



## CHILD PROTECTION POLICY

**Adopted By:** Principal

**Review Date:** February 2017

**To Be Reviewed:** February 2018

Quinns Baptist College Child Protection Policy is largely a protective behaviours document, in our aim to be aware, be preventative and, in a worst case scenario, have protocols in which to deal with potential complaints and/or abuse scenarios.

### Policy Statement of ethos

- 1.1 *All children have a right to be protected from harm.*
- 1.2 *Everyone working at Quinns Baptist College is responsible for the care and protection of the students.*
- 1.3 *Everyone working in the College is responsible for reporting to the Principal, concerns of neglect or emotional, physical or sexual abuse.*

### Stakeholders

Stakeholders in this policy are the students, the parents/guardians, staff, the Board and the community, who all have interest and/or may be affected by potential Child Protection issues.

### Why have a Child Protection Policy?

- Student care & safety
- Create a safe and positive school environment
- Diminish any opportunities for potential abuse
- Catastrophic impact of abuse on victims and school
- Legal reasons

### Review

The Quinns Baptist College Child Protection Policy will be reviewed annually as part of College planning and review, or as a result of legal changes.

### Definitions of Maltreatment

The result of action or inaction on the part of the person who has responsibility to care for a child that results in harm or injury to the child. The harm may include delayed physical and/or intellectual development. The maltreatment may include one or all of:

- a. *Emotional Abuse*: an attitude or behaviour by a person towards a child that causes emotional harm. It can include rejection or refusal to accept a child, terrorism, bullying, isolation, continual belittlement and exposure to chronic or serious domestic violence. Emotional abuse may be evidenced through disturbed behaviour or the impairment of the child's emotional, intellectual or social development.
- b. *Physical Abuse*: physical harm caused to a child. It includes injuries such as cuts, bruises, burns and fractures caused by a range of acts including beating, shaking, illicit administration of alcohol and other drugs, attempted suffocation or excessive discipline.
- c. *Sexual Abuse*: a wide range of behaviour or activities that expose or subject a child to sexual activity that is illegal and/or inappropriate to his/her developmental level. These behaviours include observation or involvement with inappropriate fondling of a child's body, making a child touch an adult's genitalia, showing pornographic material to a child, and sexual penetration of a child.
- d. *Neglect*: failure of a parent/caregiver to provide a child with the basic necessities of life. These include adequate supervision, healthy food, suitable clothing, medical care and emotional security.

NB. Adults also need to be aware that research indicates a substantial proportion of abuse is perpetrated on children and youth by other youth.

### Indicators of Child Abuse and Neglect

The following is not an exhaustive list and examples are not necessarily exclusive to a single list. Children frequently show indicators from more than one category. Any of these indicators may suggest that a child is being abused, neglected or at risk of harm, however indicators should be viewed in the context of the student's age, medical and developmental history and capabilities. In addition, mental illness, substance abuse and domestic violence within families may be a factor.

#### *Physical Abuse*

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"><li>• Bruises</li><li>• Burns</li><li>• Hair missing in tufts</li><li>• Lacerations and abrasions (especially to eyes, lips, gums &amp; mouth)</li><li>• Missing or loosened teeth</li><li>• Self-mutilation</li><li>• Welts</li></ul>	<ul style="list-style-type: none"><li>• Fear of adults</li><li>• Frequent absences, with or without explanation from parents/caregivers</li><li>• Guarded or evasive answers to questions about causes of obvious injuries</li><li>• Injuries that are not consistent with a child's explanation of them</li><li>• Disclosure of abuse directly to an adult or indirectly to a friend</li><li>• Fear of going home</li></ul>

### *Emotional Abuse*

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"><li>• Depression</li><li>• Eating disorders</li><li>• Lethargy or fatigue</li><li>• Symptoms of stress</li><li>• Evidence of drug abuse or dependence</li><li>• Wetting, soiling, smearing</li><li>• Psychosomatic complaints</li></ul>	<ul style="list-style-type: none"><li>• Aggressive or delinquent behaviour</li><li>• Attempted suicide</li><li>• Excessively complaint or passive behaviour</li><li>• Excessive shyness or withdrawal</li><li>• Low self-esteem</li><li>• Fire setting</li><li>• Truancy or school avoidance</li><li>• Deliberate harming of animals</li><li>• Poor peer relationships</li></ul>

### *Sexual Abuse*

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"><li>• Bruises or bleeding from external genitalia, vagina or anal regions</li><li>• Blood stained underwear</li><li>• Pregnancy or fear of pregnancy</li><li>• Signs of pain, itching or discomfort in the genital area</li><li>• Urinary tract infections</li></ul>	<ul style="list-style-type: none"><li>• Disclosure of involvement in sexual activity directly to an adult, indirectly to a friend or in a disguised way e.g. 'I know a person who . . '</li><li>• Inappropriate expression of affection</li><li>• Inappropriate interest in sexual matters</li><li>• Evidence of sexual themes in artwork, stories or play</li><li>• Possession of pornographic materials</li><li>• Promiscuity, exposure of sexual behaviour towards others</li><li>• Use of sexual language inappropriate for child's age</li><li>• Reluctance to change clothes in front of others</li><li>• Wearing inappropriate clothing</li><li>• Fear states e.g. anxiety, depression, obsessively neat, socially withdrawn or overly compliant behaviour</li><li>• Poor peer relationships</li><li>• Inability to concentrate in school</li></ul>

### *Neglect*

Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"><li>• Abandonment</li><li>• Poor hygiene</li><li>• Lack of adequate or suitable clothing</li><li>• Inadequate nutrition</li><li>• Lack of medical or dental care</li><li>• Constant fatigue</li><li>• Developmental delays</li><li>• Untreated sore, boils or lice</li><li>• Lack of adequate supervision</li></ul>	<ul style="list-style-type: none"><li>• Falling asleep in school</li><li>• Poor school attendance or alternatively always attends school, even when sick</li><li>• Poor academic performance</li><li>• Steals or begs for food or eats from bins</li><li>• Dull, apathetic appearance</li><li>• Engages in vandalism</li><li>• Engages in sexual misconduct</li><li>• Uses drugs or alcohol</li><li>• Early arrival at school or reluctance to leave</li></ul>

### Common Myths About Child Abuse

An accurate understanding of the dynamics of child abuse is important as the impact on the victim can be life changing. Common outcomes of abuse include drug abuse, suicide, eating disorders, low self-esteem, psychosomatic illness & self-mutilation.

#### Common myths about sexual abuse:

- Sex between adults & children is not dangerous if it is in the context of a loving relationship
- It is not the abuse which causes the problem but the effects of the intervention of others
- Those abused turn into abusers
- Children frequently lie about sexual abuse
- Sexual abuse is more common in lower socio-economic areas and families
- Only men sexually abuse children
- Sexual abusers are readily identified by 'normal' people

#### Common myths about general abuse

- There will not be a problem because all the volunteers/employees are female
- There will not be a problem here because the young people come from privileged backgrounds and will complain if there is an issue of abuse
- If we get the selection procedures right we will eliminate the possibility of abuse
- We use police clearances here so we are covered
- It is one of the other children's parents/brothers/sisters to whom I am entrusting the child/ren, so it will be OK
- We did not need to screen Mr Brown because he is a friend of the teacher, president, etc.
- Some workers, volunteers and casuals are youth themselves so there is no risk
- We are pretty good at identifying young people here who are a bit 'odd'

On the whole, abusers are the least obvious people in our community. Many abusers hold positions of trust within the community with easy access to children and families.

A child abuser can be a member of the family or someone close to the family. A child abuser usually spends a lot of time grooming the child with the child being made to feel that they are in some way complicit in the acts, thus making disclosure difficult.

A significant myth is that child abuse is rare. A recent study (in the UK) found that 52% of children were sexually abused in community-based organizations. In 1999/2000 there were 107 134 notifications of child abuse in Australia. Various surveys from UK, USA, Canada & Australia show that 1 in 5 males and 1 in 3 females have experienced some form of sexual abuse.

### Policy

1. *Duty of Care*: All College employees have a duty of care for students at Quinns Baptist College.  
Principal  
  
Teaching & Non-teaching staff  
  
Voluntary Staff
2. *Other Policies*: The Quinns Baptist College Child Protection Policy does not work in isolation, but interconnects with other College policies and protocols, including:
  - i. Mandatory Reporting Policy
  - ii. Discipline Policy
  - iii. Staff recruitment procedures
  - iv. Bullying Policy
  - v. Staff ethos & code of conduct (as outlined in Staff Handbook)
3. *Procedure for recognition, notification & support of students who are at risk or are victims of neglect and/or emotional, physical or sexual abuse*:
  - i. The individual teacher makes observations and keeps note of concerns that exist that have led them to the belief that a report may be necessary.

OR

A student discloses abuse or neglect of the types listed below:

- a. Disclosure of abuse or neglect from someone with a responsibility to care for the student
- b. Alleges sexual contact by staff

- c. Shows indication of abuse or neglect
  - d. Sexual contact by another student
- ii. The teacher's observations or the child's disclosure should be discussed, in the first instance, with the Principal.  
NB. It is important to remember that confidentiality is paramount and information should only be discussed with those in the College who need to know.
- iii. The Principal then decides the appropriate actions to take and who should be contacted e.g.
  - a. DCP
  - b. Mandatory Reporting Service
  - c. Police
  - d. Parents/caregivers

**NB.If direct disclosure of sexual abuse has been made or suspicion is strong, the teacher must report the matter to the Mandatory Reporting Service either directly or via the Principal.  
(Refer to the Mandatory Reporting Policy)**

- iv. If following a report, a family approaches the College an interview will be conducted with the Principal. At least two school members will be present.
- v. The Principal will ensure ongoing support is provided for the staff member, the student and anyone else affected.

#### *4. Response to Abuse or Neglect*

There may be times where a student makes a disclosure about abuse or neglect. Staff should be aware of the immediate needs of the student and what to do in these circumstances.

- Use 'protective interrupting' if students begin to disclose in class or in a public area.
  - Acknowledge that you have heard them and stop them from disclosing any further;
  - Be supportive and gently indicate that they might tell you about it in a more private situation; and
  - Quietly arrange to see them as soon as possible, in a situation away from other students.
- Establish clear limits of confidentiality.
- Listen attentively.
- Listen to students in a private location within the school.
- Be supportive and understanding.
- Be empathetic to student feelings.

- Acknowledge that it is difficult to talk about such things.
- Try to identify student's fears.
- Let the student tell the event in their own words.
- Accept what is said – only the minimum of information is required.
- Reassure the student that it is right to tell, that they are believed and that they are not to blame.
- Be calm and non-judgemental.
- Tell students that a report will be made to a person who will be able to provide protection.
- Allow students the option of support during an agency interview and reassure them of the availability of continuing support.
- Document the disclosure and subsequent discussion and actions.
- Explain what will happen next.
- Try and stay with the student until necessary steps have been taken to ensure safety and support (as directed).

Staff must be mindful that they do not:

- Push for details or to conduct an investigation. Other agencies have this responsibility.
- Express judgement of the student, perpetrator or family.
- Get angry, upset or show shock.
- Blame students.
- Put words in the student's mouth or interrogate as this could jeopardise the interviewing process of DCD and police.
- Promise not to tell when there are clear limits of confidentiality.
- Give a lecture about right or wrong.
- Say "forget it", "you'll get over it" or other such minimising statements.
- Give excessive pity.
- Engage in general staffroom discussion about the disclosure

Staff must be aware that a disclosure can arouse in them strong feelings of shock, anger and helplessness. It is important to control these feelings – they can be worked through after the disclosure with the Principal, Counsellor etc.

#### 5. *Children Left at School*

- i. All avenues must be used to contact the child's family or emergency contacts.
- ii. In some cases a child may be driven home – ideally by the Principal. It is wise in some circumstances to have another staff member accompany them e.g. a male staff member driving a female student home may be wise to ask a female staff member to accompany them.
- iii. If the College is unable to make any contact with the child's family, the Principal may contact DCD.

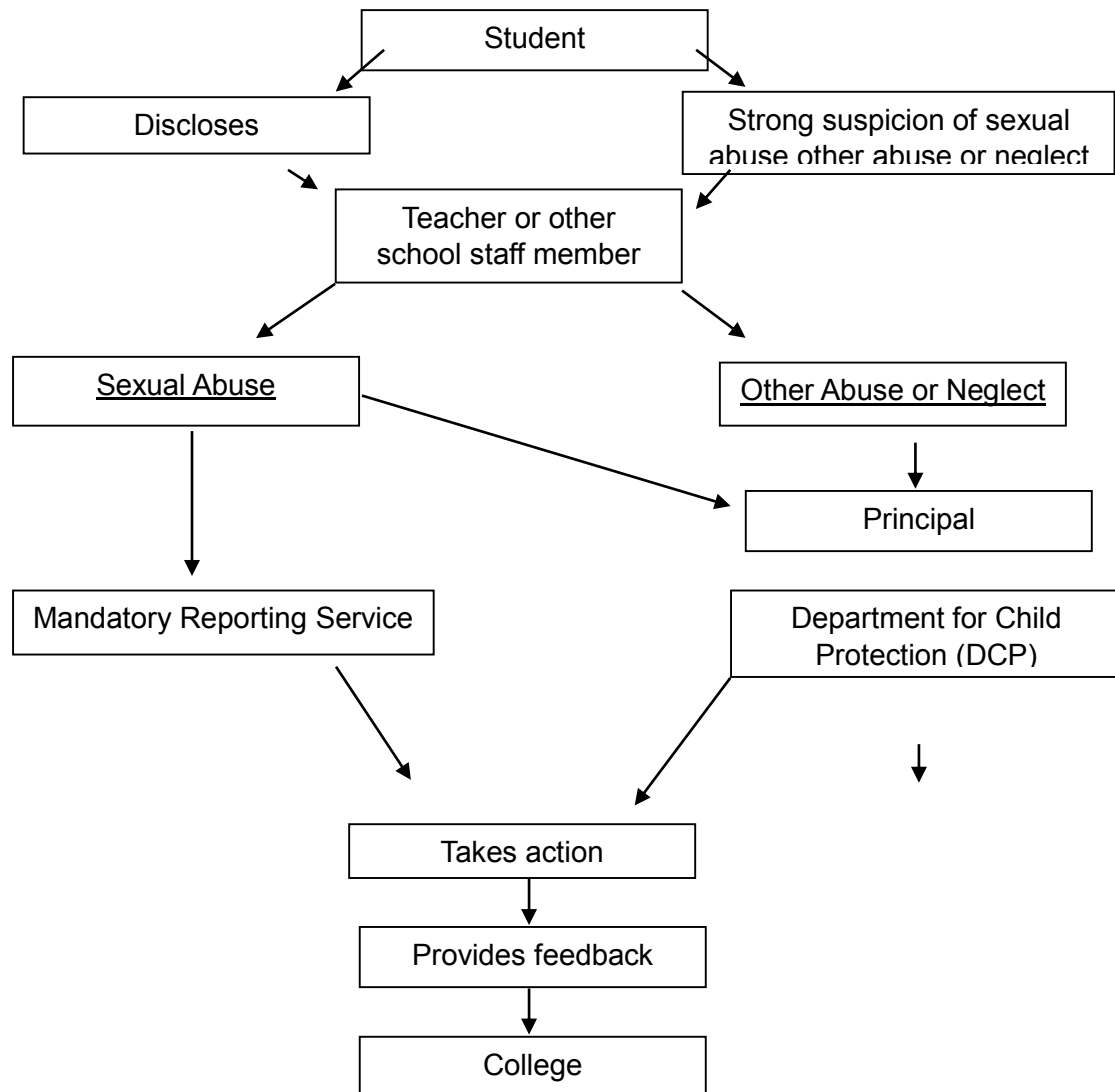
## 6. *Staff Recruitment*

Human resources practises are reviewed to ensure that all new employees, volunteers and contractors are adequately screened, trained and supervised. It includes:

- i. Application form, screening & reference checks.
- ii. The College's commitment to student protection is made clear through the information given to applicants i.e. Staff Handbook.
- iii. Assessment of all positions within the school community – identification of risk and safeguards.
- iv. Job descriptions.
- v. Notification of potential employees that they must participate in orientation, training, supervision & performance management.
- vi. Behaviour codes of conduct.
- vii. Screening of relief staff / temporary staff



### QBC Notification Steps for Reporting:



## AISWA SUGGESTION:

### NOTIFICATION PROCEDURE - CHILD ABUSE AND NEGLECT (NON-MANDATORY REPORT)

