

4.4 Assessing and Responding to Child Sexual Abuse

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Policy

Policy on Child Sexual Abuse

Purpose

To guide child protection workers on the assessment, analysis and intervention of allegations of child sexual abuse.

Legislative Authority

[Children and Community Services Act 2004 - Division 9A](#)

[Children and Community Services Act 2004 - Part 2, Division 2 - General principles relating to children](#)

[Children and Community Services Act 2004 - Part 4, Division 3 - Subdivision 1 Introductory matters](#)

[Children and Community Services Act 2004 - Section 21\(1\)\(a\) CEO to consider and initiate or assist in the provision of social services to children and families](#)

[Children and Community Services Act 2004 - Section 23 CEO may disclose or request relevant information](#)

[Children and Community Services Act 2004 - Section 24A Exchange of information involving other public authorities](#)

[Children and Community Services Act 2004 - Section 28 When child is in need of protection](#)

[Children and Community Services Act 2004 - Section 31 CEO may cause inquiries to be made about child](#)

[Children and Community Services Act 2004 - Section 32 Further action by the CEO](#)

[Children and Community Services Act 2004 - Section 33A CEO may cause inquiries to be made before child is born](#)

[Children and Community Services Act 2004 - Section 33B Further action by CEO before child is born](#)

Standards

[Better Care, Better Services - Standards for Children and Young People in Protection and Care](#)

Practice Requirements

- The child protection worker must refer any child that appears to be or is complaining of pain, injury or bleeding as a result of suspected child sexual abuse for immediate medical attention.
- Child protection workers must consult with childFIRST Assessment and Interview Team (childFIRST) (metropolitan) or the Western Australia Police (WA Police) (country) and a joint strategy meeting convened for all allegations of child sexual abuse.
- When a criminal investigation is occurring, the child protection worker must prioritise the child's immediate safety needs and complete the safety and wellbeing assessment in a timely manner.
- When assessing allegations of child sexual abuse, child protection workers must clarify if the alleged perpetrator has access to other children and make an assessment of the risk posed to other children.
- When the child protection worker is undertaking a safety and wellbeing assessment alongside a criminal investigation, the child protection worker should, where possible, attend and observe the forensic interview of the child to provide support and ensure all areas are covered so the child does not have to return for further interview. This includes taking notes to inform the safety and wellbeing assessment.
- If the child protection worker is unable to attend the forensic interview of the child, they must view the recorded interview and discuss with childFIRST (metropolitan) or WA Police (country) how any missing relevant information will be gathered.
- The child assessment interviewer must accurately record (Form X – currently in draft) any discussion with the child including:
 - purpose and or initial disclosure;
 - interview notes and summary; and
 - closure and assessment.
- The child protection worker must ensure that any discussions with the child are accurately recorded, as case notes files may be subpoenaed for Court at a later date
- Child protection workers must involve the non-abusing parent or caregiver as early as possible after an allegation of child sexual abuse is made, and help them to believe, empathise with and offer consistent emotional support to their child.
- While it is important for the child protection worker to work with the non-abusing parent and assist them to deal with the grief and possible trauma associated with the child's disclosure, this process must not compromise the child's ongoing protective and safety needs.
- Child protection workers must attend and observe the forensic interview of any child who is in the care of the Chief Executive Officer.
- Child protection workers must discuss the outcome of the assessment with the family and seek

the views of the alleged perpetrator, prior to completing the safety and wellbeing assessment outcome report and making the decision on the person's Person Responsible (PR) or Assessed as Causing Significant Harm (ASH) status.

- Where a safety plan is required, it must include the Department's safety goals, the family's safety goals, contact arrangements, non-negotiable safety rules, different levels of consequences and how and when the safety plan will be reviewed.

Process Map

Procedures

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Procedure - 4.4 Assessing and Responding to Child Sexual Abuse

Introduction

The procedure for assessing and responding to allegations of child sexual abuse should be read in conjunction with Chapter 4: Assessment and Investigation Processes.

Child protection workers may find the following resources useful when assessing allegations of child sexual abuse:

- Indicators of child sexual abuse
- Sexual abuse – a process not an event: a view from practice
- Grooming and coercion
- Child Sexual Abuse Accommodation Syndrome
- Misconceptions of child sexual abuse and types of child sexual offenders.

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Referrals to Western Australia Police

All allegations of child sexual abuse reported to the local district office must be referred to and discussed with childFIRST (metropolitan) or WA Police (country). This joint approach to child sexual abuse investigation aims to minimise the impact of additional unintentional stress on the child during the assessment and investigation process. This includes minimising the number of times a child is required to retell their experience(s).

There are a number of offences in the Criminal Code 1913 which relate to the sexual assault of a child. These offences include:

- Sexual offences against a child under 13 (s.320)
- Sexual offences against a child of or over 13 and under 16 (s.321)
- Persistent sexual conduct with a child under 16 (s.321A)
- Sexual offences against a child of or over 16 by a person in authority etc.(s.322)
- Sexual offences by relative and the like (s.329)
- Sexual servitude (s.331B)
- Conducting business involving sexual servitude (s.331C)
- Deceptive recruiting for commercial sexual services (s.331D(2))

The Mandatory Reporting Service must refer all reports to the WA Police through the childFIRST under s.124D(2), by providing a copy of the written mandatory report and the assessment of the information received.

Joint strategy meeting

childFIRST (in the metropolitan area), or by the Department or WA Police (in the country area) must convene a joint strategy meeting (face-to-face, via telephone or videoconference) for all allegations of child sexual abuse. The child protection worker, team leader and childFIRST (metropolitan only) must attend the joint strategy meeting.

The purpose of a joint strategy meeting is to determine whether:

- immediate medical attention is required for the child
- a plan needs to be developed to manage the child's immediate safety needs
- a joint investigation/assessment (by WA Police and DCP) is required, or

- a single agency DCP assessment or WA Police investigation is required.

The joint strategy meeting may also consider:

- whether a medical or forensic examination is required for the child and if required, subsequent timing of the examination
- how to manage the child's ongoing safety needs during the forensic investigation. This may include safety planning or alternative placements
- who needs to be interviewed (for example the child, parents, other children or siblings, or other persons who may have knowledge relating to the investigation)
- in what order the interviews will be conducted, where and by whom
- whether the parents will be informed prior to interviewing the child, and
- factors surrounding the safety of workers.

Where it has been agreed by WA Police and the Department to undertake a joint investigation, child protection workers should refer to the Bilateral Schedule between the Department for Child Protection and the Western Australia Police for the Investigation Child Sexual Abuse, Serious Physical Abuse and Neglect (currently in development) for further information.

If childFIRST or WA Police determines that a joint investigation is not required, the child protection worker must continue to undertake a safety and wellbeing assessment and advise childFIRST if the decision needs to be reviewed.

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Undertaking an assessment

Medical and forensic examination

The need for a medical or forensic examination should be discussed as part of the joint strategy meeting or for a 'Department only assessment' by the child protection worker in consultation with their team leader. When considering the need for a medical or forensic examination, child protection workers should take the following into account:

- Purpose of the examination - the forensic examination is performed to gather information and evidence for criminal proceedings and the medical examination is to identify and meet the medical requirements of the child.
- Appropriateness - particularly in cases of sexual abuse, a physical examination may be distressing to the child or young person. The decision to conduct an examination for forensic purposes must therefore take account of the nature of abuse that has been disclosed and the likelihood that physical evidence will be detected. The need for a physical examination for medical purposes is determined by the nature of any injury.
- Timing - the timing of a physical examination for forensic purposes needs to take account of the nature of abuse and how recently it occurred.

Child protection workers must seek parental consent for a medical or forensic examination of the child. If the child needs to be medically examined without the consent of the parents the child protection worker must take statutory action to bring the child into provisional protection and care. Refer to Chapter 4: Intervention Action for further information.

When the child is referred for a medical assessment, the child protection worker should, wherever possible, accompany the child and the parent/caregiver to the assessment so the child does not have to repeat the details of the abuse, provide information that the parent/caregiver/child may not disclose and to address any safety concerns that may arise during the clinic appointment.

The child protection worker should explain to the child, the parent/carer and other relevant people what a medical examination involves. The examination for evidence of sexual assault is conducted within the context of a complete physical examination.

The findings of the physical examination and other relevant information are provided in writing to the Department, WA Police and, if requested by the parent, to his/her legal adviser. Refer to the resource Medical and forensic examinations for further information.

Child's immediate and ongoing safety needs

In both a joint investigation and a 'Department only assessment' the child protection worker is responsible for assessing and managing the child's immediate and ongoing safety needs.

To assess the child's safety needs the child protection worker must consider:

- whether there is immediate threat of harm to child
- whether the child is vulnerable to further harm, and
- the extent of protective capacities within family and safety network to lessen/respond to harm.

Building safety for the child is challenging with families where sexual abuse is alleged to have occurred and the alleged perpetrator(s) disputes or 'denies' the abuse. Refer to the resource Building safety when harm is denied for further information.

Within the context of child sexual abuse there may be a person who is considered a 'non-abusing' parent or caregiver. Support and protection by the non-abusing parent plays a crucial role in addressing the impact on the child as well as protecting the child from further abuse.

The child protection worker must develop a safety plan with the family that is effective and rigorous to keep the child(ren) safe from further harm. The safety plan must be reviewed on a regular basis.

Taking a child into provisional protection and care

The decision regarding whether or not the child should be removed from the family home is a professional judgement which should be based on the level of risk to the child if they remain in the family home while the assessment is undertaken.

Interviewing the child

Wherever possible, parents or guardians should be advised of the allegations made in relation to their children, and the child protection work should request the parent's consent to interview their child.

The child protection worker, without informing a child's parents, may have access to the child at a school, hospital or a place where a child care service is provided, and remain at the school, hospital or place, for as long as the child protection worker reasonably considers necessary for the purposes of the investigation. This should be considered in circumstances where, if the child's parents were to know in advance of the contact, the investigation would be likely to be jeopardised.

The child protection worker must inform one of the child's parents as soon as practicable that they have had access to their child and the reasons for it.

In circumstances where the parent/s refuse consent for the child protection worker to interview their child the child protection worker must apply for a warrant (access) under s.34 to interview the child. Refer to Chapter 4: Assessment and Investigation Processes for further information.

Child assessment interview

A child assessment interview may occur:

- as a result of a decision not to undertake a joint investigation with WA Police, or
- in order to determine whether a forensic interview (joint investigation with WA Police) is warranted.

A child assessment interview is not required if the child has made a disclosure. In these circumstances the child must have a forensic interview only.

For further information regarding child assessment interviews, including guidance on how to respond to a disclosure of sexual abuse, refer to the Child assessment interview resource document.

Forensic interview

The forensic interview of a child must be undertaken by childFIRST (metropolitan) or WA Police (country). The purpose of the forensic interview is to obtain an accurate and reliable account of the sexual abuse in a way that is fair, is in the child's best interest and is acceptable in criminal proceedings. For further information regarding the forensic interviewing of children and an example of questions used and the rationale, refer to the Forensic Interview related resource.

Child protection workers should, where possible, attend and observe the forensic interview, along with the detective in the recording room. The child protection worker may also support the child and family during breaks in the interview and be involved in the debriefing/follow up process.

The child protection worker's role during a forensic interview is to:

- determine what areas may require further assessment
- assist in identifying any gaps in the child's account that emerge, and
- ensure the best interests of the child are the paramount consideration.

Child protection workers may also have a role in determining the pace, breaks and whether more than one interview session is required.

childFIRST (metropolitan) or child protection workers and WA Police (country) must meet with the parent(s) after the interview. The parent/caregiver must be provided with sufficient information to keep the child safe. The parent/caregiver must also be informed of the next steps in the investigation, address any questions or concerns, and provided with relevant contact information.

Interviewing the non-abusing parent or caregiver

The capacity of the non-abusing parent to work through the trauma of discovering that their child has been sexually abused should be evaluated. To determine the level of safety that the non-abusing parent or caregiver can provide child protection workers should consider:

- their willingness and/or capacity to protect the child victim, including their view of the veracity of the allegations
- the quality of their relationship with the child such as positive, ambivalent or negative
- the level of dependency, particularly on the alleged perpetrator.

Regular reviews of the non-abusing parent's circumstances, abilities or motivation are important as these aspects may change over time. The non-abusing parent is likely to need assistance to seek support and/or counselling during this time.

Interviewing the alleged perpetrator (parent or caregiver)

In most instances where a joint investigation is occurring the WA Police prefer to interview the alleged perpetrator before the child protection worker makes contact. Where there are no concerns for the child's safety, the child protection worker should negotiate with the WA Police the timing of the interview of the alleged perpetrator.

Child protection workers should consider the following when interviewing the alleged perpetrator:

- whether they refute or support the allegation
- additional information provided regarding the allegation by the alleged perpetrator
- quality of the relationship with the child victim and other family members (to determine the level of risk to the child's safety)
- parenting management strategies and discipline used by the alleged perpetrator and whether this increases the safety or risks for the child, and
- attempts to understand the cause of the abuse.

Interview of siblings and other children in the household

As part of the joint investigation and for a 'Department only assessment', the child protection worker will need to consider whether other children who reside or regularly stay in the house where the abuse is alleged to have occurred are at risk of harm and may need to be interviewed also.

Gathering relevant information

In addition to interviewing the child, alleged perpetrator, non-offender parent/caregiver and any other children the child protection worker may contact other agencies or individuals for further information concerning the allegation of child sexual abuse.

To determine whether any additional information should be gathered, child protection workers should consider whether information is required:

- to support information already gathered
- to further assess where risk of harm or abuse is still suspected although initial interviews have not confirmed this, or
- to enable a comprehensive assessment of the any action that may be required to promote or safeguard the child's wellbeing.

Assessing the impact of sexual abuse on the child/ren

Child protection workers should recognise that with allegations of child sexual abuse, harm in some cases may not be readily identifiable and confirmation of the act can be considered to constitute substantiation.

Child protection workers should refer to the following resource documents to assess the impact on the child:

- Effects of child sexual abuse
- Child development and trauma guide
- Analysing the child assessment interview, forensic interview and the child's behaviour
- Assessing behaviour and responding to the child's needs.

Assessing parental protectiveness

Child protection workers should consider the following when determining parental protectiveness:

- nature of offence(s) (predatory versus opportunistic)
- previous convictions/concerns
- the alleged perpetrator's level of accountability for the abuse

- parent's views and wishes, including level of cooperation and acknowledgement or denial of concerns
- protectiveness of the non-abusing parent/caregiver
- child's wishes
- involvement/action by WA Police.

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Other assessment considerations

Assessing and responding to child sexual abuse by a child to a sibling or another child

The reasons children sexually harm other children are complicated, varied and not always obvious. Some children may have been emotionally, sexually or physically abused themselves, while others may have witnessed physical or emotional violence at home. Some may have come in contact with sexually explicit movies, video games, or materials that are confusing to them. In some instances, a child or adolescent may act on a passing impulse with no harmful intent, but may still cause harm to themselves or to other children.

Child protection workers should consider the following when assessing if harm has occurred:

- the type of sexual activity and whether it is normally expected for the child's level of development
- power differentials
- duration
- differences in physical size, and
- the presence of threats and coercive behaviour.

Refer to Sexual behaviours of children that are age appropriate, concerning and very concerning related resource for further information.

The child protection worker should consider the following to determine the family's capacity to monitor the child's behavior and provide safety:

- family strengths/safety
- previous history of supervision
- level of distortion in relation to the effects of abuse
- potential risk of recidivism by the child
- parent/carer support
- parent/carer/extended family history of sexual abuse and other forms of abuse and neglect
- parent/carer functioning, attitude toward and response to treatment/support, and
- needs of the victim versus family unity.

Refer to Prompts for assessing child sexual abuse when the alleged perpetrator is a child for further information.

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Determining whether harm has occurred and if someone is responsible for the harm

The standard of proof to substantiate significant harm or likelihood of significant harm is different from that required to secure a conviction in criminal justice proceedings. Therefore, it is likely that situations will arise in which an alleged perpetrator is not charged, convicted or found guilty of an offence in a Court, but harm should be substantiated and a person assessed as causing significant harm.

Child protection workers should refer to Analysing the child assessment interview, forensic interview and the child's behavior and consider the indicators of trauma and the impact of trauma in the Child Development and Trauma Guide (resource) when determining whether significant harm has occurred or is likely to occur.

Significant harm can be substantiated if any of the following are evident:

- strong medical, physical, behavioural and psychological evidence
- admission on the part of the alleged perpetrator
- clear statement of harm from the child. In these instances emphasis should be placed on believing the child, and working to establish the validity of the child's claim
- credible statements from individuals who have knowledge that the harm has occurred, or
- a marked discrepancy between the caregiver's explanation and the nature of the injury.

Likelihood of harm

Where it is assessed that child sexual abuse has occurred but harm is not evident, child protection workers need to reflect on their knowledge of child development and the nature of the abuse in forming an opinion regarding the possible implications for the child and the likelihood of the child

experiencing harm.

Examples of likelihood of harm could include situations where an event had occurred or not yet happened but harm is not evident, such as a sex offender (or alleged perpetrator) may be in contact with a child and the primary caregiver is not protective.

When a child protection worker has substantiated that a child has been harmed, a decision must be made whether a person is responsible for the harm. A decision to substantiate harm is not dependent on the identification of a person responsible (PR) or a person assessed as causing significant harm (ASH) - refer to Practice considerations relating to a Person Responsible and Person Assessed as Causing Significant Harm.

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Safety planning, ongoing assessment and review

Child protection workers should consider the following when developing a safety plan for allegations of child sexual abuse cases:

- ability of the primary caregiver/non-abusing parent/carer to be protective and acknowledge, understand and take action in response to the risk posed by the alleged perpetrator
- any bail conditions set for the alleged perpetrator
- identification of other people in the network who may be able to increase safety
- alleged perpetrator not being left alone with any children at any time, and
- daily care of the child by the primary caregiver including toileting and bathing.

Child protection workers must also consider the safety needs of other children living in the home or in significant contact with the alleged perpetrator.

Refer to Chapter 1: Signs of Safety – The Department’s Child Protection Practice Framework in the Casework Practice Manual and 'Chapter 9: Safety Planning' in The Signs of Safety Child Protection Practice Framework for case practice guidance on safety planning and review.

Child protection workers should refer to the following resource documents to inform safety planning and review:

- Elements of a safety plan
- Helping families to develop a safety network
- Building safety when harm is denied.

Safety planning where the perpetrator is a child

Where the perpetrator is a child, the child protection worker should consider whether:

- the child can be safely maintained in the current environment
- line-of-sight supervision is needed at all times
- restrictions on venues and style of play are necessary
- sleeping arrangements need to be changed
- other children need support with developing protective behaviours
- other children have already been sexually enculturated
- restrictions need to be placed upon television viewing and the child’s access to written and pictorial materials
- extra support is needed within the home, and
- the child/ren who have been victimised and the alleged perpetrator have access to therapeutic assessment and treatment.

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Treatment services for the child and family

In planning treatment services child protection workers should assess and consider the issues for all persons involved, and where possible facilitate an integrated treatment approach that is most likely to achieve the best outcomes for all concerned.

While an integrated approach is vital in intra familial abuse cases these same issues may also apply to extra familial abuse situations and interventions should therefore be based on an assessment of the impact of the abuse of all persons involved. Consultation with the team leader, senior practice development officer and Department psychologist may assist in determining the most appropriate treatment options.

Child protection workers can refer children and families for treatment services to Princess Margaret Hospital Child Protection Unit, Sexual Assault Resource Centre, the Department’s funded Child Sexual Abuse Treatment Services or Psychological Services for contact details of private practitioners.

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Refer to the resource the following resources for further information:

- Treatment needs for children and families affected by child sexual abuse
- How to intervene in sexual behaviours
- Holly-ann Martin's Protective Behaviour parenting tips
- Preventing false allegations checklist
- Guidelines for a safe and healing home, and
- Responding to concerning sexual behaviours in children and young people.

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