

NSW Health Frontline Procedures for the Protection of Children and Young People



NSW HEALTH DEPARTMENT

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Foreword

NSW Health has a strong commitment to the safety, welfare and well being of children and young people. NSW Health services work in partnership with other key agencies to promote the protection of children and young people. The provision of Health services to children, young people and their families and carers is essential to protect children and young people from risk of harm.

NSW Government Departments have made a commitment to providing a coordinated and comprehensive response to promote the care and protection of children and young people. The Interagency Guidelines for Child Protection Intervention 2000, and the introduction of new legislation, policies and training are strategies implemented by the NSW Government to meet this commitment.

NSW Health Procedures for the Protection of Children and Young People operationalise the responsibilities of NSW Health under the Children and Young Persons (Care and Protection) Act 1998 and build on and incorporate existing good practice. All Health workers have a responsibility to recognise and report children in need of care and protection, and to provide appropriate services for those children and their families.

These procedures reflect the work of the Senior Officers Group for Child Protection, Health Services Policy Branch, the NSW Health EnAct Taskforce, and consultation with Area Health Services, NSW Health workers, and other Government Departments.

It is with great pleasure that I present the NSW Health Frontline Procedures for the Protection of Children and Young People. I encourage active participation from all levels of the health system, and collaboration with other key agencies to promote the safety, welfare and well-being of children, young people and their families in NSW.



Michael Reid
Director-General

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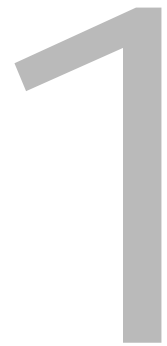
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Introduction



NSW Health has a key role to play in the protection of children and young people. We provide a comprehensive range of services that enhance the health and well-being of children, young people and their caregivers and help to prevent abuse and neglect. Health workers are uniquely placed to support parents, caregivers and communities and promote the development of a safe and healthy environment for all children and young people.

Large scale Australian research indicates that one in three children experience abuse with 10% reported to experience severe beating and 28% child sexual assault involving physical contact (Mazza, Dennerstein, and Ryan 1996). As children make up 25% of the population of NSW (ABS 1999), this represents a significant number who are at risk of abuse at any time. For example in 1998/99, the Department of Community Services dealt with 10,000 cases of abuse or neglect of children in NSW (DOCS 1999).

Not all abuse against children is identified at the time it occurs and there is increasing recognition that child abuse can have severe health impacts in both the short and long term. US research indicates that childhood experiences of abuse and neglect show a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease (Felitti, Anda, Nordeberg et al 1998). Health services have an important role to play in reducing these effects.

Every Health worker that comes into contact with children has a responsibility to protect the health, safety and welfare of these children. It is important that all Health workers are able to recognise child abuse and neglect and know what action to take to ensure that children are protected.

These procedures provide information to help you recognise children at risk of harm, make a report to the Department of Community Services, respond to requests for service, and exchange information with the Department of Community Services.

They are targeted at all frontline health professionals including those working in the following areas:

- emergency departments
- other hospital facilities
- maternity departments
- early childhood nursing services
- nurses in schools
- public oral health services
- community health centres
- child, adolescent and family services
- youth health services
- PANOC (Physical Abuse and Neglect of Children) specialist services
- sexual assault services
- drug and alcohol services
- child and adolescent mental health services
- adult mental health services
- sexual health services
- needle and syringe program services.

The procedures are consistent with the Interagency Guidelines for Child Protection Intervention 2000 and represent a clear commitment on the part of NSW Health to work cooperatively with other agencies to maximise the health and protection of children and young people affected by physical abuse, sexual abuse, emotional abuse and neglect.

These procedures replace the NSW Health policy *Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect, and Recognising and Notifying Child Abuse and Neglect*. (1997)

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The Policy Context

In 1998 the Children and Young Persons (Care and Protection) Act 1998 was passed by the NSW Government. This Act creates new responsibilities for health services.

NSW Health has also been involved in the development of the *Interagency Guidelines for Child Protection Intervention 2000* which describe the NSW Government's commitment to child protection and provide agreed principles for intervention and interagency cooperation. As a signatory to these interagency guidelines, NSW Health is committed to supporting their full implementation. The following extracts from the guidelines explain these shared principles.

2.1 Child Protection: The Whole of Government Approach

The NSW Government believes that one of the primary concerns of any community should be the health and well-being of its children and young people. Children and young people should be able to grow up in an environment that enables them to develop physically, emotionally, intellectually and socially in conditions of freedom and dignity.

The NSW Government is committed to a coordinated and comprehensive response to promote the protection of children and young people. Effective care and protection incorporates community action to:

- prevent and reduce the abuse and neglect of children or young people in the community
- provide support to families experiencing difficulties so their circumstances change
- respond to reports of risk of harm so that the safety of children and young people is effectively addressed and appropriate support is provided
- ensure offenders are appropriately sanctioned.

The Government recognises that there are common features that enable consistent procedures to be developed and implemented within a good practice framework. It also recognises that physical abuse, emotional (psychological) abuse, neglect and child sexual assault will require different and specialised responses.

While other agencies have key roles in child protection, the Department of Community Services has the statutory mandate to coordinate responses and to ask other agencies to provide appropriate care and support to children, young people and their families.

2.2 Principles for Child Protection Intervention

The NSW Government has adopted the following principles to guide agency decisions on child protection and provide a framework for individual agency policies, practices and procedures.

- The safety, welfare and well-being of the child or young person are paramount.
- Children and young people must be given the opportunity to participate at a level appropriate to their age and development in decisions which significantly impact on their lives.
- Child protection decisions must take account of the culture, disability, language, religion and gender of the child or young person, their family and caregivers.
- Families must be given an opportunity to participate in decisions which affect the safety, welfare and well-being of a child or young person.
- In acting to protect a child or young person, practitioners or agencies should maintain the child or young person's relationships and sense of identity and should intervene only as far as required to secure their safety, welfare and well-being.

- Children and young people who are unable to live with their families will be provided with an environment which meets their care, support, education and health needs.
- Government agencies will work in partnership with each other, with non-government organisations and with the child or young person and their family to secure and sustain their safety, welfare and well-being.
- Government and non-government agencies will follow policies and practices that ensure staff are screened for employment and are qualified, trained and supervised.

2.3 Interagency Cooperation

As a basis for interagency child protection work, it is expected that practitioners and agencies will share:

- an understanding of the aims of intervention and of what is good practice
- an appreciation of and respect for different roles and different contributions of practitioners
- a commitment to partnership between the government and non-government sectors in achieving good practice responses
- an understanding of the context in which agencies work and acknowledgment of their constraints
- a preference for coordinated effort rather than unilateral action by a single agency or uncoordinated action by a number of agencies
- a willingness to learn from each other
- a belief in accountability to clients, to each other, and to the community.

In carrying out their duties, practitioners and agencies will be conscious of:

- a child or young person's immediate needs as well as assessed longer term needs for safety, nurturing and specialised assistance
- the need for prompt and purposeful information exchange between agencies in the interests of the immediate and ongoing safety of the child or young person
- clear division of responsibilities for the practitioners and agencies involved
- the importance of a case manager for every case
- the importance of following the processes for interagency planning in assessments and investigations in order to minimise trauma to families and protect the best interests of children and young people
- the need to deal constructively and promptly with difficulties and differences resulting in conflict between agencies
- differing experiences of child abuse and neglect for individuals that require individually planned responses.

3

The role of NSW Health and the Department of Community Services in Child Protection

3.1 Introduction

Health workers are uniquely placed to recognise children who may be experiencing child abuse or neglect and intervene to protect them. By accurately recognising and documenting cases of suspected or actual child abuse, Health workers play an important role in supporting children and putting in place a process to address the concerns raised.

NSW Health is committed to ensuring that children who are suspected of being abused receive care and protection of the highest quality. It has been recognised that some children have experienced what has become known as 'systems abuse' by government agencies involved in their protection. In relation to Health, this 'abuse' could take the form of excessive delays before receiving treatment, a failure to make a report, repeated interviewing of a child or lack of access to appropriate specialist services.

3.2 The need for an interagency approach

Protecting children from abuse and neglect is a shared responsibility. The complexity of the problem of child abuse and neglect means that effective intervention requires an understanding of the different roles and responsibilities of the various agencies which respond to child abuse.

3.3 Lead responsibility

The Department of Community Services is the agency with lead responsibility in child protection because it is charged by law with responsibility for the statutory care and protection of children. The Department has wide powers to enable it to carry out this responsibility on behalf of the community. While other agencies have key roles in child protection, the Department of Community Services has the responsibility and legal mandate to ensure the child's safety, welfare and well-being. This lead responsibility does not however detract from all agencies working together to protect children.

3.4 Role of NSW Health

The Interagency Guidelines for Child Protection Intervention 2000 describe the roles of all key government agencies in relation to children and young people who have experienced abuse.

The role of NSW Health in child protection is to recognise and report children and young people who are at suspected risk of harm from abuse and neglect and to provide crisis counselling, ongoing counselling and medical examinations for children and young people who have experienced abuse or neglect. NSW Health offers preventative and educational programs for health workers and communities as well as special programs for children, young people and families who have experienced child abuse or neglect.

3.5 Responsibilities

As a service provider:

- Providing medical examinations including a developmental assessment for children and young people where there is an allegation of physical or sexual abuse or neglect.
- Providing psychosocial, psychiatric and developmental assessment of children and young people suspected of emotional abuse or neglect.
- Providing medical treatment to children and young people where abuse or neglect has been identified.
- Providing crisis and ongoing counselling and advocacy services for children and young people who have been sexually abused, their non-offending caregivers and siblings at Sexual Assault Services.
- Providing counselling for eligible child sexual offenders through the Pre-Trial Diversion of Offenders Program.

- Providing counselling (through NSW Health Department prescribed programs) for young people who have committed sexual offences and who are not eligible for programs provided by the Department of Juvenile Justice.
- Providing counselling for children under the age of ten who are exhibiting sexualised or sexually abusive behaviour.
- Providing counselling for children and young people (who have been physically abused, emotionally abused or neglected) and their families through Physical Abuse and Neglect of Children (PANOC) services.
- Providing court preparation and support to children and young people who have experienced abuse and to their non-offending caregivers.
- Maintaining a victims register with the Mental Health Review Tribunal.
- Providing a range of health responses to children and young people where these are indicated including medical treatment, mental health services, health screening and community health services.
- Providing preventative programs, including early intervention services, for the community that aim to protect children and young people.

As an employer:

- Ensuring all frontline health workers, their managers and other relevant staff are aware of their obligations to report suspected risk of harm, procedures for reporting and the implementation of care and support action.
- Ensuring all frontline health workers, their managers and other relevant staff are aware of the indicators of child abuse and neglect.
- Providing training and supervision for staff in the recognition and reporting of suspected risk of harm and in the implementation of the Department's child protection policy and procedures.
- Conducting the Working With Children Check.
- Reporting to the Ombudsman any child abuse allegations/convictions made against an employee, and ensuring that the allegations/convictions made against the employee are investigated and appropriate action taken.

As a funding and regulatory body:

- Advising organisations funded by NSW Health of their responsibilities to protect children and young people.
- Informing non-government organisations funded by NSW Health about Working with Children Check obligations and assisting them in carrying out these obligations.

As an interagency partner:

- Exchanging relevant information to progress investigations, assessments and case management as permitted by law.
- Working with other government and non-government agencies within agreed, coordinated procedures, to plan and provide services for the care and protection of children and young people, and to strengthen and support families.
- Using best endeavours in responding to requests for services from the Department of Community Services provided the request is consistent with departmental responsibilities and policies.
- Providing the Working with Children Check services to groups and agencies in the health sector.

3.6 Other agencies roles and responsibilities

Roles and responsibilities have also been agreed for other government departments and agencies. These roles are outlined in the Interagency Guidelines for Child Protection Intervention (2000 edition).

3.7 NSW Health framework for protecting children and young people from abuse

Child protection systems have undergone considerable change over the past ten years with an increased recognition of the need for early intervention and prevention for a range of forms of abuse. Providing appropriate care and assessment before a child is born can help prevent abuse. It is also increasingly recognised that practitioners who work with adults may have responsibilities to the children of their clients.

Health services need to be delivered within a framework that acknowledges the complexity of child abuse and neglect and identifies the points at which health services are best placed to contribute to child protection. For this reason, NSW Health provides primary, secondary and tertiary based services for children, young people and their families and caregivers.

Primary prevention services are programs offered to the whole community (both children and adults) with the aim of preventing the abuse before it starts.

Secondary services are also programs designed to prevent abuse but in this case the programs target specific sections of the child population considered to be more 'at risk' of being abused, and specific sections of the adult population considered to be more 'at risk' of abusing.

Tertiary services refer to intervention to help those who have already been abused, with the aim of stopping further abuse and preventing the development of longer term difficulties.

3.8 Primary services

NSW Health provides a wide range of services to support parents and caregivers and enable them to provide adequately for the health and well-being of their children. An example of a health service which offers primary prevention is the statewide network of early childhood centres. They provide a universal, non-stigmatising health service offering support to families at the early stage of parent-child relationships. NSW Health also offers services such as antenatal screening for risk factors, antenatal education, postnatal groups, parenting groups for children at challenging development ages (eg toddlers) and positive parenting programs.

NSW Health is committed to implementing the Families First strategy in all Area Health Services. The broad aim of this strategy is to support parents and caregivers raising children. Families First identifies the importance of supporting parents through pregnancy and following the birth of their children and aims to link parents as soon as possible to appropriate support services. This early identification of support needs and risk issues is a significant strategy in the prevention of abuse. Practice guidelines for home visiting services, data collection systems and effective screening tools support the Families First strategy.

Health promotion services can also play an important role in changing attitudes towards children through community education about preventing accidental injuries, the harm associated with physical punishment, and skills for positive, non-coercive relationships. Community education campaigns about domestic violence also help to prevent harm to children and young people who may suffer abuse from exposure to violence at home.

3.9 Secondary services

NSW Health offers a broad range of secondary prevention services including family care cottages, groups for women experiencing post-natal depression, community midwives, and antenatal and postnatal groups for young, single or homeless mothers.

Clinical experience indicates that an increasing proportion of children entering the child protection system have parents who are potential or actual clients of health services such as drug and alcohol, mental health and developmental disability services. The provision of essential services to adults who are parents has an important protective function for children and young people.

The early identification of domestic violence through assessment at critical entry points into the health system offers an important targeted preventive intervention for children who may suffer serious effects from living in households where violence occurs. Providing services to women in response to domestic violence is an important secondary preventive intervention.

The vulnerability of all children to contact with child sexual assault offenders makes it difficult to develop services for potential victims. Since sex offenders commonly know the child and family, they are skilled at tailoring their tactics of entrapment to the unique vulnerabilities of the potential child victim, making any child potentially a victim. Health services can play a role in secondary prevention by offering services which help children to deal with common life difficulties, such as the stress of parental separation and divorce, when they may be particularly vulnerable to sex offenders who choose to target them (Daro, 1994). In addition any health services which help children, young people and their families to develop open lines of communication can play a role in undermining the divisiveness which offenders foster between children and their non offending caregivers.

3.10 Tertiary services

Providing appropriate health services to adults whose children have been abused is an important tertiary prevention strategy. Drug and alcohol, mental health and disability services all have essential roles to play by enhancing the capacities of adults who are parents and caregivers.

3.11 Responding to physical abuse, emotional abuse and neglect

A range of health programs provide services to children, young people and their families or caregivers where physical abuse, emotional abuse or neglect have occurred. These services include three Level 6 Child Protection Units in teaching hospitals which provide a specialist response to children and young people who have experienced abuse.

Physical Abuse and Neglect of Children (PANOC) specialist services based in each Area Health Service provide a range of therapeutic, counselling and casework services to children, young people and their families when physical abuse, emotional abuse, neglect or exposure to domestic violence has occurred within the family. Intervention is specialised and complex because the abuser is most commonly the child or young person's caregiver and the goal is to maintain the child or young person in their family where possible. Current approaches to treatment emphasise the need to try to establish open, respectful partnerships with parents to increase their competency and confidence as parents. PANOC services may also work with the perpetrator of domestic violence around child protection issues.

Referrals for children, young people and their families to specialist PANOC services can only be made by the Department of Community Services or Joint Investigation Teams/Responses. Where appropriate, referrals can also be accepted from some courts.

PANOC specialist services also provide consultation and support for Health workers on child protection issues and concerns as well as education and training about child protection issues.

PANOC services are provided by a range of different Health services including Early Childhood Services, Child and Family Teams and Mental Health services.

3.12 Responding to child sexual assault

NSW Health has a network of Sexual Assault Services that deliver crisis and ongoing treatment to victims of child sexual assault and their non-offending caregivers. These services provide a specialist response to children where sexual abuse has been positively identified. They also provide medical examinations and treatment, crisis and ongoing counselling for the child and their non-offending parents and siblings, information and advocacy, court preparation and support, and community and professional education.

Specialist sexual assault counsellors are experienced in working with the multiple agencies which intervene in cases of child sexual assault. A variety of treatment modalities are offered including individual, family, group, and non-offending parent-child counselling. The aim of the treatment is to address the impact of the abuse on the child and non-offending family members so that long term emotional and social difficulties are less likely to develop. This includes addressing the emotional impacts (such as fear and shame), interpersonal impacts (such as isolation and stigmatisation), and ensuring that responsibility is attributed to the offender. This helps to reduce self-blame and rebuild relationships with non-offending family members.

If sexual assault has not been positively identified but a health service is considered appropriate to assist a child or parent, referral may be made to an appropriate Child and Family Health Service. NSW Health Sexual Assault Services operate in accordance with the Child Sexual Assault Procedure Manual.

3.13 Responding to children under ten years who exhibit sexually offending behaviour

Area Health Services are responsible for providing services to children under the age of 10 years who are exhibiting sexualised or sexually offending behaviour. Services for children who have also been victims of sexual assault are provided by Sexual Assault Services. Services for children who have not been a victim of sexual assault are provided by trained Child and Family and Child and Adolescent Mental Health workers. The Education Centre Against Violence provides training and resources for this area of work.

This response is available through both Sexual Assault and Child and Family Services in a range of locations in the area. An Area Coordinator provides quarterly data to the Department of Health and coordinates the provision of training for staff.

3.14 Responding to children and young people aged ten and over who sexually assault other children

NSW Health provides counselling through specific programs for children and young people over the age of 10 years who have committed sexual offences and are not eligible for programs provided by the Department of Juvenile Justice. Currently these services are New Street located at Western Sydney and Trek located on the Central Coast. These designated services are supported by a Memorandum of Understanding with key government departments and an interagency advisory committee.

3.15 Responding to adult perpetrators of sexual abuse

Sexual assault is criminal behaviour and is of a particularly complex and intractable nature. Because of this, working with adult sexual assault offenders is a specialised area of practice.

Health services do not have a role in providing treatment to adult sexual assault offenders because they are dealt with by the criminal justice system. The only exception is the NSW Pre-Trial Diversion Program at Westmead. This is a specialised program which treats eligible adult sexual offenders who have sexually assaulted their own or their partner's children and who plead guilty in criminal court.

Recognising abuse and neglect of children and young people: Definitions

4

There are many clinical situations where good practice demands that we ask ourselves the basic question:

'Is this a situation where the child or young person may have been abused or neglected or is at risk of harm?'

4.1 Defining child abuse

Every Health worker should have a clear understanding of the main points of the law that apply to the safety, welfare and well-being of children and young people and the implications these points of law have for the discharge of their responsibilities.

The legal context of child abuse and neglect is set out in a number of Acts of Parliament. The law covers three main areas. The care and protection of children as provided for in the *Children and Young Persons (Care and Protection) Act 1998*, the criminal law as set out in the *Crimes Act 1900*, and employment screening which is covered by the Child Protection (Prohibited Employment) Act 1998, the Commission for Children and Young People Act 1998, and the Ombudsman Amendment (Child Protection and Community Services) Act 1998.

Child abuse is a term commonly used to refer to different types of maltreatment inflicted on a child or young person. It includes assault (including sexual assault), ill treatment and exposing the child or young person to behaviour that might cause psychological harm. Child abuse can be a criminal offence under the Crimes Act 1900.

4.2 Definition of a child

Section 3 of the *Children and Young Persons (Care and Protection) Act 1998* defines a 'child' as a person who is under the age of 16 years.

4.3 Definition of a young person

Section 3 of the Children and Young Persons (Care and Protection) Act 1998 defines a 'young person' as a person who is aged 16 years or above but who is under the age of 18 years.

4.4 Definition of a class of children or young people

The *Interagency Guidelines for Child Protection Intervention 2000* define a class of children or young people as more than one child or young person who may be at risk of harm from abuse because of a person or situation. An example may be the children in a school or recreational group where a person in charge is suspected of abuse or known to have abused a child.

4.5 Risk of harm

Under section 23 of the Children and Young Persons (Care and Protection) Act 1998, a child or young person is at risk of harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence of any one or more of the following circumstances:

- (a) the child's or young person's basic physical or psychological needs are not being met or are at risk of not being met
- (b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care
- (c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated
- (d) the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm
- (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.

4.6 What is risk of harm?

Risk of harm refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done (physical, sexual or emotional abuse) or not done (neglect) by another person, often an adult responsible for their care. Risk of harm can also refer to young people who may suffer physical, psychological, sexual or emotional harm as a result of environmental factors (for example homelessness) or self-harming behaviours.

A child who is injecting drugs is at risk within the current legal and policy framework and should be the subject of a report to the DoCS Helpline in addition to a referral to drug and alcohol services. If the name of a client is not known, Health workers are obliged to meet their reporting obligations by providing the Department of Community Services with a description of the client and any other identifying information. It is important to note that sterile injecting equipment should be made available to any person who is currently involved in injecting drugs, regardless of their age.

Health workers are required to make professional judgements about risk of harm to a child or young person from abuse or neglect. This means considering the likely degree of harm taking into account the age, development and vulnerability of the child or young person.

4.7 Key points in assessing risk of harm

There are a number of factors that Health workers should consider when deciding whether a child or young person is at risk of harm from abuse or neglect.

These factors may include:

- the age, development, functioning and vulnerability of the child or young person
- the behaviour of the child or young person which suggests they may have been or are being harmed by another person
- the behaviour of another person that has had, or is having, a demonstrated negative impact on the healthy development, safety, welfare and well-being of the child or young person, for example drug and alcohol abuse or domestic violence

- contextual risk factors such as recent abuse or neglect of a sibling or a parent recently experiencing significant problems in managing the child or young person's behaviour
- indications that the child or young person's emotional, physical or psychological well-being are significantly affected as a result of abuse and neglect
- factors that may help reduce risk of harm and provide protection such as nurturing, affectionate and secure relationships with at least one parent and another adult, positive school environments and pro-social peer groups, and positive personal achievements.

A range of socioeconomic factors such as poverty, the presence or absence of educational opportunities, social support and social isolation may also influence both the level of risk and degree of harm. These factors do not of themselves constitute risk of harm in relation to section 23 of the Act but might influence a judgment on both the level of risk and the degree of harm that may occur.

The evidence of harm may arise from one event, a series of events over time, or an accumulation of circumstances or behaviour causing concern.

4.8 What are current concerns?

A current concern means that, at the time of making a report, a Health worker is worried about the safety, welfare or well-being of a child or young person. A Health worker may also have concerns about a class of children, that is other children or young people who have current contact with an alleged abuser.

Current concerns may also exist for a child or young person where abuse has happened in the past and the child or young person may be at risk because of their current reaction to the abuse. Sexual abuse of a child should be reported to the Department of Community Services to enable referral to appropriate services and consideration of criminal issues.

4.9 About neglect (section 23 a)

Neglect occurs where there is risk of harm or actual harm to a child or young person caused by the failure to provide the basic physical and emotional necessities of life. Neglect may be an ongoing situation and can be caused by a repeated failure to meet the basic psychological needs of a child or young person.

Neglect of basic physical needs

This is when a parent or caregiver fails to provide the basic staples of life to an adequate degree. These include food, physical support and hygiene. It also includes safety from harm which may include providing appropriate and adequate adult supervision.

Neglect of basic psychological needs

This is when a child or young person does not receive sufficient or appropriate interaction, encouragement, nurturing or stimulation from their parent or caregiver. Neglect also refers to the persistent ignoring of a child's signals of distress such as pleas for help, attention, comfort, reassurance, encouragement and acceptance. In young people this may include disinterest in all aspects of a young person's life by the parent or caregiver.

4.10 About necessary medical care (section 23 b)

Risk of harm may include circumstances where the parents or caregivers have not arranged and are unable or unwilling to arrange for a child or young person to receive necessary medical care. Health workers need to consider whether risk of harm is likely to arise from a failure to arrange this medical care. For very young children, the risk of harm in not receiving medical attention may be quite high. There are some conditions for which parents may not seek medical care, but do not pose a risk of harm to the child. Other conditions such as burns may be quite critical and, depending on severity, require medical attention.

Some forms of medical intervention, such as immunisation, are widely debated in the community and would not be included within the definition of necessary medical care. Cultural or parental beliefs may lead a parent or caregiver to decide on a particular course of treatment for a condition. If these decisions do not result in a child or young person being deprived of necessary medical care, a report to the Department of Community Services is not necessary.

4.11 About physical abuse or ill-treatment (section 23 c)

Physical abuse or ill-treatment is assault, non-accidental injury or physical harm to a child or young person by a parent, caregiver, other person responsible for the child or young person, or a sibling or other child or young person in the household. It includes injuries or harm which are caused by excessive discipline, beating or shaking, bruising, lacerations or welts, burns, fractures or dislocation, female genital mutilation, attempted suffocation or strangulation. All of these may result in the death of a child or young person.

Physical abuse may constitute criminal assault. The circumstances of the victim, including the vulnerability of the child or young person and the likelihood of them sustaining a serious or permanent injury, means that assault charges may be warranted in cases of physical abuse.

Female genital mutilation is a crime under the Crimes Act. The Crimes (Female Genital Mutilation) Act 1995 states that anyone who is found guilty of practising female genital mutilation or who aids, abets, counsels or procures someone else to practise female genital mutilation on another person is liable to a prison sentence of up to seven years. It is also illegal for female genital mutilation to be carried out overseas on any person who is normally a resident in New South Wales.

4.12 About sexual assault or ill-treatment (section 23 c)

Sexual assault and indecent assault are crimes under the NSW Crimes Act.

Sexual assault includes any sexual act or sexual threat imposed on a child or young person. Adults, adolescents or older children who sexually assault children or young people exploit their dependency and immaturity. Coercion, which may be physical or psychological, is intrinsic to child sexual assault and differentiates it from consensual sex with a peer.

Careful consideration is necessary because although a child or young person may perceive sexual activity as consensual because of the way the other person involved has promoted it, the situation may be one of sexual abuse and exploitation. The apparent consent of a child or young person may not mean that abuse did not occur.

It is important to report sexual assault that has happened to a child or young person in the past if the alleged perpetrator still has contact with children. For example, if the alleged perpetrator has current contact with a child or young person in a family setting or is a teacher or works with young people.

Children and young people may exhibit sexually offending behaviour. A child who is exhibiting sexually offending behaviour should be considered at risk of harm. If Health workers have reasonable grounds to suspect that a child or young person is exhibiting sexually offending behaviour, they should make a report. This should occur even if a victim has not been identified.

Research shows that children do not always manifest obvious current effects following serious abuse and disclosure of abuse is often delayed. Therefore a child or young person who has experienced past serious abuse, including sexual abuse, should be considered at risk of harm even if there does not appear to be obvious current concerns. Reporting such abuse enables follow up by employers if the alleged perpetrator still works with or cares for children and young people.

4.13 About domestic violence (section 23 d)

Domestic violence is violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. It is most often violent, abusive or intimidating behaviour by a man against a woman. Domestic violence has a profound effect on children and young people and constitutes a form of abuse.

Some of the forms of domestic violence are physical assault, sexual assault, emotional abuse, social abuse (being isolated socially or geographically against one's will) and economic abuse (having restricted or limited access to or control over money and other resources).

Serious psychological harm involves the impairment of, disturbance or damage to a child or young person's physical, cognitive, emotional, behavioural or social development. There are varied manifestations of psychological harm which are affected by age, personality, length of exposure to incidents of domestic violence, nature of the incidents, and any remedial assistance given to the child or young person and their family for dealing with or ameliorating the harm.

Children and young people may experience harm from domestic violence on a number of levels. They may be:

- direct victims of physical and emotional abuse
- indirect victims when attempting to protect another person
- victims of emotional and psychological trauma by living in a climate of fear and intimidation as a result of domestic violence in the household.

Serious psychological harm should be assumed in the presence of any of the following factors:

- the repetition or an escalation in frequency or severity of violence in the household
- whether a child or young person has been physically harmed
- if the victim has required medical attention as a result of the violence
- where weapons have been used
- apprehended violence orders have been issued and/or breached
- threats to take or harm children.

Serious psychological harm may also arise in circumstances where:

- the parent or caregiver is unable to protect the safety, welfare or well-being of the child or young person due to the level of victimisation
- domestic violence exists with one or more factors such as the hazardous use of alcohol or other drugs
- there are other factors that may increase the vulnerability of the child or young person such as the presence of a mental health problem or a disability.

4.14 About psychological harm or emotional abuse (section 23e)

Emotional abuse covers a range of behaviours that may cause psychological harm to a child or young person. It is behaviour by a parent, caregiver, older child or other person that can damage the confidence and self-esteem of a child or young person resulting in serious emotional deprivation or trauma. Emotional abuse is also experienced by a child or young person when living in a situation of domestic violence.

Serious psychological harm involves the impairment of, disturbance or damage to a child or young person's cognitive, emotional, behavioural or social development.

For more information on 'The Impact and Dynamics of Child Abuse and Neglect' please see Appendix 6.