



Government of **Western Australia**  
Department of **Communities**

# Mandatory Reporting Guide: Western Australia

May 2024



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## Purpose of this Guide

This Mandatory Reporting Guide (Guide) is intended to support mandatory reporters in fulfilling their legal obligation to make a report after forming a reasonable belief that child sexual abuse has occurred. The information in this Guide is designed to help decision making by complementing mandatory reporters' professional judgement and critical thinking.

The Guide does not replace training offered by the Department of Communities (Communities) and is a supplementary resource for mandatory reporters to assist with whether to make a mandatory report and how to make the report. This Guide will assist mandatory reporters who have become concerned in their capacity as a mandatory reporter, that a child may have been or is being sexually abused to determine when they must make a report and how to go about doing so.

This Guide outlines the core principles that underpin mandatory reporting and gives an overview of Australian legislation and the reasons for the introduction of mandatory reporting legislation in Western Australia (WA). It also provides information about the role of Communities in WA and information on the mandatory reporting process in WA.

To increase mandatory reporters' understanding of child sexual abuse, this Guide also provides comprehensive information about child sexual abuse and harmful sexual behaviour and their impact, as well as information about grooming, child sexual abuse in an online context, and child disclosures.

### Glossary

The glossary provides explanations of terms used in the context of mandatory reporting under the *Children and Community Services Act 2004*.

The document '[Information Sheet 1 – Glossary](#)' will open in a new window.

## Core principles

A quote from an exhibit of the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) titled 'Mandatory Reporting' highlights:

The belief behind mandatory reporting legislation is that children have the right to be safe. This right can only be ensured if adults take responsibility for children's safety. Mandatory reporting gives a clear message to the community that child abuse is a crime and that it will not be tolerated or accommodated by the professional community (page 2).

Anyone in our community can play a significant role in preventing child abuse and neglect. Certain professionals are required by law to report child sexual abuse. The following principles underpin the mandatory reporting of child sexual abuse in WA:

- The best interests of the child must be the paramount consideration.
- Every child has a right to be protected from sexual abuse.
- Keeping children safe from abuse is the responsibility of individuals, families, communities, and the society as a whole. This is best achieved through a collaborative approach.
- Children have the right to be heard and to be believed.
- If anyone has a concern regarding the safety of a child, it is their responsibility to notify the relevant authorities.
- Child sexual abuse affects everyone. Early detection is critical to reducing child sexual abuse in our community.
- Child sexual abuse is not condoned by any culture or religion. Cultural practices or traditions cannot be used as an excuse for sexual abuse or sexual exploitation.

## **Overview of Australian and Western Australian mandatory reporting legislation**

The protection and care of children is a whole-of-community and society responsibility. Child abuse occurs in all parts of society regardless of social, economic, geographic, and cultural factors. All children have the right to be protected from harm. Part of this right is early identification and reporting of child sexual abuse, something that is critical to keeping children safe. Mandatory reporting laws set acceptable standards of behaviour for the community (Australian Law Reform Commission, 2010) and make the protection of children from abuse a professional responsibility (Australian Institute of Family Studies, 2020). In Australia, mandatory reporting laws vary across the states and territories.

Mandatory reporting laws require designated groups of people to report certain kinds of child abuse to government authorities. The increasing prevalence of child abuse across Australia and the negative outcomes faced by abused children influenced governments across Australia to enact mandatory reporting laws as a social policy and public health measure. Mandatory reporting draws on the capacity of professionals who typically deal with children in the course of their work to report serious cases of child abuse to help agencies with the primary aim to protect children from significant harm (Mathews, Bromfield, Walsh & Vimpani, 2015).

Mandatory reporting legislation varies across Australian states and territories around the types of abuse that must be reported, the groups of people mandated to report, reporting thresholds, and the penalties for noncompliance. It is important that individuals make sure they seek out the correct information for their state or territory.

The legislation that governs the majority of mandatory reporting in WA is the [Children and Community Services Act 2004](#). Since 1 January 2009, doctors, nurses, midwives, teachers, and police officers have been mandated to report child sexual abuse. Boarding supervisors were included as mandatory reporters of child sexual abuse on 1 January 2016.

In response to the Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse (2017), WA's mandatory reporter groups were broadened in the [Children and Community Services Amendment Act 2021](#) to achieve minimum national consistency and support early identification and reporting of child sexual abuse (McGurk, 2021). The added mandatory reporter groups include ministers of religion, assessors who visit residential and secure care facilities, departmental officers of Communities, early childhood workers, out-of-home care workers, psychologists, school counsellors, and youth justice workers. The rollout for these new mandatory reporter groups will be staggered between 1 November 2022 and 1 May 2025 to enable the necessary training to occur beforehand.

It is not the intention of mandatory reporting legislation to capture instances of informed consensual sexual activity so long as the activity is age- and developmentally appropriate. The individual circumstances of each case must be considered and if the reporter forms a reasonable belief that sexual abuse of a child has occurred, or is occurring, a report must be made.

Other types of abuse (physical, emotional, neglect or exposure to family violence) are not included in the *Children and Community Services Act 2004* mandatory reporting legislation; however, mandatory reporters, like anyone else in the community, should notify Communities if they have concerns about the wellbeing of a child.

The *WA Family Court Act 1997* is separate legislation requiring Family Court personnel to notify the Communities about child physical abuse, sexual abuse, neglect and psychological harm under certain circumstances.

## **Role of the Department of Communities**

Communities protects and cares for WA children and young people who are in need and supports families and individuals who are at risk or in crisis. This includes working proactively with families to build safety around children and prevent the need for children to enter the out-of-home care system. Communities also supports children and young people who are in out-of-home care to thrive by working with community sector organisations and foster carers to provide them with a safe, stable environment.

Communities provides and funds a range of child safety and family support services throughout the state. This includes the assessment and investigation of child abuse and neglect, including mandatory reports of child sexual abuse; provision of Working with Children Checks; and provision and support of fostering and adoption services,

counselling and outreach programs, crisis accommodation, homelessness services, and emergency services.

Part of the role of Communities Mandatory Reporting Service is to:

- assess all reports that are submitted to Communities
- take any necessary steps to safeguard children
- provide referral to families that may require support
- provide information and facilitate discussions with mandatory reporters around the formation of belief and what constitutes a mandatory report
- provide an alternative pathway for referrals in the absence of a formation of belief and where the reporter still holds safety concerns for the child.

## Mandatory reporting in Western Australia

Section 124B of the *Children and Community Services Act 2004* requires certain persons in WA to make a mandatory report if the person forms a belief on reasonable grounds in the course of their paid or unpaid work (on or after commencement day) as a 'specified person' that a child:

- has been the subject of sexual abuse that occurred on or after the commencement day; or
- is the subject of ongoing sexual abuse.

**Commencement day** means the day on which the person became a mandatory reporter under the law. Commencement day varies for different mandatory reporter groups.

Currently under section 124B of the *Children and Community Services Act 2004*, the following people are mandatory reporters:

- assessors who visit residential care and secure care services
- boarding supervisors
- departmental officers of the Department of Communities
- doctors
- midwives
- ministers of religion
- nurses
- out-of-home care workers
- police officers
- psychologists
- school counsellors
- teachers.

New mandatory reporting groups are being brought into operation in stages to ensure they receive the necessary training and support to fulfil their new reporting obligations.

When the relevant amendments to the *Children and Community Services Act 2004* commence operation, the following additional persons will become mandatory reporters:

- early childhood workers
- youth justice workers.

Under the *Children and Community Services Act 2004*, a mandatory report must be made as soon as practicable after the reporter forms their belief. This is important as the earlier a report is received, the earlier steps can be taken to protect a child, where this is necessary.

A mandatory report can be made in writing or orally. If an oral report is made, it must be followed by a written report as soon as practicable after making the oral report (ideally within 24 hours).

The mandatory report must be made to the Chief Executive Officer (CEO), or a person approved by the CEO, or a person who is a member of a class of persons approved by the CEO. Reporters should check with their organisation if someone in their organisation is approved by the CEO to receive mandatory reports. In practice, all reports are made to the Mandatory Reporting Service. Organisations may also have a policy on internal reporting procedures, so reporters should check with their organisation.

### **What does ‘believes on reasonable grounds’ mean?**

‘Believes on reasonable grounds’ means that a reasonable person, doing the same work, would have formed the same belief on those grounds. Grounds for forming a belief are matters of which you have become aware, and any opinions in relation to those matters.

A mandatory reporter does not have to be able to prove that harm has occurred. Professional judgement and objective observation help to identify warning signs or possible indicators of child sexual abuse and contribute to a reporter forming a belief on reasonable grounds. Knowledge of child development and consultation with colleagues or other professionals can also contribute to reasonable grounds.

Reasonable grounds may include:

- your own observations of a child’s behaviour
- your own observations of the behaviour of an adult interacting with the child
- when a child tells you they, or another child, has been harmed
- when you hear about it from someone who is in a position to provide reliable information, perhaps a relative or friend, neighbour or sibling of a child who is at risk.

Mandatory reporters must specify the grounds on which they formed the belief that a child has been, or is being, sexually abused. If you are a mandatory reporter and you have not formed a belief that a child has been or is being sexually abused but are sufficiently

concerned, it is recommended that you consult with your internal support areas, such as Child Protection Consultants within your organisation. Alternatively, you can contact Communities' Central Intake Team on 1800 273 889.

## What is sexual abuse under the Act?

The *Children and Community Services Act 2004* defines a child as 'under 18 years of age, and in the absence of positive evidence of age, means a person apparently under 18 years of age'.

Under section 124A of the *Children and Community Services Act 2004*, **sexual abuse**, in relation to a child, includes sexual behaviour in circumstances where: –

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

These behaviours can include grooming, exposure to pornographic material, sexual penetration, inappropriate touching, exposure to other sexual acts and soliciting children for sexual exploitation. Sexual abuse occurs when a child has been exposed or subjected to sexual behaviours that are exploitative and/or inappropriate to his/her age and developmental level. In most cases, coercion and fear is common in child sexual abuse.

**Coercion** involves a power imbalance between the alleged abuser and the child which may relate to:

- age and developmental level
- intellectual ability
- knowledge
- experience, and
- gender.

**Fear inducing behaviour** may include:

- threats of negative consequences or blackmail
- threats of harm to the child, family members or pets if they don't comply
- confusing the child into feeling responsible, and
- blaming the child.

Examples of **child sexual abuse** include:

- letting a child watch or read pornography
- allowing a child to watch sexual acts
- fondling the child's genitals
- having oral sex with a child
- vaginal or anal penetration
- using the internet to find a child for sexual exploitation.



Please be mindful that something can be a criminal offence in WA but not meet the threshold for making a mandatory report. It is not the intention of mandatory reporting legislation to capture instances of informed consensual sexual activity so long as the activity is age and developmentally appropriate. The individual circumstances of each case must be considered and if the reporter forms a reasonable belief that sexual abuse has occurred, or is occurring, a report must be made.

Communities will consider contextual elements when attempting to determine if a situation is abusive, such as the role of coercion or unequal power in a relationship. This is particularly important in relation to sexual behaviour between children, where the children's respective ages, developmental level and the nature of the relationship are important considerations.

Please consider in your decision-making process information about indicators of sexual abuse and the possibility that children, as part of the disclosure process, tend to minimise their sexual abuse. Sometimes children may indicate the sexual activity occurred with a child of a similar age instead of the adult perpetrator for many reasons and will not disclose the full extent of the sexual abuse until many years later.

Please call the Mandatory Reporting Service on 1800 708 704 if you are unsure.

### **How do I know if I need to make a mandatory report?**

Before making a report, mandatory reporters should consult this Guide to assess whether they believe that a child has been or is being sexually abused. If you are unsure about what has been disclosed, clarify details in a calm and curious way so that you can make an informed decision. This can seem a daunting task; however, children are generally forthcoming when you are not judgemental and use a curious approach to clarify details. Asking for clarification to determine if you need to make a mandatory report can be done easily, without asking leading questions and without asking unnecessary details about the abuse. Always use the words the child used and don't make assumptions.

Please refer to the information on disclosures within this Guide and the [Information Sheet 'Responding to Disclosures'](#) for further details.

### **How do I submit a mandatory report?**

**If you believe a child is in immediate danger or in a life-threatening situation, call WA Police Force on 000.**

Once a mandatory reporter forms a belief, on reasonable grounds, that a child has been or is being sexually abused, they must make a report to Communities [Mandatory Reporting Service](#). The service can be contacted 24 hours a day, 7 days a week by phone on **1800 708 704** to discuss the report or provide advice to the reporter.

The preferred reporting method is online via the [MR Web Portal](#). When making a mandatory report via the MR Web Portal, the user will be guided through the system to assist with providing the required information to the Mandatory Reporting Service.

A blank mandatory reporting form can be requested from the Mandatory Reporting Service to be sent via fax or email if you cannot access the MR Web Portal. Completed forms can be emailed to [mrs@communities.wa.gov.au](mailto:mrs@communities.wa.gov.au) or faxed to (08) 6414 7316.

An oral report can be made if you believe that the child is at immediate risk, but this must be followed by a written report as soon as practicable (preferably within 24 hours) after the oral report is made in accordance with section 124C (1) *Children and Community Services Act 2004*. Failure to submit the written report is an offence with a \$3,000 fine.

The reporter's organisation may have internal reporting procedures, and it is important that reporters check with their organisation.

By contacting the 24/7 Mandatory Reporting Service on **1800 708 704** you can:

- report immediate concerns for the safety of a child
- discuss with a specialist in child protection any grounds on which you have formed a belief that a child has been or is currently being sexually abused
- seek advice on reporting procedures.

## What do I need to include in a mandatory report?

For the Mandatory Reporting Service to assess the child's safety and determine the most appropriate response, it is important that the mandatory reporter provides as much information as possible.

As a mandatory reporter, you are responsible for providing good quality information in order for Communities and WA Police Force to conduct assessments and investigations in a timely manner.

However, the Mandatory Reporting Service is aware that mandatory reporters may not know all the information they are asked to provide. It is important not to interview the child to obtain information, as this is the task of Communities and the WA Police Force.

Mandatory reporters should provide as much information as they can when making a report. The Mandatory Reporting Service may ask a reporter clarifying information and may request the reporter to follow up with the child and/or parent or others involved to ensure all necessary actions have been taken to assist with the assessment. Some of the questions they are asked may not seem relevant to the reporter but may greatly assist in determining the child's safety and circumstances.

If there has been a disclosure of abuse, it is useful to include the context of the disclosure when making the report. For example, if the disclosure occurred within the context of a

protective behaviours or abuse prevention program class, this should be noted in the report.

### **Information that must be included**

Under section 124C of the *Children and Community Services Act 2004*, a mandatory report must contain the following information:

- the reporter's name and contact details
- the name of the child, or, if this cannot be obtained after reasonable inquiries, a description of the child, and
- the grounds on which the reporter believes that the child has been the subject of sexual abuse or is the subject of ongoing sexual abuse.

The following information must also be provided to the extent that it is known:

- the child's date of birth
- where the child lives
- the names of the child's parents or other appropriate persons (e.g., adult relative or person who the child usually lives with), and
- the name of the person alleged responsible, their contact details and their relationship to the child.

### **Other important information**

When a report is made, the following may be useful for Communities and WA Police Force in undertaking an assessment and/or investigation; therefore, please provide as much detail as possible in the following areas:

- the child's current whereabouts
- all telephone numbers linked to the child, caregivers and/or the child's current address
- the child's school, day care centre or kindergarten
- the child's cultural background
- whether the child has a disability or additional needs
- whether the child or family needs an interpreter
- the child's family arrangements, such as siblings and carers
- whether the person alleged to be responsible for the sexual abuse has threatened to further harm the child
- whether the child and the child's family/carers are aware of the report
- the context of the disclosure
- if the child has disclosed abuse, what they said happened and who they disclosed to and when
- a description of any behaviours/interactions with the child that are of concern, including frequency and severity of behaviours
- whether the child has any injury, or medical needs.

## Understanding child sexual abuse

Several factors may act as barriers to recognising and reporting child sexual abuse or relevant harmful sexual behaviour. Common barriers may include:

- lack of understanding of what constitutes child sexual abuse or harmful sexual behaviour
- lack of understanding of the indicators of child sexual abuse and harmful sexual behaviour
- lack of knowledge about grooming strategies and behaviours
- disbelief that a person known to the mandated reporter is capable of abusing a child
- dismissing the child's disclosure or indicators
- lack of faith in the child protection system to help children
- lack of understanding or assumptions made about a child's culture
- fears about 'getting it right' or the implications of reporting
- concerns about losing the trust of a child (e.g., needing to break confidentiality).

The following section aims to address some of these barriers.

Section 124A of the *Children and Community Services Act 2004* defines **sexual abuse** for the purposes of mandatory reporting. It is important to use the legal definition when deciding if a mandatory report is required. The information provided below is about child sexual abuse in general.

### What is child sexual abuse?

Child sexual abuse is defined as involving a child in any form of sexual activity beyond their understanding or developmental capabilities or any sexual act that violates the law or community standards. Child sexual abuse commonly involves unequal power (such as age, physical size, authority, cognitive ability) and grooming strategies and can involve force (Briggs, 2012; Martin & Silverstone, 2013). Child sexual abuse may be perpetrated by adults, though may also occur as a result of harmful sexual behaviours between children. Further information on harmful sexual behaviours is provided below. Child sexual abuse may occur in a range of settings, including in the child's home, online and in institutions that provide care or services for children and young people.

Sexually abusive behaviours can include (Briggs, 2012):

- fondling a child's genitals or asking a child to fondle theirs
- masturbating a child or asking a child to masturbate them
- performing oral sex on a child or asking a child to perform oral sex on them
- penetrating a child's vagina or anus using a penis, finger or any other object, or asking a child to penetrate their vagina or anus
- fondling a child's breasts or asking a child to fondle theirs
- voyeurism; looking at a child's sexual organs or naked body

- exhibitionism; exposing their sexual organs or naked body to a child
- encouraging children to perform sexual acts on one another whilst they watch, or
- exposing the child to, or involving the child in, pornography (see also Martin & Silverstone 2013; Amado, Arce & Herraiz, 2015).

## What is harmful sexual behaviour?

Sexual behaviour exists on a continuum, from mutually agreed experimentation to serious sexual offending behaviours. Some form of sexual exploration in children is normal and healthy at all developmental stages. Developmentally normal sexual behaviour in childhood and adolescence tends to be:

- socially acceptable and aligned with community expectations
- consensual, mutual and reciprocal
- involves shared decision making.

For more information of developmentally normal sexual behaviour, sexual behaviour across the lifespan and harmful sexual behaviours please refer to the '[Framework for understanding and guiding responses to harmful sexual behaviours in children and young people](#)'.

**Harmful sexual behaviours** can be defined as any behaviours of a sexual nature demonstrated by a child under 18 years old that:

- are outside of what is socially accepted as typical sexual development and expression
- are obsessive, coercive, aggressive, degrading, violent or causes harm to the child or others, and/or
- involves a substantial difference in age or developmental ability of participants (derived from Evertsz & Miller, 2012; Hackett, Holmes, & Branigan, 2016).

A range of behaviours may be defined in this way, depending on the age and developmental stage of the child, the context in which the behaviour occurs, the level of persistency and the accompanying emotions of the child leading the behaviour.

Harmful sexual behaviours that involve other children are a form of child sexual abuse. Where a mandatory reporter forms the reasonable belief that harmful sexual behaviour has occurred and a child is subject to child sexual abuse as a result of this, then there is an obligation to submit a mandatory report.

Where the harmful sexual behaviour does not meet the requirements of a mandatory report, the matter will still require some form of intervention. Harmful sexual behaviours are not part of usual development, indicate the child engaging in them has or is experiencing adversity of some kind, and can lead to future safety concerns for the child engaging in the behaviour and those around them.

**Additional information – harmful sexual behaviour**

For additional information on harmful sexual behaviour, the document '[Information Sheet 2 – Harmful Sexual Behaviours](#)' will open in a new document

**Indicators of child sexual abuse**

Not all children exposed to similar experiences of abuse are affected in the same way and for some children, the effects may be chronic and debilitating while others may experience less adverse outcomes (Miller-Perrin & Perrin, 2007). Harm which may result from child sexual abuse includes significant emotional trauma, physical injury, infection, and impaired emotional, cognitive, social, behavioural and psychological development.

Indicators that may suggest sexual abuse to children exist across a range of domains. While the following indicators do not prove that a child has experienced child sexual abuse and may emerge for other reasons, they may contribute to you forming a belief on reasonable grounds of child sexual abuse which would require that you make a mandatory report.

Some of the indicators of child sexual abuse include:

Type	Description
Disclosure of child sexual abuse	The most direct indicator of child sexual abuse is when a child tells someone they have been sexually abused. Disclosures may come in a number of forms and are explained further in the 'disclosures' section.
Changes in emotions and behaviour	Child sexual abuse can lead to many changes in emotions and behaviour. Children who have experienced child sexual abuse often appear scared, anxious, depressed, withdrawn or more aggressive. Changes in behaviour when personal care needs are attended to, such as when being bathed or nappy changed or during toileting. Hurting themselves and obsessive and compulsive washing may also occur.
Returning to earlier behaviours	Children who have experienced child sexual abuse may display behaviours shown at earlier ages, such as thumb-sucking, bed-wetting, fear of the dark or fear of strangers. For some children, even loss of acquired language or memory problems may be an issue.
Fear of going certain places	Children who have experienced child sexual abuse may express apprehension or anxiety about leaving school or about going

Type	Description
	places with the person who is abusing them, or may exhibit an unusual fear of a familiar person or place.
Changes in eating	The stress, fear and anxiety caused by child sexual abuse can lead to changes in a child's eating behaviours, such as bingeing, fasting, or 'pickiness'.
Changes in sleeping	Children who have experienced child sexual abuse may have frequent nightmares or have difficulty falling asleep and may appear tired or fatigued as a result.
Changes in the school environment	Children who have experienced child sexual abuse may have difficulty concentrating in school, changes in their grades, or have excessive absences.
Risk-taking	Young people who have experienced child sexual abuse may engage in high-risk activities such as using drugs or alcohol, or self-harm such as cutting.
Sexual behaviour	Children and young people who have experienced child sexual abuse may display highly sexualised, risky, or harmful sexual behaviours; they may use sexually explicit language or themes in play that are outside their developmental norm.
Unexplained injuries	Children who have experienced child sexual abuse may exhibit frequent or unexplained injuries. You may also hear unconvincing explanations of a child's injuries.
Infections, disease and pregnancy	Children who have been sexually abused may experience frequent urinary tract infections or bowel problems. Sexually transmitted infection or pregnancy may also occur.

### Additional information – impacts of child sexual abuse

For additional information on each of the impacts of child sexual abuse the document ['Information Sheet 3 – Impacts of Child Sexual Abuse'](#) will open in a new document.

## What is grooming?

Grooming refers to 'actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions in preparation for sexual activity with the child' (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, p. 9).



Gifts such as treats, online game credits, drugs and alcohol or money may be used as a means to befriend a child or adults around the child in order to gain access to the child. The behaviour remains grooming as the intention is to gain access, lower inhibition and secure secrecy for the abuse rather than an exchange of sexual favour.

Grooming often includes:

- giving gifts or special attention to the child (and/or their caregiver) to make them feel special and indebted to the person causing the abuse
- normalising close physical contact, such as tickling and wrestling
- gradually exposing the child to sexual material and/or sexual acts
- trying to control the child through making them feel guilty or ashamed (to believe it is 'their fault') as well as outright threatening them
- singling one child out and treating them as 'special'
- arranging special activities or spending extra time with them
- isolating a child from other adults or children
- encouraging a child to use alcohol and drugs
- being exceptionally helpful in supporting a family either financially, emotionally or practically.

These tactics are used to reduce the chance the child will stop engaging in sexual activity with them and minimise the risk of the child disclosing to other adults that the abuse has occurred. Grooming also often involves trusted family members of the child, to gain alone time with the child and minimise barriers from anyone who may be protective of the child.

## **Child sexual abuse in the online context**

The internet and social media have many benefits for enabling our connection to the outside world, though in doing so they also enable new opportunities for child sexual exploitation online.

Online child sexual exploitation may include:

- engaging a child in chat about sexual acts
- sending nude or pornographic images or videos to a child or exposing themselves via live stream
- asking a child to perform sexual acts, expose themselves or share sexual images or videos
- producing and sharing indecent images of children online (Australian Centre to Counter Child Exploitation, n.d.)
- Online grooming, where an adult makes online contact with someone under the age of 16 with the intention of establishing a relationship to enable their sexual abuse.

In addition to the mandatory reporting process, concerns regarding online child exploitation can be reported to the Australian Centre to Counter Child Exploitation via the [Report Abuse](#) tool.



### **Additional information – child sexual abuse in the online context**

For additional information on child sexual abuse in the online context, including online child sexual exploitation, online grooming, sexual extortion, child abuse material and sexting, the document '[Information Sheet 4 – Child Sexual Abuse in the Online Context](#)' will open in a new document

## **Disclosures**

Given the often-secretive nature of child sexual abuse, disclosure is sometimes the only way that another person can become aware that abuse has occurred or is occurring. Some children may not be aware that behaviour they have disclosed is abusive or inappropriate. Disclosure is rarely a one-off event; it is usually a process and can take many forms. It can be verbal or non-verbal, direct, or indirect and can include emotional or behavioural cues.

Children do not often disclose abuse the first time something happens. They may experience a sense of helplessness and hopelessness and may take weeks or years before making their abuse known. Some children may never disclose. Children who do disclose may attempt to alert adults they trust to the fact they are being, or have been, abused by exhibiting certain kinds of behaviour or by making ambiguous verbal statements.

Understanding disclosure as a process may help adults to be patient and allow the child to speak in their own way and their own time. It is important to let the child talk at the pace they wish, only using gentle prompts such as 'tell me more about that' if you don't have enough information to form a belief on reasonable grounds.

A child may believe that they are responsible for the abuse, want to protect the person responsible, feel ashamed, scared, or powerless, and/or have been threatened with further harm if they tell someone.

A child may disclose information purposefully or accidentally. They could blurt out a harmful experience or their fear of something; confide privately that they have been abused; tell another child; provide hints in drawings, play or stories; disguise a disclosure by posing 'what if' or 'a friend of mine' scenarios; and/or present with somatic symptoms such as constantly feeling sick.

You may have to accept that the child might only tell you a bit of the story. Once you have enough information to form the belief, you may allow the child to continue talking but do not attempt to draw out any further information from them as this may complicate any investigation that occurs in the future. You might be asked to follow up with some clarifying questions by the Mandatory Reporting Service once they receive your report.

## Types of Disclosures

There are several different ways that a child may disclose child sexual abuse. Afterwards, please write down the conversation in as much detail as possible and follow the ‘guideline’ on what to record. Types of disclosure include:

Type	Description
Full Disclosure	The child states verbally what has happened to them in detail. This may include details of the person alleged responsible and a history of abuse. In this instance just let the child get to the end of their disclosure and do not interrupt them at any point, unless they are in the company of others, and you feel protective interrupting is appropriate. Please follow the ‘guideline’ for protective interrupting.
Direct Disclosure	The child verbally communicates their experience of being abused, very brief and to the point, and establishes perhaps ‘what happened’ and ‘by who’ without many other details. There is no need to question further about the actual incident; however, the Mandatory Reporting Service will require information around the child’s safety, in particular if the abuse is historical or current and if the perpetrator has access to the child.
Partial Disclosure	The child gives a hint that they may have been abused or the child may begin a disclosure and stop part way through. The child may test to see how you react and/or the child may not be ready to disclose more. It would be appropriate to gently prompt with ‘tell me more about that’.
Indirect Disclosure	The child may use other methods of communicating (drawing/behaviour/play) in a manner that lets you know that something may have happened to them. They may also talk about being worried about the behaviour of an adult and ‘checking’ with you if this is ‘okay’ or tell you about a ‘friend’ that abuse or neglect has happened to (but referring to themselves). Please document the conversation or child’s drawing/behaviour/play and the context, and if appropriate, gently prompt the child, ‘tell me about your drawing/behaviour/play’.
Slow Disclosure	The child may make small disclosures over a longer period of time, only providing snippets of information initially. This may be part of testing your reaction or may be dependent on their developmental stage as well as their proximity to the person allegedly responsible of the abuse. Please be patient and follow the below guide on how to respond to disclosures.

## Responding to disclosures

The reaction of the person who receives the disclosure can affect whether the child makes further disclosures in the future and also influences the emotional and psychological impacts experienced by the child who has been abused. A shocked, angry or upset response to disclosure may lead a child to be less willing to disclose again, exacerbate the impacts of the abuse, and prevent action from being taken to ensure the safety of the child from further child sexual abuse.

If a child is disclosing, it is important to make sure that their visual and auditory privacy is being upheld. Please refer to the additional information below for information on protective interrupting and important things to consider when responding to disclosures.

### Additional information – responding to disclosures

For additional information on responding to disclosures, including protective interrupting, the document [‘Information Sheet 5 – Responding to Disclosures’](#) will open in a new document.

## After disclosure

If a child has made a disclosure, it is important to address the child’s immediate safety and minimise potential harm. This should involve consideration and planning that takes into account the individual circumstances of the abuse, the child and the family. Consultation with Communities should occur and, in some cases, police involvement may be required.

At the first opportunity you need to document what you have been told by the child, including verbatim statements, and the child’s emotional state, as well as what has prompted the conversation or disclosure. Please also record the date and time of the disclosure, any other comments or statements made by the child and any relevant context. Please use the exact words of the child and record any observations about the child’s behaviour and manner which might assist in the assessment and investigation process. The exact words of the child are very important for forensic child interviewers and subsequent legal proceedings.

When there is no clear disclosure of sexual abuse, but the child is exhibiting behaviours that are concerning or has made a partial disclosure that is of concern, observe the child’s behaviour and make a detailed record of:

- what the behaviour is that is causing concern
- when the behaviour is occurring
- any identified triggers to the behaviour
- all noticeable changes to the child
- what the partial disclosure is causing concern
- the context of the partial disclosure.

This record of behaviours and/or partial disclosures will be useful for Communities when making an assessment.

It is important to provide as much detailed information as possible to the Mandatory Reporting Service and retain records for potential legal proceedings. However, please remember that it is not your role to interview the child or conduct an investigation, so you should not elicit unnecessary details and only record what the child has said and your observations. Again, please write down the exact words the child used and do not interpret anything for the child; it is crucial for forensic child interviewers to know the exact words the child used.

This record will form part of your 'reasonable grounds' for submitting a report and will be useful to Communities and WA Police Force when they make their assessment and investigate the matter.

Following a disclosure, it is recommended you consult with your manager or supervisor to seek guidance in relation to who needs to be informed in your agency, where to file the documentation of the report and next steps to support the child and/or minimise the likelihood of the abuse continuing.

Take actions to ensure the child's ongoing safety and wellbeing is addressed. You may need to include leadership or other agencies in these decisions. For example, if you are a school nurse, you will need to include appropriate education staff.

Decisions will need to be made about communicating with parents. Non-offending parents will likely need to be informed of the disclosure. You should consult with Communities and/or WA Police Force prior to making any notifications to ensure you are not jeopardising any investigation. It must be clearly communicated to children that their parents will need to be informed; however, the timing of informing parents and the decision of who informs the parents needs to be made in consultation with Communities and/or WA Police Force.

Being in a situation that requires you to make a mandatory report can be stressful and upsetting. Remember to look after yourself and be mindful of any impacts reporting may have on your own health, wellbeing and safety.

If you are a mandatory reporter and you form a belief that the child has been or is being sexually abused, you must submit a mandatory report as soon as practicable.

If you are a mandatory reporter and you have not formed a belief that a child has been or is being sexually abused but are sufficiently concerned, it is recommended that you consult with the Mandatory Reporting Service on 1800 708 704.

If you are a mandatory reporter and you are sufficiently concerned about any other form of child abuse and neglect it is expected that you report your concerns to Communities. You can make a [professional referral](#) or contact the Central Intake Team on 1800 273 889.

## What resources are available for mandatory reporters?

### Resources reporters can link families into:

- **Sexual Assault Resource Centre (SARC)**

Crisis Telephone Counselling: Call (08) 6458 1828 or 1800 199 888

Between 8.30am and 11pm, any day of the week, including public holidays.

SARC Face-To-Face Counselling: Call (08) 6458 1828

Between 8.30am to 4.30pm AWST to request an appointment.

- **Crisis Care**

Crisis Care provides Western Australia's after-hours response to reported concerns for a child's safety and wellbeing and information and referrals for people experiencing crisis.

If you are assisting someone who does not speak English, first call the Translating and Interpreting Service (TIS) on 13 14 50. They can connect you with the service of your choice and interpret for you.

Crisis Care: Free call 1800 199 008

- **1800RESPECT**

Counselling and support service: Call 1800RESPECT (1800 737 732),

This service is available 24 hours, any day of the week, including public holidays.

- **Lifeline**

Crisis support and suicide prevention services: Call 13 11 14

[Chat online](#)

Text: 0477 13 11 14

These services are available 24 hours, any day of the week, including public holidays.

- **Kids Help Line**

Counselling service: Call 1800 55 1800

[Email](#)

[Chat online](#)

- **Perth Children's Hospital - Child Protection Unit**

The Perth Children's Hospital (PCH) Child Protection Unit (CPU) is a specialised, hospital-based service providing medical, forensic, social work and

therapeutic services for children and their families when there is a concern that a child has or may have suffered from child abuse.

The PCH CPU is the only hospital-based service of this kind in WA.

Please send all CPU referrals to [PCHcpuDuty@health.wa.gov.au](mailto:PCHcpuDuty@health.wa.gov.au)

Referrers are to inform CPU if the parents/carers know about the referral.

- **Blue Knot**

Helpline and Redress Support Service: Call 1300 657 380

Between 9am to 5pm AEST, any day of the week, including public holidays.

Email [helpline@blueknot.org.au](mailto:helpline@blueknot.org.au)

## Resources for reporters who need support

- Check with your employer how to access their Employee Assistance Program (EAP)
- Consult your General Practitioner for a Mental Health Care Plan and referral to mental health support
- Beyond Blue  
Beyond Blue Support Service: Call 1300 22 4636  
[Chat online](#)
- Lifeline  
Crisis support and suicide prevention services: Call 13 11 14  
[Chat online](#)  
Text: 0477 13 11 14  
These services are available 24 hours, any day of the week, including public holidays.

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