



# Presbyterian Youth Victoria

## Abuse Disclosure Policy & Form

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In accordance with the PCV's adoption of the "Safe Church – PCV – Policy, Procedure and Practice Manual" approved by the General Assembly of Victoria in October 2014, all PYV Conveners and Leaders are required to, if they become aware that a child or youth may be the victim of sexual or other abuse through:

- The child telling them
- Someone else telling them (sibling, relative, friend of child)
- By observation of the child's behaviour or knowledge of children generally leads to suspicion;

**immediately contact the CENC Representative** (If this person were being accused of that action, it would not be appropriate to contact that person, refer to the Youth Ministries Director.) The situation will be discussed with the CENC Representative, in strict confidence and without giving the specific details, and a decision will be made as to the appropriate action to be taken.

**fill in the attached form and give it to the CENC Representative** who will contact the Safe Church Unit (Fiona Bligh – 0499090449) and seek advice.

If it is decided that the Department of Human Services should be contacted, the initial report will be made by either the CENC Representative or the Safe Church Unit. The person to whom the child disclosed may be interviewed,

### **CENC Representatives to PYV**

Rev. Dave Assender – Scotch College Chaplain  
Mobile: 0413 605 505  
Email: [david.assender@scotch.vic.edu.au](mailto:david.assender@scotch.vic.edu.au)

Rev Brian Harvey - Youth Ministries Director  
Mobile: 0432916967  
Email: [ynd@pyv.org.au](mailto:ynd@pyv.org.au)

### **Important Hints for Managing a Disclosure**

('Disclosure' is when a young person reveals to **you** that **they** or **someone they know** is being abused, hurt or neglected)

Please do **not**:

- Make promises that cannot be kept
- Ask leading questions
- Rush or push the child into giving details of the abuse
- Indiscriminately discuss the child's circumstances with others not directly involved in the situation
- Minimise the allegation or convey disbelief by anything you do or say.
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Please **do**:

- Listen – do not add anything to the aggrieved person's story
- Immediately offer the services of the CENC Chaplain or Representative to the aggrieved person
- As far as possible, only ascertain the gist of the allegation. Obtain appropriate details while being aware that at this early stage it is not appropriate to probe too deeply. Listen, and do not add anything.



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- Clarify exactly what the allegation is and who is involved.
- Ask what can be done to ensure the aggrieved person feels safe from further abuse.
- Preserve evidence.
- Provide details of the process to the aggrieved person.
- Provide contacts details of the CENC Representative who will be contacted to the aggrieved person.
- Keep notes.
- Ensure the child is in a safe environment before seeking the CENC Representative.
- Fill in the following details, if you are able:

|   |  |
|---|--|
| Name and address of the place where the alleged offence took place:                                       |  |
| Name of the person making the disclosure and his/her relationship to the person who was allegedly abused: |  |
| The full name and age of any child or young person involved:  |  |
| The whereabouts of all those involved:  |  |
| The details of the alleged abuse and how this knowledge was obtained:                                     |  |
| The name of the alleged offender and his/her relationship to the person who was allegedly abused:         |  |



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| Where a child or young person is involved, known details about the family structure and home address(es): |  |
| Contact number for child/young person making the disclosure:  |  |
| Contact number for parents:   |  |
| Known details about other significant people:   |  |
| Actions taken and planned by those involved and yourself:   |  |

|  |  |
|--|--|
| Your Name  |  |
| Your Address and Phone Number:                       |  |
| Your Role at the PYV Camp or Event                   |  |
| Date of the Disclosure                               |  |
| Date of this Report                                  |  |
| Your Signature                                       |  |
| CENC Representative's Name                           |  |
| Date CENC Representative Received this Incident Form |  |
| CENC Representative's Signature                      |  |



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| Date of Safe Church Unit contact   |  |
| Please record the advice of the Safe Church Unit here (Add pages where needed) |  |