



Child Sexual Abuse Policy

Purpose

The purpose of this policy is to promote a consistent child centred approach to assessing and responding to concerns of intra-familial¹ and extra-familial² child sexual abuse, in line with the Department of Communities' (Communities) statutory role.

Scope

This policy applies to intra-familial and extra-familial child sexual abuse reported to Communities by mandatory reporters, other professionals, and community members. Further, this policy relates to all forms of child sexual abuse regardless of the age of the person alleged responsible. Therefore, it includes incidences of harmful sexual behaviours by a child towards another child or children.

Communities' has a role in assessing and responding to all reports of intra-familial child sexual abuse.

Communities' has a role in extra-familial child sexual abuse where there are concerns for a child/ren regarding parental protectiveness and/or where the person alleged responsible has a caregiving role and may pose a risk to child/ren. Actions taken by Communities are guided by the identified needs of the child/ren who has experienced the sexual abuse and their family.

Definitions

Term	Definition
Person alleged responsible	A person who is alleged to have caused harm to a child, also referred to as the alleged perpetrator.
Harm	Harm, in relation to a child, includes harm to the child's physical, emotional or psychological development (defined in section 3 for

¹ Abuse that is perpetrated by a person who is a family member of the child (for the definition of family, see section 3 of the *Children and Community Services Act 2004*).

² Abuse that is perpetrated by a person who is not a family member of the child.

Term	Definition
	<p>the purposes of the <i>Children and Community Services Act 2004</i> (the Act) as a whole).</p> <p>Harm, in relation to a child, means any detrimental effect of a significant nature on the child's wellbeing, whether caused by –</p> <ul style="list-style-type: none"> (a) a single act, omission or circumstance; or (b) a series or combination of acts, omissions or circumstances (defined in section 28(1) for the purposes of determining whether a child is in need of protection under section 28 of the Act).
Child	Aligns with the definition in the Act to mean a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently under 18 years of age.
Harmful sexual behaviours	The Royal Commission defined 'children with harmful sexual behaviours' as children under 18 years old who have sexual behaviours that fall outside the range typically accepted as normal for a child's age and level of development.
Assessments	Assessments are a continuous process where practitioners build a picture of the life of the child, family, the community, culture and context in which they live. Assessments will have a different focus depending upon the phase of intervention and the individual circumstances of the child or young person and family ³ .
Investigation	The action taken for the purpose of ascertaining whether a child may be in need of protection. Under section 32(1)(d) of the Act the CEO may cause an investigation to be conducted by an authorised officer. Investigations are primarily referred to in the context of a Child Safety Investigation.

Policy statement

Communities has a statutory role to assess and respond to reports of child sexual abuse. This is best achieved through a multi-agency approach that promotes the coordination of

³ [Government of South Australia, Department for Child Protection - DCP Assessment Framework](#)

support, therapeutic, medical and investigative responses. Where required safety planning is part of Communities' response to child sexual abuse.

Child sexual abuse can have profound, lasting, and cumulative impacts over the life span, including the potential for victims and survivors to experience re-traumatisation associated with major life stages, milestones and events. The detrimental impacts of child abuse, particularly when it is not addressed, may emerge or develop further in adulthood, often compounding the effects of other adverse life experiences and may result in poor life outcomes.

Children who display harmful sexual behaviours or abusive sexual behaviours require necessary safety planning and provision of a therapeutic response for both the victimised child and the child displaying the behaviours. Support from protective parent/s, family members and other relevant adults, play a crucial role in addressing the emotional consequences for the child as well as playing a critical role in the ongoing protection of the child.

Legislative mandate

The *Children and Community Services Act 2004* (the Act) provides Communities' legislative mandate to:

- promote the wellbeing of children, other individuals, families and communities;
- acknowledge the primary role of parents, families and communities in safeguarding and promoting the wellbeing of children;
- encourage and support them in carrying out that role; and
- provide for the protection and care of children in circumstances where their parents have not provided, or are unlikely or unable to provide, that protection and care.

Specific provisions relating to child sexual abuse appear in the following sections of the Act:

- Part 3 Division 3 – Cooperation and assistance
- Part 3, Division 6 – Information Sharing
- Section 28 – When child in need of protection
- Section 31 – CEO may cause inquiries to be made about child
- Section 32 – CEO's duties if action needed to safeguard child's wellbeing
- Section 33 – Access to child for the purposes of investigation
- Section 35 – Warrant (provisional protection and care), application for and issue of
- Section 37 – Taking child into provisional protection and care without a warrant in certain circumstances
- Section 101 – Failing to protect child from harm
- Part 4, Division 9A – Reporting sexual abuse of children

For the purposes of mandatory reporting, section 124B of the Act defines '*Sexual abuse*', in relation to a child. It includes sexual behaviour in circumstances where:

- (a) the child is the subject of bribery, coercion, a threat, exploitation or violence; or
- (b) the child has less power than another person involved in the behaviour; or
- (c) there is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.

Mandatory reporters of child sexual abuse include doctors, nurses, midwives, teachers, police and boarding supervisors. The Act requires mandated reporters to make a report to Communities Mandatory Reporting Service if they form a belief on reasonable grounds, in the course of their work (paid or unpaid) as a specified person, that a child has been sexually abused since the law was introduced or is subject to ongoing sexual abuse.

Under the *Children and Community Services Amendment Act 2021*, additional groups of mandatory reporters will be introduced through a phased implementation approach over the next three years including assessors, departmental officers, early childhood workers, ministers of religion, out-of-home care workers, psychologists, school counsellors and youth justice workers.

Operational description of child sexual abuse

Sexual abuse occurs when a child has been subjected or exposed to sexual behaviours that are exploitative and/or inappropriate to their age, developmental level and vulnerability including in relation to disability and mental health. Examples include sexual penetration, inappropriate touching, exposure to sexual acts or pornographic materials, voyeurism, and soliciting children for sexual exploitation.

Sexual abuse includes the grooming of a child to enable/facilitate sexual abuse of the child. Grooming involves the person befriending and establishing an emotional connection and trust with a child to lower their inhibitions with the objective of sexual abuse. Grooming may occur face to face or online. The groomer may share sexually explicit material and test the child's likelihood of staying silent and manipulate the child into not disclosing the abuse.

Perpetrators of child sexual abuse may also seek to groom other significant people in a child's life, including parents, siblings and carers. This could involve establishing a friendship or relationship with adults to secure their confidence and trust, with the primary purpose of gaining access to the child. Adult perpetrators of child sexual abuse must be held accountable for their behaviour.

The sexual abuse of a child can result in immediate and long-term physical, emotional and psychological harm, as outlined below.

Physical harm:

- injuries received from penetration, both internal and external
- other injuries sustained during a sexual assault, including bruising, fractures, abrasions, internal injuries, and biting
- Sexually Transmitted Infections (STI's)
- pregnancy

Emotional harm:

- poor self-esteem
- chronic sadness and impaired ability to experience joy or happiness
- early experimentation and/or harmful use of alcohol and other drugs
- increased levels of aggression and/or engagement with antisocial/criminal activities

- fear and hypervigilance, even in circumstances where a child would usually feel safe
- difficulties with emotional regulation
- impaired ability to develop and maintain safe and healthy relationships with peers and adults
- self-harm and suicidal ideation or related behaviours
- disconnection with culture and significant others
- increased vulnerability to re-victimisation.

Psychological harm:

- diagnosed mental illness or displaying behaviours associated with poor mental health
- learning and/or developmental delay and/or regression
- age-inappropriate sexualised behaviours, including harmful sexual behaviours
- dissociation and somatisation
- difficulties with concentration, memory and the ability to integrate new knowledge and/or skills
- perception issues, such as hearing voices
- reduced capacity to engage in imagination-based play and activities
- trauma related distress including hypervigilance, stress intolerance, dissociation, intrusive thoughts and flashbacks.

Harmful sexual behaviours by children

Children display a range of sexual behaviours from birth, many of which are considered a normal and healthy part of their development. However, some children may develop a range of behaviours that are outside normal development and with some being harmful. The term 'harmful sexual behaviours' encompasses a range of behaviours from those that are developmentally inappropriate, problematic and abusive⁴.

Communities assesses whether sexual behaviours displayed by children are harmful to the child exhibiting the behaviours and/or the child who the behaviours are directed at. Assessments determine whether the behaviour is harmful through consideration of a range of factors that includes but is not limited to the child/ren's respective ages, developmental level, the context within which they occur and the nature of the relationship. Assessments related to harmful sexual behaviours displayed in an extra-familiar context will determine whether Communities has any ongoing role including safety planning and/or provision or referral to therapeutic support.

Instances where sexual behaviours between children are considered to be abusive include factors such as the use of bribery, coercion, threats, exploitation or violence; where the child has less power than the other person; or there is significant disparity in the developmental function or maturity of the child victim.

⁴ Hackett, S. and Holmes, D. and Branigan, P. (2016), Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours, Project Report. National Society for the Prevention of Cruelty to Children (NSPCC), London.

Adults responsible for child sexual abuse are different to children who display harmful sexual behaviours even if they become abusive and violent in nature. This is mostly due to the developmental capacity of children. When provided with early intervention, including appropriate assessment and therapeutic responses tailored to their individual needs and circumstances, children's harmful sexual behaviours are more likely to cease and less likely to escalate to require a child protection or justice response.

Assessing and responding to allegations of child sexual abuse

Child protection assessments take into account the contextual elements in determining if a situation is abusive, such as parental behaviours that enable child sexual abuse to occur or the role of coercion or unequal power in a relationship. Assessments must be documented and need to be rigorous and clear regarding the outcome and rationale for significant decisions including any actions required.

The following outlines Communities key practice principles and role when assessing and responding to allegations of child sexual abuse.

Practice principles

- Every child has the right to be safe and protected from sexual abuse.
- Children are not responsible for being sexually abused.
- Responses to child sexual abuse are trauma-informed, culturally responsive and culturally safe.
- Early identification and reporting of child sexual abuse to Communities is critical to keeping children safe.
- Children are unlikely to make false disclosures and are more likely to never disclose child sexual abuse.
- A disclosure of child sexual abuse may occur after a significant amount of time has passed since the abuse occurred.
- When a child discloses sexual abuse, they must be listened to and taken seriously.
- Actions must be taken to promote the safety and wellbeing of the child, by safeguarding against the abuse reoccurring and reducing the impact of trauma.
- The inappropriate use of words to describe child sexual abuse and the people who experience the abuse can have silencing, stigmatising and other harmful effects. Conversely, the appropriate use of words can empower and educate⁵.

The role of Communities

Communities' role in assessing and responding to child sexual abuse is to:

- Assess the wellbeing (safety, protective, therapeutic and support needs) of the child.

⁵ Final Report - Volume 3, Impacts (childabuseroyalcommission.gov.au)

- Assess whether parents and or caregivers have been protective and/or they are likely to be protective in future, by considering if their actions or inactions:
 - have contributed to the sexual abuse
 - may increase the likelihood of the child being sexually abused in future, and/or
 - may reduce the child's access to adequate support and/or protection
- Investigate whether the child has been harmed or is likely to have been harmed as a result of sexual abuse, whether the harm is significant, and if the child is in need of protection.
- Where the person alleged responsible is a child, assess whether the sexual behaviours displayed by the child have caused harm to either the child exhibiting the behaviours and/or the child victim, whether the harm is significant on either child, and if either child is in need of protection.
- Refer the allegations to the Western Australia Police Force (Police) and ChildFIRST⁶ as appropriate.
- Undertake child assessment interviews and specialist investigative interviews (forensic in nature) where appropriate.
- Provide protection and care for the child/ren in circumstances where their parents or caregivers have not protected or are unlikely or unable to protect them from sexual abuse.
- Develop, implement and review safety plans to promote children's safety and reduce the likelihood of them being exposed to further sexual abuse.
- Provide or arrange for the provision of support and therapeutic counselling services to the child and family as required.
- Assess the safety of specific children who, in a new familial situation, have contact with a person convicted by the courts or assessed by Communities to have harmed a child.
- Assess and respond to STI's in children under 14 years of age.
- Respond to concerns regarding children being forcibly engaged or married (child marriage can be linked to sexual violence against children including trafficking, prostitution and child exploitation material⁷).
- Participate in joint investigations with Police in communities experiencing multiple reports of child sexual abuse.
- Respond to the secondary support needs of parents, children (including children born as a result of the abuse), siblings, carers and other family members impacted by child sexual abuse, particularly in circumstances where they themselves were sexually abused as a child and the disclosure of the child's abuse is potentially re-traumatising.

Working with other agencies

Communities and the Western Australia Police Force have the legislative mandate to assess/investigate child sexual abuse. However, all government and non-government

⁶ ChildFIRST Assessment & Interview Team (CAIT) is serviced by staff from Communities and the WA Police Force. The team assess all new referrals of child sexual abuse within Western Australia. They also assess and begin investigations on physical abuse offences against children if perpetrated by a parent/carer.

⁷ [Link to Report - Unrecognised Sexual Abuse and Exploitation of Children in Child, Early and Forced Marriage](#)

agencies including education, medical practitioners, health, child protection professionals and the criminal justice system have a responsibility to identify, report and provide relevant services to children and their families affected by child sexual abuse.

Communities has several protocols with other government agencies, such as:

- Department of Education's Multi-Agency Protocols for Education Options for Young People Charged with Harmful Sexual Behaviours.
- Memorandum of Understanding between the Department of Communities and the Department of Education (and accompanying Schedule).
- Memorandum of Understanding between Western Australian Department of Communities and Western Australia Police Force in relation to mandatory reporting of child sexual abuse.
- Bilateral schedule between the Department of Communities and the following Health Service Providers (HSPs): Child and Adolescent Health Service (CAHS); North Metropolitan Health Service, (NMHS); South Metropolitan Health Service, (SMHS); East Metropolitan Health Service, (EMHS); and WA Country Health Service (WACHS), for collaborative responses to child abuse and neglect identified by Health Service Providers including children in care.
- Standard Operating Procedures of the Multiagency Investigation and Support Team – MIST

Other related documents

This policy should be read in conjunction with:

- *Signs of Safety Child Protection Practice Framework (September 2011, 2nd Edition)*
- Casework Practice Manual guidelines on:
 - Child Sexual Abuse
 - Mandatory reports of child sexual abuse
 - Sexually transmitted infection notifications
 - Conducting a Child Safety Investigation
- Rapid Response Framework

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