

Child Safe Reporting Instruction

**Protection of Children & Young People
at RMIT**

June 2022

Trigger warning. This instruction includes explicit descriptions of abuse and may be distressing to read. Information on how to access personal support for any issues it may raise can be found via the **Employee Assistance Program**.



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Acknowledgement of Country

RMIT University acknowledges the people of the Woi wurrung and Boon wurrung language groups of the eastern Kulin Nations on whose unceded lands we conduct the business of the University. RMIT University respectfully acknowledges their Ancestors and Elders, past and present.

RMIT also acknowledges the Traditional Custodians and their Ancestors of the lands and waters across Australia where we conduct our business.

Artwork 'Luwaytini' by Mark Cleaver, Palawa

Section 1

Purpose

01. This Instruction details how to identify and respond to concerns for the safety of a child / young person at RMIT.
02. Please note for the purposes of Victorian law a child is considered any person under the age of 18 years.
03. RMIT University acknowledges that while Victorian child safety legislation does not apply in the context of Vietnam (where the law states that a child is considered any person under the age of 16 years), these Instructions will strive to align with the National Principles for Child Safe Organisations and the Victorian Child Safe Standards to contribute to RMIT's global child safe culture to ensure that young people under 18 years of age are protected from harm. It enables RMIT to detect and respond to child safety concerns and more effectively prevent them from occurring.

Section 2

Authority

04. Authority for this document is established by the Child Safe Policy.

Section 3

Scope



**Form a belief/
concern**



**Report your
concern**



**Participate in
follow up**

05. This policy applies to all staff and associates of the RMIT Group, including:
 - RMIT Council members, employees, researchers, students, representatives, and volunteers
 - Contractors, tenants, licensees or lessees, and service providers where there is a connection with RMIT or when attending RMIT premises
 - Customers and visitors when engaged in activities with or for RMIT, or when attending RMIT premises
 - Partner organisations or people acting for or on behalf of RMIT in relation to our students and staff (including clubs and societies, and student representative organisations).

If you believe a child / young person is in immediate danger or a life-threatening situation, call:

- Australia: 000 and ask for the Police
- Vietnam: 113 and ask for the Police

Instruction: Responding to disclosures of abuse or harm

Responding to a disclosure of harm or abuse

06. It is very difficult for children / young people (and adults) to tell anyone that they have experienced abuse, and they often will not disclose it directly. You may receive a disclosure via:

A child / young person making a disclosure is always to be believed.

- An in person or over the phone disclosure from the impacted child / young person
- An in person or over the phone disclosure from someone else about an impacted child / young person (sometimes the child may be talking about themselves).
- In writing to your personal email address, a group email address, or via a Complaints channel
- Observing concerning signs in person, online or in writing.

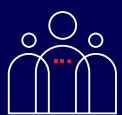
07. Disclosures can also come via RMIT's complaints process, special consideration applications and academic progress process, or through general conversations with students or observations.

Responding to disclosures in person



Listen

- Move to a suitable environment, free of distractions.
- Be calm and patient—allow for the child or young person to be heard.
- Let the child or young person use their own words:
 - Avoid asking leading questions like **“Did you try to stop them?”** or **“Do they make you feel scared?”**
 - It is okay to use open questions like: **“What happened?”**, **“How does it make you feel?”**, **“How often does it happen?”**
- Don't be afraid of saying the “wrong” thing. Listening supportively is more important than what you say.



Reassure

- Reassure the child or young person that it is OK that they have told you what's been happening.

“Thank you for trusting me with this”
- Reassure the child or young person that he or she is not at fault, and not the cause of any distress you may feel

“What's happened is NOT ok”

“What's happened is NOT your fault”



Respect

- Respect that the child or young person may only reveal some details.
- Acknowledge the child or young person's bravery and strength.

“You're brave for telling me about this”

“This is really hard to talk about, thank you for trusting me with this”
- Avoid making promises you can't keep— such as assuring them you won't tell anyone.
- Explain to the child or young person that you are required to report this information to Safer Community, but the information will only be shared on a 'needs to know' basis.



Key messages

Key message for the child / young person to hear:

- I believe you
- You're brave for telling me about it
- I want to help you be safe
- What's happened is NOT ok
- What's happened is NOT your fault
- You're not alone
- I'm here for you and will support you

Key messages to remember

- Your initial response can have a big impact on a child / young person's ability to seek further help and recover from the trauma
- You may feel disgusted, sad, angry or in disbelief. Remember, these are your feelings, and you need to put them aside to be there for the child / young person in that moment
- Write some notes about what they have told you
- Respect the fact that they may only tell you some details
- Acknowledge their feelings and that it can be hard to talk about
- Let them know you want to protect them and what you plan to do next
- Tell them that you'll need to talk to Safer Community whose job it is to keep them safe
- If you don't know an answer and say that you'll find it out for them
- Maintain a calm demeanour by controlling expressions of panic, shock, and disbelief.

Section 5

Instruction: Who is required to report

08. Authority for this document is established by the Child Safe Policy.



Instruction: Making a report

Before you make a report

10. Critical information:

- If a child / young person is in immediate danger you must report to (in this order):
 - i. Emergency Services
 - ii. Campus Security and
 - iii. Safer Community
- It is not your job to investigate the disclosure. This will be handled by the relevant authorities depending on your location, such as; Local Police, Child Protection or Safer Community.
- Incidents or reports do not have to be witnessed by the reporter. Respect the fact that they may only tell you some details
- Incidents do not have to be an immediate emergency to be reported.
- Incidents/cases do not have to come via formal complaint processes to be responded to.
- Once aware of an incident, disclosure, suspicion/ reasonable belief of abuse, harm (or threat of) or misconduct involving a child or young person, you must report it.

11. You must act by reporting to Safer Community as soon as you witness an incident, receive a disclosure, or form a 'reasonable belief' that a child / young person has, or

is at risk of being abused. You do not need proof and a concern, or a suspicion is enough to make a report.

12. Reasonable belief is a belief based on reasonable grounds that child abuse or harm to a child / young person has occurred. A reasonable belief is formed if a person in the same position would have formed the belief on the same grounds. A reasonable belief or a 'belief on reasonable grounds' is not the same as having proof but is more than mere rumour or speculation.

13. A reasonable belief might be formed if:

- A child / young person states that they have been abused or harmed.
- A child / young person states they know someone who has been abused or harmed (sometimes the child may be talking about themselves).
- Someone who knows a child / young person has stated that the child has been physically or sexually abused.
- Observations of the child / young person's behaviour leads to form a belief that the child has been abused. This observation could be made in person, online or in writing.



Making a report

14. Reporting your concern to **Safer Community**

- The person who identified a child harm concern or received a disclosure from a child, should make the report to Safer Community who will facilitate and support a report to the Police and/or Child Protection authorities. Safer Community will keep a confidential record of the incident. The person reporting the concern does not require proof that child abuse is evident.
- Where child safety concerns involve RMIT students, staff and associates who are not family members of the child, a report must be made to Safer Community on the same day as the concern arises. Safer Community will facilitate a report to Police.
- Reports of alleged criminal offences may also initiate the Crisis Incident Management Process.

15. Reporting your concern to **relevant authorities**

- In cases of intra-familial risk, if there is a risk of immediate harm this must be reported to the relevant Child Protection authority in the first instance, with Safer Community's support (if required/requested). You must notify Safer Community within 24 hours of making a report of intra-familial risk to either the police or Child Protection.

- Disclosures of child abuse which must be reported to external authorities include any suspected or actual breach of this Procedure, Child Safe Policy, Child Safe Code of Conduct, or the Victorian Child Safe Standards legislation.
 - Reports of alleged criminal offences may also initiate the Crisis Incident Management Process.
16. Where an incident involves a member of the RMIT community, Safer Community will provide support and advice to ensure the safety and wellbeing of the parties concerned including the person making the report.
17. Please refer to the Child Safe Code of Conduct for more information about possible outcomes if an RMIT community member breaches child safe conduct.



After a report has been made to Safer Community

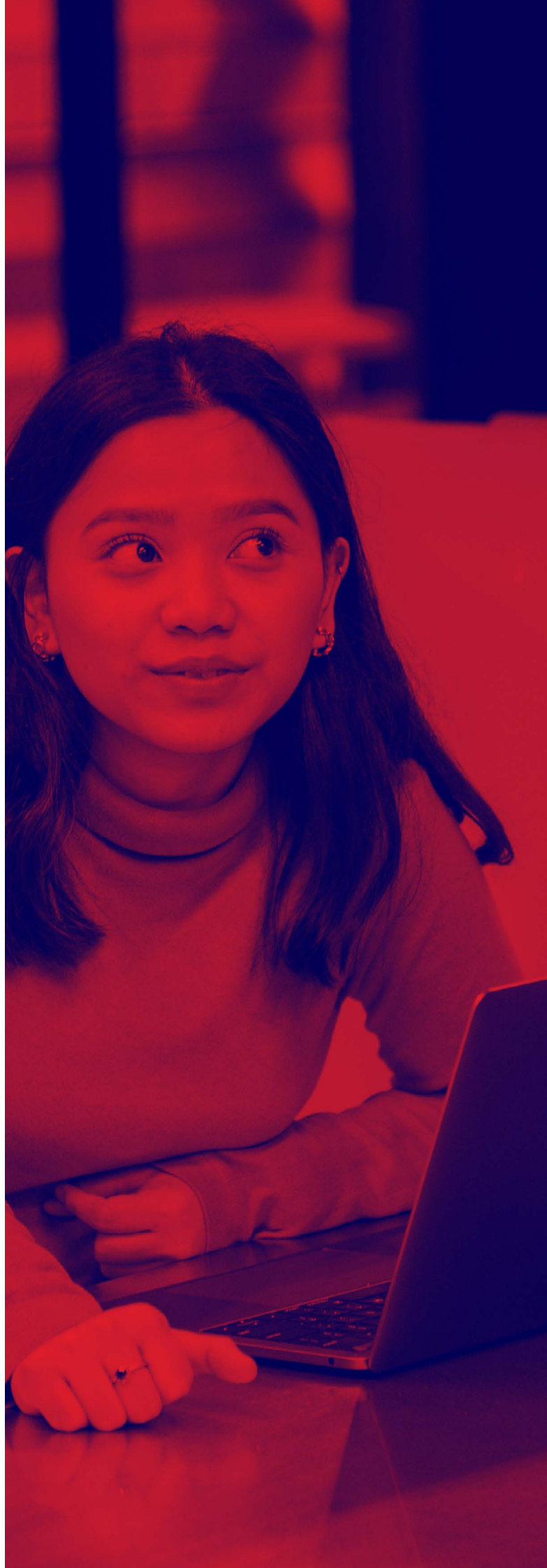
18. Contacting parents /carers: Safer Community will consult with the Department of Families, Fairness & Housing, Child Protection or Police (with cases reported to them) to determine what information is appropriate to be shared with parents /carers. They may advise either:
- Not to contact the parents/carers (e.g., in circumstances where the parents/carers are alleged to have engaged in the abuse, or the child is a mature minor² and does not wish their parent/carer 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 the concern arises).

RMIT's obligations post reporting

19. If a report is made against an RMIT staff, student, volunteer, or contractor, RMIT must reduce or remove any risk of abuse or harm to all children /young people in the RMIT.
20. This may include suspending staff with or without pay or removing a student alleged offenders and/or victims from class or any other temporary arrangements, without judgement, pending the university's assessment and management of the matter.
21. All staff members involved in the reporting of a concern are to cooperate with Police, Child Protective Services, or other authorities for outcomes of external investigations. Staff members will be supported by Safer Community in this process.
22. Safer Community will liaise with the Vice Chancellor to ensure any reporting to the Commission for Children and Young people is completed according to the Reportable Conduct Scheme.

Providing ongoing support

22. RMIT will provide age and culturally appropriate support for children / young people within the RMIT community impacted by abuse or harm.
23. The support provided /facilitated will vary dependent upon the case, it may be direct intervention, advice, advocacy for special consideration or referral to internal or external processes and services.



Instruction: Privacy and information sharing

Sharing information within RMIT

24. Information regarding a concern, disclosure or report regarding child safety should be kept confidential and shared on a strictly 'needs to know' basis.
24. Should you have any doubts about whether certain information should be shared with a colleague, please see Privacy Policy.

Sharing information with authorities

25. (Safer Community will support you to share appropriate information with Police, Child Protective Services, or other authorities for the purpose of making a report or cooperation with an investigation relating to child safety.
26. Reporting suspected child abuse to Department of Families, Fairness And Housing, Child Protection or Police does not constitute a breach of Victorian or Commonwealth privacy laws as these disclosures are specifically permitted under legislation, including the Children Youth and Families Act 2005 (Vic) and the Privacy and Data Protection Act 2014 (Vic).
27. If information is requested from authorities, Safer Community will ensure:
 - he request is in writing and includes reasons why the information is being sought.
 - b. The name of the organisation and contact details of the officer requesting the information.
 - c. A clear description of the information and/or documents being sought.
 - d. What authority (specific clause of legislation etc.) the person or their organisation is operating under to request the information.

Instruction: Indicators of abuse or harm

Trigger warning: This instruction includes explicit descriptions of abuse and may be distressing to read. Information on how to access personal support for any issues it may raise can be found via the **Employee Assistance Program**.

28. If you find yourself in a situation requiring prompt help and assistance to minimise any further harm or risk and you are unsure of what to do, please contact:

- Australia: **Safer Community** 9925 2396 or (after hours) **Campus Security** 9925 5333 for assistance and advice.
- Vietnam: **Safer Community** or (after hours) **Campus Security** + 0901 855 528

29. Types of child abuse³:

- Physical child abuse
- Emotional child abuse
- Child sexual abuse
- Grooming
- Neglect
- Family violence

Physical abuse

Physical child abuse can consist of any non-accidental infliction of physical violence on a child / young person by any person. Examples of physical abuse may include beating, shaking, or burning, assault with implements and female genital mutilation.

Indicators and signs of physical abuse

Physical indicators of physical child abuse include (but are not limited to):

- Bruises or welts on facial areas and other areas of the body including back, bottom, legs, arms, or inner thighs
- Bruises or welts in unusual configurations
- Bruises or welts that look like the object used to make the injury (for example fingerprints, handprints, buckles, iron, or teeth)
- Burns from boiling water, oil, or flames
- Burns that show the shape of the object used to make them (for example, iron, grill, or a cigarette)
- Fractures of the skull, jaw, nose, or limbs - especially those not consistent with the explanation offered, or the type of injury not possible at the child's age of development
- Cuts and grazes to the mouth, lips, gums, eye area, ears, or external genitalia
- Bald patches where hair has been pulled out
- Multiple injuries - old and new
- Effects of poisoning

Behavioural signs of physical abuse

Behavioural indicators of physical child abuse include (but are not limited to):

- Disclosure of an injury inflicted by someone else (parent, carer, or guardian)
- An inconsistent or unlikely explanation, or inability to remember the cause of injury
- Unusual fear of physical contact with adults
- Aggressive behaviour
- Disproportionate reaction to events
- Wearing clothes unsuitable for weather conditions to hide injuries
- Wariness or fear of a parent, carer, or guardian
- Reluctance to go home
- No reaction or little emotion displayed when being hurt or threatened
- Habitual absences from class without reasonable explanation
- Overly compliant, shy, withdrawn, passive, or uncommunicative
- Unusually nervous, hyperactive, aggressive, disruptive, or destructive to self or others
- Poor sleeping patterns, fear of the dark, nightmares, or regressive behaviour (for example, bed-wetting)
- Drug or alcohol misuse, suicidal thoughts, or self-harm



Emotional child abuse

Emotional child abuse occurs when a child is repeatedly rejected, isolated, or frightened by threats, or by witnessing family violence.

It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person to the

extent that the child suffers, or is likely to suffer, emotional or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

Physical indicators of emotional child abuse

Physical indicators of emotional abuse include (but are not limited to):

- Speech disorders such as language delay, stuttering, or selectively being mute (only speaking with certain people or in certain situations)
- Delays in emotional, mental, or physical development.

Behavioural indicators of emotional child abuse

Behavioural indicators of emotional abuse include (but are not limited to):

- Overly compliant, passive, and undemanding behaviour
- Extremely demanding, aggressive, and attention-seeking behaviour or anti-social and destructive behaviour
- Low tolerance or frustration
- Poor self-image and low self-esteem
- Unexplained mood swings, depression, self-harm, or suicidal thoughts
- Behaviours that are not age-appropriate (for instance overly adult or overly infantile)
- Fear of failure, overly high standards, and excessive neatness
- Poor social and interpersonal skills
- Violent drawings or writing
- Lack of positive social contact with other children.

Child sexual abuse

Child sexual abuse is when a person uses power or authority over a child / young person to involve them in sexual activity and can include a wide range of sexual activity including:

- Fondling the child's genitals
- Oral sex
- Vaginal or anal penetration by a penis, finger, or another object
- Exposure of the child to pornography.

Child sexual abuse does not always include physical sexual contact and can also include non-contact offences, such as:

- Talking to a child in a sexually explicit way
- Sending sexual messages or emails to a child
- Exposing a sexual body part to a child
- Forcing a child to watch a sexual act (including showing pornography to a child)
- Having a child pose or perform in a sexual manner (including child sexual exploitation).

Child sexual abuse does not always involve force. In some circumstances, a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.

Child sexual exploitation

Child sexual exploitation is also a form of sexual abuse where offenders use their power - physical, financial, or emotional - over a child to abuse them sexually or emotionally. It can involve situations and relationships where young people receive something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc.) in return for participating in sexual activities.

Child sexual exploitation can occur in person or online, and sometimes the child may not realise they are a victim.

Child sexual exploitation

Any child can be a victim of sexual abuse, however, children who are vulnerable, isolated, or have a disability are much more likely to become victims and are disproportionately abused.

Indicators and signs of child sexual abuse

Physical indicators of physical child abuse include (but are not limited to):

- Injury to the genital or rectal area (for example bruising, bleeding, discharge, inflammation, or infection)
- Injury to areas of the body such as breasts, buttocks, or upper thighs
- Presence of foreign bodies in the vagina or rectum
- Discomfort in urinating or defecating
- Sexually transmitted diseases
- Frequent urinary tract infections
- Pregnancy, especially in very young adolescents
- Anxiety-related illnesses (for example anorexia or bulimia)

Behavioural signs of child sexual abuse

Behavioural indicators of physical child abuse include (but are not limited to):

- Disclosure of sexual abuse, either directly (from the alleged victim) or indirectly (by a third person or allusion)
- Persistent and age-inappropriate sexual activity (for example excessive masturbation or rubbing genitals against adults)
- Drawings or descriptions in stories that are sexually explicit and not age-appropriate
- Fear of home, specific places, or adults
- Poor or deteriorating relationships with adults and peers
- Poor self-care or personal hygiene
- Sleeping difficulties
- Regressive behaviour (for example bed-wetting or speech loss)
- Depression, self-harm, drug or alcohol abuse, or attempted suicide
- Sudden decline in academic performance, poor memory, or concentration
- Engaging in sex work or sexual risk-taking behaviour
- Wearing layers of clothing to hide injuries and bruises.
- Complaining of headaches, stomach pains or nausea without physiological basis

Identifying perpetrators of child sexual abuse

In addition to identifying the physical and behavioural signs of abuse in children, you can play a critical role in identifying signs that a member of the RMIT community may be engaging in child sexual abuse or grooming a child to engage in sexual activity.

Most critically you must make a report if you:

- Feel uncomfortable about the way an adult interacts with one or more children
- Suspect that the adult may be engaging in sexual abuse of one or more children
- Suspect that the adult is grooming the child or children to engage in sexual activity
- Reasonably believe that the adult is at risk of engaging in sexual activity with one or more children.

You must report suspected abuse to Safer Community, or risk of abuse regardless of any concerns about the risk to the reputation of the suspected perpetrator or to RMIT.

A failure to report can result in criminal charges and your report could prove critical to protecting children in the RMIT community.

Behavioural indicators for perpetrators of child sexual abuse

Behavioural indicators for perpetrators of child sexual abuse include (but are not limited to):

Family member (adult)

- Attempts by one parent to alienate their child from the other parent
- The overprotective or volatile relationship between the child and one of their parents or family members
- Reluctance by the child to be alone with one of their parents or family members.

Family member (sibling)

- The child and a sibling behaving like they are in an intimate relationship
- Reluctance by the child to be alone with a sibling
- Embarrassment by siblings if they are found alone together.

RMIT staff member, coach, or another adult

- Touching a child inappropriately
- Bringing up sexual material or personal disclosures into conversations with a student
- Inappropriately contacting a student (for example calls, emails, texts, or social media)
- Obvious or inappropriate preferential treatment of the student (making them feel 'special')
- Befriending the parents themselves and making visits to their home
- Giving of gifts to a student
- Having inappropriate social boundaries (for example: telling the potential victim about their problems)
- Offering to drive a student to or from class
- Inviting themselves over to their homes, or calling them at night
- Undermining the child's reputation, so that the child won't be believed.



Grooming

Grooming is a criminal offence. It occurs when an adult engages in predatory conduct to prepare a child for sexual abuse at a later time. Grooming can include:

- Communicating or attempting to befriend
- Establish a relationship or other emotional connection with the child, their parent, carer or colleagues

Any incidents of suspected online child exploitation must be reported to the Police and Safer Community.

Online grooming

Grooming includes online grooming. It occurs when an adult uses electronic communication (including social media) in a predatory fashion to try to lower a child's inhibitions or heighten their curiosity regarding sex, to eventually meet them in person for sexual activity. This can include online chats, sexting, and other interactions.

Online grooming can also precede online child exploitation, a form of child exploitation where adults use the internet or mobile to communicate sexual imagery with or of a child (for instance, via a webcam).

Behavioural indicators that a child may be subject to grooming

- Behavioural indicators that a child may be subject to grooming include (but are not limited to):
- Developing an unusually close connection with an older person
- Displaying mood changes (such as hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, or depressed)
- Possessing jewellery, clothing or expensive items given by the 'friend'
- Frequently staying out overnight, especially if the relationship is with an older person
- Being dishonest about where they've been and who they've been with
- Possessing large amounts of money which he or she cannot account for
- Using drugs (physical evidence can include spoons, silver foil, 'tabs', or 'rocks')

Neglect

Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter, or supervision to the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

In some circumstances the neglect of a child:

- Can place the child's immediate safety and development at serious risk
- May not immediately compromise the safety of the child but is likely to result in longer-term cumulative harm.

Physical indicators of neglect

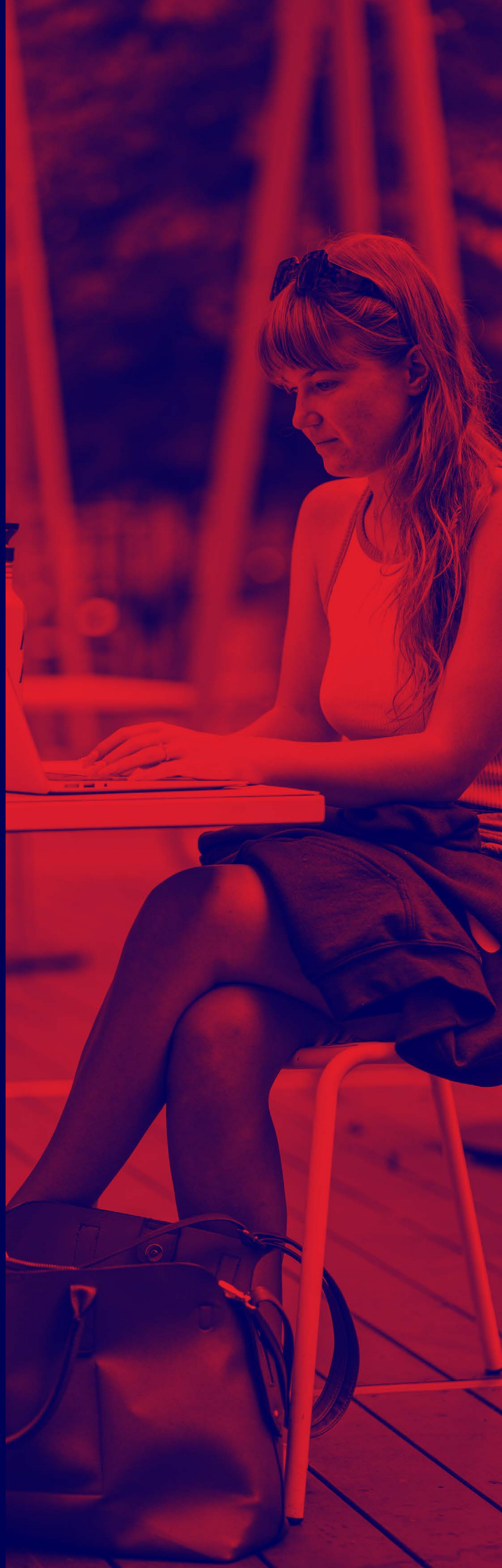
Physical indicators of neglect include (but are not limited to):

- Appearing consistently dirty and unwashed
- Being consistently inappropriately dressed for weather conditions
- Being at risk of injury or harm due to consistent lack of adequate supervision from parents
- Being consistently hungry, tired, and listless
- Having unattended health problems and lack of routine medical care
- Having inadequate shelter

Behavioural indicators of neglect

Behavioural indicators of neglect include (but are not limited to):

- Gorging when food is available or inability to eat when extremely hungry
- Begging for or stealing food
- Appearing withdrawn, listless, pale, and weak
- Aggressive behaviour or irritability
- Involvement in criminal activity
- Little positive interaction with a parent, carer, or guardian
- Poor socialising habits
- Excessive friendliness towards strangers
- Indiscriminate acts of affection
- Poor, irregular, or non-attendance to class
- Staying on campus for long hours and refusing or being reluctant to go home
- Self-destructive behaviour
- Taking on an adult role of caring for parents.





Family violence

Family violence is defined as behaviour towards a family member where the behaviour:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening or coercive
- in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.⁴

A child can be the victim of any of these behaviours. Family violence also includes behaviour that causes a child to hear or witness, or otherwise be exposed to the effects of any of these behaviours.

A child or young person might be a victim of family violence in the following ways:

- Being hit, yelled at, or otherwise directly abused
- Being injured
- Being sexually abused
- Experiencing fear for self
- Experiencing fear for another person, a pet, or belongings
- Seeing, hearing, or otherwise sensing violence directed against another person
- Seeing, hearing, or otherwise sensing the aftermath of violence (such as broken furniture, smashed crockery, or an atmosphere of tension)
- Knowing or sensing that a family member is in fear
- Being told to do something (such as to be quiet or to 'behave') to prevent violence
- Being blamed for not preventing violence
- Attempting to prevent or minimise violence
- Attempting to mediate between the perpetrator and another family member
- Being threatened or co-opted by the perpetrator into using violent behaviour against another family member
- Being co-opted into supporting the perpetrator or taking their side
- Being isolated or socially marginalised in ways that are directly attributable to the perpetrator's controlling behaviours.

Family violence is predominantly (although not always) perpetrated by men against women and children. Children most commonly experience family violence through a partner or ex-partner of the mother. A child (or children) may also be the target of the behaviour (including a direct or indirect attack on the mother-child relationship) or may witness the behaviours, or the effects of the behaviours.

Family violence can have devastating impacts on children

Experiences of family violence create significant risks to a child's social, emotional, psychological, and physical health and wellbeing. The longer a child experiences family violence, the greater the impact can be.

Identifying family violence

Family violence can be difficult to identify. Victims of family violence, including children, often become very adept at hiding their distress as a coping and safety strategy.

Indicators and signs of child sexual abuse

Physical indicators of physical child abuse include (but are not limited to):

- Speech disorders
- Delays in physical development
- Failure to thrive (without an organic cause)
- Bruises, cuts, or welts on facial areas, and other parts of the body including back, bottom, legs, arms, or inner thighs
- Any bruises or welts (old or new) in unusual configurations
- Any bruises or welts that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron, or teeth)
- Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- Poisoning
- Internal injuries.

Behavioural indicators of family violence

Behavioural indicators of family violence include (but are not limited to):

- Violent or aggressive behaviour and language
- Depression, anxiety, or suicidal thoughts
- Appearing nervous and withdrawn - including wariness or distrust of adults
- Difficulty adjusting to change
- Psychosomatic illness
- Bedwetting or sleeping disorders
- 'Acting out', such as cruelty to animals
- Extremely demanding, attention-seeking behaviour
- Participating in dangerous risk-taking behaviours to impress peers
- Overly compliant, shy, withdrawn, passive, and uncommunicative behaviour
- Taking on a caretaker role prematurely, or trying to protect other family members
- Embarrassment about family
- Demonstrated fear of parents, carers, or guardians, and of going home
- Disengagement from class (absenteeism, lateness) or poor academic outcomes
- Parent-child conflict
- Wearing long-sleeved clothes on hot days to hide bruising or another injury
- Becoming fearful when other children cry or shout
- Being excessively friendly to strangers.

For older children and young people indicators can also include:

- Entering a relationship early to escape the family home
- Entering into other violent or unsafe relationships
- Moving away or running away from home
- Involvement in risk-taking or unlawful activity
- Alcohol and substance misuse.

Associated Information

Documents

Child Safe Policy, Child Safe Reporting Procedure, Child Safe Reporting Procedure (Vietnam), Child Safe Code of Conduct

Website Links

Links: Victorian Child Safe Standards, Commission for Children and Young People

Other Electronic Publications

Sources

¹ kids helpline.com.au/parents/issues/responding-disclosures-child-abuse

² <https://www2.education.vic.gov.au/pal/mature-minors-and-decision-making/policy>

³ <https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/identify.aspx#a>

⁴ <https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053>

