ACKNOWLEDGEMENTS

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Practitioners and policy officers from the following ministries and non-governmental agencies contributed to tool development through their 2013–2014 workgroup participation.

- Adoption Services, Ministry of Social and Family Development (MSF)
- Katong School (Association for Persons With Special Needs)
- Big Love Community-Based Child Protection Specialist Centre
- Care Corner Project StART (Family Violence Specialist Centre)
- Centre for Promoting Alternatives to Violence (Family Violence Specialist Centre)
- Early Childhood Development Agency, MSF
- Family Service Centre Development Branch, MSF
- Guidance Branch, Ministry of Education (MOE)
- Heart@Fei Yue Community-Based Child Protection Specialist Centre
- Immigration and Checkpoints Authority, Ministry of Home Affairs (MHA)
- Institute of Mental Health
- Jamiyah Children’s Home
- KK Women’s and Children’s Hospital
- National Council of Social Service
- National University Hospital
- PERTAPIS Centre for Women and Girls
- Rainbow Centre (Yishun Park School)
- Singapore Police Force, MHA
- Special Education Branch, MOE
- Zhonghua Secondary School

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Children’s Research Center is a non-profit social research organisation and a centre of the National Council on Crime and Delinquency.
MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT, SINGAPORE
SECTOR-SPECIFIC SCREENING GUIDE: EDUCATION
PURPOSE

The Sector-Specific Screening Guide is intended to assist reporters who are concerned about possible abuse or neglect of a child/young person (CYP) and must decide whether or not to report their concerns to the Ministry of Social and Family Development (MSF) Child Protection Service (CPS).

The reporting decision is not an easy one, and the consequences of the decision are considerable. Singapore has undertaken the effort to develop a multidisciplinary reporting guidance tool in order to achieve the following goals.

1. Assist reporters as they gain familiarity with the reporting threshold.
2. Help ensure that CYPs and families requiring statutory child protection services are promptly reported.
3. Help increase direct family contact in response to reports by eliminating time spent on reports that could be diverted for more appropriate service(s).
4. Provide alternative options for reporters to assist CYPs and families who would be better served outside of the statutory child protection system.

This guide is intended to complement rather than replace critical thinking and does not prohibit a reporter from any course of action he/she believes is appropriate. The guide incorporates design principles that help focus on the most critical pieces of information for the decision at hand. The guide reflects the consensus of multiple government departments and non-governmental agencies concerning situations that are best served through statutory responses and those that are best served through alternative interventions.

Finally, this guide is a dynamic document. Continuing evaluation and feedback will be used to refine this manual over time.

The decision process comprises two steps:

1. The Sector-Specific Screening Guide (SSSG); and
2. The Child Abuse Reporting Guide (CARG; not included in this manual).

The SSSG is used by every professional who has contact with CYPs. It is sector specific, providing each profession with an SSSG designed specifically to reflect the situations most likely to be encountered that may give rise to concerns about child abuse and neglect. The SSSG is designed to help sort concerns into those that should be further assessed for reporting consideration and those that require other action or no action at all.

The CARG is used by trained specialists within each sector. It is used to guide the decision about whether to report, take alternative action or take no action. The CARG should be completed in consultation with the professional who had the concern whenever feasible.
MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT, SINGAPORE
SECTOR-SPECIFIC SCREENING GUIDE INSTRUCTIONS

The SSSG is intended to complement rather than replace critical thinking and does not prohibit a reporter from any course of action he/she believes is appropriate.

If you are concerned that a CYP known to you is being abused or neglected or is likely to be abused or neglected, this SSSG is a resource to help you decide whether concerns should be raised with the internal expert. If you contact your internal expert, he/she will discuss your concerns with you and use the CARG to help think through the decision of whether to report. Outcomes of this discussion may include:

- A decision to report OR a decision that no report is needed OR a decision that more information is needed before making the decision;
- Discussion of other resources that can be helpful for the family; or
- Discussion of possible ways to support the CYP or family whether or not a report is made.

Instructions

1. Select the general area that best fits the situation that concerns you (e.g. family violence, physical injury).

2. Using the definitions, select the specific item that best fits the situation that concerns you. Based on the colour-coded location of the specific concern, the recommendation for internal consultation is as follows.

   - **Red**: Immediate consultation with internal expert. Matter to be brought to the internal expert’s attention as soon as possible and within **two hours** at the most. Based on your individual working agreements, you may also report directly to CPS.

   - **Yellow**: Consultation with internal expert. Matter to be brought to the internal expert’s attention within **two working days**.

   - **Green**: No consultation required.

3. Initiate consultation if recommended.

**Note**: If the SSSG recommends consulting your internal expert, you should do so. If the SSSG recommends that consultation is not needed, you are not prohibited from consultation.
Working With Culturally and Linguistically Diverse Communities
Culture and experience do influence parenting and caregiving practices; however, it is critical that reporters maintain a focus on their impact on the CYP. Where parent/carer behaviours provide grounds to suspect risk of significant harm, reporters must take the necessary reporting actions. Behaviours suspected of causing risk of significant harm should not be minimised or dismissed on cultural grounds.

Workers must focus on the impact of the behaviour or practice on the CYP and ask, ‘Does this cause or threaten significant harm?’

A reporter should not report behaviours/practices that are influenced by culture simply because they are different or unfamiliar to the reporter. Behaviours/practices also should not be reported if the reporter does not believe they are causing significant harm or placing the CYP at risk of significant harm.

Reporters with information about the possible bearing of cultural, linguistic, refugee, migration and/or settlement factors on the case are encouraged to provide this information as part of their report to the CPS Helpline. This information can assist in subsequent case assessment.
### MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT, SINGAPORE
### SECTOR-SPECIFIC SCREENING GUIDE: EDUCATION

#### CYP’S PHYSICAL CONDITION

| Immediate Consult/Report | ☐ R1. CYP or any other person made a specific expression/statement that a parent/carer or other person in the home caused a non-accidental injury to any CYP in the household. |
| ☐ R2. CYP has a severe injury that did not occur whilst at school, and the injury looks like it was caused by another person. |
| ☐ R3. CYP needs/needed urgent medical treatment that parent/carer is not providing/did not provide. |

| Consult | ☐ Y1. CYP has a minor injury that did not occur whilst at school AND: |
| • The injury itself looks like it was caused by another person; OR |
| • There is a behaviour change along with the injury; OR |
| • There is a concerning pattern of minor injuries. |
| ☐ Y2. CYP appears to routinely not receive necessary medical treatment. |
| ☐ Y3. CYP looks malnourished or is falling behind expected growth. |
| ☐ Y4. CYP is so dirty on a regular basis that you worry CYP will become ill, or classmates are teasing CYP and you worry CYP is emotionally hurt. |

| Proceed Normally | ☐ G1. CYP has a new injury that looks like an accident AND/OR CYP says it was an accident. |
| ☐ G2. CYP occasionally comes to school without lunch, complains of being hungry or mentions missing a meal AND CYP does not appear malnourished. |
| ☐ G3. CYP’s hygiene is not typical for age; HOWEVER, CYP is otherwise healthy and hygiene is not a routine basis for peer teasing. |

#### SEXUAL CONCERNS

| Immediate Consult/Report | ☐ R4. CYP provides/suggests information that a parent/carer or other person in the home had sexual contact with CYP. |
| ☐ R5. CYP’s peers or others reported that CYP has made an expression/statement (in any means, including social media) that a parent/carer or other person in the home had sexual contact with CYP. |

| Consult | ☐ Y5. CYP has made vague inferences suggesting sexual contact/exposure. |
| ☐ Y6. CYP exhibits sexual behaviour that is not age-appropriate. |

| Proceed Normally | ☐ G4. CYP exhibits sexual behaviour that is age-appropriate. |
### CYP’S BEHAVIOUR

<table>
<thead>
<tr>
<th>Immediate Consult/Report</th>
<th>R6. CYP is doing and/or has expressed intentions of one of the following AND you have raised concerns with the parent/carer and he/she is unwilling and/or unable to take action or cannot be located.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Hurting other CYPs (e.g. bullying).</td>
</tr>
<tr>
<td></td>
<td>• Self-harming behaviours (excluding self-injurious behaviours consistent with CYPs who communicate non-verbally or CYPs who have developmental conditions where self-injurious behaviours are common).</td>
</tr>
<tr>
<td></td>
<td>• Hurting animals.</td>
</tr>
<tr>
<td></td>
<td>• Setting fires.</td>
</tr>
<tr>
<td>Obtain emergency police and/or mental health intervention if needed.</td>
<td>R7. CYP verbalises/demonstrates extreme fear to return home.</td>
</tr>
</tbody>
</table>

### CYP’S EMOTIONAL CONDITION

<table>
<thead>
<tr>
<th>Immediate Consult/Report</th>
<th>R8. CYP has a specific suicide plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult</td>
<td>Y9. CYP exhibits unexplained, significant change in emotions which may be either:</td>
</tr>
<tr>
<td></td>
<td>• A sudden, profound and extreme emotional change; OR</td>
</tr>
<tr>
<td></td>
<td>• A new persistent pattern.</td>
</tr>
<tr>
<td>ProceedNormally</td>
<td>G7. CYP has mild, temporary changes in emotion.</td>
</tr>
<tr>
<td></td>
<td>G8. CYP has more extensive changes in emotion that happened at about the same time as a known adverse event (e.g. a loss, move or other stress).</td>
</tr>
<tr>
<td></td>
<td>G9. CYP has more extensive changes in emotion AND parent/carer is aware and taking action to address the issue, AND these parent/carer actions are appropriate and have produced a positive change in CYP’s behaviour.</td>
</tr>
</tbody>
</table>
## PARENT/CARER'S CONDITION

**Note:** Consider age and ability of CYP.

### Immediate Consult/Report
- **R9.** Parent/carer has expressed intentions to seriously hurt or kill CYP.
- **R10.** Parent/carer cannot think clearly enough to make decisions that are necessary to keep CYP safe AND there is no other protective parent/carer.
- **R11.** Parent/carer cannot, for example, carry CYP safely, protect CYP from danger or provide physical care for CYP AND there is no other protective parent/carer.

### Consult
- **Y12.** Parent/carer makes decisions that may put CYP at risk of harm AND it is unclear whether another parent/carer can protect CYP.
- **Y13.** Parent/carer is unable to fix meals or provide for CYP’s basic needs AND it is unclear whether another parent/carer is providing for these needs.

### Proceed Normally
- **G10.** Parent/carer abuses alcohol or other drugs, is mentally ill or is cognitively impaired, but CYP is in the care of another capable parent/carer AND there is no information that parent/carer has not met CYP’s needs.

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## FAMILY VIOLENCE

### Immediate Consult/Report
For CURRENT incidents, a police report should be made immediately.
- **R12.** CYP was injured during incident.
- **R13.** Death of an adult, serious injury to adult, serious threat or attempt to kill adult or use of dangerous weapon AND a CYP lives in the home, whether CYP was present during the incident or not.

### Consult
- **Y14.** Minor injury to adult in isolated incident AND CYP is aware of the incident.
- **Y15.** CYP appears distraught or fearful (e.g. uncontrollably shaking, crying OR unusually still) or expresses distress or fear.
- **Y16.** CYP expresses intent to protect the victim in the future.
- **Y17.** CYP has expressed concern due to increased family tension or verbal conflict, but there are no reports of physical violence or threats of physical violence.

### Proceed Normally
- **G11.** There was a single reported incident of violence in the family for which CYP was not present OR was present and does not appear distressed or fearful.
- **G12.** CYP mentions family tension or verbal conflicts but has not provided evidence of physical violence or threat of physical violence.
MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT, SINGAPORE
SECTOR-SPECIFIC SCREENING GUIDE: EDUCATION
DEFINITIONS

The following definitions should be considered in the context of a CYP of normal development. For each item, take the CYP’s developmental status into account and follow the appropriate guidelines.

CYP’S PHYSICAL CONDITION

<table>
<thead>
<tr>
<th>Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specific statement of injury by a person other than a parent/carer or household member should be reported to police.</td>
</tr>
</tbody>
</table>

Immediate Consult/Report

R1. **CYP or any other person made a specific expression/statement that a parent/carer or other person in the home caused a non-accidental injury to any CYP in the household.**

- CYP told school personnel or another CYP that a parent/carer, sibling, family member or other person LIVING IN THE HOME caused an injury to a CYP and specifically states the context in which the injury occurred. The statement made by the CYP, which may be minimal or extensive, describes a specific action that appears deliberate and that resulted in an injury/impact to a CYP.

  OR

- Another person (including parent/carer of CYPs who are unable to express themselves) told school personnel or another CYP that a parent/carer, sibling, family member or other person LIVING IN THE HOME caused an injury to a CYP and specifically states the context in which the injury occurred.

**Non-accidental** means:

- The caregiver appeared to deliberately act to cause injury to a CYP.
- The caregiver acted in a way that disregarded the safety of a CYP.
- The injury occurred in the course of a family violence incident.

Injuries/impact on a CYP could include:

  » Cuts/abrasions/welts
  » Burn marks
  » Bruising
  » Fractures
  » Cane marks
  » Head injuries

- If a CYP or parent/carer reports an injury that you have not personally seen, consult the internal expert.
• If CYP's injury is minor (i.e. does not require immediate medical attention), consult the internal expert.

• If the meaning of a CYP’s statement or the account/statement of the parent/carer is unclear as to whether the action is deliberate, consult the internal expert.

R2. **CYP has a severe injury that did not occur whilst at school, and the injury looks like it was caused by another person.**
CYP has not made any statement about the injury, or the statement does not include specific information that a parent/carer caused the injury, but the injury itself appears to be non-accidental based on the following information.

• The injury appears to be in the shape of an object, hand or ‘human bite’, including cane marks.

• There are multiple injuries of different ages so they could not have occurred in the same incident.

• Accounts of how the injury occurred are conflicting and inconsistent with the injury.

Injuries may include extensive bleeding, burn marks, extensive bruising, fractures etc.

R3. **CYP needs/needed urgent medical treatment that the parent/carer is not providing/did not provide.**
Urgent need of medical treatment means that if medical treatment is not sought quickly, CYP could suffer permanent injury or disability (brain damage, loss of limbs), worsening of a serious medical condition (e.g. pneumonia, diabetic coma) or death. Examples include the following.

• You notice a CYP arrived at school with an injury that requires urgent medical attention, but medical attention has not been obtained by the parent/carer.

• You notice a CYP arrived at school acutely ill (e.g. severe vomiting or diarrhoea), but medical attention has not been obtained by the parent/carer.

• Parent/carer refused to give permission for medical attention that is needed.

<table>
<thead>
<tr>
<th>Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organise medical attention before initiating conversation with the internal expert.</td>
</tr>
<tr>
<td>2. Unless you suspect that the injury or illness is due to abuse or neglect, attempt to contact the parent/carer. If it becomes clear that the parent/carer could not have known of CYP’s need for medical care and, upon being informed, immediately takes action to secure medical care, this item should not be marked.</td>
</tr>
</tbody>
</table>
Consult

Y1. CYP has a minor injury that did not occur whilst at school AND:

- The injury itself looks like it was caused by another person; OR
- There is a behaviour change along with the injury; OR
- There is a concerning pattern of minor injuries.

CYP has visible injuries or reports of physical discomfort but does not require immediate hospitalisation or medical attention.

AND ONE OF THE FOLLOWING:

- Some aspect of the injury suggests it was caused by another person, even if the CYP does not say so (e.g. the injury is in the shape of a hand, foot or other object, including a cane; the injuries are in places of the body that are soft and out of the way rather than places like elbows, knees, shins etc.).
- CYP repeatedly (i.e. three or more times) has injuries that are unexplained, or the explanation is questionable or changing.
- CYP is behaving unusually (e.g. CYP is having unusual difficulty concentrating; is unusually quiet, withdrawn or anxious).

Y2. CYP appears to routinely not receive necessary medical treatment.

- You know that CYP has a condition that was diagnosed by a medical professional and requires following a treatment plan, AND you have learned that the medical treatment plan is not being followed (e.g. CYP is diagnosed with insulin-dependent diabetes and is not routinely receiving the proper dosage of insulin, CYP is diagnosed with asthma and no inhaler is provided).
- You notice symptoms in CYP that make you worry that CYP has an illness and the parent/carer has not sought medical care (e.g. CYP is drinking excessively, going to the bathroom excessively or losing weight).
- CYP sustains accidental injuries that are not concerning in and of themselves; however, on multiple occasions, parent/carer does not seek medical attention for injuries that would typically require medical assessment or treatment.

Y3. CYP looks malnourished or is falling behind expected growth.

- CYP appears extremely thin, especially if accompanied by an inability to be active; has dark, sunken eyes; or has a bloated belly.
- CYP has become extremely obese.
- CYP has a history of being within normal height and weight but is now shorter or thinner than his/her peers.
Y4. **CYP is so dirty on a regular basis that you worry CYP will become ill, or classmates are teasing CYP and you worry CYP is emotionally hurt.**

CYP arrives at school daily appearing unkempt, unbathed and with filthy clothes (e.g. smells bad from sweat, urine, faeces, rotted food, untreated head lice, skin diseases such as scabies) to the extent that either:

- CYP already gets sick due to being unclean or you worry he/she will get sick; OR
- CYP is subjected to teasing/harassment/bullying by other CYPs based on his/her hygiene.

**Proceed Normally**

G1. **CYP has a new injury that looks like an accident AND/OR CYP says it was an accident.**

You notice a new injury on a CYP AND either:

- CYP provides a reasonable explanation as to how this injury occurred accidentally;
  AND/OR
- The injury is not unusual in comparison to peers and classmates of similar age group and ability (e.g. bruised knees, broken arm).

G2. **CYP occasionally comes to school without lunch, complains of being hungry or mentions missing a meal AND CYP does not appear malnourished.**

There are isolated incidents in which CYP:

- Arrives at school without lunch or with a lunch that is not nutritious or does not contain enough food; OR
- Describes being hungry; OR
- Tells about having a meal withheld or not getting a meal.

**HOWEVER**

CYP does not appear malnourished, and his/her size and growth are consistent with peers OR consistent with CYP historically (e.g. CYP is not losing weight or failing to gain weight or height).

G3. **CYP’s hygiene is not typical for age; HOWEVER, CYP is otherwise healthy and hygiene is not a routine basis for peer teasing.**

CYP arrives at school dirty or wearing dirty clothing. This may be isolated or routine.

**HOWEVER**

- CYP is otherwise healthy. Classmates may mention CYP’s hygiene but do not consistently tease CYP about it.
SEXUAL CONCERNS

<table>
<thead>
<tr>
<th>Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A statement of sexual contact by a person other than a parent/carer or household member should be reported to the police.</td>
</tr>
</tbody>
</table>

Immediate Consult/Report

R4. **CYP provides/suggests information that a parent/carer or other person in the home had sexual contact with CYP.**

CYP told school staff that a parent/carer or other person LIVING IN THE HOME had sexual contact with him/her. Sexual contact includes sexual intercourse, genital manipulation, or touching of genitals and private areas. CYP’s statement may be minimal or extensive, but it describes a **specific sexual act.**

- If CYP’s statement is unclear as to whether a sexual act is being described, consult the internal expert.
- If the statement describes a sexual act but it is unclear who was performing the sexual act, report to police and consult the internal expert.

R5. **CYP’s peers or others reported that CYP has made an expression/statement (in any means, including social media) that a parent/carer or other person in the home had sexual contact with CYP.**

CYP’s peers or others told school staff or another CYP or adult that a parent/carer or other person LIVING IN THE HOME had sexual contact with CYP. Sexual contact includes sexual intercourse, touching of genitals and private areas, exposure to sexual materials or activities and age-inappropriate conversation about sexual acts. The CYP’s statement may be minimal or extensive, but it describes a specific sexual act.

- If the meaning of the statement made by the CYP’s peers or others is unclear as to whether a sexual act is being described, consult the internal expert.
- If the statement describes a sexual act but the person doing the sexual act is unclear, consult internal expert.

<table>
<thead>
<tr>
<th>Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>When information suggesting sexual abuse of a CYP reaches school staff indirectly, exercise some judgment about whether to report directly. If in doubt, discuss with internal expert first.</td>
</tr>
</tbody>
</table>

Consult

Y5. **CYP has made vague inferences (verbal or non-verbal) suggesting sexual contact/exposure.**

CYP has said, drawn, written or otherwise communicated in ways that lead to suspicion that CYP may be experiencing sexual abuse, but CYP has not made specific statements.

**FOR EXAMPLE:**
• CYP comments about having a special activity shared with an adult that is a secret; or

• CYP mentions being touched but is unclear about where or, if specifically indicating genital area, is unclear about context so that it could be accidental or during routine care.

**Y6. CYP exhibits sexualised behaviour that is not age-appropriate.**

• CYP exhibits highly sexualised behaviour, e.g. masturbation in public, excessive expression (writing/drawing/verbal accounts) of sexual acts and/or participation in sexual activities with another party.

• Changes in the CYP’s sexualised behaviours have been observed. For example, previously no concerning sexualised behaviour was observed; now CYP is demonstrating sexualised behaviour that is unexpected for age/developmental status or is aggressive (Table 1).

<table>
<thead>
<tr>
<th>Age</th>
<th>Concerning Sexual Behaviours</th>
</tr>
</thead>
</table>
| 0–5  | • Curiosity about sexual behaviour becomes obsessive preoccupation  
      • Exploration becomes re-enactment of specific adult sexual activity  
      • Behaviour involves injury to self or others  
      • Child’s behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts |
| 6–10 | • Sexual penetration  
      • Genital kissing  
      • Oral copulation  
      • Simulated intercourse  
      • Child’s behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts |
| 11–12| • Sexual play with younger children  
      • Any sexual activity between children of any age that involves coercion, bribery, aggression, secrecy or a substantial peer or age difference |
| 13–17| • Masturbation causing physical harm or distress to self and others  
      • Public masturbation  
      • Unwanted kissing  
      • Voyeurism, stalking, sadism (gaining sexual pleasure from others’ suffering)  
      • Non-consensual groping or touching of others’ genitals  
      • Coercive sexual intercourse/sexual assault  
      • Coercive oral sex  
      • Behaviour that isolates the young person who displays the sexually abusive behaviour and is destructive of his/her relationships with peers and family |
Proceed Normally

**G4. CYP exhibits sexual behaviour that is age-appropriate.**
CYP behaves in sexual ways that are consistent with his/her age/developmental level (Table 2).

<table>
<thead>
<tr>
<th>Age</th>
<th>Age-Expected Sexual Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5</td>
<td>• Masturbation as self-soothing behaviour</td>
</tr>
<tr>
<td></td>
<td>• Touching self or others in exploration or as a result of curiosity</td>
</tr>
<tr>
<td></td>
<td>• Sexual behaviours are done without inhibition</td>
</tr>
<tr>
<td></td>
<td>• Intense interest in bathroom activities</td>
</tr>
<tr>
<td>6–10</td>
<td>• Child continues to fondle and touch own genitals and masturbate</td>
</tr>
<tr>
<td></td>
<td>• Child becomes more secretive about self-touching</td>
</tr>
<tr>
<td></td>
<td>• Interest in others’ bodies becomes more about game playing than exploratory curiosity (e.g. ‘I’ll show you mine if you show me yours’)</td>
</tr>
<tr>
<td></td>
<td>• Boys may begin comparing penis size</td>
</tr>
<tr>
<td></td>
<td>• An extreme interest in sex, sex words and dirty jokes may develop</td>
</tr>
<tr>
<td></td>
<td>• Child begins to seek information or pictures that explain bodily functions</td>
</tr>
<tr>
<td></td>
<td>• Touching may involve stroking or rubbing</td>
</tr>
<tr>
<td>11–12</td>
<td>• Masturbation continues</td>
</tr>
<tr>
<td></td>
<td>• A focus on establishing relationships with peers</td>
</tr>
<tr>
<td></td>
<td>• Sexual behaviour with peers, e.g. kissing and fondling</td>
</tr>
<tr>
<td></td>
<td>• Primarily heterosexual activity but not exclusively</td>
</tr>
<tr>
<td></td>
<td>• An interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material</td>
</tr>
<tr>
<td>13–17</td>
<td>• Masturbation in private</td>
</tr>
<tr>
<td></td>
<td>• Mutual kissing</td>
</tr>
<tr>
<td></td>
<td>• Sexual arousal</td>
</tr>
<tr>
<td></td>
<td>• Sexual attraction to others</td>
</tr>
<tr>
<td></td>
<td>• Consensual sexual activity amongst peers</td>
</tr>
<tr>
<td></td>
<td>• Behaviour that contributes to positive relationships</td>
</tr>
</tbody>
</table>

Note: Adapted from material presented in Araji (2004) and cited in Boyd (2006) and Kambouropoulos et al. (2005).

**CYP’S BEHAVIOUR**

Immediate Consult/Report

<table>
<thead>
<tr>
<th>Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If CYP is actively attempting to hurt self or others, report to police immediately.</td>
</tr>
<tr>
<td>• If you are uncertain whether CYP’s statements or actions should be considered as actively suicidal, obtain a mental health consultation immediately.</td>
</tr>
</tbody>
</table>

**R6. CYP is doing and/or has expressed intentions of one of the following AND you have raised concerns with the parent/carer and he/she is unwilling and/or unable to take action or cannot be located.**

- Hurting other CYPs (e.g. bullying).
• Self-harming behaviours (excluding self-injurious behaviours consistent with CYPs who communicate non-verbally or CYPs who have developmental conditions where self-injurious behaviours are common).

• Hurting animals.

• Setting fires.

You have observed or otherwise learned about one or more of the following.

• CYP is physically assaulting or bullying other CYPs.
  » Bullying refers to intimidating or physically assaulting other CYPs on more than one occasion.

• CYP has been self-harming, such as cutting, or is talking about self-harming.

• CYP has deliberately caused injury or death to an animal or has set fire to something maliciously.

AND

• You and/or other school personnel have already talked to the CYP’s parent/carer about your concerns, and the parent/carer is willing but unable to take action. If you have not yet spoken with CYP’s parent/carer, you may consult with the internal expert if you wish guidance or support in discussing your concerns with the parent/carer.

R7. CYP verbalises/demonstrates extreme fear to return home.

CYP is reluctant about returning home for fear of being harmed (physically, sexually or emotionally) in his/her own home, and this fear is acute and grounded on specific threats made by parent/carer or parent/carer’s past actions that make it reasonable to suspect that harm will recur. It is not necessary that CYP provide lengthy explanation/justification for fear; however, worry about impending discipline, anger, disappointment etc. is insufficient unless it is to the degree that CYP fears being seriously harmed physically, sexually or emotionally.

NOTE: Some CYPs may demonstrate fear through hysterical crying or defiance; some may appear stoic or resigned.

Consult

Y7. CYP exhibits unexplained, significant change in behaviour which may be either:

• Sudden, profound and extreme; or

• A new, persistent pattern.

There is a substantial change in CYP behaviours compared to previous behaviours.
<table>
<thead>
<tr>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obedient</td>
<td>Disruptive</td>
</tr>
<tr>
<td>Social</td>
<td>Withdrawn</td>
</tr>
<tr>
<td>Good concentration</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Consistently studies hard</td>
<td>Not studying</td>
</tr>
<tr>
<td>Disruptive</td>
<td>Obedient</td>
</tr>
<tr>
<td>Not using alcohol or drugs</td>
<td>Using alcohol or drugs</td>
</tr>
<tr>
<td>Chooses friends who support positive</td>
<td>Chooses friends who engage in illegal behaviours</td>
</tr>
</tbody>
</table>

This change may be either:

- Sudden, quite extreme and you noticed it recently;
- Less extreme but has persisted for a period of time; or
- A worsening of behaviours already noted, or new behaviours have been observed that were not present prior.

**Y8. CYP experiences sudden, substantial, persistent deterioration in academic performance.**
CYP is performing below expected academic level AND this is a dramatic change from the past, and there is no understandable reason for the change.

**Proceed Normally**

**G5. CYP has mild, temporary behaviour changes.**
CYP has episodes of slight variation in behaviour. Examples include:

- Small disobedient acts on occasion by a normally obedient CYP;
- Temper tantrums (age-appropriate);
- Temporary relapse in bedwetting (age-appropriate);
- Temporary lethargy due to temporary disruptions in sleep; and/or
- Frequent visits to the toilet during exam periods.

**G6. CYP has more extensive behaviour changes AND parent/carer is aware and taking action to address them.**
CYP’s behaviour has changed substantially, or CYP is engaging in concerning behaviour such as physical assaults of other CYPs, bullying, self-harm, suicide talk, fire-setting, harming animals etc. HOWEVER, parent/carer is aware of concerning behaviour and is undertaking efforts to address the concern.
CYP’S EMOTIONAL CONDITION

Immediate Consult/Report

R8. CYP has a specific suicide plan.
CYP has a specific plan to commit suicide (e.g. means, time or location); OR has made an attempt; OR has completed a suicide note; OR has begun to take actions suggesting intent to die, such as giving away prized belongings.

Consult

Y9. CYP exhibits unexplained, significant change in emotions which may be either:

- Sudden, profound and extreme; OR
- A new, persistent pattern.

There is a substantial change in CYP’s emotional condition compared to previous emotional condition.

| Table 4 |
|---------|-------------------------------|-------------------|
|         | Examples of Changes in CYP Emotional Condition |
| Before  | Now                            |
| Happy   | Sad                            |
| Hopeful | Hopeless                       |
| Confident | Fearful/anxious               |

This change may be either:

- Sudden, quite extreme and you noticed it recently; or
- Less extreme but has persisted for a period of time.

Y10. CYP’s peers, parent/carer or other persons reported that CYP was observed or has made an expression (in any means, including social media) of adverse emotional changes.
CYP’s peers, parent/carer or other persons reported an unexplained significant change in CYP's emotions compared to his/her previous emotional condition. This may be either:

- Sudden, profound and extreme; OR
- A new, persistent pattern.
<table>
<thead>
<tr>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Sad</td>
</tr>
<tr>
<td>Hopeful</td>
<td>Hopeless</td>
</tr>
<tr>
<td>Confident</td>
<td>Fearful/anxious</td>
</tr>
</tbody>
</table>

Note: Information in Table 5 is identical to that in Table 4. Tables are repeated for ease of use.

This change may be either:

- Sudden, quite extreme and you noticed it recently; or
- Less extreme but has persisted for a period of time.

This observation may be made in person, on social media or from CYP’s expression.

**Y11. CYP expresses suicidal ideation.**

CYP expresses vague thoughts of suicide but has no specific plan.

**Proceed Normally**

**G7. CYP has mild, temporary changes in emotion.**

CYP has episodes of slight variation in emotion. CYP experiences a range of moods from happy to sad, hopeful to hopeless, confident to fearful/anxious AND these changes are not extreme.

**G8. CYP has more extensive changes in emotion that happened at about the same time as a known adverse event (e.g. a loss, move or other stress).**

CYP recently had a substantial change in emotion, such as a typically happy CYP becoming extremely sad; HOWEVER, you have information about a life event that would explain this change, e.g. a parent/carer or other close relative or pet died.

**G9. CYP has more extensive changes in emotion AND parent/carer is aware and taking action to address the issue, AND these parent/carer actions are appropriate and have produced a positive change in CYP’s behaviour.**

CYP's emotions have changed substantially; HOWEVER, parent/carer is aware of concerning behaviour and is undertaking efforts to address the concern.

**PARENT/CARER’S CONDITION**

*Note: Consider age and ability of CYP.*

**Immediate Consult/Report**

**R9. Parent/carer has expressed intentions to seriously hurt or kill CYP.**

Parent/carer has stated he/she will kill or harm CYP in ways that can result in serious injury. Serious injury can include threats to stab, choke, cause bodily harm, poison or kill. These statements may have been made directly to school staff, or a third party is reporting to school staff.
Off-hand statements that lack apparent intention are not included. If in doubt, consult with internal expert.

R10. Parent/carer cannot think clearly enough to make decisions that are necessary to keep CYP safe AND there is no other protective parent/carer.

Parent/carer is currently:

- Intoxicated or high to the extent that he/she has difficulty standing, speaking or thinking clearly; OR

- So sad, afraid or overwhelmed that he/she has difficulty noticing CYP’s needs or making any decisions; OR

- Hearing voices or seeing things that others do not see.

AND

- Parent/carer is currently responsible for caring for CYP and there is no other parent/carer or protective adult to provide the level of care the CYP requires. Generally, this means that there is not another parent/carer or protective adult in the household. If there is another adult in the household, but the danger is imminent, consider whether the other parent/carer can be available to CYP quickly enough to prevent serious harm.

R11. Parent/carer cannot, for example, carry CYP safely, protect CYP from danger or provide physical care for CYP AND there is no other protective parent/carer.

Parent/carer is currently:

- Intoxicated or high to the extent that he/she has difficulty standing or walking, or coordination is impaired, or parent/carer lacks awareness of his/her surroundings or ability to provide appropriate supervision/discipline for CYP due to parent/carer impaired condition; OR

- So sad, ill or disabled that he/she cannot get out of bed or does not move to take care of self or CYP’s basic needs such as providing appropriate supervision/discipline, or has not fed child for several days;

AND

- Responsible for caring for an infant or very young CYP (e.g. younger than 10) or a CYP with a physical or cognitive disability;

AND

- There is no other parent/carer or protective adult to provide the level of care the CYP requires or it is unknown if there is another parent/carer. Generally, this means that there is not another parent/carer or protective adult in the household. If there is another adult in the household, but the danger is imminent, consider whether the other parent/carer can be available to CYP quickly enough to prevent serious harm.
Consult

Y12. Parent/carer makes decisions that may put CYP at risk of harm AND it is unclear whether another parent/carer can protect CYP.
Based on observations of the parent/carer during visits to the school, telephone or electronic conversations with the parent/carer, or descriptions of the parent/carer by the CYP, one or more of the following are true.

- Parent/carer cannot participate in a coherent conversation.
- Parent/carer is confused about who he/she is, who other important people are, where he/she is or what time it is.
- Parent/carer lacks knowledge of basic and necessary child care, such as what a CYP needs to eat.
- Parent/carer is/was oblivious to potential danger for CYP and took no action to protect CYP.

AND

- There is no other parent/carer in the home.

OR

- There is another parent/carer, HOWEVER either:
  - The other parent/carer is unavailable to the extent that the impact of decisions made by the impaired parent/carer cannot be mitigated; OR
  - The pattern of behaviour is so persistent that it calls into question whether the other parent/carer will be able to protect child.

OR

- It is unknown whether there is another parent/carer, but the concerning behaviour has happened repeatedly.

Y13. Parent/carer is unable to fix meals or provide for CYP’s basic needs AND it is unclear whether another parent/carer is providing for these needs.

Note: Consider age/developmental status of CYP.

Based on the professional’s observations of the parent/carer at school, telephone or electronic conversations with the parent/carer or descriptions of the parent/carer by the CYP, one or more of the following are true:

- Parent/carer persistently uses alcohol or drugs, OR is mentally ill or is observed by SSSG professional to display behaviours consistent with mental illness, OR lacks child care knowledge, AND thus does not provide for the basic needs of the CYP. Not providing for the basic needs of the CYP in these circumstances could include:
» Parent/carer lacks knowledge about age-appropriate basic needs of the CYP such as how often and what is appropriate to feed infants.

» Parent/carer is not consistently providing meals for CYP due to being high on drugs/alcohol or lacking knowledge of age-appropriate routine meal provision; however, parent/carer does provide adequate meals most of the time.

» Parent/carer is not providing supervision/discipline/rules or boundaries for CYP, leaving the CYP to fend for him/herself when not age-appropriate or leaving siblings to intervene who lack physical, cognitive, emotional capacity to supervise or discipline.

» Parent/carer is physically disabled or is in ill health and as a result cannot physically provide basic child care (e.g. parent/carer has hemiplegia due to a stroke and is not able to bathe an infant).

AND

• There is no other parent/carer;

OR

• It is unknown whether there is another parent/carer, but the concerning behaviour has happened repeatedly;

OR

• There is another parent/carer, HOWEVER:

  » The other parent/carer is unavailable to the extent that CYP’s basic needs are not being met; OR

  » The pattern of behaviour is so persistent/severe that it calls into question whether the other parent/carer will be able to protect child.

Proceed Normally

G10. **Parent/carer abuses alcohol or other drugs, is mentally ill or is cognitively impaired, but CYP is in the care of another capable parent/carer AND there is no information that parent/carer has not met CYP’s needs.**

Parent/carer is sometimes intoxicated or high, but this appears to be an isolated or rare incident, and another adult is responsible for child care at this time and is able to provide for the CYP’s shelter, food clothing, supervision and emotional needs.
FAMILY VIOLENCE

Immediate Consult/Report

R12. **CYP was injured during incident.**
CYP describes physical fight between parents/carers or other adults in the home, and CYP describes or shows an injury he/she sustained as a result. This might have happened because CYP was near the physical violence and was accidentally hurt. Examples include the following scenarios.

- One parent/carer threw an object at another parent/carer and it accidentally hit CYP.
- CYP attempted to intervene (either to protect one parent/carer from the other or to engage in physical assault of one parent/carer).
- CYP was being held by one parent/carer.

R13. **Death of an adult, serious injury to adult, serious threat or attempt to kill adult or use of dangerous weapon AND a CYP lives in the home, whether CYP was present during the incident or not.**
CYP, whether present during the incident or not, resides in the same house where a family violence incident has resulted in one or more of the following situations.

- Death of an adult.
- Serious injury to adult (i.e. injury that requires medical attention or hospitalisation).
- Serious threat or attempt to kill an adult (e.g. strangling, suffocating).
- Use of dangerous weapon (e.g. knives, sharp objects, boiling water).

Consult

Y14. **Minor injury to adult in isolated incident AND CYP is aware of the incident.**
You learn of a physical assault involving parents/carers or other adults in the home AND at least one adult sustained a minor injury. CYP directly witnessed or heard the incident or learned about the incident later.

Y15. **CYP appears distraught or fearful (e.g. uncontrollably shaking, crying OR unusually still) or expresses distress or fear.**
You learn of one or more physical assaults between parents/carers or other adults in the home AND during the telling, CYP is visibly shaken and upset OR expresses fear of the violence (e.g. fear that one parent/carer will be seriously hurt or that CYP or sibling will be seriously hurt). Note that for some CYPs, outward expressions of fear may be minimal but still present.

Y16. **CYP expresses intent to protect the victim in the future.**
CYP provides some indication that he/she is planning to be a protector for one parent/carer who is being physically hurt by another parent/carer.

Y17. **CYP has expressed concern due to increased family tension or verbal conflict, but there are no reports of physical violence or threats of physical violence.**
There is no known history of violence in the home. However, CYP describes:
• More frequent family conflict and/or abrasive verbal conversations in the home (e.g. adults yelling in the home, parents/carers arguing, slamming doors etc.) and expresses worry that adults may become violent; OR

• A pattern in which one parent/carer or other intimate partner treats the other in ways that involve:
  » Extreme control such as not allowing the other parent/carer to leave the home or talk with others without permission; and/or
  » Extreme intimidation, degrading and/or belittling.

Proceed Normally

G11. There was a single reported incident of violence in the family for which CYP was not present OR was present and does not appear distressed or fearful. CYP mentions one very minor incident of physical force of one parent/carer toward another in which there was no injury AND in the telling, CYP is neither visibly shaken nor upset, nor does CYP express fear of the violence (e.g. fear that one parent/carer will be seriously hurt or that CYP or sibling will be seriously hurt). CYP has not had any change in behaviour or emotion. For example, there has been no prior worry about family violence, no prior worry about CYP and CYP mentions a single time that one parent/carer lightly pushed the other.

G12. CYP mentions family tension or verbal conflicts but has not provided evidence of physical violence or threat of physical violence. CYP mentions arguments between parents/carers, but there is no indication that physical violence has already occurred and no indication of threats of physical violence, and CYP does not appear worried that adults will become violent. The pattern does not appear to be escalating and is not accompanied by a pattern of power and control.
GLOSSARY

Parent/carer
CYP’s parent/carer is one of the following.

• Biological parent (whether living in the home or not)
• Legal guardian
• Stepparent
• Other adults in the household who provide care and supervision for the CYP (other than paid care providers)
• Intimate partners of a parent even if they do not live in the home

Not included:

• Minor who is not a biological parent
• Adult not living in home of CYP
• Paid care provider such as babysitter or nanny

Child/young person (CYP)
A minor under the age of 16. A child is a minor under the age of 14. A young person is a minor ages 14 and below 16.

Household
All individuals residing within a residence. A CYP may be a member of more than one household if his/her biological parents do not reside together.

Family violence
Family violence is any violent, threatening or controlling behaviour that occurs within the family causing a person to live in fear.

Sexual contact
Sexual contact is the intentional touching, either directly or indirectly (i.e. through the clothing), of the genitalia, anus, groin, breast, inner thigh or buttocks of any person with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person. This includes exposing CYP to forms of sexual acts or pornography.