

# Strengths-Based Reporting Resource for General Practitioners

*This guide is intended to help primary healthcare professionals recognise and report concerns regarding child sexual abuse (CSA) while upholding a strengths-based, child-centred, and trauma-informed approach.*

## 1. What specific concerns or signs of harm have been observed? What protective relationships and support networks does the child currently have that help them feel safe, supported, and connected?

*Tips:*

- Clearly articulate any concerns, risk indicators, or observed harm (e.g., concerning disclosures, behavioural cues, injuries).
- Identify protective adults in the child's life (e.g., a caring parent, teacher, coach, or grandparent) taking proactive steps.
- Acknowledge and support the child's connection to school, culture, and community—including religious, cultural, therapeutic, or recreational networks—while also recognising the child's individual strengths and protective factors such as positive relationships (with peers, siblings, or pets), involvement in extracurricular, social or sporting groups, and engagement in healthy habits.
- Consider kinship and informal support networks, especially in culturally diverse or First Nations contexts. These factors may contribute to safety and resilience, even in the presence of risk.
- Document actions already taken to support the child's safety, including referrals or conversations with caregivers.

## 2. What are some of the child's strengths or positive qualities you've noticed—such as how they cope, express themselves, or connect with others?

*Tips:*

- Note how the child has sought help, expressed concerns, or shown courage in disclosing or engaging with you.
- Acknowledge emotional and social capacities such as insight, playfulness, empathy, or resilience.
- Describe how the child copes in familiar or safe environments (e.g., classroom, home, or with trusted individuals).
- Strengths can be subtle, e.g., persistence in attending appointments, making eye contact, or seeking comfort from a trusted adult are all indicators.

## 3. Describe the child's experiences and behaviours in a way that is respectful, non-judgmental.

*Tips:*

- Avoid using labels or pathologising statements while documenting (e.g., “dysfunctional family,” “attention-seeking”).
- Use neutral, factual descriptions of observed behaviours, statements, and context. Include objective observations of physical, behavioural and emotional indicators of CSA.
- Speak to the child's lived experience without assumptions about motivation or intent.



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#### 4. Some practical tips for using trauma-informed framing of disclosures

- Understand that disclosures may be delayed, non-linear, partial, or recanted. A child's withdrawal or change in their account does not negate the need for a report.
- Avoid pressing for details or acting as an investigator—your role is to observe, listen, support, and refer.

*Important: A report should still be made even if a child recants a previous disclosure of sexual abuse.*

#### 5. How to present yourself as a supportive ally.

- Reinforce your role as a safe, consistent, and non-judgmental adult.
- Offer follow-up care and continuity, maintaining trust with both the child and caregiver(s).
- Collaborate with support services (e.g., child protection, counselling services, schools) where appropriate and with consent when possible.
- Avoid abrupt referrals; instead, warm handovers and shared planning help families feel supported, not abandoned.

#### Final Note

*Your observations and how you frame your report can significantly impact the child's experience of being seen, heard, and supported. Balancing risk with strength allows for a fuller picture—and encourages systems to respond compassionately and effectively.*



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