Responding to Child Sexual Abuse (CSA) Referral Pathway

Recognise

Patient presents with indicators of CSA
(consider physical, emotional and behavioural symptoms)

Patient directly or indirectly discloses

Remember: Disclosures may be non-verbal, accidental, partial or ongoing

Respond

LIVES

- **L**isten
- **I**nquire
- **V**alidate
- **E**nhance
- **S**upport

Listen actively - Allow time, stay calm and consider your non-verbal cues

Inquire - Use open-ended questions one at a time. Check your understanding and clarify meaning

Validate feelings/fears - Reassure decision to disclose

Enhance safety

- Assess immediate and ongoing safety
- Consider reporting responsibilities and explain where appropriate (i.e. older children, non-offending adults)
- Be transparent about next steps
- Don't make promises you can't keep
- Involve the patient in decisions as much as possible

Support

- Support non-offending caregivers
- Offer a warm-referral to support services
- Identify strengths, support/safe networks
- Help them regulate – e.g. offer grounding techniques
- Document in an objective, strengths-based way

Need support or guidance ?

☎ **Crisis Line:** 6247 2525
☎ **Link Workers:** 6185 2842

Report concerns

- **Abuse within the family** - Call Child Youth Families (CYF) on 1300 556 728 or report online. CYF will notify ACT Police if required.
- **Abuse outside the family** - Call ACT Policing at 131 444

Scan to report online

Refer

Offer referral to CRCC

Patient accepts

Complete DFSV Referral form OR
Contact CRCC link worker or crisis line

Patient declines

Provide information and remind patient support is available whenever they are ready

Potential signs and indicators

Physical

- Unexplained genital symptoms
- Recurrent UTI or pain when toileting
- Head or stomach aches
- Eating, weight, or sleep disturbances / changes
- Pregnancy or STIs

Behavioural

- Change in usual behaviour
- School, or concentration difficulties
- Tantrum behaviour
- Age-inappropriate sexual behaviours or knowledge
- Sexually explicit drawings, language, or play

Emotional

- Anxiety, fear, or distress
- Depression or social withdrawal
- Sleep difficulties or nightmares
- Self-harm or suicidal thoughts

This is a non-exhaustive list

See seperate handout for more examples

Listen	*"Sometimes kids/young people worry that no one will listen to them or believe them. I am here today to listen to you. I believe kids when they tell me about their worries."*
Inquire	*"I know this may be hard to talk about, but I want to check I understand . When you said X, can you tell me what X means?"* *"Can you share more about that with me?"*
Validate	*"Thank you for telling me. I want you to know this is not your fault, and they shouldn't have done that to you"* *"It makes sense that you would feel like that"*
Enhance	*"My job is to keep you safe. I may need to talk to some people so that we can work together to make you safe."* *"Now that you have told me about X what do you hope will happen? What are your worries?"*
Support	*"You don't have to manage this on your own. Would you like to talk about some support options to help you feel safe?"* *"Would it help if we took a moment to take a few deep breaths together?*

The Pediatric Forensic Medical Service

0403 124 607 | PFMS@act.gov.au | Mon-Fri, 8:30am-5pm

- PFMS provide forensic medical care to all CSA victim-survivors under the age of 14
- **For CSA that occurred within the last 7 days:** In hours, call to refer. Afterhours, refer direct to Canberra Hospital ED
- **For all other CSA, regardless of how much time has passed:** Refer via email
- Health professionals may also contact PFMS for advice, subject to staff availability

If you assess there is an imminent risk of harm to a child or young person, please call 000 immediately

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Recognise : Types of Child Sexual Abuse

Child sexual abuse can take many different forms. It can be physical, verbal, or emotional in nature and can include physical contact and non-contact acts.

Examples can include:

- Grooming
- Sexual or inappropriate touching
- Showing private parts or genitals
- Making a child pose, undress or do sexual or inappropriate acts
- Talking to a child in a sexual or inappropriate way
- Making a child look at sexual or inappropriate photos or films
- Making, sharing or possessing child exploitation material



Respond : Supporting CSA Victim-Survivors and their Carers

Supporting non-offending caregivers:

Explaining recanting to non-offending carers:

"Sometimes, children might say [abuse] didn't happen or that it wasn't as bad. This can be really confusing, but it doesn't mean that they lied. It often means that kids are upset about [abuse] and worried about how it will affect everyone else. "

Offer a warm referral: The CRCC Crisis Line provides advice and supports to non-offending carers too.

Notifying non-offending carers of a mandatory report:

- Discuss concerns and your obligation to report with carers when it is safe to do so
- For protective carers, you can provide reassurance that you will highlight family strengths in your report

Supporting children:

"I believe you"
"Thank you for telling me."
"I'm sorry this happened"
"I am here to support you"
"It's not your fault"

Trauma-informed principles

- **Safety** - Consider physical environment and psychological safety
- **Trust & Transparency -** Be honest about how you can help and your limitations
- **Empowerment** - Acknowledge strength and resilience
- **Choice & Collaboration** - Involve the child in identifying needs and wants

Respond : Reporting and Documentation

Reporting guidance

- Mandatory reporters are **legally required** to report when through their work they have formed a **reasonable belief** that a child has experienced or is experiencing sexual or physical abuse.
- Mandated reporters can also **voluntary report** beliefs or supicions that a child is at risk of significant harm.
- All adults in the ACT have a legal obligation to report CSA to Police.
- You do not need to report twice - If you are unsure whether a matter should be reported to CYF or Police, contact CYF.
- If there is an immediate risk of harm, call 000.

Contact CRCC link workers for a de-identified consult or further reporting guidance

What to report

- The full name, date of birth and address of the child at risk
- The name and relationship of the person causing harm
- Information about who else lives in the child's home
- 'Signs of Safety' details (see below)

Signs of Safety questions

- What are we worried about?

(past harm, current risks, future risk)

- What's working well?

(protective factors and strengths)

- What needs to happen?

(steps to ensure safety and wellbeing).

Documentation tips

- Clearly articulate and objectively describe behaviours, injuries, indicators, and impacts that you observe.
- Use the child or young person's exact words when recording discloures when possible.
- Record any actions taken, consultations, referrals, and reports made. Include the name and role of professionals you speak with.
- Avoid using stigmatising labels or pathologising statements while documenting (e.g., "dysfunctional family," "attention-seeking").
- Highlight any observed strengths or protective factors (eg. child is help-seeking).