a reasonable obligation of their relationship to the child. This includes failure to adequately provide for the physical (food, clothing, shelter, adequate domestic and personal hygiene, adequate living environment), cognitive, emotional, supervisory, educational/developmental, material or social needs of the child.

It also includes inadequate supervision when the child’s behaviour is, or is likely to be harmful to the physical, cognitive, emotional, social or psychological wellbeing of the child or others. It also encompasses the lack of opportunity for the child to form a psychological attachment to others.

A child is neglected if the parents are unable to provide or arrange for adequate care and/or the provision of effective medical or other remedial treatment for the child. A child is neglected if the parents are dead or incapacitated of if the parent abandons the child and no suitable adult relative or other person can be found who is willing and able to care for the child.

Neglect includes situations where parent/carers are unwilling or unable to acknowledge that a child is at risk but can only be determined after a parent/carer has been provided with explicit and culturally appropriate information about the child abuse and/or neglect concerns.

**Family and Domestic Violence**

Family and domestic violence and intimate partner abuse can be defined as any form of abuse of power within intimate relationships or relationships of trust and/or dependency which causes the victims, most often women, to live in fear of an abuser or abusers. It includes an adult or child, related or unrelated carer, a heterosexual or same sex relationship. The violence can include physical or sexual assault, psychological abuse, emotional, spiritual or cultural abuse, social isolation and neglect.

Family violence is most often used to describe violence occurring in the full range of family and/or caring relationships. For many indigenous people the term “family violence” is preferred as it encompasses all forms of violence in intimate, family and other relationships of mutual obligation and support.

**Other Types of Abusive Behaviour**

Bullying

Bullying is not easy to define but usually includes deliberate hostility, exploitation of power differential between the bully and victim, and outcomes that are painful or distressing for the victim.

It can be physical (pushing, hitting, and other forms or threats of violence), verbal (name-calling, sarcasm, teasing, spreading rumours), emotional (ignoring and excluding, tormenting, ridicule, humiliation), racist (taunts, graffiti, gestures), or sexual (unwanted physical contact or abusive comments).

Spiritual

The abuse or victimisation of children based on their own or their family’s beliefs or affiliations. Abuse may be intentional or unintentional (ignorance), and perpetrated by other children, adults, communities and systems.

Cultural

While children and families may suffer abuse based on their ethnicity or appearance, they may also become victims of abuse that denigrates or fails to value or respect their cultural beliefs and principles.

Exploitation

Exploitation of children can include child labour. Paid employment is usually determined by the earliest age at which young people can be permitted to leave school (in WA from 2008, this is the end of the year a child turns 17 years). Some occupations like delivering newspapers and advertising material, and collecting shopping trolleys, etc are exempt. However children of any age may work for unrestricted hours in a family business where the business is carried out by a parent or relative of the child.

Exploitation of children can include prostitution. The Prostitution Act 2000 (WA) defines a ‘child’ who acts as a [prostitute](http://www.austlii.edu.au/au/legis/wa/consol_act/pa2000205/s3.html#prostitute), as a person whose age is less than 18 years. The Act includes prohibitions on causing, profiting from, permitting or inducing a child to act as a prostitute, or allowing a person to enter or remain at a place at which a prostitution business is being carried on. It should be noted that the Report of the Prostitution Law Reform Working Group (2007) received no evidence to suggest that children acting as prostitutes is widespread in WA.

Exploitation of children can occur through the popular media. TV advertising and programming have been implicated in increased childhood obesity and the sexualisation of young girls, among other things. Critics say this occurs through advertising directed at young children, or through inappropriate imagery in TV shows. In addition, internet sites and magazines target children as consumers in their own right, and may utilise inappropriately sophisticated methods to influence thoughts and behaviour.

POSSIBLE INDICATORS OF ABUSE

Possible indicators of physical abuse include:

* broken bones or unexplained bruises, burns, or welts in various stages of healing;
* the child or young person is unable to explain an injury, or explanations given are inconsistent, vague, bizarre or changing;
* direct admissions from the parents that they are concerned that they might harm their child;
* family history of violence;
* marked delay between injury and obtaining medical assistance;
* parents who show little concern about the welfare of their child or the treatment and care of the injury;
* repeated presentations of the child to health services with injuries, ingestions or minor complaints (this could also be an indicator of Munchausen’s by proxy, a rare expression of physical and emotional abuse);
* the child or young person is unusually frightened of a parent or carer, or is afraid to go home;
* the child or young person reports intentional injury by their parent or caretaker;
* arms and legs are kept covered by inappropriate clothing in warm conditions;
* ingestion of poisonous substances including alcohol or drugs; or
* avoidance of physical contact by the child (particularly with a parent or carer).

Possible indicators of sexual abuse include:

* sexualised behaviours inappropriate to their age (including sexually touching other children and themselves);
* knowledge of sexual behaviour inappropriate to their years 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;
* fear of being alone with a particular person;
* child or young person implies that he/she is required to keep secrets;
* presence of sexually transmitted disease;
* sudden unexplained fears; or
* enuresis and/or encopresis (bedwetting and bed soiling).

Possible indicators of emotional abuse include:

* the parent or guardian constantly criticises, threatens, belittles, insults, or rejects the child or young person with no evidence of love, support, or guidance;
* the child/young person exhibits extremes in behaviour from overly aggressive to overly passive;
* delayed physical, emotional, or intellectual development;
* compulsive lying and stealing;
* high levels of anxiety;
* lack of trust in people;
* feelings of worthlessness about life and themselves;
* eating hungrily or hardly at all;
* uncharacteristic seeking of attention or affection;
* reluctance to go home;
* rocking, sucking thumbs or self harming behaviour; or
* fearfulness when approached by a person known to them.

Possible indicators of neglect include:

* signs of malnutrition, begging, stealing or hoarding food;
* poor hygiene: matted hair, dirty skin, or severe body odour;
* unattended physical or medical problems;
* the child or young person states that no one is home to provide care (inadequate supervision, failure to ensure safety);
* child or young person appears constantly tired;
* frequent lateness to school or absence from school;
* inappropriate clothing, especially inadequate clothing in winter;
* alcohol and/or drug abuse present in the household;
* frequent illness, low grade infections or sores; or
* hunger.

**PROCEDURES AND BEST PRACTICE STANDARDS**

Procedures can be summarised as:

* Respond
* Consult
* Record
* Confirm
* Seek support for yourself

Responding

Guidelines for responding:

* Don’t overreact or panic;
* LISTEN and allow them to tell only as much as they want;
* Don’t put words into a child’s mouth;
* Let them know they are not the only one;
* Believe what they say;
* Say you are glad they told you;
* Say that you are sorry it happened; and
* Say that it isn’t their fault.

Basic principles for responding:

* Respond to the child;
* Ensure the safety of the child;
* Act on your concerns and don’t leave it to someone else;
* Don’t enter into discussion with parents/caregivers of the child;
* Don’t make decisions on your own; and
* Get support for yourself and arrange for supervision to occur.

Recording

Guidelines for recording:

* Record your concerns and observations;
* Be specific, clear and concise about:
	+ What you have observed
	+ What you have heard
	+ What the child told you
	+ When, where, and who was present
	+ Date all interactions, consultations and contact with other agencies.

Referrals

Guidelines for referrals:

Counsellors should initially consider discussion with the referrer, in particular if that person is a GP.

Counsellors should refer a child to the Department for Child Protection when:

1. There is an allegation by a child that he/she has been assaulted or harmed currently, or in the past and parents/carers have failed to adequately protect the child; and/or
2. There is a belief that a child has suffered significant harm or there is a risk of significant harm and parents/carers have failed to adequately protect the child; and/or
3. There are concerns for a child’s welfare that related to the adequacy of his/her home environment or the standard of parenting he/she receives and the precise nature of the issue requires further assessment.

Referrals made to the Department for Child Protection through the appropriate departmental office (usually based on the parent/carers address) during working hours, or through the Crisis Care Unit after hours:

1. The counsellor should provide to the DCP any relevant information about the child and his/her social circumstances. Also provide and other information to assist DCP staff in ensuring the safety and wellbeing of the child;
2. The counsellor should endeavour to obtain the consent of the child and the parent/carer to release information;
3. The child and parent/carer should be informed of the referral by the counsellor unless it can be established that the child will be placed at risk or the counsellor endangered;
4. When a counsellor decides not to inform the caregiver, this decision should be made in consultation with the Service Manager and with staff from DCP;
5. All referrals must be documented. Information provided to other organisations must respect the client’s right to confidentiality and include only information relevant to the specific circumstances;
6. Referral may be made by telephone in the first instance, and must be followed in writing;
7. A request must be made to the Department for Child Protection to advise verbally and in writing of the outcome of the investigation and the assessment process; and
8. The counsellor maintains case management responsibility throughout the assessment period until a decision is made by DCP to maintain active involvement, except where there are immediate concerns for the child’s safety and parents/carers are failing to protect the child.

For further information, see the resources listed below.

**Standards Monitoring**

The service monitors its standards in relation to this policy and will review it, with consumer input, at regular intervals.

**Review of the Policy**

This policy will be routinely reviewed as needed, based on feedback from clients and suitability with practice.

ADDITIONAL INFORMATION

Department of Health, Child and Community HealthGovernment of Western Australia (2004). *Guidelines for*

*Responding to Child Abuse, Neglect and the Impact of Family and Domestic*

*Violence*. Western Australia: Department of Health. Accessed 13.01.2013 from

http://www.health.wa.gov.au/docreg/Reports/Population/Abuse\_Assualt/Child\_abuse\_guidelines.pdf

Department for Community Development (2006). *Identifying and responding to child abuse and neglect: A Guide for Professionals.* Western Australia: Department for Community Development. Accessed 17.01.20143 from

<http://www.dcp.wa.gov.au/ChildProtection/Documents/IdentifyingAndRespondingToChildAbuseAndNeglect.pdf>

*Children and Community Services Act 2004* (WA).

Department of Health, Government of Western Australia (2009). *Consent to Treatment Policy for the Western Australian Health System.* Accessed 7.12.2011 from

<http://www.health.wa.gov.au/circularsnew/attachments/404.pdf>

Services and organisations providing help, advice and support are listed below.

**Department for Child Protection**

Perth Office (08) 9214 2444

Midland Office (08) 9274 9411

Katanning Office (08) 9821 9000

Merredin Office (08) 9041 1622

Moora Office (08) 9651 1100

Narrogin Office (08) 9881 0123

Northam Office (08) 9621 0400

Southern Cross Office (08) 9049 1016

# Parenting Line

6279 1200/1800 654 432

**Family Helpline**

9223 1111/1800 643 000

**Men’s Domestic Violence Helpline**

9223 1199/1800 000 599

**Women’s Domestic Violence Helpline**

9223 1188/1800 007 339

**Child Health and Community Health Services**

Refer to the White Pages for local Child Health Centres

**Child and Adolescent Mental Health Services**

1800 220 400

(24-hour mental health advice line)

**Princess Margaret Hospital for Children**

9340 8222

**Child Development Service**

9426 9444

**Disability Services Commission**

9426 9200/1800 998 214

**Kids Helpline**

1800 551 800

**Sexual Assault Resource Centre counselling line**

9340 1828/1800 199 888