



## Information sheet 7b

### Guidelines for the mandatory reporting of child sexual abuse when the child is a mature minor

This information sheet summarises the key points to consider when working with mature minors within the mandatory reporting of child sexual abuse legislation and protocols. WA Health has comprehensive information about working with youth, mandatory reporting and guidelines for protecting children. Listed below are some additional linked resources:

- [Working with Youth - A legal resource for community based health workers](#)
- [Mandatory Reporting of Child Sexual Abuse](#)
- [Operational Directive 0267/10: Interagency Management of Children Under 14 who are Diagnosed with a Sexually Transmitted Infection](#)
- [Tips for working with the mature minor](#)
- [Guidelines for Protecting Children 2015](#)

#### Background

With the introduction of mandatory reporting of child sexual abuse (January 2009), doctors, nurses and midwives are obliged to lodge a mandatory report to the Department for Child Protection and Family Support whenever they have formed a 'reasonable belief' that a child under 18 years has been or is being sexually abused.

When the child in question is a mature minor this can raise specific dilemmas for both client and reporter. Unlike younger children, mature minors are more likely to experience sexual abuse from people whom they might not necessarily ever see again. Issues such as; the right to confidentiality, the right to have their own choices heard and respected, the desire not to involve police and/or parents, are matters which have specific relevance for the mature minor.

#### Discussing mandatory reporting obligations with the mature minor

- The initial discussion/consultation with the mature minor needs to inform them immediately of the legal requirements of mandatory reporting and the subsequent limits of confidentiality
- When a belief of child sexual abuse is formed, the practitioner should, whenever possible, discuss the mandatory reporting requirements with the mature minor and include such information as:
  - how the minor would like a report to be progressed
  - their preferences for alerting (or not) their carers/parents
  - their preference for informing (or not) the WA Police
  - if the minor views themselves at any ongoing risk of (further) sexual abuse
  - any alerts for the Department for Child Protection and Family Support or the Police
  - any further information the mature minor would like to have included in the report.
- Under the legislation, a mandatory report must be made by CPFS to the WA Police. However,

if the mature minor in discussion with the mandatory reporter, determines they do not want WA Police involvement then this information needs to be included in the report and the Police/CPFS will take this into account whenever it is deemed that there is no ongoing risk to the child or any other child.

- The information from this discussion can be included in the mandatory report to assist CPFS and the WA Police in determining how an(y) investigation/assessment will be progressed. Any safety concerns arising from making a mandatory report for either the mature minor and/or health professional should be considered and if there are concerns, these should be discussed with line management and with CPFS as appropriate.
- CPFS assessments can take time and it is important that Health professionals remain engaged with the mature minor to ensure the provision of any necessary supports including counselling or therapy.

### Keeping the mature minor informed

- The Health professionals' ability to inform mature minors of what will happen after a report has been made can be difficult as Health professionals themselves are often unclear as to what assessment processes CPFS and WA Police might undertake and what decisions might result.
- CPFS and WA Police recommend that the mature minor can be told that:
  - The process can appear to take a long time but a lack of contact with the mature minor or their family does not necessarily mean that the assessment of information and planning has not commenced
  - The WA Police or CPFS will contact the mature minor usually within 7 days
  - Assessment may or may not involve meeting personally with the mature minor and/or their family.
- If the mandatory report was prompted by something other than a disclosure from the mature minor then it is likely that an initial assessment interview will be conducted to obtain a disclosure.
- Following the assessment a forensic interview by WA Police or the Department for Child Protection and Family Support (CPFS) may be undertaken.

### Mandatory reporting and sexually transmitted infections

- STI reports are an agreed joint WA Health/CPFS/WA Police policy.
- The [WA Health Operational Directive on STI's](#) identifies that staff must make a mandatory report if they have formed a belief that child sexual abuse is occurring regardless of the child or young persons age.
- Where a child is under 14 and has an STI and the staff member has not formed a belief that child sexual abuse is occurring, the matter needs to be referred to their local CPFS office.

### Risk of other forms of harm

- If, in the course of working with the mature minor, the Health professional suspects or identifies other forms of abuse and neglect have or are occurring, then a notification must be made to CPFS.
- If the Health professional identifies that other children may be at risk then a notification must also be made to CPFS.
- The report should take into consideration any co-existence of other forms of abuse or neglect including family and domestic violence.

## Core principles regarding practice

- Every child and young person has a right to be protected from abuse and neglect.
- The best interests of the child or young person must be the paramount consideration. When assessing concerns from this viewpoint, the practitioner is led to consider the effects of the suspected abuse on the child, rather than focusing on what might have been the intent behind the action of the adult/parent.
- Child protection is best achieved through a collaborative approach.

**Whenever a health professional has clear concerns of physical, emotional, sexual abuse and/or neglect happening to the child they are seeing, or any other child in the family, they have a responsibility to take action to ensure that protective measures are put in place.**

**Please refer to *Guidelines for Protecting Children 2015* for further information.**