



Foundational theories and knowledge Safeguarding Practice Paper

1. Introduction

This practice paper provides Department for Child Protection (DCP) practitioners with critical information to support them in safeguarding children and young people in care against harm, in particular sexual abuse. This paper includes information on recognising and responding to concerning behaviour by caregivers. This paper should be read in conjunction with the [Responding to disclosures of harm Practice Paper](#) and the [Protective behaviours and sexual education for children and young people Practice Paper](#).

Please note that in this document, the term Aboriginal refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

2. The importance of safeguarding

Safeguarding children and young people refers to the responsibility all organisations have to ensure that their staff and services do no harm to children and young people. The safety of children and young people is the paramount consideration.

Under the United Nations Convention on the Rights of the Child (UNCRC), children and young people have a range of rights. Article 19 of the UNCRC states, “Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them”. The Children and Young People (Safety) Act 2017 outlines the obligation of DCP to ensure children and young people are protected from harm.

DCP is committed to providing children and young people in care with safe, nurturing, culturally responsive and trauma-informed care. Children and young people in care are among the most vulnerable in our community and it is a critical duty of DCP practitioners to protect them from further harm. In addition, actively seeking and acting on the views and wishes of children and young people is imperative and contributes significantly to ensuring their safety.

Children and young people who suffer harm usually do so at the hands of someone who is known to them, who is bigger and older than them, or is in a position of power or influence. It is acknowledged that whilst this paper focuses primarily on sexual abuse, children and young people in care are also vulnerable to other forms of harm. Those caring for and supporting these children and young people must be alert to the possibility the child or young person is being harmed, take action to protect them from harm and respond if there is information to indicate harm has occurred.





3. The vulnerability of children and young people in care

All children and young people are vulnerable to harm due to their limited resources to protect themselves and dependence on caregivers. There are a number of risk factors that increase vulnerability of children and young people to harm, including:

- low self-esteem, underlying sense of worthlessness, self-loathing or shame
- attachment disruption and disturbance
- antisocial behaviours
- alcohol and/or other drug use
- mental health difficulties
- disconnection or isolation from culture and Community
- exposure to poor adult role models, lack of positive social experiences and interactions
- lack of consistent care and education
- frequent exposure to other vulnerable children and young people with similar risk factors
- developmental delays and/or disability or reduced capacity to understand and/or communicate.

Children and young people in care are particularly vulnerable to harm due to:

- their history of complex trauma
- disruption in their attachment relationships
- the trauma and grief associated with separation from family
- previous harm impacting their understanding of appropriate boundaries and healthy, respectful relationships
- not having experienced feelings of safety
- difficulties identifying what feels unsafe as harm may be normalised for them
- reluctance to disclose or discuss their experiences
- trauma based behaviours that place them at greater risk (for example, going missing from care, harmful sexual behaviours, and gravitating towards unsafe adults in the community).

The risk of harm is high for children and young people in care and perpetrators may recognise and exploit this vulnerability. This results in children and young people in care being at risk of sexual exploitation.

4. Specific groups of vulnerable children and young people in care

Some children and young people in care experience further increased levels of vulnerability. They may fall into one or more of the following groups. The impact of these factors on the child or young person's vulnerability must be considered on an individual basis.

4.1 Infants and very young children

The younger the child is, the greater their vulnerability and the lower their capacity to protect themselves from harm. Young children have a basic instinct to seek the help of adults to meet their needs and they rely on adults to keep them safe. Very young children do not have the communication skills to tell us about their experiences, have limitations in their cognitive ability and cannot understand other's motivations. Their





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ability to challenge or question adults is limited. Therefore, generally the younger the child, the more likely they are to be trusting without question, making them more susceptible to grooming and harm.

4.2 Aboriginal children and young people

Aboriginal children and young people are grossly over-represented both in care and the youth justice systems. Systemic racism, discrimination and intergenerational grief, loss and trauma have significant impacts on the wellbeing of Aboriginal children, young people, families and Communities. It is essential that DCP practitioners and care environments support culturally safe and responsive practice and active efforts are made to ensure children and young people are connected to family, culture, Community and Country. Aboriginal children and young people will generally experience additional challenges and complexities due to disconnection from family, Community and culture. Aboriginal children and young people from rural and remote Communities that are placed away from their Community causing disconnection to land, culture, Community and Country may experience compounded feelings of loss, grief and trauma. Due to experiences of racism and discrimination and contact with child protection (in their own lives and in past generations), Aboriginal children and young people may be less likely to trust non-Aboriginal people, services and systems. This might make them reluctant to disclose harm or talk about their feelings and concerns with the adults that they are in regular contact with.

Consultation with a Principal Aboriginal Consultant (PAC) is recommended if there are concerns or questions regarding the safety of Aboriginal children and young people in care. It is essential to ensure consultations are documented in C3MS.

4.3 Children and young people from culturally and linguistically diverse backgrounds

There are increasing numbers of children and young people from culturally and linguistically diverse backgrounds living in care. Practitioners need to develop an understanding and awareness of the different 'world-views' of clients from diverse cultural, ethnic, religious and language backgrounds. They may be from migrant families or refugee backgrounds and may have experienced trauma in being separated from their culture, community and family, and/or have experienced traumatic events (such as war or poverty) in their country of origin. Children and young people from diverse cultural backgrounds may be vulnerable to harm due to differences in educational experiences, cultural norms, religious beliefs, gender and language barriers. Moreover, Unaccompanied Humanitarian Minors may have faced many challenges including, persecution, danger, exploitation, loss of family, uncertainty and an unknown future. These young people may also struggle with trauma and grief and loss and social isolation. Practitioners need to develop an understanding of a child or young person's cultural values and beliefs about respect for elders, personal boundaries and privacy might also make them uncomfortable or reluctant to voice concerns about unsafe or abusive behaviour. Consultation with DCP Multicultural Services should occur if there are concerns or questions regarding supporting the safety of children and young people from culturally and linguistically diverse backgrounds.

4.4 Children and young people with disability

Children and young people with disability, particularly those who live in care, are highly vulnerable to harm as they may:





- be socially isolated
- rely on others to meet their needs
- have personal care needs that require the assistance of others (for example, toileting and bathing)
- have communication difficulties
- not have the cognitive functioning to be aware or understand that they are being harmed
- not be able to access the usual pathways for reporting they are being harmed
- not have had access to education programs that teach them about personal safety, boundaries, privacy and sexual health.

Perpetrators of harm may seek out children and young people with disability in the hope that they are less likely or are unable to identify, disclose and report harm. Signs of harm may be overlooked as they may be incorrectly thought to be a result of the child or young person’s disability.

5. The nature of sexual abuse and exploitation

Understanding the grooming process and how child sexual abuse and exploitation occurs is important as it assists DCP practitioners to identify the signs that action needs to be taken to ensure the safety of the child or young person.

The United Nations defines sexual exploitation “as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another”.

Child sexual exploitation needs to be clearly differentiated from harmful sexual behaviours and children and young people who are survivors of child sexual exploitation should not be misunderstood as displaying harmful sexual behaviour.

5.1.1 Grooming, threats, manipulation and secrecy

Children and young people are most likely to be sexually abused by a person they know and trust¹, such as a relative, friend, care provider or religious and cultural/community leader or neighbour. The perpetrator may initially be a distant acquaintance or a stranger but then go to great lengths to establish a close relationship, which they then use to manipulate and abuse the child or young person. This process is often referred to as grooming. Grooming behaviour can be used to influence both children and young people and their caregivers.

The grooming process has three main goals for the perpetrator to:

- enable the perpetrator to harm the child or young person and overcome victim resistance
- continue the abuse and maintain access to the victim/s
- avoid getting caught and prevent the victim/s disclosure.

Table 1: Stages of grooming in child sexual abuse

¹ McKibbin, D. and Laird, J. (2019) [The uncomfortable truth about child sexual abuse](#). *Pursuit*, University of Melbourne.





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| | Stage of grooming | Examples of techniques used by perpetrators |
|-------------------|---|---|
| Enabling | <p>Creating a bond: This involves luring the child or young person into a special and exclusive relationship with the perpetrator such that they likely enjoy the company of and like the perpetrator.</p> | <ul style="list-style-type: none"> • Flattery and charm: strives to be fun, interesting, engaging and complimentary (for example, talks about video games or children’s movies, or praises the child or young person) • Engaging the child or young person as an adult: makes the child or young person feel grown-up by introducing adult concepts, themes and activities (for example, allowing the child or young person to drink alcohol, smoke or watch adult movies, or making statements like “You’re really mature for your age” or offering alternative accommodation) • Giving special attention: lavishes them with special attention or shows favouritism in a group environment to make them feel special. This may be done secretly to avoid detection and to make the child or young person feel that they are part of something special and exciting. • Offering gifts or rewards: attempts to lure and seduce the child or young person with something they need or want (for example, sweets, games or toys for younger children, or money, cigarettes, alcohol and other drugs for adolescents). |
| Continuing | <p>Creating reliance: This process aims to isolate the child or young person from other adults who can help them and make them increasingly emotionally reliant on the perpetrator.</p> | <ul style="list-style-type: none"> • Use of secrecy: uses secrets to lure children and young people in and to isolate them from other adults and prevent disclosure (for example, telling the child or young person, “this is our special secret – nobody else will ever understand”). • Push and Pull: ‘pulls’ the child or young person closer by ‘pushing’ other adults away and causing them to feel that they need to rely on the perpetrator more than anyone else (for example, saying, “I’m the only one who really cares about you”). • Preying on vulnerabilities: uses any personal issues or insecurities the child or young person may have talked about to make them feel the perpetrator is the only person who understands them or can help them. Being in a position of power increases this influence. |





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| | Stage of grooming | Examples of techniques used |
|--------------------|--|--|
| Continuing | <p>Decreasing resistance: There is often a long period of initial grooming before this stage. Perpetrators are often skilled manipulators and are often careful about moving to this stage of grooming.</p> | <ul style="list-style-type: none"> • Sexual desensitisation: exposes the child or young person to pornography, sexually explicit movies and/or pictures to introduce, normalise or desensitise children and young people to sexual acts. • Breakdown of physical boundaries: uses other types of non-sexual physical contact (for example, tickling games, bathing, massage or physical play) to progressively desensitise the child or young person to physical contact. • Using group influence: abuses children and young people in groups to 'normalise' the behaviour and use peer pressure to influence them. • Grooming caregivers: uses grooming techniques to manipulate adult caregivers to increase access to children and young people, to increase opportunities for harm to occur and to avoid suspicion. |
| Maintaining | <p>Trapping the victim: Once the abuse has begun, perpetrators will use other tactics to ensure the harm can continue and to keep the child or young person from disclosing.</p> | <ul style="list-style-type: none"> • Direct threats: uses threats against someone/something important to the child or young person or threatens them directly (for example by saying, "If I find out you've told anyone, I'll kill them", "I'll make sure you never see your family again if you tell" or "I'll get you if you tell"). • Reflexive threats: tells the child or young person something bad will happen to the perpetrator if they tell (for example, "I'll lose my job" or "I'll go to jail and we'll never see each other again"). This is particularly effective if the child or young person feels close to or relies upon the perpetrator. • Planting doubt: convinces the child or young person that no one will believe them or they will be in trouble for lying if they make a disclosure. This is a powerful deterrent when the perpetrator is in a position of power and or influence. • Shaming: transfers their own responsibility, shame and guilt onto the child or young person making them believe that they are responsible for the abuse (for example by saying, "If you tell, I'll say that you wanted to do it and that you liked it", or "If you tell, I'll say that you started this and you'll be the one to get in trouble"). |





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Table 2: Manipulation tactics that perpetrators may use include:

| Grooming tactic | Behaviour with the child or young person | Behaviour with colleagues and adults around the child or young person |
|---|---|---|
| <p>Integrity manipulation Efforts are made to appear 'good' so as to be above suspicion.</p> | <ul style="list-style-type: none"> • Present as kind, friendly, funny and charming • Be exceptionally generous with time and compliments • Make every effort to help and advocate for the child or young person • Support the child or young person in conflict with other adults. | <ul style="list-style-type: none"> • Appear to be a passionate and outspoken advocate for children and young people's rights and safety • Go above and beyond in their duties to help and support children and young people to achieve their goals • Ingratiate themselves to colleagues, particularly those in supervisory or influential roles • Take on promotional positions at every opportunity and offer advice to others about best practice. |
| <p>Intimidation manipulation Threats, controlling acts and bullying are used to overcome victim resistance and disempower or discredit others.</p> | <ul style="list-style-type: none"> • Present with an authoritarian presence such that children or young people are afraid to disobey them • Use threats and harsh discipline to gain compliance (for example, "You will do everything I ask you to or you can forget about me helping you anymore") • Use controlling language (for example, "You will do as I say", "You will not talk back to me" or "I don't tolerate disobedience"). | <ul style="list-style-type: none"> • Constantly criticises their colleagues' practice • Deliberately sets out to make others look bad • Are quick to blame colleagues when things go wrong • Paint others whom they see as a threat as liars or trouble-makers in order to discredit or undermine them • Use intimidation and bullying tactics to keep colleagues from voicing their concerns. |
| <p>Suffering manipulation Emotional manipulation is used to gain sympathy and be viewed as a victim.</p> | <ul style="list-style-type: none"> • Manipulate the child or young person by talking about their weakness and being tormented by temptation • Talk about how they rely on the child or young person's support and friendship. | <ul style="list-style-type: none"> • Share or invent personal stories of hardship to incite sympathy and compassion from colleagues, causing people to feel guilty about voicing any concerns • In the event that a colleague expresses any concern about their behaviour, appear hurt and betrayed. |





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| <p>Blocking manipulation Refuses to engage when confronted and dismisses, ignores or confuses any concerns expressed by others.</p> | <ul style="list-style-type: none"> • Act as though the abuse never happened during interactions with the child or young person, ignoring any mention of it. When combined with an authoritarian manner, this can make the child or young person feel too uncomfortable or frightened to ever speak of it • Use jokes and humour to deflect and dismiss concerns • Send mixed messages to the child or young person, causing them to feel uncertain and confused about their intentions. | <ul style="list-style-type: none"> • Withdraw from colleagues and refuse to engage on a personal level, creating a persona they are unapproachable • Dismiss, 'laugh off' or deflect any concerns about their conduct in order to make the person concerned appear embarrassed, foolish or confused. |
| <p>Liberal manipulation The perpetrator tries to present as a person who is eccentric but brave and noble in challenging the system and being unconstrained by rules and regulations.</p> | <ul style="list-style-type: none"> • Create a persona of being cool, different to other workers and willing to break the rules • Lie or conspire against other colleagues to help in the favour of the child or young person • Display an attitude that 'rules are made to be broken' and encourage the child or young person to break rules but tell them to keep it a secret from others because they cannot be trusted. | <ul style="list-style-type: none"> • Create a persona with liberal values and present as someone who likes to 'bend the rules' in order to achieve outcomes • Gradually increase 'stretching the rules' to desensitise those around them to what might have initially been viewed as an obvious breach or violation • Encourage others to bend the rules also offer to 'cover for them' when they do. |

6. Sexual abuse and exploitation outside of the care environment

Seeking connection with others is a basic human need. Children and young people in care may be disconnected from family and Community and feel particularly driven to connect with others. These relationships may develop with another child or young person, a relative, a person in the community or someone they meet online. Children and young people may actively seek out connections with older young people and/or adults which may lead to relationships which may not be safe.

It can be particularly difficult for children and young people in care to recognise that they are feeling unsafe or when they are being exploited. The person with whom they are forming a relationship may promise to be





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there for them in the future which can bring feelings of comfort to the child or young person even if this is a person who may harm them.

The [Power 2 Kids](#) program can assist residential care staff working with young people in the areas of sexual health, sexual education and safety.

It is important to acknowledge that, although this paper has a focus on sexual harm, children and young people in care may be exploited by adults with non-sexual motivations (for example, the adult might use or encourage the child or young person to engage in illegal acts on their behalf such as stealing, trespassing, soliciting or property damage). The adult may present these acts as appealing or adventurous and entice the child or young person with rewards or coerce them with threats.

For further information refer to the [Respond when a child or young person is missing or absent](#) section of the Manual of Practice and the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#)

7. Sexual abuse and exploitation within the care environment

Care environments should be a safe and nurturing place for children and young people. Harmful sexual behaviour can occur within the placement between children and young people. For more information on harmful sexual behaviour between children and young people, refer to [Peer to peer harmful sexual behaviour involving children or young people in care Assessment Protocol](#) the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#).

While the vast majority of people working or volunteering in care environments are committed to child safety and protection, children and young people in care may also be sexually abused by the adults who care for them. Organisations providing care to children and young people employ rigorous staff screening and safety measures. However, perpetrators are often highly motivated to evade such measures in order to access opportunities to have regular access to vulnerable children and young people.

Many people consider that the idea that a person employed to care for children or young people would harm them is almost unthinkable and perpetrators can exploit this. On occasion, abuse has occurred undetected, often in close proximity to others. Perpetrators may use grooming techniques to manipulate the other adults in the child or young person's life in an effort to increase opportunities for harm and to avoid suspicion (see section 5.1). Healthy, stable and nurturing relationships between staff and children and young people must be supported, while at the same time vigilance is important when it comes to the physical and psychological safety and wellbeing of children and young people in care.

Sexual harm in care settings occurs in a similar pattern as it does outside of care settings. The perpetrator may have begun working or volunteering at the care setting with the intent to harm from the outset or they may believe they entered the profession for the 'right reasons'. The perpetration of harm is nearly always preceded by a grooming process involving the child and young person and other people around the child or young person. The safety of children and young people is always the paramount consideration and where there are any concerns that the child or young person has been harmed, practitioners must report the concerns, consistent with the requirements of the [Reporting a suspicion a child or young person is at risk procedure](#) and sections 64A and 65 of the *Criminal Law Consolidation Act 1935*. Refer to the [Criminal Law Consolidation Act 1935 flow chart](#) for further information.





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7.1 Warning signs of children and young people at risk of sexual abuse

Without a disclosure from the child or young person, recognising sexual abuse can be difficult. Staff may feel uncomfortable about a person or situation but may not be able to explain exactly why.

Some of the warning signs outlined in the following section can be indicators of sexual abuse but the list is not exhaustive. The below indicators could also be signs of issues other than sexual abuse (for example, behaviours in response to trauma). It is important to be aware of the possible signs of sexual abuse to assist in recognising when a child or young person may be being harmed.

Table 3 includes signs that can be associated with sexual harm but may also be attributed to many other issues including emotional stress, mental illness, trauma, depression, grief or bullying.

Table 3 – Possible indicators of sexual abuse

| Warning sign (possible indicator of harm) | Examples |
|---|---|
| Unusual, concerning or obsessive sexual behaviours that are not developmentally appropriate. | <ul style="list-style-type: none"> Engaging in harmful sexual behaviours that are not developmentally appropriate (refer to the Traffic-LightsBrochure.pdf (wbsass.com.au) for further information. Mimicking violent, disturbing or sexual behaviours with toys or dolls Obsessive masturbation in young children, particularly if there is also (self) penetration Using sexually explicit language and describing sexually explicit acts Drawing pictures or writing stories of a graphic sexual nature. |
| Obsessive or unusual fears about going to bed or heightened or anxious behaviour at night or bedtime | <ul style="list-style-type: none"> Frequent soiling or bedwetting at night Refusal to go to bed or sleep Persistent nightmares or dreams of violence, frightening images or sexual acts Unusual fear of the dark. |
| Noticeable change in behaviour around personal hygiene practices | <ul style="list-style-type: none"> Refusal or avoidance of showering or bathing Refusal to get undressed or change clothing Frequent soiling Obsessive washing or showering. |
| Behaviour changes at school | <ul style="list-style-type: none"> Frequent non-attendance at school Withdrawal from peers or deterioration of friendships Sudden change in performance or level of engagement Refusal to participate in sport or physical activities. |
| Avoidance of certain people or activities | <ul style="list-style-type: none"> Refusal to have contact with, visit or spend time with a particular person (this is particularly concerning when there is no obvious reason or when the relationship had previously seemed positive) |





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| | <ul style="list-style-type: none"> • Extreme fear of or fearful reaction to a particular adult with no clear explanation given (particularly concerning in young children) • Running away or staying away at certain times to avoid a particular person. |
| <p>Other concerning changes</p> | <ul style="list-style-type: none"> • Self-harm or suicidal ideation • Sudden decrease in self-esteem (for example, talks about self as dirty, disgusting, bad or worthless) • Alcohol and/or other drug use • Appearing withdrawn or distracted or ‘living in a fantasy world’ • Regression of behaviour in older children or young people (for example, sucking thumb or soiling) • Sudden increase or emergence of challenging behaviours including violence and aggression, bullying behaviour, emotional outbursts or damaging property • Frequently going missing • Change in eating habits (for example, excessive eating or refusal to eat) • Having unexplained money or gifts. |

In addition to the warning signs described in Table 3, there are certain physical signs that may indicate sexual abuse. Some of these signs may only be recognised or diagnosed by a medical practitioner but others might be recognised in children or young people who require assistance with personal care.

Whilst there may be many other explanations for some of these, medical assessment and treatment must be sought where the following is identified:

- physical trauma, abnormal dilation, bleeding or bruising of genital or rectal area
- unexplained pain and discomfort and an inability to sit still
- foreign bodies in genital, urethral or rectal openings
- burning sensation, itching or infection of genital, urethral or rectal area
- difficulty going to the toilet
- blood in underwear (not related to menstruation)
- mouth infections or injuries or difficulty swallowing
- bite marks
- sexually transmitted infection (STI)
- pregnancy.

In care environments, warning signs outlined above have sometimes gone unnoticed or have been discounted for some of the following reasons:





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First impressions

Most people have heard the saying 'first impressions last'. Once we have formed an opinion or an emotional judgement about someone or something, it can be difficult to change. New information that is in conflict with these first impressions and opinions is more likely to be ignored, dismissed or discounted than information that supports or confirms them.

Difficulty believing abuse is possible in care environments

In most organisations, people tend to assume that others are like-minded. This is particularly the case in organisations that care for children and young people. Although individuals may vary in their level of commitment and ability, the underlying assumption is that everyone is working in these systems because they care about children and young people and want to help them.

Gradual shifts from standards of practice

When working under pressure with limited resources, policies and procedures can begin to feel pointless, restrictive and frustrating. Gradually, safety practices may erode and certain rules and safeguards that were once standard practice can fall away.

Behaviour attributions

The signs and symptoms of harm are sometimes falsely attributed to something else. Children and young people in care can present with a range of complex behaviours and emotional needs related to previous experiences of trauma, poor mental health, or developmental delay or disability. This can make it difficult to attribute the cause of behaviour and the signs and symptoms of current harm can be easily misattributed to past traumatic experiences.

8. Responding to inappropriate behaviour by adults

Staff may observe behaviours in other adults that can be viewed as inappropriate rather than harmful or may border violating professional boundaries. It is not acceptable to minimise, delay or ignore responding to such information. Any concerning behaviours from other staff must be reported to the line manager, including behaviours that do not necessarily meet the requirement for a mandatory report.

The line manager must document all discussions and take appropriate action. A report should be made to Child Abuse Report Line (CARL), if appropriate. If staff cannot contact their line manager immediately another senior person must be informed (for example, Residential Care worker contacting an on call manager or the DCP After Hours Call Centre).

Reporting pathways for staff external to their immediate line management include Human Resources DCPEmployeeMisconductConcerns@sa.gov.au.

Practitioners have obligations to report concerns about corruption, maladministration and misconduct. Further information refer to the [Public Interest Disclosure Procedure](#) and the [Office for Public Integrity website](#).





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9. Reporting suspicions of abuse

If information creates a suspicion that child abuse or harm has occurred or there is a risk that harm may occur, staff must make a notification to CARL without delay, irrespective of who is alleged to be responsible (for example, a colleague, friend, senior staff member, volunteer, parent, visitor, teacher, family member, or another child). Permission is not required from anyone to report concerns of abuse, harm or risk of harm. It is also not necessary to discuss the notification with anyone prior to making the notification.

Where there are immediate concerns for the safety or wellbeing of a child or young person, the notifier must discuss appropriate management of the situation with their line manager (or next most senior person if appropriate) as a matter of urgency. Refer to the [Reporting a suspicion that a child or young person may be at risk procedure](#) for further information.

All DCP employees (including students undertaking practical training, DCP volunteers and service providers who are contracted to conduct DCP services) have obligations to report to SAPOL if they know or suspect sexual harm of a child or young person under the age of 18 years (including historical incidents within the previous ten years) perpetrated by another DCP employee. Practitioners are required to comply with the requirements of the [Reporting a suspicion a child or young person is at risk procedure](#).

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