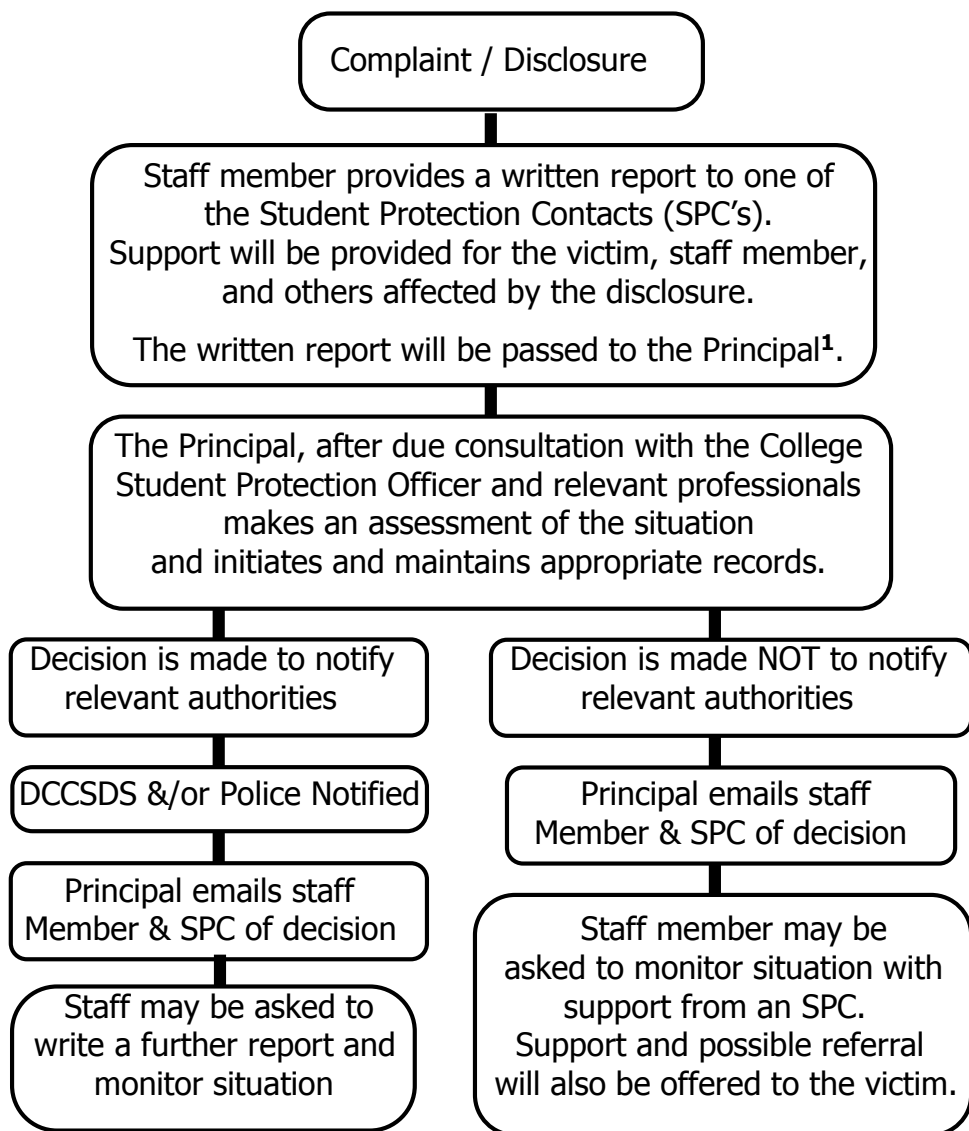


**The procedure for responding to Child Abuse complaints /student disclosure is as follows:**



<sup>1</sup> In cases where the allegation is made against the Principal, or they are implicated in some way, the role of the Principal is to be undertaken by the Augustinian Provincial and the Chair of the College Board.



## CHILD PROTECTION

### College Community Information Booklet Re Child Abuse Complaints/Student Disclosure

## When a disclosure of abuse is made:

- ✓ *Listen to as much of their story as they are prepared to tell or comfortable in telling and that you are prepared to hear or comfortable in hearing.*
- ✓ *Do not ask any questions or put words into their mouth.*
- ✓ *Tell them you believe them.*
- ✓ *Tell them it's not their fault, no matter what the circumstances.*
- ✓ *Tell them that you will need to talk to someone who will try to stop it happening.*
- ✓ *Adults/care-givers sometimes do wrong things*
- ✓ *They were right to tell,*
- ✓ *Above all:-*

**DO NOT MAKE ANY PROMISES WHICH CAN'T BE KEPT, PARTICULARLY ABOUT KEEPING ANY INFORMATION SECRET**

## Once the disclosure has been made:

- ✓ *Make immediate contact with one of the Student Protection Contacts:*

<i>Principal</i>	<i>Mark Stower</i>
<i>Deputy Principal</i>	<i>Steven Bremner</i>
<i>College Counsellor</i>	<i>Adrian Hellwig</i>
<i>College Psychologist</i>	<i>Tass Sakellariou</i>
<i>Head of Junior School</i>	<i>Stephen Rouhliadef</i>
<i>Head of Middle School</i>	<i>Greg O'Neill</i>
<i>Acting Head of Senior School</i>	<i>Tony Rolls</i>

*In cases where the allegation is made against the Principal, or they are implicated in some way, the role of the Principal is to be undertaken by the Augustinian Provincial and the Chair of the College Board.*

## Remember:

Child Abuse is not usually a single incident and there are many indicators both physical and behavioural.

## Physical Indicators:

- ✓ Poorly explained marks, cuts, scratches, welts, bruises, bites, burns, fractures or broken teeth.
- ✓ Injuries in unusual places (including the throat, back of legs, buttocks, small of back, inside mouth or on scalp).
- ✓ Injuries of unusual type (including finger print bruises, line bruising, stocking burns from dipping or standing in hot water, cigarette or print burns such as from an iron or stove top or spiral fractures).
- ✓ History of recurrent medical interventions, for example, repeated hospital admissions.
- ✓ History of recurrent bowel or urinary problems.
- ✓ STDs or pregnancy.
- ✓ Evidence of severe deficiencies in child's hygiene.
- ✓ Unusually small stature (where not organic cause is identified, this may be an indicator of severe and chronic emotional trauma and deprivation).
- ✓ Severe weight loss or failure to gain weight.
- ✓ Unexplained hair loss.

## Behavioural Indicators:

- ✓ Child's statements or representations of abuse or neglect (including drawings or graphic play).
- ✓ Extreme distress and inability of the child to be reassured or consoled.
- ✓ Extreme emotional withdrawal or acting out (including violent or sexual acting out).
- ✓ Extreme aggressive or destructive behaviour.
- ✓ Indicators of severe stress or anxiety (for example, night terrors, severe nail biting, hair pulling, rocking, frozen watchfulness, overreactions or excessive masturbation).
- ✓ Unusual dress (to conceal injuries).
- ✓ Running away or reluctance to return home.
- ✓ Indicators of fear of family members or of adults generally.