Child Protection

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Child Protection is Volume 426 in the ‘Issues in Society’ series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

KEY ISSUES IN THIS TOPIC
The reported prevalence of child maltreatment – neglect; physical, emotional and sexual abuse; and exposure to family violence – is at unacceptable levels in Australia. The number of children receiving child protection services (investigation, care and protection orders, and out-of-home care) continues to rise. One in 33 children received child protection services in the past year alone; the majority are repeat clients. Disturbingly, indigenous children are 7 times as likely as non-indigenous children to receive protection services.

What is child abuse and neglect and when is a child in need of protection? What are the causes, indicators and impacts of abuse involving children and adolescents? When should children at risk be removed from their parents, and is it possible or even preferable in certain cases to keep vulnerable kids with their families? There is no excuse for child abuse, but are we doing enough to protect children at risk?

SOURCES OF INFORMATION
Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:

- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

CRITICAL EVALUATION
As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

EXPLORING ISSUES
The ‘Exploring issues’ section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

FURTHER RESEARCH
This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The ‘Web links’ section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
WHAT IS CHILD ABUSE AND NEGLECT?

Australian Institute of Family Studies explains in this resource sheet

Child maltreatment refers to any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse) (Bromfield, 2005; Christoffel et al., 1992). In this paper, the terms “child abuse and neglect” and “child maltreatment” are used interchangeably.

Child maltreatment is commonly divided into five main subtypes:

- Physical abuse
- Emotional maltreatment
- Neglect
- Sexual abuse, and
- Exposure to family violence.

Although there is a broad consensus regarding the different subtypes of maltreatment, disagreement exists about exactly how to define these subtypes. In the absence of universal definitions of child abuse and neglect, different professional fields have developed their own definitions. There are medical and clinical definitions, social service definitions, legal and judicial definitions, and research definitions of child maltreatment.

Each professional sector tends to emphasise the facets of maltreatment that are most salient to their own field. For example, medical definitions highlight the physical symptoms of a child rather than the abusive or neglectful behaviours of a perpetrator, while legal and judicial definitions focus on those aspects of parental behaviour and child symptomatology that provide the best evidence for a successful prosecution (Bromfield, 2005; Feerick, Knutson, Trickett, & Flanzer, 2006).

The definitions provided in this paper are broad and research-based. They focus less on the specific harm caused to the child, and more on the abusive behaviours of the perpetrator. This approach sidesteps much of the detail and disagreement regarding the cut-off points at which specific behaviours (e.g. rejecting a child) become child maltreatment. The current definitions are too broad to be used in specific settings (such as a courtroom or child protection agency), but are detailed enough to incorporate many of the complexities involved in this area of research.

DEFINITIONAL ISSUES

A number of complex issues need to be considered when trying to define a form of maltreatment.

For example:

- Definitions of child maltreatment reflect cultural values and beliefs. Behaviour that is considered abusive in one culture may be considered acceptable in another (e.g. corporal punishment).

There are medical and clinical definitions, social service definitions, legal and judicial definitions, and research definitions of child maltreatment.
• Parental behaviour that is appropriate at one stage in a child’s development may be inappropriate at another stage of development (e.g. the level of supervision needed for toddlers versus adolescents).

• The potential perpetrators of maltreatment need to be defined, so as not to inadvertently exclude particular behaviours and contexts. However, disagreement exists over whom should be included as potential perpetrators in the definitions of certain maltreatment subtypes (e.g. should definitions of child sexual abuse include child and adolescent perpetrators?).

• Researchers often use categorical definitions of child maltreatment (i.e. a child is either maltreated or not maltreated). However, this approach fails to acknowledge that abusive and neglectful behaviours can differ markedly in terms of severity, the frequency and duration of occurrence, and the likelihood that they will cause physical or emotional harm.

• Child maltreatment can be defined either using abusive or neglectful adult behaviours (e.g. the definition of child physical abuse would comprise parental behaviours such as hitting or shaking), or by the harm caused to the child as a result of such behaviours (e.g. child physical abuse would be indicated if the child displayed physical symptoms such as bruising or swelling).

• Although perpetrator intent to maltreat a child is often a useful indicator of child maltreatment, there are a number of instances where abuse or neglect can occur even though the perpetrator did not intend to commit it (e.g. neglectful parents may have had no intention of neglecting their children) (Bromfield, 2005; Feerick et al., 2006; US National Research Council, 1993).

PHYSICAL ABUSE

Generally, child physical abuse refers to the non-accidental use of physical force against a child that results in harm to the child. However, a parent does not have to intend to physically harm their child to have physically abused them (e.g. physical punishment that results in bruising would generally be considered physical abuse). Depending on the age and the nature of the behaviour, physical force that is likely to cause physical harm to the child may also be considered abusive (e.g. a situation in which a baby is shaken but not injured would still be considered physically abusive). Physically abusive behaviours include shoving, hitting, slapping, shaking, throwing, punching, kicking, biting, burning, strangling and poisoning. The fabrication or induction of an illness by a parent or carer (previously known as Munchausen syndrome by proxy) is also considered physically abusive behaviour (Bromfield, 2005; World Health Organization [WHO], 2006).

EMOTIONAL MALTREATMENT

Emotional maltreatment is also sometimes called “emotional abuse”, “psychological maltreatment” or “psychological abuse”.

Emotional maltreatment refers to a parent or caregiver’s inappropriate verbal or symbolic acts toward a child and/or a pattern of failure over time to provide a child with adequate non-physical nurture and emotional availability. Such acts of commission or omission have a high probability of damaging a child’s self-esteem or social competence (Bromfield, 2005; Garbarino, Guttmann, & Seeley, 1986; WHO, 2006).

According to a popular conception by Garbarino et al. (1986), emotional maltreatment takes five main behavioural forms:

• Rejecting: the adult refuses to acknowledge the child’s worth and the legitimacy of the child’s needs

• Isolating: the adult cuts the child off from normal social experiences, prevents the child from forming friendships, and makes the child believe that he or she is alone in the world

• Terrorising: the adult verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile

• Ignoring: the adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development

• Corrupting: the adult “mis-socialises” the child, stimulates the child to engage in destructive antisocial behaviour, reinforces that deviance, and makes the child unfit for normal social experience. (p.8)

It is worth noting that some researchers classify emotionally neglectful behaviours (e.g. rejecting, ignoring) as a form of neglect. This does not pose a problem, as long as researchers explicitly indicate under which maltreatment subtype they record such behaviours. There is certainly common conceptual ground between some types of emotional maltreatment and some types of neglect, which serves to illustrate that the different maltreatment subtypes are not always neatly...
defines child sexual abuse as: (Siegel, 2015). The World Health Organization (WHO) definition may be useful (Quadara, Nagy, Higgins, &...in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. (WHO, 1999, p.15)

Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography (Bromfield, 2005; US National Research Council, 1993). However, unlike the other maltreatment types, the definition of child sexual abuse varies depending on the relationship between the victim and the perpetrator. For example, any sexual behaviour between a child and a member of their family (e.g. parent, uncle) would always be considered abusive, while sexual behaviour between two adolescents may or may not be considered abusive, depending on whether the behaviour was consensual, whether any coercion was present, or whether the relationship between the two young people was equal (Ryan, 1997). Thus, in this paper, different definitions are presented for each class of perpetrator: adults with no familial relationship to the child, adult family members of the child, adults in a position of power and authority over the child (e.g. teacher, doctor), adolescent or child perpetrators, and adolescent or child family members.

Adults with no familial relationship to the child
Any sexual behaviour between a child under the age of consent and an adult is abusive (the age of consent is 16 years in most Australian states). Therefore, in Australia, consensual sexual activity between a 20-year-old and a 15-year-old is considered abusive, while in most jurisdictions' the same activity between a 20-year-old and a 17-year-old is not considered abusive.

Online sexual abuse
Communication technologies facilitate a range of sexually abusive behaviours, and allow perpetrators to have anonymous contact with a large number of children. Forms of perpetration include grooming children in a virtual environment such as through instant messaging
or voice-over-internet-protocol, accessing child exploitation material, and producing and distributing exploitation material even where there is no sexual interest in children.

Online sexual abuse behaviours are often active with perpetrators seeking out minors online, and perpetrators may move from making connections with children online to making contact offline (Quadara et al., 2015).

**Family members of the child**
Any sexual behaviour between a child and an adult family member is abusive. The concepts of consent, equality and coercion are inapplicable in instances of intra-familial abuse.

**Adults in a position of power or authority over the child**
Sexual abuse occurs when there is any sexual behaviour between a child and an adult in a position of power or authority over them (e.g. a teacher). The age of consent laws are inapplicable in such instances due to the strong imbalance of power that exists between children and authority figures, as well as the breaching of both personal and public trust that occurs when professional boundaries are violated.

**Adolescent or child perpetrators**
Sexual abuse is indicated when there is non-consensual sexual activity between minors (e.g. a 14-year-old and an 11-year-old), or any sexual behaviour between a child and another child or adolescent who – due to their age or stage of development – is in a position of power, trust or responsibility over the victim. For example, any sexual activity between a 9-year-old and a 15-year-old would be considered abusive as the age difference between the two children leads not only to marked developmental differences, but also disparities in their levels of power and responsibility within their relationship. Another example of abuse due to an imbalance of power would be sexual activity between two 15-year-olds, where one suffers an intellectual disability that impairs their ability to understand the behaviours that they are engaging in. Normal sexual exploration between consenting adolescents at a similar developmental level is not considered abuse.

**Adolescent or child family members**
Sexual abuse occurs when there is sexual activity between a child and an adolescent or child family member that is non-consensual or coercive, or where there is an inequality of power or development between the two young people. Although consensual and non-coercive sexual behaviour between two developmentally similar family members is not considered child sexual abuse, it is considered incest, and is strongly proscribed both socially and legally in Australia.

**EXPOSURE TO FAMILY VIOLENCE**
Exposure to family violence has been broadly defined as “a child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or psychological maltreatment, or is visually exposed to the damage caused to persons or property by a family member’s violent behaviour” (Higgins, 1998, p.104). Narrower definitions refer only to children being exposed to domestic violence between intimate partners.

Some researchers classify the witnessing of family violence as a special form of emotional maltreatment. However, a growing number of professionals regard the exposure to family violence as a unique and independent subtype of abuse (as it is presented in this paper) (e.g. Bromfield, 2005; Higgins, 2004; James, 1994). Regardless of the classification used, research has shown that children who are exposed to domestic violence tend to experience significant disruptions in their psychosocial wellbeing, often exhibiting a similar pattern of symptoms to other abused or neglected children (Kitzmann, Gaylord, Holt, & Kenny, 2003; Tomison, 2000).

**ADDITIONAL FORMS OF CHILD MALTREATMENT**
As well as the five main subtypes of child maltreatment, researchers have identified other types, including:
- Fetal abuse (i.e. behaviours by pregnant mothers that could endanger a fetus, such as the excessive use of tobacco, alcohol or illicit drugs)
- Bullying, or peer abuse
- Sibling abuse
- Exposure to community violence
- Institutional abuse (i.e. abuse that occurs in institutions such as foster homes, group homes, voluntary organisations such as the Scouts, and child care centres)
- Organised exploitation (e.g. child sex rings, child pornography, child prostitution), and
- State-sanctioned abuse (e.g. female genital mutilation in parts of Africa, the ‘Stolen Generations’ in Australia) (Corby, 2006; Miller-Perrin & Perrin, 2007).
THE RELATIONSHIPS BETWEEN THE DIFFERENT MALTREATMENT SUBTYPES

Although it is useful to distinguish between the different subtypes of child maltreatment in order to understand and identify them more thoroughly, it can also be slightly misleading. It is misleading if it creates the impression that there are always strong lines of demarcation between the different abuse subtypes, or that abuse subtypes usually occur in isolation.

There is a growing body of evidence to suggest that maltreatment subtypes seldom occur in isolation; the majority of individuals with a history of maltreatment report exposure to two or more subtypes (Arata, Langhinrichsen-Rohling, Bowers, & O’Farrill-Swails, 2005; Higgins & McCabe, 2000; Ney, Fung, & Wickett, 1994). Additionally, some acts of violence against children involve multiple maltreatment subtypes. For example, an adult who sexually abuses a child may simultaneously hit them (i.e. physical abuse) and isolate or terrorise them (e.g. emotional abuse). Similarly, when parents subject their children to sexual or physical abuse, how can the emotional harm and betrayal of trust implicit in these acts not also be thought of as a form of emotional maltreatment?

REFERENCES


1. In Queensland, consensual anal sex is considered to be an offence when the activity involves any person under the age of 18 years.

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Child abuse and neglect occur in different situations, for a range of reasons. Children rarely experience one form of abuse at a time. Recent research by McGill University (2015) showed that emotional abuse of a child may be as harmful as physical abuse and neglect, while child sexual abuse often occurs together with other forms of maltreatment.

**EMOTIONAL ABUSE**

Emotional abuse or maltreatment, also known as psychological abuse or maltreatment, is the most common form of child abuse. It is also experienced by children witnessing domestic violence. While many parents are emotionally abusive without being violent or sexually abusive, emotional abuse often accompanies physical and sexual abuse. It includes acts of omission (what is not done) e.g. emotional neglect; not expressing or showing love and affection and commission (what is done); rejection, humiliation, insults, setting unreasonable expectations or restricting opportunities for the child to learn, socialise or explore. Each can negatively impact a child’s self-esteem and social competence.

Some parents do not see the child as a separate person, and fulfil their own needs and goals, rather than their children’s. Their parenting style may be aggressive, and include shouting and intimidation. They may isolate or confine the child, or they may manipulate their children using more subtle means, such as emotional blackmail. Emotional abuse and neglect were the primary reason for a child being investigated for maltreatment in 2014-15 (AIHW 2016).

Emotional abuse does not only occur in the home. Children can be emotionally abused by teachers, other adults in a position of power, and other children in the form of “bullying”. Chronic emotional abuse in schools is a serious cause of harm and warrants ongoing active intervention.

**What are the characteristics of emotionally abusive parents?**

Some parents who have their own unresolved trauma can find parenting challenging, and have difficulties with attachment, emotional regulation, boundaries and discipline. Emotional abuse has increasingly been linked to parental mental health problems, domestic violence, drug and alcohol misuse, being abused or having been in care as children (Iwaneic and Herbert, 1999; Siegel and Hartzell, 2003). Research findings suggest that some emotionally abusive parents have negative attitudes towards children, perceive parenting as unrewarding and difficult to enjoy, and that they associate their own negative feelings with the child’s difficult behaviour, particularly when the child reacts against their poor parenting methods.

**Signs in childhood**

From infancy to adulthood, emotionally abused people are often more withdrawn and emotionally disengaged than their peers, and find it difficult to predict other people’s behaviour, understand why they behave in the manner that they do, and respond appropriately.

Emotionally abused children exhibit a range of specific signs. They often: feel unhappy, frightened and distressed, behave aggressively and antisocially or too maturely for their age, experience difficulties with school attendance and achievement, find it hard to make friends, show signs of physical neglect and malnourishment, experience incontinence and mysterious pains.

**Signs in adulthood**

Adults emotionally abused as children are more likely to experience mental health problems and difficulties in personal relationships. Many of the harms of physical and sexual abuse are related to the emotional abuse that accompanies them, and as a result many emotionally abused adults exhibit a range of complex psychological and psychosocial problems associated with multiple forms of trauma in childhood (Glaser 2002).

Significant early relationships in childhood shape our response to new social situations in adulthood. Adults with emotionally abusive parents are at a disadvantage as they try to form personal, professional and romantic relationships, since they may easily misinterpret other people’s behaviours and social cues, or misapply the rules that governed their abusive relationship with their parent to everyday social situations (Berenson and Anderson 2006).

**NEGLECT**

Neglect can be defined as ‘any serious act or omission by a person having the care of a child that, within the bounds of cultural tradition, constitutes a failure to provide conditions that are essential for the healthy physical and emotional development of a child’ (CFCA Resource Sheet, 2016).

Notifications of neglect constitute a significant proportion of referrals to child protection services. Neglect refers to circumstances in which a parent or caregiver fails to adequately provide for a child’s needs: e.g. provision of food, shelter and clothing, access to medical care when necessary, providing love, care and support, adequate supervision, appropriate legal and moral guidance, regular school attendance.

Sometimes, a parent might not be physically or mentally able to care for a child. This may occur as a result of their own illness, injury, depression, anxiety or substance abuse. Neglect can sometimes be associated with socioeconomic status. Many parents don’t have the resources to meet a child’s need. Their financial hardship might also put them into contact with welfare...
services, which scrutinise their parenting practices, and so, are more likely to make a report. This has meant that poor families and communities have previously been stigmatised; however it is important to recognise that emotional abuse and neglect occur in all families, rich or poor.

There are several categories of neglect: supervisory neglect, emotional neglect, physical neglect, medical neglect, educational neglect and abandonment (Scott, 2014).

**Signs in childhood**

These signs are similar to those for emotional abuse, and are dependent on the age of the child. Babies and young children may not seem to have a close relationship to their parent or caregiver, may be overly anxious and lack confidence, may be aggressive or overly affectionate to strangers and people they don’t know well. Older children may speak or act inappropriately for their age, be socially isolated, including isolated from their parents, have few social skills, and struggle to control their intense emotions or outbursts.

**PHYSICAL ABUSE**

Physical abuse refers to ‘any non-accidental physical act inflicted upon a child by a person having the care of a child’. It is not always a result of intent to hurt a child but sometimes can be justified as being a form of discipline. However when it is fear-based, and involves unpredictability or lashing out in anger, it constitutes physical abuse. Physical abuse is the type of abuse most likely to be accompanied by another form, specifically emotional abuse or neglect. When a parent or caregiver ‘makes up’ an illness it is also considered physical abuse (Bromfield, 2005; World Health Organization [WHO], 2006).

Adults who physically abuse children may have unrealistic expectations of their child, not understanding the child’s needs or how to interact with them. This can be fuelled by their own health, relationship, child abuse histories or manifest with emotional or behavioural challenges including anger management issues (Miller-Perrin and Perrin, 2013).

Overall, physical abuse has been a normal aspect of domestic life in Australia for a long time. Physical assaults that would be serious criminal offences if committed by one man against another – for instance, hitting, slapping, or striking with an object – have been legally and socially sanctioned when committed by a man against his wife and child, or by parents against their children. Today, incidents of domestic violence committed against both women and children remain at epidemic proportions, although there is increasing recognition within the Australian community of the prevalence and harms of violence against women and children.

Whilst community attitudes to violence against women and children have changed for the better, Australian policy-makers have failed to outlaw physical assaults against children by caregivers. According to the 2007 report of the Global Initiative to End All Corporal Punishment of Children, Australia is one of a number of countries that has failed to prohibit violence against children, and has failed to commit to legislative reform. In particular, the legal defences of “reasonable correction” and “reasonable chastisement” are still available to adults who are charged with violent offences against children in many jurisdictions.

**Signs in childhood**

Physically abused children find it difficult relating to their peers and the adults around them. The constant threat of violence at home makes them perpetually vigilant and mistrustful, and they may be overly domineering and aggressive in their attempts to predict and control other people’s behaviour. They are also vulnerable to “emotional storms”, or instances of overwhelming emotional responses to everyday situations (Berenson and Anderson 2006). These “storms” can take the form of profound grief, fear, or rage.

Physically abused children may also have problems with academic achievement, physical development and coordination, developing friendships and relationships, aggression and anger management, depression, anxiety and low self-esteem.

**Signs in adulthood**

Adults physically abused in childhood are at increased risk of either aggressive and violent behaviour, or shy and avoidant behaviour leading to rejection or
re-victimisation. This polarised behaviour is often driven by hyper-vigilance and the anticipation of threat and violence even in everyday situations. Men with a history of physical abuse in childhood are particularly prone to violent behaviour, and physically abused men are over-represented amongst violent and sexual offenders (Malinosky-Rummell and Hansen 1993).

DOMESTIC AND FAMILY VIOLENCE
Domestic and family violence is a pattern of abusive behaviour in an intimate relationship, which features coercion and control, which that over time puts one person in a position of power over another, and causes fear. It can incorporate a range of abuses including but not limited to: physical, sexual and emotional assaults; stalking; isolating the person from friends and family; financial abuse; spiritual/cultural abuse; legal abuse; damage to personal property; threats of harm to pets and loved ones; psychological abuse e.g. manipulation, denial etc.

Women are more likely to experience violence from intimate partners than men; they can also experience violence from ex-partners. It does need to be noted, however that women can and do commit violent offences in families, although not as commonly as males. It occurs in all cultures, religions, socio-demographic groups and any sort of intimate relationship. It is particularly damaging to children who either experience or witness it.

Signs in childhood
Children living in a family violence environment are living in a situation of fear, anxiety and unpredictability. They experience emotional and psychological trauma similar to children experiencing other forms of child abuse and neglect. Some will be directly targeted and may experience physical or sexual abuse as well as neglect.

A child witnessing family violence is at risk of: behavioural and emotional difficulties, learning difficulties, long-term developmental problems, aggressive language and behaviour, restlessness, anxiety and depression.

Signs in adulthood
Adults exposed to domestic violence as children can carry with them a legacy of trauma-related symptoms and developmental delays. Women who grew up in an environment of family violence are more likely to be victimised in adulthood, whilst men who grew up in a violent environment are more likely to commit violent offences in adulthood (World Health Organization, World Report on Violence and Health, ed. By Krug, Etienne G., et al., Geneva, 2002).

SEXUAL ABUSE
Child sexual abuse describes any incident in which an adult, adolescent or child uses their power and authority to engage a minor in a sexual act, or exposes the minor to inappropriate sexual behaviour or material. A person may sexually abuse a child using threats and physical force, but sexual abuse often involves subtle forms of manipulation, in which the child is coerced into believing that the activity is an expression of love, or that the child brought the abuse upon themselves. Sexual abuse involves contact and non-contact offences.

Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography (CFCA Resource Sheet, 2015; Bromfield, 2005; US National Research Council, 1993).

How many children are sexually abused?
Up to 8 per cent of males and 12 per cent of females experience penetrative child sexual abuse and up to 16 per cent of males and up to 36 per cent of females experience non-penetrative child sexual abuse (Price-Robertson, Bromfield & Vassallo, 2010). Adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18 (Centre for Disease Control and Prevention, 2006).

Who is most likely to be sexually abused?
Whilst all children are vulnerable to sexual abuse, girls are more likely to be sexually abused than boys. Disabled children are up to seven times more likely to be abused than their non-disabled peers (Briggs 2006).

Who sexually abuses children?
Most sexual abusers are male although females also do perpetrate abuse (McCloskey & Raphael, 2005). Some offenders are serial perpetrators – high-risk, others opportunistic (due to lack of control) and some situational (Irenyi, Bromfield, Beyer, & Higgins, 2006).

Most adults who sexually abuse children are not
mentally ill and do not meet the diagnostic criteria for "paedophilia" i.e. are sexually attracted to children.

**Signs in childhood**
Sexually abused children exhibit a range of behaviours, including: withdrawn, unhappy and suicidal behaviour; self-harm and suicidality; aggressive and violent behaviour; bedwetting, sleep problems, nightmares; eating problems e.g. anorexia nervosa and bulimia nervosa; mood swings; detachment; pains for no medical reason; sexual behaviour, language, or knowledge too advanced for their age.

**Signs in adulthood**
Adults sexually abused as children often experience poorer mental and physical health than other adults (Draper et al., 2007). They are more likely to have a history of eating disorders, anxiety, depression and other mental health issues, substance abuse, self-harm and suicide attempts. Sexual abuse is also associated with difficulties in interpersonal relationships, self-esteem, completing an education and maintaining employment.

**ORGANISED SEXUAL ABUSE**
Organised sexual abuse refers to the range of circumstances in which multiple children are subject to sexual abuse by multiple perpetrators. In these circumstances, children are subject to a range of serious harms that can include child prostitution, the manufacture of child pornography, and bizarre and sadistic sexual practices, including ritualistic abuse and torture (Salter M., 2012).

What are the circumstances in which children are subject to organised sexual abuse?
Many children subject to organised abuse are raised in abusive families, and their parents make them available for abuse outside the home. This abuse may include extended family members, family “friends”, or people who pay to abuse the child (Cleaver and Freeman 1996). Other children are trafficked into organised abuse by perpetrators in schools, churches, state or religious institutions, or whilst homeless or without stable housing.

Who is most likely to be sexually abused in organised contexts?
Children who are vulnerable to organised abuse include the children of parents involved in organised abuse, and children from unstable or unhappy family backgrounds who may be targeted by abusers outside the family.

Who sexually abuses children in organised contexts?
Organised abuse, like all forms of child abuse, is primarily committed by parents and relatives. Organised abuse differs from other forms of sexual abuse in that women are often reported as perpetrators. Research with female sexual abusers has found that they have often grown up in environments, such as organised abuse, where sexual abuse is normative, and, as adults, they may sexually abuse in organised contexts alongside male offenders (Faller 1995).

**Signs in childhood**
Young children subject to organised sexual abuse often have severe traumatic and dissociative symptoms that inhibit disclosure or help-seeking behaviour. They are often very withdrawn children with strong suicidal ideation. They may exhibit disturbed behaviours while at play or when socialising with their peers or other adults.

**Signs in adulthood**
Organised abuse, and ritual abuse, is a key predisposing factor in the development of Dissociative Identity Disorder and other dissociative spectrum disorders. Adults with histories of organised abuse frequently have long histories of suicide attempts and self-harm, and they often live with a heavy burden of mental and physical disability.

RECOGNISING ABUSE

CHILD ABUSE PREVENTION SERVICE

CHECKLISTS THE WARNING SIGNS

PHYSICAL ABUSE
Any non-accidental injury to a child, including shaking and excessive discipline.

Child indicators
- Unexplained physical injuries
- Premature loss of teeth
- Verbally reports abuse
- Wary of adult contacts
- Consistent anger, aggression, hyperactivity
- Behavioural extremes
- Role reversal
- Developmental lags
- Appears frightened of carer
- Verbally reports abuse
- Wears clothes to cover injuries
- Seeks affection from any adult
- Non-expression of his/her needs
- Non-communicative.

Carer indicators
- Seems unconcerned about child
- Seems anxious and overwhelmed by their child’s needs
- Takes a long time to get medical care for child
- Substantial abuser
- Is geographically isolated
- Lacks social/emotional contacts outside the family
- Has low self-esteem.

SEXUAL ABUSE
When someone involves a child in a sexual activity by using their power over them or taking advantage of their trust.

Child indicators
- Speech disorders
- Lags in physical development
- Failure to thrive
- Attempted suicide
- Habit disorders (sucking, biting, rocking etc)
- Low self-esteem
- Difficulty forming positive relationships
- Elimination problems
- Inability to trust
- Neurotic traits
- Behavioural extremes
- Overly adaptive behaviour
- Apathetic
- Withdrawal
- Reports emotional maltreatment.

Carer indicators
- Treat children in family unequally
- Does not appear to care much about the child’s problems
- Blames or belittles the child
- Is cold and rejecting
- Withholds love
- Finds nothing good or attractive in the child.

- Bruises or bleeding in external genitalia
- Venereal disease (especially in pre-teens)
- Pregnancy
- Foreign matter in bladder, rectum or urethra
- Recurrent urinary tract infections
- Aggressive, overt sexual behaviour
- Drawing pictures of people with genitals
- Cruelty to animals without physiological basis
- Pre-mature knowledge of explicit sexual acts
- Sleep disorders
- Takes frequent baths
- Starting fires
- Poor peer relationships
- Wary of physical contact, especially with an adult.

EMOTIONAL ABUSE
Behaviour that destroys the confidence of a child resulting in emotional deprivation or trauma, including exposure to domestic violence, intimidation and withholding affection.

Child indicators
- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Reports emotional maltreatment.

Carer indicators
- Very protective or jealous of child
- Extremely protective of family privacy
- Encourages child to engage in prostitution
- Substance abuser
- Is geographically isolated
- Lacks social/emotional contacts outside the family
- Has low self-esteem.
The causes of child abuse

Child abuse and neglect are complex problems. There is no one single cause. Different forms of child abuse are caused by different factors or different combinations of factors. Some of the factors which can lead to child abuse are described below, courtesy of the Australian Childhood Foundation. At the core of all forms of child abuse is a lack of basic respect for children.

Community tolerance of violence against children
There is still some acceptance in the community for the use of physical force for the purposes of discipline and punishment of children. When held strongly by individual parents, these attitudes can support the physical and emotional abuse of children. This behaviour would not be tolerated between adults.

Lack of community understanding about the consequences of child abuse and neglect on children
Research has shown that the general public have a poor understanding of the true extent of the problem of child abuse in Australia. As a result, child abuse does not readily register as an issue of community concern. This leaves all of us without the knowledge and the confidence to know what to do to prevent child abuse in the first place or take action if we are worried about the safety of a child.

Adults who are sexually and physically violent
Some adults engage in physical and sexual violence towards other adults and children. This violence may often stem from individual psychological problems, low self-esteem and a history of abuse and violence in their own childhood. Sex offenders hurt children because of a range of complex psychological and emotional problems.

Parents under stress
Child abuse can occur when parents experience stress and find it difficult to ask for or use support. Stress can be caused by unemployment, financial problems, divorce and separation. Parents under stress can sometimes transfer their feelings of frustration onto their children. The stress can also affect their judgement and decision-making as a parent.

Parents with health or mental health problems
Child abuse and neglect can sometimes occur when parents have a personal problem or illness which affects their ability to parent their children. Many parents with a mental illness that is being treated and who receive adequate support can parent their children well. Parents who have a mental illness that is unrecognised or untreated or who lack important supports may neglect or abuse their children. Their illness may make it difficult for them to identify or meet their child’s growing needs for security or stimulation.

Parents with alcohol or drug problems
Parents who are addicted to illicit drugs or alcohol can leave their children in unsafe environments or without adequate supervision. When substance- or alcohol-affected, some parents may be more prone to using violence.

Parents lack parenting skills
Sometimes child abuse and neglect can be caused by parents who have poor parenting skills. This may be because they did not have positive role models in their own parents. Sometimes, a lack of confidence and low self-esteem prevent parents from knowing how to change harmful or negative parenting styles.

Families who are isolated
Families who are socially isolated are sometimes not able to find people to support them if they start having problems with their children. Often families who are isolated have no extended family network and often feel left out of their community. Sometimes, families experience isolation because of the loss of a parent through death or separation. Some families experience isolation because they become homeless and have to live in temporary accommodation.


NEGLECT
Chronic failure to provide a child with the basic necessities for his or her proper growth and development.

Child indicators
- Consistent hunger and poor hygiene
- Inappropriate dress
- Chronically unclean
- Consistent lack of supervision
- Unattended physical/medical/dental needs
- Often tired or listless
- Abandonment
- Underweight
- Developmental lags
- Bald spots on an infant’s head
- Begging or stealing food
- Extended stays in school
- Early arrival/late departures at school
- Attendance at school infrequent
- Substance abuser
- States there is no parent or carer.

Carer indicators
- Has chaotic, upsetting home life
- Is apathetic, feels nothing will change
- Is isolated from friends, relatives, neighbours
- Cannot be found
- Expects too much of a child
- Substance abuser
- Exposes child to unsafe living conditions.

CAPS provides training for professionals and educators regarding child protection knowledge, warning signs and responses. Please call 02 9716 8000.

Knowledge and understanding about abuse are important tools when it comes to keeping children safe. How much do you know about this critical social issue? See if you can separate the myths from the realities listed below.

Children are more likely to be abused by people they know than by strangers

Reality. Children are more commonly abused by people they know, such as family members, relatives and neighbours. Incidents of physical violence are most likely to happen at home. Violence by strangers is rare. Most sexual abuse is perpetrated by people known to children rather than by strangers. It is not helpful for children to be told that they are in most danger from strangers because they can be left without adequate skills to protect themselves from trusted adults.

The number of children being abused and neglected is increasing

Reality. While comparisons between yearly figures is problematic, researchers and workers in the child protection field agree that while improved awareness is leading to more children being reported in recent years, it remains extremely likely that the real numbers of children being abused is increasing. In 2012-13, there were 272,980 notifications of abuse and neglect across Australia, which equates to one report of abuse every 2 minutes.

More infants under the age of 12 months were found to have been abused or neglected than children in any other age group.

More children were living away from home for their own protection than ever before. As at 30 June 2013, there were 40,549 children in out-of-home care.

Children are more commonly abused by people they know, such as family members, relatives and neighbours.

If children don’t witness domestic violence (or violence between adults in the home) they are not affected by it

Myth. Children do not need to see violence between adults in their family to know that it is happening and be affected by it. Children see the aftermath of violence in their home, they see the impact of the violence on the victim of the assaults. Relationships between children and their parents are significantly affected by the violence that occurs between the adults.

Child abuse can lead to depression, drug abuse and homelessness in later life

Reality. Child abuse is very serious. Many children suffer long-term harm, both physical and emotional, and some children die. The effect on children and young people can vary depending on factors like the type of abuse, the duration and frequency of abuse and the relationship they have with the person who abused them. Research is consistently showing us that the majority of adults who experience problems like depression, drug abuse, unemployment, relationship difficulties, homelessness and crime, have been abused as children.

Boys are rarely victims of sexual abuse

Myth. In approximately one quarter of all child sexual abuse cases reported, the victim is a boy. There is some evidence to suggest that sexual abuse of boys is not reported as readily, so the proportion of sexual abuse happening to boys may be higher.

Disabled children are more likely to become victims of abuse than non-disabled children

Reality. Evidence suggests that disabled children are more likely to be abused than non-disabled children, and that the multiple-disabled are even more at risk. Possible reasons include the difficulty disabled children may have in communicating with others, their intimate personal care sometimes involves a variety of carers, fear of complaining and vulnerability to bullying and intimidation.

Children are sometimes to blame for their abuse

Myth. Children are never to blame for the abuse they suffer from adults. Adults are always responsible for their own behaviour to children. No matter how children behave, an adult never has any right to abuse a child.

The most common form of abuse is emotional abuse

Reality. Nationally, emotional abuse was the most common substantiated form of abuse last year, at 38%. This was followed by neglect (28%), physical abuse (20%) and sexual abuse (13%). Children usually experience more than one type of abuse at the one time.

Children make up stories about their abuse

Myth. Children rarely lie about their abuse. Children’s disclosures of abuse may vary in their content because of their reluctance and fear to tell what has happened.

Children who disclose their abuse and later retract their story were lying about the abuse

Myth. Children who disclose experiences of abuse can become very upset or in conflict with each other, or with the friend or relative the allegation is about. Children may fear that the parent they have disclosed about will be removed from the family, or that they may be removed from the family themselves. Adults may
pressure them to retract using threats of more abuse, by frightening them about likely serious consequences, or with more subtle forms of pressure. The shocked and angry reactions of some adults when they hear about abuse can make it very difficult for children to continue to speak out.

Reporting to the state child protection authorities can cause more harm than the abuse itself. **Myth.** Sometimes people are concerned about children being affected by their efforts to protect and treat them, which may include legal proceedings. However, survivors of abuse say the continued abuse causes more harm than the action taken to stop the abuse.

If a child is reported to the state protection authorities, they will always be taken away from their family. **Myth.** If a child is assessed as being at risk, removal of the child from home is only used as a last resort. In the majority of cases, child protection authorities work with the family to address issues that are causing the child to be abused or neglected. Often this involves linking the family into family support or counselling services to support the adults to make the necessary changes in their family.

It is not always obvious that a child is being abused. **Reality.** The effects of child abuse are not always easy to identify, and people who abuse can go to great lengths to conceal it. Many of the common signs and symptoms of abuse can be confused with normal, everyday happenings. Also, children are often forced not to tell by threats, or led to think they will not be believed or will be blamed and punished. Adults need to be aware of the possibility that changes in a child’s behaviour may be caused by child abuse.

It is not helpful for children to be told that they are in most danger from strangers because they can be left without adequate skills to protect themselves from trusted adults.

If abuse happened once, it is likely to happen again. **Reality.** Abuse is seldom a one-off incident. It is usually repeated over periods of months and years. The person being abusive may move on to abuse other children.

Child abuse doesn’t happen in well-educated families. **Myth.** Child abuse happens in every type of family. It is important to remember that adults who abuse and neglect children are responsible for their own behaviour. They may be influenced in their actions by factors such as their own experiences as a child and what they learned about how to treat children. However, this must not be used as an excuse for their behaviour or to deny the experiences of the victim. Sexual abuse, for example, is an abuse of power and not dependent on how well-educated the adult is.
RISK AND PROTECTIVE FACTORS FOR CHILD ABUSE AND NEGLECT

This paper from the Australian Institute of Family Studies provides an overview of the risk and protective factors for child abuse and neglect in families. It is designed for practitioners and policymakers who work in the areas of child maltreatment. This paper was developed using a scan of relevant literature on risk and protective factors for child abuse and neglect (1998-2016). It is for information purposes only and should not be used as a risk assessment tool in child protection practice.

Why discuss risk and protective factors?

Understanding the risk and protective factors for child abuse and neglect is useful when developing effective prevention and early intervention strategies, and identifying families who are most likely to benefit from additional support.

Child protection authorities use specific risk assessment instruments to determine if a child is at risk of maltreatment but all professionals who work with families can benefit from a broad understanding of the factors that may place children at risk of harm, the factors that can protect them from harm, and the ways in which these risk and protective factors interact. Having an understanding of the risk and protective factors that contribute to child abuse and neglect enables practitioners to have a more holistic view of family experience and to engage with other services in a multi-service system response (Bromfield, Sutherland, & Parker, 2012).

It is essential to keep in mind that while certain risk factors may exist among families where child abuse and neglect occur, this does not mean that the presence of these factors necessarily leads to child abuse and neglect (Goldman, Salus, Wolcott, & Kennedy, 2003). Risk factors are not causes of child abuse or neglect, and the presence of one or more risk factors will not necessarily result in child abuse and neglect, just as the presence of protective factors does not guarantee that children will be kept safe. For instance, one risk factor identified in Table 1 is a large family size. This should never be interpreted as meaning that all children in large families are at high risk of maltreatment. It simply means that at the population level there is a statistical association between family size and child maltreatment.

Child maltreatment occurs in a minority of families, and most people, even those experiencing many risk factors, do not abuse or neglect their children. Indeed, child maltreatment can also occur in families that experience none of the commonly associated risk factors (Ronan, Canoy, & Burke, 2009).

Definitions

- **Risk factors** for child maltreatment are the measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future (Child Welfare Information Gateway, 2014; Masten & Wright, 1998). When combined with limited protective factors, they increase the probability of children experiencing child abuse or neglect.
- **Protective factors** are attributes or conditions that can occur at individual, family, community or wider societal level. Protective factors moderate risk or adversity and promote healthy development and child and family wellbeing (Child Welfare Information Gateway, 2014). They serve as safeguards that can help parents find resources or supports and encourage coping strategies that allow them to parent effectively, even under difficult circumstances.
- **Child abuse and neglect** (or child maltreatment) consist of any acts of commission or omission by a parent, caregiver or other adult that results in harm, potential for harm or the threat of harm to a child (0-18 years of age) even if the harm is unintentional (Gilbert et al., 2009). Child abuse and neglect can be in the form of physical abuse, sexual abuse, emotional abuse, neglect or exposure to family violence.

The interaction of risk and protective factors

There are differences in risk and protective factors for physical abuse, emotional abuse, neglect and sexual abuse (Stith et al., 2009). For example, parental mental health problems are more likely to be associated with neglect (Cowling, 2004).

Risk and protective factors also operate differently as children grow (Li, Godinet, & Arnsberger, 2011). For example, one study found that low birth weight and birth abnormality ceased to be a risk factor for maltreatment after age 1 (Putnam-Hornstein & Needell, 2011).
The evidence furthermore suggests that exposure to risk factors is cumulative. That is, the more risk factors in a child’s life, the greater the chance that they will experience maltreatment (Begle, Dumas, & Hanson, 2010; MacKenzie, Kotch, & Lee, 2011). Risk factors are often interconnected. For example, unemployment can be connected to mental health problems, and both unemployment and mental health problems are connected with low self-esteem, which are all risk factors for child maltreatment.

Risk and protective factors also vary according to the context in which maltreatment is occurring. This resource sheet focuses on the risk and protective factors that contribute to child abuse in other settings, such as institutional child sexual abuse (Kaufman & Erooga, 2016).

**Limitations of the research**

The evidence on risk and protective factors for maltreatment is far from definitive. Although a few factors (e.g. low socio-economic status) are consistently associated with child abuse and neglect, the empirical research has produced inconsistencies and conflicting findings.

The evidence on risk and protective factors is limited in several ways. The majority of the research has looked at mothers (Stith et al., 2009) and therefore the risk and protective factors that have been identified may be less applicable to fathers or other parents and carers. Much of the research examines individual-level causes of child maltreatment, examining the characteristics of the child or parent (Stith et al., 2009), and much less research has looked at the social and environmental factors.

The types of research methods used make it difficult to determine the direction of causality. This means that it is possible that some of the factors that have been identified could be the result of abuse or neglect. It is also possible that many of the risk factors identified by the research may be indicators of low socio-economic status (Wu et al., 2004).

Finally, the majority of the research has been undertaken in North America and there may be differences in risk and protective factors in the Australian context.

**Common risk factors for child abuse and neglect**

Any effort to identify definitive causes of child abuse and neglect is complicated by the interrelatedness of factors. One model that has been used to demonstrate how factors at multiple levels intersect to increase the likelihood of child abuse and neglect is Bronfenbrenner’s (1979) “developmental-ecological” model (Horton, 2003; Irenyi, Bromfield, Beyer, & Higgins, 2006).

The developmental-ecological model has four levels:

- Cultural beliefs and values (macrosystem),
- Neighbourhood and community settings (exosystem),
- Family environment (microsystem), and
- The individual’s own characteristics and developmental stage.

International research has identified many risk factors for child abuse and neglect. It is beyond the scope of this paper to provide detailed evidence of all of these risk factors or to discuss the extent to which specific risk factors relate to different forms of maltreatment. However, Table 1 presents some of the commonly cited risk factors for child maltreatment, divided according to the ecological levels of the developmental-ecological model described above (factors relating to the macrosystem are not included as they are likely to vary significantly between societies and cultures).

This table was developed using a scan of recent literature (1998-2016) that identified risk factors for child maltreatment. Studies were included that had a large sample size (n> 330) or were a meta-analysis or literature review. Risk factors were included in the table if they were common across two or more studies.

**TABLE 1: COMMONLY CITED RISK FACTORS FOR CHILD ABUSE AND NEGLECT**

<table>
<thead>
<tr>
<th>Ecological level</th>
<th>Risk factors</th>
</tr>
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</table>
| Individual child factors | • Low birth weight
• Pregnancy or birth complications
• Child temperament or behaviour
• Child disability |
| Family/parental factors | • Parental substance abuse
• Involvement in criminal behaviour
• Family conflict or violence
• Mental health problems
• Child perceived as problem by parents
• History of child abuse and neglect
• Large family size
• Exposure to stress
• Parental temperament
• Teenage/young parents/s
• Single or unmarried parents
• Low level of parental education
• Use of corporal punishment
• Unplanned pregnancy
• Physical health problems
• Low self-esteem
• Social isolation |
| Social/environmental factors | • Socio-economic disadvantage
• Parental unemployment
• Housing stress
• Lack of access to social support
• Lack of pre-natal care
• Neighbourhood disadvantage
• Neighbourhood violence |

Sources: Black, Smith Slep & Heyman, 2001; Brown, Cohen, Johnson, & Salzinger, 1998; Clément, Bérubé & Chamberland, 2016; Dubowitz et al., 2011; Forston, Klevens, Merrick, Gilbert & Alexander, 2016; Freisthler, Merrit & LaScala 2006; Li et al., 2011; Palucki, 2011; Putnam-Hornstein & Needell, 2011; Shook-Strick et al., 2011; Stith et al., 2009 Wu et al., 2004).
It is important to note that although there are risk factors at the individual child level, children are never to blame for child abuse or neglect. Additionally, as stated above, although there is a statistical association between these factors and child abuse and neglect, this does not mean that these factors cause child abuse and neglect.

**Common protective factors for child abuse and neglect**

Research has identified a number of protective factors that are associated with reduced incidences of child abuse and neglect. Overall, less is known about protective factors, as much less research has been undertaken to identify and examine protective factors when compared to risk factors (Li et al., 2011).

The factors found in the research that may reduce the likelihood of child abuse and neglect are outlined in Table 2, using the developmental-ecological model. Table 2 lists every protective factor identified in the literature scan (1998-2016).

**Practice applications of skills and protective factors**

Risk and protective factors can be used to develop both universal and targeted approaches to reducing child maltreatment. Universal approaches seek to reduce risk factors and promote protective factors in all families. This could include ensuring that all parents are provided with accessible information about parenting and child development. Identifying social and environmental risk factors such as low socio-economic status or neighbourhood disadvantage can inform systemic responses that seek to address the causes of disadvantage (Bromfield, Lamont, Parker, & Horsfall, 2010).

Identification of risk and protective factors can also be used to develop targeted approaches to reducing child abuse and neglect. Families that display multiple risk factors and minimal protective factors can be identified and provided with additional services and support (Putnam-Hornstein & Needell, 2011; Wu et al., 2004). Strengths-based practice, emphasising the assets and strengths within families, is a common strategy used to build and enhance protective factors and promote quality communication and engagement with families (Bromfield et al., 2012).

**Conclusion**

All families exhibit both risk and protective factors to some extent. The interaction of multiple risk factors in combination with limited protective factors may increase the likelihood of child abuse and neglect. Strong protective factors in families such as supportive social networks and a good parent-child attachment can build resilience in children and parents.

Understanding risk and protective factors enables the development of both universal and targeted approaches to reducing the incidence of child abuse and neglect.

**REFERENCES**

- Crouch, J., & Behl, L. (2001). ‘Relationships among parental beliefs in corporal punishment, reported stress and physical

**TABLE 2: PROTECTIVE FACTORS FOR REDUCING THE Incidence of Child Abuse and Neglect**

<table>
<thead>
<tr>
<th>Ecological level</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/child factors</td>
<td>▶ Social and emotional competence</td>
</tr>
<tr>
<td></td>
<td>▶ Attachment to parent/s</td>
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<tr>
<td>Family/parental factors</td>
<td>▶ Strong parent/child relationship</td>
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<td></td>
<td>▶ Parental self-esteem</td>
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<td></td>
<td>▶ Family cohesion</td>
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<td></td>
<td>▶ Two-parent household</td>
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<td></td>
<td>▶ High level of parental education</td>
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<td></td>
<td>▶ Self-efficacy</td>
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<td></td>
<td>▶ Family functioning</td>
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<td></td>
<td>▶ Knowledge of parenting and child development</td>
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<td></td>
<td>▶ Parental resilience</td>
</tr>
<tr>
<td></td>
<td>▶ Concrete support for parents</td>
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<tr>
<td>Social/environmental factors</td>
<td>▶ Positive social connection and support</td>
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<tr>
<td></td>
<td>▶ Employment</td>
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<td></td>
<td>▶ Neighbourhood social capital</td>
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<td></td>
<td>▶ Adequate housing</td>
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<tr>
<td></td>
<td>▶ Socio-economically advantaged neighbourhood</td>
</tr>
<tr>
<td></td>
<td>▶ Access to health and social services</td>
</tr>
</tbody>
</table>

Sources: Black et al., 2001; Brown et al., 1998; Clément et al., 2016; Dubowitz et al., 2011; Forston, Klevens, Merrick, Gilbert & Alexander, 2016; Freisthler et al., 2006; Li et al., 2011; Palascio, 2011; Shook Slack et al., 2011; Stith et al., 2009.
endnotes

1. In this paper, the terms “child abuse and neglect” and “child maltreatment” are used interchangeably.

2. Child abuse and neglect may occur across all socio-economic, religious, cultural, racial and ethnic groups. Determining the extent to which cultural values (macrosystem) influence rates of child abuse and neglect is difficult. However, research suggests that cultural attitudes towards violence is associated with approval rates of physical punishment (Douglas, 2006), which has in turn been associated with higher rates of physical child abuse (Crouch & Behl, 2001).

authors and acknowledgements

This paper was compiled by Jessica Smart, Senior Research Officer at the Australian Institute of Family Studies. Previous editions have been compiled by Alister Lamont and Rhys Price-Robertson.

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KEEPING YOUR KIDS SAFE

Parenting safety tips from the Child Abuse Prevention Service

- Talk to your children honestly and openly about the importance of being safe.
- Stay actively involved in your children’s lives.
- Make sure you know where your children are at all times.
- Make sure your children know where you are at all times and how they can contact you if they need you.
- Let your children know that they can always talk to you about anything.
- Teach your children what ‘safe’ and ‘un-safe’ means.
- Teach your children about their bodies, and the correct names for their body parts.
- Discuss with your children the different ways that our bodies tell us we’re un-safe (butterflies in tummy, sweaty palms, racing heart, feeling scared).
- Encourage your children to ask questions or raise concerns if they are ever in a situation that makes them feel uncomfortable.
- Let your children know that it’s OK for them to say no – even to an adult.
- Teach your children to trust their feelings.
- Explain the difference between ‘good’ touching (like tickling or hugging), and ‘bad’ touching (like touching of private parts, touching when or where someone doesn’t want to be touched).
- Explain the difference between ‘good’ secrets (like surprise birthday parties) and ‘bad’ secrets (like someone hurting a child and then telling them not to tell anyone).
- Let your children know that they never have to keep a secret that they know is wrong, or that makes them feel scared.
- Create a safety circle for your children by helping them identify a few trusted adults (like a parent, teacher or neighbour) that they can always talk to if they need help.
- Tell your children that if they are ever in trouble, or if someone ever hurts them in any way, they should always tell the adults in their safety circle and keep telling until something is done about it.
- Make sure your children know that they can call 000 in emergencies.
- Give your children scenarios and strategies. For example:
  - If you are walking to school one day and someone is following you, run as fast as you can into a shop or where there are people and ask for help.
  - If someone tries to touch your private parts, look them in the eye and say NO very loudly, keep saying NO and then run away from them and tell an adult in your safety circle.
- Adequately supervise your children in public areas and accompany them into public bathrooms, on public transport and in other public places.
- Teach your children about staying safe online and using technology safely.
- Tell your children not to give out their personal information without your permission.

CAPS provides training for professionals and educators regarding child protection knowledge, warning signs and responses. Please call 02 9716 8000.


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Child Wise offers advice on the impacts and indicators of child abuse trauma

Children and young people need stable, sensitive, loving and stimulating relationships and environments in order to reach their full potential. Child abuse can have significant and long lasting impact on a child’s development. Home life, culture, family and community dynamics play an essential role in children’s development, as they impact on a child’s experiences and opportunities.

**A child’s primary drive is towards attachment rather than safety.**

A child’s primary drive is towards attachment rather than safety – they will accommodate to the parenting style they experience.

It is crucial to keep in mind that children are particularly vulnerable when witnessing and/or experiencing violence, abuse and/or neglectful circumstances. Given their age and vulnerability, witnessing or being a victim of abuse can lead children to have and display complex traumatic responses.

Accordingly, infants and children adapt to frightening and overwhelming circumstances through the body’s survival response. Their autonomic nervous system will become activated and switch on their natural flight/fight/freeze response.

Repeated and prolonged exposure to these experiences can lead to toxic stress for a child, which:
- Alters the child’s brain development
- Sensitises the child to further stress
- Leads to heightened activity levels and hypervigilance
- Consequently affects future learning and concentration.

Most importantly, abuse and trauma impairs a child’s ability to trust and relate to others. When

<table>
<thead>
<tr>
<th>Age group</th>
<th>Trauma indicators</th>
<th>Trauma impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–12 MONTHS</td>
<td>Increased tension, irritability, reactivity and inability to relax</td>
<td>Neurobiology of brain and central nervous system altered by switched on alarm response</td>
</tr>
<tr>
<td></td>
<td>Increased startle response</td>
<td>Behavioural changes</td>
</tr>
<tr>
<td></td>
<td>Lack of eye contact</td>
<td>Regression in acquired developmental gains</td>
</tr>
<tr>
<td></td>
<td>Sleep and eating disruption</td>
<td>Lowered stress threshold</td>
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<td></td>
<td>Loss of acquired skills</td>
<td>Lower immune system</td>
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<td></td>
<td>Back arching</td>
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<td></td>
<td>Aggression</td>
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<td></td>
<td>Touch avoidance</td>
<td></td>
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<tr>
<td>12 MONTHS – 3 YEARS</td>
<td>Lack of eye contact</td>
<td>Neurobiology of brain and central nervous system altered by switched on alarm response</td>
</tr>
<tr>
<td></td>
<td>Inability to be soothed</td>
<td>Sleep disruption</td>
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<tr>
<td></td>
<td>Increased tension, irritability, reactivity and inability to relax</td>
<td>Behavioural changes</td>
</tr>
<tr>
<td></td>
<td>Loss of eating skills</td>
<td>Greater food sensitivities</td>
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<td></td>
<td>Alarmed by trauma-related reminders</td>
<td>Lowered stress threshold</td>
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<td></td>
<td>Uncharacteristic aggression</td>
<td>Lower immune system</td>
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<td></td>
<td>Touch avoidance</td>
<td></td>
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<tr>
<td></td>
<td>Sexualised play with toys</td>
<td></td>
</tr>
<tr>
<td>3–5 YEARS</td>
<td>Regression to younger behaviour</td>
<td>Behavioural changes</td>
</tr>
<tr>
<td></td>
<td>Bodily aches, pains and illness complaints with no explanation</td>
<td>Hyperactive, hyper- arousal</td>
</tr>
<tr>
<td></td>
<td>Loss of skills (toileting, eating, self-care)</td>
<td>Tiredness and lack of concentration</td>
</tr>
<tr>
<td></td>
<td>Lack of eye contact</td>
<td>Delayed gross motor and visual perceptual skills</td>
</tr>
<tr>
<td></td>
<td>Sleep disturbance, nightmares, night terrors</td>
<td>Greater food sensitivities</td>
</tr>
<tr>
<td></td>
<td>Withdrawal and quietening</td>
<td>Fear of trauma reoccurrence</td>
</tr>
<tr>
<td></td>
<td>General fearfulness</td>
<td>Low self-esteem and self-confidence</td>
</tr>
<tr>
<td></td>
<td>Separation anxiety</td>
<td>Loss of focus, lack of concentration and increased inattentiveness</td>
</tr>
<tr>
<td></td>
<td>Sexualised drawings and demonstrated sexual knowledge</td>
<td></td>
</tr>
<tr>
<td>5–7 YEARS</td>
<td>Lack of eye contact</td>
<td>Loss of concentration and memory</td>
</tr>
<tr>
<td></td>
<td>Spacey, distractible or hyperactive</td>
<td>Eating disturbances</td>
</tr>
<tr>
<td></td>
<td>Increased tension, irritability, reactivity and inability to relax</td>
<td>Risk-taking behaviour triggered by previous experience of trauma</td>
</tr>
<tr>
<td></td>
<td>Accident prone</td>
<td>Sleep disturbance due to intrusive imagery</td>
</tr>
<tr>
<td></td>
<td>Abandoning/tranquelling from school</td>
<td>Mood or personality changes</td>
</tr>
<tr>
<td></td>
<td>Hurting animals, fire lighting</td>
<td>Wish for revenge and action-oriented responses triggered by trauma</td>
</tr>
<tr>
<td></td>
<td>Toileting accidents/smearing of faeces</td>
<td>Fearful of closeness and love</td>
</tr>
</tbody>
</table>

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### Child Abuse Trauma Indicators by Age Group (Continued)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Trauma indicators</th>
<th>Trauma impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>7–9 YEARS</td>
<td>甬 Frightened by intensity of own feelings&lt;br&gt;甬 Distant and withdrawn&lt;br&gt;甬 Feelings of shame, guilt and humiliation&lt;br&gt;甬 Spacey, distractible, blanking out, loss of ability to concentrate&lt;br&gt;甬 Increased tension, irritability, hyperactive, reactivity and inability to relax&lt;br&gt;甬 Lowered school performance&lt;br&gt;甬 Bodily aches and pains with no reason&lt;br&gt;甬 Hurting animals, fire lighting&lt;br&gt;甬 Retelling of traumatic events</td>
<td>甬 Fear of trauma reoccurrence&lt;br&gt;甬 Lowered self-esteem&lt;br&gt;甬 Loss of concentration and memory&lt;br&gt;甬 Speech or cognitive delays&lt;br&gt;甬 Risk-taking behaviour triggered by previous experience of trauma&lt;br&gt;甬 Sleep disturbance due to intrusive imagery&lt;br&gt;甬 Detailed memory of traumatic events&lt;br&gt;甬 Wish for revenge and action-oriented responses triggered by trauma&lt;br&gt;甬 Fearful of closeness and love</td>
</tr>
</tbody>
</table>

9–12 YEARS

甬 Feelings of shame, guilt and humiliation<br>甬 Spacey, distractible, blanking out, loss of ability to concentrate<br>甬 Reduced capacity to feel emotions – may appear numb or apathetic, distant and withdrawn<br>甬 Depressed<br>甬 Vulnerable to anniversary reactions caused by seasonal events, holidays<br>甬 Lowered school performance<br>甬 Retelling of traumatic event<br>甬 Sexualised drawings or written stories<br>甬 Acute distress when encountering any reminder of trauma

甬 Risk-taking behaviour triggered by previous experience of trauma<br>甬 Fear of trauma reoccurrence<br>甬 Lowered self-esteem<br>甬 Lack of concentration and memory loss<br>甬 Speech or cognitive delays<br>甬 Factual and accurate memory may be embellished by elements of fear or wishes<br>甬 Flashbacks of traumatic events<br>甬 Wish for revenge and action-oriented responses triggered by trauma<br>甬 Concerned about personal responsibility for trauma

12–18 YEARS

甬 Feelings of shame, guilt and humiliation<br>甬 Eating disorders/disturbances<br>甬 Sleep disturbance, nightmares<br>甬 Distant and withdrawn<br>甬 Depressed<br>甬 Spacey, distractible, blanking out, loss of ability to concentrate<br>甬 Challenging behaviours<br>甬 Substance abuse<br>甬 Aggressive/violent behaviour<br>甬 Self-harming e.g. cutting, burning<br>甬 Suicidal ideation<br>甬 Hurting animals, fire lighting

甬 Flight into activity and involvement with others or retreat from others in order to manage inner turmoil<br>甬 Pessimistic and vulnerable to withdrawal<br>甬 Adulthood seen as a way of escaping impact and memory of trauma<br>甬 Fear of growing up and need to stay in family orbit<br>甬 Loss of, or reduced capacity to attune with caregiver<br>甬 Acute distress when encountering any reminder of trauma

Children are traumatised, they find it difficult to regulate their mood and behaviour, and to self-soothe, which can have a lifelong effect.

Traumatic memories are stored differently to everyday memories. They are instead encoded in vivid imagery and sensations and lack verbal narrative and context. As they are unprocessed, they are likely to flood the child when triggers such as smells, sounds or internal and/or external reminders present at a later stage. Moreover, children can experience severe sleep disruption and intrusive nightmares, which contribute to their changed behaviour.

**The recovery process for children is enhanced by the support of non-offending family members and significant others.**

It is particularly important that attention is given to understanding the complexity of a child’s experience. The recovery process for children is enhanced by the support of non-offending family members and significant others. Survivors of child abuse are often diagnosed with post-traumatic stress and other mental illnesses as adults due to their adverse childhood experiences.

It is also important to acknowledge that parents can have similar post-traumatic responses, as they feel overwhelmed and suffer shock and grief from their child’s trauma and may need ongoing support as well.

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One in 33 children receives child protection services – the majority repeat clients

The number of children receiving child protection services continues to rise, with almost three-quarters of these children repeat clients, according to new analysis from the Australian Institute of Health and Welfare.

The report, *Child protection Australia 2015-16*, shows that over 162,000 children (aged under 18) – or 1 in 33 children – received child protection services in 2015-16.

“The number of children receiving child protection services has grown by around 10,000 per year for the preceding two years – from about 152,000 in 2014-15 and 143,000 in 2013-14,” said AIHW spokesperson David Braddock.

What is child protection?

In Australia, State and Territory departments responsible for child protection provide assistance to vulnerable children and young people who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection (AIHW 2016).

There are 3 main components of the child protection system:

1. **Assessment and investigation of notifications** of possible abuse, neglect or other harm: these notifications are screened by child protection departments and, if required, the report is investigated. If the investigation finds that the child is being or is likely to be abused, neglected or otherwise harmed, the notification is recorded as substantiated.

2. **Care and protection orders**: these are legal orders or arrangements that give child protection departments some responsibility for a child’s welfare.

3. **Children may be placed in out-of-home care** when parents are unable to provide adequate care, children require a more protective environment, or alternative accommodation is needed during family conflict. This is overnight care where the department makes or offers a financial payment to the carer. In keeping with the principle of keeping children with their families, out-of-home care is considered an intervention of last resort.

Children who received child protection services were those who were the subject of an investigation; on a care and protection order; and/or in out-of-home care.

A notification is considered ‘substantiated’ when, after an investigation, it is concluded that there is sufficient reason to believe the child has been, is being, or is likely to be abused, neglected, or otherwise harmed.

Rates for children in substantiations continued to rise between 2011-12 and 2015-16 – from 7.4 to 8.5 per 1,000 children.

“Children may receive a combination of child protection services,” Mr Braddock said. “Our report shows that while a majority (60%) were the subject of an investigation only, almost one-quarter (24%) were on...
both an order and in out-of-home care, and 9% were involved in all 3 components of the system.”

Most children in out-of-home care were placed with relatives or kin (49%) or in foster care (39%). For the first time, the report presents data on the relationships between children placed with relatives or kin and their carer.

Available data (from Queensland, South Australia, Tasmania and ACT), shows around half (48%) of children in relative/kinship placements were placed with grandparents, while 22% were placed with an aunt and/or uncle. Of households authorised to provide out-of-home care, 52% of foster carer households and 40% of relative/kinship carer households had more than 1 child placed with them.

The report shows that Aboriginal and Torres Strait Islander children were 7 times as likely as non-indigenous children to have received child protection services (157.6 per 1,000 children compared with 22.0 for non-indigenous children).

Children from Very remote areas were 4 times as likely as those from Major cities to be the subject of a substantiation (23.5 per 1,000 children compared with 6.2 for children in Major cities).

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Child protection in Australia 2015-16

1 in 33 children received child protection services.

Indigenous children were 7 times as likely as non-indigenous children to have received child protection services.

Emotional abuse was the most common type of abuse substantiated.

Children from lower socioeconomic areas were more likely to be the subjects of substantiation.

Children from Very remote areas were 4 times as likely as those from Major cities to be the subject of a substantiation.

Half of foster care households (52%) had multiple children placed.

Half of children in relative/kinship placements (48%) were living with their grandparents.
PREVENTION OF CHILD ABUSE AND NEGLECT

In partnership with NAPCAN, the Child Family Community Australia information exchange at the Australian Institute of Family Studies has prepared this resource on prevention of child abuse and neglect. It presents findings from recent Australian and international research to identify activities and strategies that can be put in place to prevent child abuse and neglect before it happens.

We know that prevention can work

Many Australians are familiar with the concept of prevention in relation to public health and safety issues such as smoking or road safety, but may never have considered child maltreatment in the same way.

For instance, fatalities from road accidents have declined from 17 fatalities per 100,000 people in 1987 to 5.4 fatalities per 100,000 people in 2016 due to a number of factors including universal primary prevention strategies such as:

- Changes to legislation (e.g. compulsory seatbelt use, drink driving laws and minimum car safety standards), and
- Mass media campaigns to change public attitudes to road safety (e.g. making drink driving and speeding unacceptable practices).

While preventing road deaths is a different challenge to preventing child abuse and neglect, the principles of effective prevention are the same:

- Identifying risk and protective factors, and
- Developing and implementing strategies to reduce risk factors and enhance protective factors.

Although less well known than road safety initiatives, there are strategies that have reduced rates of child abuse and neglect. For example, home visiting programs and the growing focus on prevention of child abuse and neglect is resulting in promising new strategies being developed and trialled.

Child abuse and neglect is preventable. Through the efforts of parents, extended families, local community members and general society, the rates of child abuse can be significantly reduced.

Why prevention is so important

The need for prevention is highlighted by the high human and financial cost of child abuse and neglect in Australia.

The statistics

According to the Australian Institute of Health and Welfare, 162,175 (one in 33) children had an investigation, care and protection order and/or were placed in out-of-home care (OOHC) (with 73% being repeat clients). Of these, more than 60,000 became substantiated cases of child abuse and neglect in 2015-16. This figure is likely to underestimate the true prevalence of child maltreatment in Australia, as abuse often goes undetected and many victims never talk about their experiences.

Table 1: Total number of notifications, investigations and substantiations across Australia from 2011-12 to 2015-16, and total number of children on orders and in OOHC at 30 June, 2012 to 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Total notifications</th>
<th>Total investigations</th>
<th>Total substantiations</th>
<th>Children on orders</th>
<th>Children in OOHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>252,962</td>
<td>116,528</td>
<td>48,420</td>
<td>40,962</td>
<td>39,621</td>
</tr>
<tr>
<td>2012-13</td>
<td>272,980</td>
<td>122,496</td>
<td>53,666</td>
<td>43,136</td>
<td>40,549</td>
</tr>
<tr>
<td>2013-14</td>
<td>304,097</td>
<td>137,585</td>
<td>54,438</td>
<td>45,746</td>
<td>43,009</td>
</tr>
<tr>
<td>2014-15</td>
<td>320,169</td>
<td>152,086</td>
<td>56,423</td>
<td>48,730</td>
<td>43,399</td>
</tr>
<tr>
<td>2015-16</td>
<td>355,935</td>
<td>164,987</td>
<td>60,989</td>
<td>51,972</td>
<td>46,448</td>
</tr>
</tbody>
</table>

Note: For detailed explanatory notes, please refer to AIHW, 2017a.

Source: AIHW (2017a, Figure 3.1); AIHW (2017b, Table 4.1 and Table 5.1).

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Further, child maltreatment has long-lasting negative effects on children and adult survivors including:

- Mental and physical health problems
- Diminished social functioning, and
- Decreased life expectancy.

These negative outcomes have flow-on effects in society with implications for the workforce and social and economic development.

**Broader value of prevention**

A preventative approach takes a more holistic concept of child and family wellbeing than simply the absence of maltreatment (and its ongoing effects), and this is likely to produce a broad range of positive outcomes including:

- Fewer child behavioural issues and enhanced school readiness
- Reduced crime and violence, and
- Economic benefits such as reducing costs to health care, child protection and law enforcement systems.

It is important to note that prevention of child abuse and neglect has benefits for all children. Child abuse and neglect do not – occur only as a result of extremely cruel or neglectful parents but happen at one end of a continuum of parenting behaviours that range from optimal parenting to severely abusive. Prevention strategies can have a positive benefit for children experiencing less than optimal parenting (who don't necessarily meet the threshold for child protection intervention).

**What is prevention of child abuse and neglect?**

Prevention of child abuse and neglect refers to strategies that seek to stop child abuse and neglect before it happens.

A public health approach can be used to prevent child abuse and neglect (see Figure 1) with the aim of reducing the need for statutory child protection services (see Box 1 for details). Australia has been shifting towards this approach for many years, and it is enshrined in the *National Framework for Protecting Australia’s Children 2009-2020*.

The Australian child protection system currently expends the majority of resources at the tertiary level (targeted services and programs for ‘at-risk’ families and children). The number of children in contact with the child protection system has been consistently increasing and numerous inquiries and Royal Commissions have identified systemic issues.

There are a range of different terms used to describe activities that prevent child abuse and neglect. Table 2 provides definitions of these different terms and gives examples of activities that fall into each category.

**Understanding prevention strategies**

Prevention activities seek to reduce risk factors and enhance protective factors that are associated with child abuse and neglect. Risk and protective factors are often conceptualised in the form of an ecological model (see Figure 2). The ecological model is used to locate and describe the risk and protective factors for child abuse and neglect and identify the different levels at which intervention can occur.

As seen in Figure 2, prevention strategies can be targeted at a range of different levels: individual, relationship, community and societal. In Australia, most child maltreatment prevention activity currently takes place at the individual or relationship level, for example parental education or home visiting programs that seek to increase knowledge of child development, improve family functioning and reduce social isolation.

These are important activities. However, it is also important that prevention approaches address the

---

**BOX 1: THE PUBLIC HEALTH MODEL**

The public health model is a concept with currency in many areas, including health, education and welfare. It attempts to prevent or reduce a particular illness or social problem in a population by identifying risk factors. Public health models aim to prevent problems before they occur.

A public health model is often conceptualised as having four stages:

1. Identifying and measuring the scale of the problem
2. Identifying risk and protective factors
3. Developing and evaluating interventions, and
4. Implementing, scaling-up and disseminating effective interventions (Sethi, 2013).

Different types of public health interventions are outlined in Table 2 but generally interventions within a public health model have a focus on addressing risk and protective factors for the whole population. Interventions can include changes to policy and legislation; campaigns that seek to change social norms and attitudes; and approaches that seek to change the behaviour of individuals. While the focus of a public health approach is on preventing problems before they happen, a public health model will also seek to identify and respond to problems if they do occur, and will include strategies to minimise the long-term effects of the problems (World Health Organization [WHO], 2006).
conditions in which parenting takes place. Prevention strategies that are aimed at risk factors at the community or societal levels can be very effective.

Examples include:
- Legislative and policy changes (e.g. the creation of Working with Children Checks or child-safe organisational policies), and
- Media campaigns that seek to change attitudes towards children or parenting (e.g. to increase knowledge of child development and normalise seeking support for parenting).

Different types of abuse (e.g. emotional abuse, physical abuse) and neglect occur at different rates and have different risk and protective factors, so it is important to take this into consideration when designing prevention strategies. To be most effective, prevention of child abuse and neglect strategies should include a range of universal, secondary and tertiary activities that address risk factors at individual, relationship, community and societal levels.

### The role of communities in prevention

While there is a need for further research that examines risk and protective factors at the community and societal levels, actions can be undertaken at the community level to prevent child abuse and neglect before it happens.

Building stronger communities for safer children requires:

**Figure 2: Ecological model and risk and protective factors**

<table>
<thead>
<tr>
<th>COMMUNITY RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic disadvantage</td>
</tr>
<tr>
<td>Poor social capital/social disorder</td>
</tr>
<tr>
<td>Availability of alcohol</td>
</tr>
<tr>
<td>Presence of drugs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNITY PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive social connections and support</td>
</tr>
<tr>
<td>Access to health and social services</td>
</tr>
<tr>
<td>High levels of neighbourhood social capital</td>
</tr>
<tr>
<td>Socio-economic advantage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIVIDUAL RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problems (perpetrator)</td>
</tr>
<tr>
<td>Substance misuse (perpetrator)</td>
</tr>
<tr>
<td>Childhood maltreatment (perpetrator)</td>
</tr>
<tr>
<td>Externalising problems (child)</td>
</tr>
<tr>
<td>Child disability (child)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIVIDUAL PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social emotional competence (child)</td>
</tr>
<tr>
<td>Attachment to parent/s (child)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIETAL RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural norms supportive of violence</td>
</tr>
<tr>
<td>Weak legislation preventing child abuse</td>
</tr>
<tr>
<td>Societal conflict</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIETAL PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate housing</td>
</tr>
<tr>
<td>High levels of employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family conflict</td>
</tr>
<tr>
<td>Family violence</td>
</tr>
<tr>
<td>Poor parenting behaviours</td>
</tr>
<tr>
<td>Large family size</td>
</tr>
<tr>
<td>Low socio-economic status</td>
</tr>
<tr>
<td>Non-biological parent in the home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-parent household</td>
</tr>
<tr>
<td>Family cohesion</td>
</tr>
<tr>
<td>Strong parent-child relationship</td>
</tr>
</tbody>
</table>

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BOX 2: NAPCAN

NAPCAN – the National Association for the Prevention of Child Abuse and Neglect – is a not-for-profit organisation committed to stopping child abuse. Established in 1987, NAPCAN made history by becoming the first national organisation to promote a united approach to child protection and related issues.

NAPCAN produces national campaigns and distributes resources that promote positive and practical actions to stop child abuse. NAPCAN works with federal and state governments and non-government organisations to advocate for and implement practices that are in the best interests of children.

Key prevention priorities for NAPCAN include:
- Building strong communities where everyone understands that they have a part to play in protecting children (stronger communities, safer children)
- Valuing children and advocating for their rights, and for their voices to be heard
- Supporting organisations to share appropriate information and services to families, and
- Creating organisations that are child-safe and child-friendly.

Community Workshops are a key part of NAPCAN’s prevention strategy, including topics such as:
- Respectful relationships education
- Child-safe organisations
- Child abuse and neglect prevention awareness
- Mandatory reporting of child abuse and neglect
- Domestic and family violence awareness
- Protective behaviours for young children, and
- Strategies for families to keep children safe.

For more information about NAPCAN and its resources, visit www.napcan.org.au

BOX 3: WHAT DOES PREVENTION LOOK LIKE IN THE REAL WORLD?

Prevention initiatives come in many shapes and sizes. In fact, one of the challenges when talking about prevention is that it is so broad. Primary prevention strategies (such as family support, community building, valuing the rights of children and addressing social inequity) are often not necessarily recognised as primary prevention.

Even the people working in these fields – who are rightly focused on the immediate short-term benefits of their work – may be pleasantly surprised to realise that their work can prevent child abuse and neglect in the long term. This can be through building stronger community networks, supporting parents and carers, creating safer organisations, boosting resilience and self-esteem, valuing children’s rights and voices and educating all members of the community about raising and protecting children.

Each National Child Protection Week, NAPCAN presents its Play Your Part Awards for Inspiring Prevention Initiatives. These provide excellent examples of what prevention actually looks like. Some examples from 2016 winners included:
- A community drop-in centre in a remote indigenous community that provides a safe, fun environment for local children and builds community networks
- A scholarship program to help keep indigenous students in school
- Mobile playgroups travelling to remote communities and stations to inform and connect families
- A mentoring program that uses indigenous culture to engage at-risk indigenous young people
- A telephone helpline for parents
- An information program to help parents find safe, age-appropriate games and apps for their children
- Clinic appointments or home visits for parents to provide them with the necessary assistance and support as needed
- A volunteer mentor program to assist vulnerable new mothers
- Education, information and resources to help create safer environments for children in the sport and recreation industry, and
- An adult volunteer program to support students in disadvantaged schools.

For additional information go to the NAPCAN website: www.napcan.org.au


For further reading and references download the full resource at: https://aifs.gov.au/cfca/sites/default/files/publication-documents/preventing_child_abuse_and_neglect.pdf
CHILD PROTECTION IN AUSTRALIA: AN OVERVIEW

This extract from a biannual report by the Australian Institute of Health and Welfare explains the purpose of child protection policy and practice in Australia.

In Australia, State and Territory governments are responsible for statutory child protection. Each responsible department assists vulnerable children who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection. Children and young people are those aged under 18. This includes unborn children in jurisdictions where they are covered under the child protection legislation. Unborn children are reported as a separate age group in tables disaggregated by age (where applicable).

A number of government and non-government organisations share a common duty of care towards the protection of children and young people. Departments responsible for child protection investigate, process and oversee the management of child protection cases. Children and their families are assisted by being provided with, or referred to, a wide range of services.

The national recurrent expenditure on child protection and out-of-home care services was almost $4 billion in 2015-16, a real increase of $283.7 million (7.7%) from 2014-15.

CHILD PROTECTION PROCESSES

Across Australia, the broad processes in child protection systems are similar. A simplified version of the main processes is shown in Figure 1.1. These processes are described in more detail in Box 1.1.

Children in need of protection can come into contact with departments responsible for child protection through a number of avenues. Reports of concern about a child may be made by community members, professionals (for example, police, school personnel or health practitioners), the children themselves, their parent(s) or another relative. These reports may relate to abuse and neglect or to broader family concerns, such as economic problems or social isolation.

Child protection intake services screen incoming reports to determine whether further action is required. The defined threshold for intervention varies across jurisdictions and this can lead to jurisdictional differences in the responses taken to initial reports. Reports that are deemed to require further action are generally classified as either a ‘family support issue’ or a ‘child protection notification’.

Reports classified as requiring family support are further reviewed and may be referred to support services. The National Child Protection Data Collection does not include those reports that are not classified as child protection notifications.

CHILD PROTECTION POLICIES AND PRACTICES

Child protection policies and practices are under continual development on a jurisdiction-by-jurisdiction basis. In recent years, there has been an increasing national focus on early intervention and family support services to help prevent families entering or re-entering the child protection system and to help minimise the need for more intrusive interventions.

Most jurisdictions have enacted strategies that attempt to assist families in a more holistic way by coordinating service delivery and by providing better access to different types of child and family services.

JURISDICTIONAL POLICY CONTEXT

Although the processes that each jurisdiction uses to protect children are broadly similar, there are some important differences between jurisdictions’ child protection policies and practices that should be taken into account.
Child protection policies and practices are under continual development on a jurisdiction-by-jurisdiction basis. In recent years, there has been an increasing national focus on early intervention and family support services to help prevent families entering or re-entering the child protection system and to help minimise the need for more intrusive interventions. This may have been, or is, at risk of harm. Formal investigation, as conducted in each jurisdiction, will determine whether the notification has been substantiated.

Thresholds for what is substantiated vary – some jurisdictions substantiate the harm, or risk of harm, to the child, and others substantiate actions by parents or incidents that may cause harm. In considering harm to the child, the focus of the child protection systems in many jurisdictions has shifted away from the actions of parents to the outcomes for the child.

As well as policy variation at the jurisdictional level, the definition of what constitutes child abuse and neglect has broadened at a national level over time (AIFS: Holzer & Bromfield 2008).

**NATIONAL POLICY CONTEXT**

The National Framework for Protecting Australia’s Children 2009-2020 (COAG 2009) aims to ensure Australia’s children are safe and well. As a measure of this outcome, a target of ‘a substantial and sustained reduction in child abuse and neglect in Australia’ was set. The National Framework is composed of a series of 3-year action plans, and progress against agreed measures with available data is reported in a series of annual reports to the Council of Australian Governments (COAG).

Developing and implementing National standards for out-of-home care was a priority area under the second action plan, for 2012-2015. These standards were designed to deliver consistency and to drive improvements in the quality of out-of-home care provided to children and young people. The third action plan, for 2015-2018, strongly emphasises prevention and early intervention, with a focus on targeting assistance to those communities that have most contact with the child protection system.

**Royal Commission into Institutional Responses to Child Sexual Abuse**

The Royal Commission to investigate Institutional Responses to Child Sexual Abuse continued during 2015-16. The work of the Royal Commission was initially due for completion by the end of 2015; however, additional funding has been granted to extend the completion date to 15 December 2017.

Out-of-home care, as defined in the Child Protection National Minimum Data Set (CP NMDS), is an institution for the purposes of the Royal Commission and more than 40% of the private sessions conducted by the Royal Commission related to child sexual abuse in out-of-home care. In March 2016, the Royal Commission released a consultation paper highlighting some opportunities for key improvements within the out-of-home care system to help better protect vulnerable children from sexual abuse while in care.

These include:
- A nationally consistent approach to service delivery, recording, reporting and information sharing
Figure 1.1: Child protection process in Australia

NOTES
1. Shaded boxes are items for which data are collected nationally.
2. Dashed lines indicate that clients may or may not receive these services, depending on need, service availability and client willingness to participate in what are voluntary services.
3. Support services included family preservation and reunification services provided by government departments responsible for child protection, and other agencies. Children and families move in and out of these services and the statutory child protection system, and might also be in the statutory child protection system while receiving support services.

regarding child sexual abuse in out-of-home care
• Increased placement stability for children in the out-of-home care system
• Improved training, accreditation and support of staff and carers caring for children in out-of-home care
• Better understanding of perpetrators’ grooming behaviours.

Senate inquiry into out-of-home care
On 17 July 2014, the Senate referred matters relating to out-of-home care to the Community Affairs References Committee for inquiry and report.

The report, which was released in August 2015, included 39 recommendations, several of which relate specifically to the CP NMDS. The AIHW continues to
BOX 1.1: CHILD PROTECTION STATUTORY PROCESSES

Notifications, investigations and substantiations
Child protection notifications are assessed to determine whether an investigation is required, if referral to support services is more appropriate or if no further protective action is necessary.
An investigation aims to obtain more detailed information about a child who is the subject of a notification and to determine whether the notification is ‘substantiated’ or ‘not substantiated’.
A substantiation indicates there is sufficient reason (after an investigation) to believe the child has been, is being or is likely to be, abused, neglected or otherwise harmed. The relevant department will then attempt to ensure the safety of the child or children through an appropriate level of continued involvement, including providing support services to the child and family.

Care and protection orders
In situations where further intervention is required, the department may apply to the relevant court to place the child on a care and protection order. Court is usually a last resort – for example, where the family is unable to provide safe care, where other avenues for resolving the situation have been exhausted, or where the extended family is unable to provide safe alternatives for care of children. The level of departmental involvement that a care and protection order mandates will vary depending on the type of order.

Out-of-home care
Some children are placed in out-of-home care because they were the subject of a child protection substantiation and require a more protective environment. Children may also be placed in out-of-home care when their parents are incapable of providing adequate care for them, or where alternative accommodation is needed during times of family conflict. However, there are no national data available on the reasons children are placed in out-of-home care.
Out-of-home care is considered an intervention of last resort, with the current emphasis being to keep children with their families wherever possible. Where children need to be placed in out-of-home care, an attempt is made to subsequently reunite children with their families. If it is necessary to remove a child from their family, placement within the wider family or community is preferred. This is particularly the case with Aboriginal and Torres Strait Islander children, as is outlined in the Aboriginal Child Placement Principle.

Family support services
Family support services include programs that seek to prevent family dysfunction and child maltreatment occurring; that provide treatment, support and advice to families; and that offer more intensive programs to assist the most vulnerable families (COAG 2009). Family support services may be used instead of, or as a complementary service to, a statutory child protection response, and may include developing parenting and household skills, therapeutic care, and family reunification services.
RESPONDING TO CHILDREN AND YOUNG PEOPLE’S DISCLOSURES OF ABUSE

This paper from the Australian Institute of Family Studies is a guide to responding to children and young people’s disclosures of abuse. It outlines what we know about how, why, and when children and young people are likely to disclose and suggests actions to take at the time of disclosure and in the longer term. Most research into children and young people’s disclosures has focused on disclosures of child sexual abuse; however, many of the issues canvassed are also likely to be relevant to disclosures of other types of abuse (i.e. physical, psychological and emotional abuse). The information in this paper is drawn from a range of sources developed through both research and practice.

WHO IS THIS FOR?

This document contains information that will help family, friends, other adults and professionals to respond to a child’s disclosure of abuse. However, the way that individuals respond to abuse will differ according to their role in the child’s life.

If you are a parent, family member or friend

Children and young people are most likely to initially disclose abuse to either a parent or same-aged friend (Priebe & Svedin, 2008; Shackel, 2009). Hearing that a child or young person has been abused is distressing, and this will be felt even more acutely if you are a friend or relative. It is possible that the perpetrator is known to you and may even be a family member. Services that are available for children can also help support family members and friends of victims and guide you through the next steps. Available services can be found in the CFCA Resource Sheet, Helplines and Telephone Counselling Services for Children, Young People and Parents.

It is important to remember that while it is your role to be a supportive listener, it is not your role to counsel the child or investigate his or her claims. Child protection workers will undertake investigations and professional counsellors are available to provide counselling.

If you work for an organisation

Organisations that have contact with children should ideally have in place a set of protocols to respond quickly and effectively to disclosures of abuse (Irenyi, Bromfield, Beyer, & Higgins, 2006). If you work for an organisation and a child or young person in the care of that organisation discloses abuse that has been perpetrated by someone associated with that organisation, it is imperative to follow the organisation’s protocols as well as make a report to the relevant statutory child protection department in your State/Territory. If there are no protocols in place, you or your management should contact the relevant child protection department in your State/Territory immediately. Most importantly, the needs and welfare of the child or young person must take priority over any perceived threat to the reputation of the organisation or associated individuals (Irenyi et al., 2006).

If a child or young person discloses abuse that is occurring, or has occurred, outside the organisation, you should support the child or young person by believing him or her and reassuring them that telling was the right thing to do. If your organisation does not have protocols in place for such circumstances, you should still inform management and the relevant statutory child protection department in your State/Territory. Finally, keep information confidential. Only those people who must know should be informed of the disclosure.

It is important to remember that while it is your role to be a supportive listener, it is not your role to counsel the child or investigate his or her claims. Child protection workers will undertake investigations and professional counsellors are available to provide counselling.

More information on protecting children across child and adult-focused sectors can be found in The Good Practice Guide to Child Aware Approaches: Keeping Children Safe and Well.

If you are a child protection worker

This paper is aimed at people hearing initial disclosures of abuse, although it may still be useful to child protection workers. The information provided here should be considered in conjunction with the appropriate State/Territory child protection legislation and your particular organisation’s protocols. (See Australian Child Protection Legislation for further details on each State/Territory.)

Locating the appropriate agency in your State or Territory

Up-to-date contact details for the statutory child protection departments with responsibility for receiving and responding to reports of child abuse can be found in the Reporting Abuse and Neglect: State and Territory Departments Responsible for Protecting Children. In most cases it is possible to make anonymous reports, although it must be remembered that if an anonymous report is made, authorities cannot subsequently contact the person making the report if clarification or further information is required.

AT THE POINT OF DISCLOSURE

When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the
child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

WHEN MIGHT A CHILD OR YOUNG PERSON DISCLOSE?
Children and young people can disclose abuse at any time. If the abuse is ongoing over a period of weeks, months or years, they may disclose while the abuse is happening. Others might disclose either immediately after the abuse has ended or years later. Many children do not disclose abuse at all during childhood (London, Bruck, Ceci, & Shuman, 2005; Ullman, 2003). Delays in disclosure may be linked to a range of factors including concerns regarding the consequences of disclosing. For example, one study found that many children expected negative consequences for themselves and/or another person (usually their mother or sibling) if they disclosed (Malloy, Brubacher, & Lamb, 2011). These expected consequences included physical harm and/or death.

It is important to remember that an initial, informal disclosure is important and may help with trust and any future investigation. Keary and Fitzpatrick (1994) found that once a child had disclosed abuse to a family member or another adult they were more likely to disclose again during formal investigations by child welfare workers.

The timing of the child or young person's disclosure will influence his or her immediate needs and this, in turn, will determine the most appropriate response. For a child or young person who discloses that he or she is currently being abused, the immediate priority is safety and protection from further abuse. In this situation some adults have a legal obligation to notify the appropriate authorities, although these obligations differ between States and Territories. For example, in the Northern Territory all adults are required to report their concerns when they have reasonable grounds to believe that a child has suffered or is suffering maltreatment.1

Sometimes, authorities will already be aware of allegations made against a perpetrator and, as a result, the child or young person may be approached as part of a police investigation. If you believe an investigation is already taking place, any disclosure of abuse should still be reported to the appropriate authorities. After disclosure, a child or young person also needs support, advocacy and assistance to recover from the trauma of being abused.2

HOW CHILDREN AND YOUNG PEOPLE DISCLOSE ABUSE
A child or young person's disclosure is seldom straightforward and they can disclose abuse in several ways. Many of the ways children and young people disclose abuse are indirect or accidental. Children sometimes attempt to alert adults they trust to the fact they are being, or have been abused, by changing their behaviour or by making ambiguous verbal statements (Collings, Griffiths, & Kumalo, 2005; Shackel, 2009; Ungar, Barter, McConnell, Tutty, & Fairholm, 2009). For example, a child or young person might suddenly refuse to attend the house of a previously loved relative, or could begin saying and doing sexual things that are inappropriate for their age. Older children may indirectly attempt to disclose or cope with their abuse through risk-taking behaviours such as self-harming, suicidal behaviour and disordered eating (Ungar et al., 2009).

Some children and young people may disclose when asked or after participating in an intervention or education program (Shackel, 2009). Others may initially deny that they have been abused if asked directly, or say that they forget, only to disclose later. Children and young people may disclose, only to retract what they have said later; however, this is relatively uncommon. The child or young person might say he or she made a mistake, lied, or that the abuse actually happened to another child. In cases with a higher likelihood of actual abuse, recantations are low (4-9%; London et al., 2005). However, the stress of disclosing and receiving potentially negative responses from caregivers may lead some
children to recant in an attempt to alleviate the stress (Hershkowitz, Lanes, & Lamb, 2007).

There are a number of reasons for children and young people to retract or delay their disclosure, including:

- Pressure or threats from the perpetrator
- Relationship to the perpetrator
- Expected consequences of telling (e.g. physical injury/death, family separation, parental distress)
- Pressure from the child’s family
- Fear of negative reactions from parents or family
- Fear of not being believed
- Feelings of embarrassment, shame and self-blame, and/or
- For males specifically: fears of stigmatisation, being labelled a victim or being labelled homosexual (Alaggia, 2004; Alaggia, 2005; Hershkowitz et al., 2007; Malloy et al., 2011; Ullman, 2003).

Children may disclose spontaneously (disclosure as an event) or indirectly and slowly (disclosure as a process). The child’s type of disclosure may be influenced by their developmental features, such as their age at the onset of abuse and/or their age at time of disclosure. For instance, younger children are more likely to spontaneously disclose than older children (Lippert, Cross, & Jones, 2009; London et al., 2005; Shackel, 2009).

Understanding disclosure of abuse as a process may help adults to be patient and allow the child or young person to speak in their own way and their own time (Sorensen & Snow, 1991). It also helps adults maintain an awareness of any changes in behaviour or emotions that may indicate abuse is occurring or increasing. If you have suspicions that abuse is occurring, even if you are unsure, it is better to report your suspicions than to do nothing.

WHAT TO DO DURING THE DISCLOSURE

In this section we discuss in more detail things you can do to be supportive while a child is disclosing. It is important to remember, however, that if a child has decided to speak to you, then there is a good chance they trust you. Simply by calmly and empathically listening and offering support, you are helping the child or young person.

There are some general tips for responding to disclosure (Bussey, 1996; Office for Children Youth and Family Support, 2006; Department of Child Safety, n.d.; Department of Human Services, 2013):

- Give the child or young person your full attention
- Maintain a calm appearance
- Don’t be afraid of saying the “wrong” thing
- Reassure the child or young person it is right to tell
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/ strength of the child for talking about something that is difficult
- Let the child or young person take his or her time
- Let the child or young person use his or her own words
- Don’t make promises you can’t keep
- Tell the child or young person what you plan to do next
- Do not confront the perpetrator.

These points are discussed in further detail below.

Give the child or young person your full attention

A child or young person might not always choose the best location to begin talking about what happened to them. If you are in a busy and/or noisy place, ask the child or young person if you can move to a place where you can hear him or her properly. While remaining sensitive to the child or young person’s needs, let him or her know that you want to be able to give him or her your full attention. Respect his or her wishes about where the best place is: some localities may trigger memories or be reminders of abuse (e.g. being alone in a quiet, isolated place with an adult).

Maintain a calm appearance

Inevitably, a disclosure of child abuse will evoke strong feelings for the adult hearing it. For some, the news may be overwhelming. Although potentially difficult, it is helpful if you can be calm and patient. Allow time for the child or young person to trust that he or she will be listened to and helped. It can be useful to remember, particularly when the disclosure is of past abuse, that the child or young person has already survived the abuse. The only thing that has changed is your awareness of it. If the child or young person becomes aware of your distress, reassure the child that he or she is not the cause of the distress. You can explain that you are upset because adults are meant to care for children and you are sad because some adults hurt children.

Don’t be afraid of saying the “wrong” thing

Children will very rarely disclose a secret if they have decided not to (Bussey, 1996). Therefore, if a child or young person has revealed to you that they have been or are being abused, it is a sign that they trust you and that simply speaking to you will be helpful. Try not to be distracted by needing to know exactly the “right” thing to say. As long as you listen supportively then the child or young person will benefit from talking to you.

Reassure the child or young person that it is right to tell

Address any concerns about the child or young person’s safety, particularly if he or she fears potential consequences of disclosing. The child or young person may need to be reassured of the same things repeatedly over an extended period of time, especially if legal proceedings follow the disclosure. It is vital that the child or young person knows that the abuse, and anything that happens afterwards, are the responsibility of the perpetrator for committing the abuse, not the child or young person for disclosing. For example, if parents separate after a disclosure of child abuse, the child or young person needs frequent reassurance it was not his or her fault.
Accept that the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult

It is important that children and young people disclosing abuse feel in control of their situation. This is to counter the experience of violation and loss of control caused by the abuse. It is also important to acknowledge the child’s bravery and strength in talking about something that is difficult. Understanding that a child or young person may reveal only minimal details of abuse will help you to accept the disclosure under the child’s or young person’s terms. It is possible to gently prompt with questions such as: “Can you tell me more about that?” but it is best not to press the child or young person for details.

Let the child or young person take his or her time

Disclosing is difficult for children and young people and something they may only be able to do a little at a time. Allow the child or young person to take his or her time to speak. Some children may not wish to talk much about the abuse and might want to resume some regular activity soon after disclosing. Others, however, may need to talk for longer about different aspects of their experience. It is important that the child or young person does not feel rushed or panicked and that you have plenty of time to soothe and reassure him or her. For children who disclose indirectly, be mindful that this process may take several days or weeks. During this time it is possible to gently and occasionally let the child or young person know that you will listen to anything he or she has to say when they are ready.

While it is important that the child or young person has control over the process, this must also be balanced with his or her safety, and the safety of other children or young people. If the child or young person has not disclosed but you have reasonable grounds to suspect abuse, you may need to go to the police or child protection authorities in your State/Territory. You do not necessarily have to talk much about the abuse and might want to resume some regular activity soon after disclosing. Others, however, may need to talk for longer about different aspects of their experience. It is important that the child or young person does not feel rushed or panicked and that you have plenty of time to soothe and reassure him or her. For children who disclose indirectly, be mindful that this process may take several days or weeks. During this time it is possible to gently and occasionally let the child or young person know that you will listen to anything he or she has to say when they are ready.

Helpful information for what you can do if you suspect child abuse but the child or young person has not disclosed to you, can be found in the CFCA Resource Sheet Risk Assessment in Child Protection.

Let the child or young person use his or her words

Children and young people have their own way of describing their experiences. It can be useful to clarify what they mean by asking: “Are you saying ... ?” It is important not to assume you and the child or young person mean exactly the same thing. It is also important not to ask questions that suggest the “right” words to a child or young person, or in a way that can be seen as putting words in the child’s mouth.

Quizzing the child or young person for details or asking him or her to repeat their story a number of times can create the impression you doubt what the child or young person has said. This type of quizzing might also be interpreted as “leading” the child and might have unintended consequences if any legal action is taken. If your conversation with the child or young person is later used during legal proceedings, it is important that the child or young person’s account is not seen as having been distorted by your questioning (Powell & Snow, 2007). Any questions asked should be relatively general and aimed at eliciting just enough information in order to work out what action is required and which authority should be contacted.

Allowing the child or young person to use his or her own words is important in minimising their discomfort. Let the child or young person know it is okay to use any words they want to or to say whatever they need to. It is also important that the child or young person use his or her own words in case there is a subsequent court case.

Don’t make promises you can’t keep

Child abuse, particularly child sexual abuse, relies on secrecy. Other forms of abuse are also usually hidden. Children learn at a very young age to hide what is happening to them. Sometimes, they fear repercussions for themselves or other family members. In other instances, they may fear the consequences for parents whom they love in spite of the abuse. Because of this, a child or young person might ask an adult to promise secrecy before disclosing. Such a promise should not be made. By telling the child: “I can’t make that promise, but I can tell you I will do my best to keep you safe”, you can reassure the child, manage expectations, and encourage him/her to speak out about abuse.

Let the child or young person know what you will do next

When explaining to a child or young person what you will do next, it is important to ensure he or she understands. Try to avoid speaking about organisations and authorities that the child or young person may not be familiar with, without explaining the organisation’s name, its purpose and what its staff will do. Advise the child or young person that in order for them to be safe they will need to talk to another person (police or child protection) about their experience and that you will support him or her through that experience. Let the child or young person know he or she can ask about what will happen next as often as he or she needs to.

In an overwhelming situation, information can be hard for children to retain and they may need reminding. Only reveal the disclosure to others where it is absolutely necessary. If you believe that you need to discuss the disclosure with others outside the police or child protection authority (e.g. a school counsellor, the school principal, etc.) let the child or young person know. Child abuse often leaves children feeling disempowered and lacking control in their own life. Making sure the child or young person is fully aware of each step can make the process less intimidating and can help return a sense of power and safety.

Do not confront the perpetrator

Remember, it is the role of the authorities to investigate

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Responding to children and young people’s disclosures of abuse

Listen, reassure and respect

**Listen**
- Move to a suitable environment, free of distractions.
- Be calm and patient – allow for the child or young person to be heard.
- Let the child or young person use their own words – avoid asking leading questions.
- Avoid “quizzing” the child or young person about details of the abuse.
- Don’t be afraid of saying the “wrong” thing. Listening supportively is more important than what you say.

**Reassure**
- Reassure the child or young person that it is OK that they have told you what’s been happening.
- Address any concerns about the child or young person’s safety.
- Reassure the child or young person that he or she is not at fault, and not the cause of any distress you may feel.

**Respect**
- Respect that the child or young person may only reveal some details.
- Acknowledge the child or young person’s bravery and strength.
- Avoid making promises you can’t keep – manage the child or young person’s expectations.
- Explain to the child or young person that in order for them to be safe you will need to report their experience to someone else.

What happens next?

**If a child or young person discloses abuse, you should report it to the relevant authorities.**

Mandatory reporting requirements vary throughout Australian states and territories. For information about mandatory reporting requirements including who is mandated to report, see CFCA Resource Sheet Mandatory Reporting of Child Abuse and Neglect <www3.aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

State and territory contact details for reporting abuse and neglect are available on the CFCA Resource Sheet Reporting Abuse and Neglect: State and Territory Departments Responsible for Protecting Children <www3.aifs.gov.au/cfca/publications/reporting-abuse-and-neglect>
the truth of the claim. Your role is to support the child or young person. It is imperative you do not confront the perpetrator of any type of abuse or discuss the child or young person’s disclosure with him or her. This could create a potential risk for the child or young person’s safety.

Also, perpetrators of child abuse can work hard to shift responsibility from themselves to others. Some types of child abusers (specifically sexual abusers) are often charismatic people who can concoct plausible excuses for their behaviour and seek to shift the blame to others (van Dam, 2001). Confronting an alleged perpetrator of sexual or other types of abuse should only be done by professional child protection workers or the police.

### SUMMARY

An adult’s response to a child or young person’s disclosure of abuse can be central to a child or young person’s ongoing safety and their recovery from the trauma of abuse. If an adult does not take action when there are suspicions that a child is being abused, it may place the child at serious risk of ongoing abuse and prevent the child’s family from receiving the help they need.

In summary, it is important to:
- Listen to and support the child or young person
- Reassure the child or young person he or she did the right thing
- Not make promises you can’t keep, and
- Contact the appropriate authorities.

Having accurate information about child abuse can help adults to support a child or young person who has disclosed and to feel less overwhelmed. Further information and support to help children, young people and the families in which young people have been abused can be found in the CFCA Resource Sheet on Risk Assessment in Child Protection.

### REFERENCES


### FOOTNOTES

1. Details of these requirements can be found in the CFCA Resource Sheet on Mandatory Reporting of Child Abuse and Neglect.
2. See CFCA Resource Sheet on Helplines and Telephone Counselling Services for Children, Young People and Parents.

This paper was updated by Kathryn Goldsworthy, Research Officer with the Child Family Community Australia information exchange at the Australian Institute of Family Studies. Previous versions of this paper have been compiled by Cathryn Hunter and Mel Irenyi.

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Imagine you’re a child protection worker who has received a notification from a teacher voicing concerns about a child in her class. The case involves a five-year-old boy named Toby.

Toby’s mum has had a long history of alcohol abuse but has managed this well for the past few years. But she has recently been seen in an intoxicated state when collecting Toby from school. Toby has had a great first year at school but has failed to attend school several days each week over the past month.

The starting point for child protection workers to respond to a report of suspected maltreatment is to estimate an overall level of risk. Many jurisdictions across the world use computerised structured decision-making tools that estimate risk based on the presence or absence of specific risk factors and protective factors.

Decision-making is most straightforward when risk factors clearly outweigh protective factors or vice versa. One such example may be a case where a child shows signs of neglect, rarely attends school and lives with substance-misusing parents who are in a domestically violent relationship.

Decisions are much more difficult and prone to error when risk and protective factors appear to be fairly equal: a child lives with a mother who has a significant history of substance abuse who is believed to have relapsed, but is attending school regularly and achieving well.

Importantly, decisions about child protection do not only depend on the presence or absence of risk and protective factors. It seems to matter which State or Territory the family is living in, and whether the child is indigenous. In 2012-13, 135,000 children were involved with the child protection system, as either the subject of investigation, having a current care or protection order, and/or living in out-of-home care.

Victoria and Western Australia had the lowest rates of children on care and protections orders (8.6 and 8.7 per 1,000 children respectively). Northern Territory and Tasmania had the highest (17.6 and 13 per 1,000 children respectively).

The figures were similar for children living in out-of-home care: Victoria and Western Australia had the equal-lowest and Northern Territory had the highest (7.5 and 16.4 per 1,000 children respectively). Aboriginal and Torres Strait Islander children were eight times more likely to be involved with child protection services.

What we don’t know is whether jurisdictions that have lower rates of children being removed from their families are failing to identify children who are at risk of harm (known as false negative errors) or whether jurisdictions that have higher rates are incorrectly identifying children to be at risk when they aren’t (false positive errors). Or it might be that the figures reflect real differences in child protection concerns.

What we do know is that the threshold for determining that a child is at risk is related to a range of State-based factors such as the legal definition of “harm” and procedures for assessing risk. Where it is relatively difficult to argue a child is at risk of “harm”, false negatives will be more likely. And if procedures such as structured decision-making tools are risk-aversive, as suggested in the recent inquiry into the Queensland Child Protection system, false positives will be more likely.

So, what can be done to ensure the right decision is made for Toby, irrespective of his ethnicity or where he lives?

Errors can be reduced by obtaining more information about the family situation. Finding out more about Toby’s social and emotional development and his mother’s current wellbeing will increase our
understanding of the family.

Perhaps his mother experienced a traumatic event and started drinking again. But will her drinking escalate to a point where she is not able to care for Toby? Or will she engage with services and prevent a brief lapse becoming a full relapse to alcohol abuse? Knowing for certain that the mother did not relapse to alcohol abuse would be significant in this case.

An assessment must be more than the simple identification of risk and protective factors; it also requires a prospective assessment. It must identify the critical problems in the family that can be translated into goals for change. Parents should be clear about the goals and feel supported in their attempt to reach them.

Keeping families involved with the child protection system simply to “keep a check on them” is counterproductive for families and governments. Parents will be empowered when the goalposts are clear and don’t shift, and when they believe that achieving a goal will be genuinely acknowledged as a meaningful achievement by the child protection system.

This raises the question of how long an assessment of parental capacity to change should continue. In the United Kingdom, the Children Act 1989 was recently amended to specify a 26-week limit for finalising applications for care or supervision orders.

Is this long enough? Arguably, yes, but only if there has been an active assessment process that offers the parents the opportunity to make change with the assistance of appropriate levels of family support. This should not mean that the parents have necessarily reached a point where child protection can withdraw, but they have shown capacity to change that justifies ongoing support.

The comprehensive and prospective assessment of a parent’s capacity to provide a safe and nurturing family environment should lead to increased consistency in decision-making across jurisdictions.

Finally, comprehensive assessments require adequate resourcing. A recent report from the New South Wales Ombudsman found that the capacity of community services to respond to children at risk of significant harm was inadequate. We may have a clear idea what “best practice” involves, but ultimately we need skilled people in jobs to do the work.

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Can permanent care provide a solution for the troubled child protection system?

Long-term stable foster placements can achieve similar outcomes to permanent care placements, according to Damien Riggs

Victorian child protection law reforms due to come into effect next month will give parents two years from when a child is removed to demonstrate that the child should be returned to their care. Failure to do so will result in parents permanently losing custody.

Given the history of the forced removal of children in Australia, terminating parental rights is often viewed with suspicion. Any push in this direction may therefore be a concern for some people.

With the Victorian law reforms likely to increase the rates at which parental rights are terminated, it is timely to consider what the evidence has to tell us.

Resourcing and vulnerability

For many people, a lack of resources and access to services underpins the removal of children. There is a dearth of early intervention services aimed at assisting parents to retain care of their children. Programs such as parenting classes, anger management classes and psychological therapies more broadly often have long wait times in the public sector.

Similarly, there is a dearth of services available for birth parents seeking to address the behaviours that led to the removal of their children. The lack of such services therefore impacts the likelihood of reunification.

And it is the most vulnerable families who are potentially impacted by the lack of services. Child removal rates tend to be skewed towards particular groups of people, particularly indigenous and/or lower socioeconomic families.

Foster care vs permanent care: the evidence

For children who are removed from their birth parents, there are two main options available. The most common is some form of foster care, either short term (in the context of reunification plans) or long term (if reunification is not viable). A second option is some form of permanent care.

A substantive review comparing long-term foster care and adoption (as one form of permanent care) found that differences between the two are not as stark as is often thought. True, the likelihood of a placement ending, for example, remains higher in foster care than adoption. However, rates of placement termination in long-term foster care have reduced.

Differences in outcomes are often related to the age of the child. Children who are placed into care when they are older are more likely to experience placement disruptions and to exhibit poor outcomes, whether they are fostered or adopted.

It is fair to say, then, that long-term stable foster placements can achieve similar outcomes to other forms of permanent care. Importantly, when long-term foster placements fail to achieve the goal of permanency and stability, the problem is often one of resourcing.

Available models

In Victoria, legal reforms will give priority to permanent care for providing stability for children who cannot return to their birth parents. In the case of permanent care, ongoing financial support is possible and contact with birth families is encouraged and supported. While legal guardianship transfers to the permanent care parent(s), this does not mean a change of name or birth certificate for the child. Given concerns about identity in the context of adoption, the latter is important.

Of course, the cynic might suggest that permanent care frees the state from financial obligations to a certain degree, and that an increase in permanent care orders will also reduce the high number of children in out-of-home care.

Given alarm is frequently expressed about the rates of children on care and protection orders, shifting children onto permanent care orders may give the appearance that the core issues have been resolved. Without sufficient resourcing, however, this will not change the key problems that lead to high removal rates in the first place.

Whatever the intentions behind the move towards increasing permanent care orders in Victoria, and there may be many, child protection policies must always serve the best interests of children, both now (to achieve permanency) and into the future (to have connections where possible with their birth families).

Certainly, the evidence suggests that well-resourced long-term foster care can meet the needs of many children who cannot live with their birth parents. However, permanent care offers another option in a child protection system that is under-resourced and which must focus on children’s need for stability.

Damien Riggs is Associate Professor in Social Work, Australian Research Council Future Fellow, Flinders University.

THE CONVERSATION

CHILD PROTECTION: HOW TO KEEP VULNERABLE KIDS WITH THEIR FAMILIES

Social workers can successfully work with most families that find themselves in trouble without taking their children away, say Aron Shlonsky and Robyn Mildon

After a long period of expansion in the number of children living in out-of-home care, most modern child protection systems around the world have been labouring to prevent such placements. Instead, they’re choosing to work more closely with families to safely maintain children in their own homes.

There are many reasons for this shift. First, taking someone’s children away from them has to rank as one of the most drastic, costly and intrusive acts a government can carry out. This is recognised by each State’s substantial protection of family rights.

Second, maltreatment takes many different forms, which can occur with differing frequency and severity. This ranges from relatively minor “one-offs” to repeated, severe and escalating instances of horrific abuse. The vast majority of cases investigated by child protection services would fall somewhere in between.

Unfortunately, except in the most obvious cases, methods for assessing the extent and severity of child maltreatment are fairly limited. They can require substantial forensic skills that are not present in our workforce, and even these are prone to high rates of error.

We’re not very good at supporting families that find themselves in trouble, particularly when their difficulties are related to conditions that are not of their own making.

Third, and most importantly, while placement in foster care might benefit some children, the overall outcomes for children placed in care tend to be uniformly poor when compared to their peers.

Research from the United States shows that children transitioning from out-of-home care into adulthood have high rates of homelessness, teen pregnancy, unemployment, justice system involvement and crime victimisation, while having lower rates of educational attainment.

Although these outcomes cannot be attributed entirely to the foster care experience, it is probably safe to say that placing more children in out-of-home care is not a good idea.

That said, we’re not very good at supporting families that find themselves in trouble, particularly when their difficulties are related to conditions that are not of their own making.

Vulnerabilities related to poverty, social isolation, inter-generational issues around parenting skills, limited access to education, and mental and physical health issues top the list, as does the extensively documented, long-standing history of mistreatment of Aboriginal people whose children are now disproportionately placed in out-of-home care.

The next wicked problem for our taxpayer-funded system is how to move beyond the identification of child maltreatment to the prevention of government-funded out-of-home care. We have every reason to believe we can successfully work with most families, without taking their children away.

Case model: SafeCare

It’s important to note there are no magic bullets. But there are some good bets. These tend to come in the form of behaviourally focused, manualised programs that focus on specific and changeable features of child maltreatment.

One example from the US is SafeCare, an in-home parenting program for families with children aged up to five years who are involved with the child protection system for reasons of child neglect.

SafeCare’s 18 to 20 sessions employ a combination of training, modelling and behavioural rehearsal to help parents build the necessary skills for managing difficult child behaviour. This includes how to plan and execute daily activities, reduce hazards in the home and employ steps to prevent injury, and make appropriate health-care decisions.

SafeCare is one of the few programs that has been rigorously tested against normal, high-quality family services. The investigators observed significant and substantial gains in parenting skills as well as the prevention of subsequent substantiated child maltreatment reports, especially for first-time mothers.
A sub-group analysis of Native American families receiving the service showed similar gains up to six years after intervention – an encouraging finding for Australian Aboriginal families.

It also happens to be highly economical. The non-partisan Washington State Institute for Public Policy uses a set of complex statistical analyses to rank the benefit-to-cost ratio of a wide range of public services. It ranks SafeCare highest among all effective child welfare services, with more than US$16 benefit for every dollar spent.

Although it is not clear from this publication exactly what makes SafeCare more cost-effective than the others, we can speculate. The program focus – child neglect – is expensive in the long run if not successfully resolved. SafeCare is also a structured, time-limited approach with a clear beginning and an end, so it’s not open-ended.

The approach also has a strong focus on supporting families through implementation of the program.

Improving existing services

Unfortunately, implementing new services isn’t enough; we also need to better align our child protection and family services systems. This requires breaking down existing barriers to implementing new approaches and modifying existing ones.

Impediments range from negative staff attitudes and limited experience with new approaches, to inflexible service models, perhaps tied to specific funding streams. There is also a lack of comprehensive, in-field support for the workforce, which is needed to build competence in the types of effective, behaviourally based strategies contained in SafeCare.

We need to re-create our child protection systems and infrastructure to meet the needs, circumstances and challenges of families coming through the child protection gateway. To do this, we must translate the best evidence into practice, routinely monitor outcomes and use this information to continuously improve service content and delivery.

Individual States have begun to mine their vast stores of services data in an effort to understand the pathways that children and families take through the system. While still fairly limited, these data can be used to figure out what separates children who come into care from those who can safely remain with their parents.


Gauging the extent of the problem allows us to better choose the focus and number of services needed within specific neighbourhoods or regions. It is far from easy to do this on a massive scale.

For now, we have to work hard while also being patient – not reaching out for the first program or idea – but investigating more fully the evidence for each problem that exists from international and Australian research studies, and how this fits within our various State and local systems.

This requires that we all – policymakers, practitioners, researchers, consumers and community members – come together to improve the system. We have the roadmap. We now need sustained, bipartisan support to make it happen.

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Robyn Mildon is Director, Parenting Research Centre. The organisation Robyn Mildon works for receives funding from a number of government contracts and council grants, but she does not benefit financially or personally from any programs or services described in this article.

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WHAT IS OUT-OF-HOME CARE?

There are several different living arrangements that are called out-of-home care, according to this article from Family Matters

Out-of-home care refers to alternative accommodation for children and young people who are unable to live with their parents. In most cases, children in out-of-home care are also on a care and protection order.

There are several different living arrangements that are called out-of-home care:

**Foster care**
This is when a child is placed in the home of a carer who is receiving a payment for caring for the child.

**Relative or kinship care**
This is when a child is placed in accommodation with a family member or a person who already knows the child.

**Family group homes**
A family group home provides accommodation for a child in a residential building, which is usually run like a family home. These homes have a limited number of children and they are cared for around the clock by resident carers.

**Residential care**
Residential care offers children accommodation in a residential building, with paid staff. This includes facilities where there are rostered staff and where staff are offsite.

**Independent living**
This includes other accommodation options, like private boarding.

**How does out-of-home care affect children?**
Children who live in out-of-home care accommodation experience significant life changes. Out-of-home care that is safe and stable can help children and young people recover from the experience of abuse and neglect. Out-of-home care services are designed to provide a safe environment, contribute to improving developmental outcomes and assist in addressing issues that led to the out-of-home care placement.

Children and young people placed in out-of-home care are likely to have experienced a significant life disruption and loss and will require support to catch up on some developmental stages. Children and young people with a disability who have experienced abuse and neglect will require specialised, highly skilled and well-supported out-of-home care.

Many children growing up in institutional and other out-of-home care in the last century were denied the basic right of all children to receive protection, support and loving care. All Australians are committed to learning from this history and improving the opportunities given to our children and young people.

**What are the living arrangements of children in out-of-home care?**
Approximately 93% of all children living in out-of-home care in Australia are in home-based care. Of that figure, 41% are in foster care, 48.5% are in relative/kinship care and 3.5% are in other forms of home-based care. A further 6% of children were placed in alternative living arrangements.

At 30 June 2014, the vast majority of children living in out-of-home care had been in care for more than one year. Twelve percent of children had been in out-of-home care for between 1-2 years, 28% had been in care for between 2-5 years, and 41% had been in out-of-home care for more than 5 years.

**How many children live in out-of-home care in Australia?**
As of 30 June 2014, there were 43,009 Australian children living in out-of-home care. This has increased from 7.7/1,000 children at 30 June 2013 to 8.1/1,000 children at 30 June 2014. The number of children in out-of-home care has risen every year over the past 10 years.

**How many Aboriginal and Torres Strait Islander children live in out-of-home care?**
Aboriginal and Torres Strait Islander children comprise 5.5% of all children aged 0-17 years in Australia; yet in 2013-14 they constituted nearly 35% of all children placed in out-of-home care. In all jurisdictions, the proportion of Aboriginal and Torres Strait Islander children on placement orders was higher than that for other children.

As of 30 June 2014, there were 14,991 Aboriginal and Torres Strait Islander children in out-of-home care in Australia – a placement rate of 51.4 per 1,000 children. In contrast, the rate for non-indigenous children was 5.6 per 1,000. This indicates that the national rate of Aboriginal and Torres Strait Islander children in out-of-home care was almost 10 times the rate for non-indigenous children.

**Sources**


The views of children and young people in out-of-home care

Report summary from an Australian Institute of Health and Welfare overview of indicator results from a pilot national survey

Summary

This bulletin provides an overview of results from a 2015 national pilot data collection on the views of children and young people in out-of-home care. It presents new data for eight indicators under the National Standards for Out-of-Home Care, allowing reporting against these indicators for the first time.

Data are presented on 2,083 children aged 8-17 who were under the care of the Minister or Chief Executive in the eight States and Territories. Jurisdictions collected these data as part of their local case management processes during the period from 1 February 2015 to 30 June 2015.

Key findings include:

• 91% of children reported feeling both safe and settled in their current placement
• 67% of children reported that they usually get to have a say in what happens to them, and people usually listen to what they say
• 87% of children reported that they received adequate support (from their carer or someone else) to participate in sport, community or cultural activities
• 94% of children reported feeling close to at least one family group: the people they live with now (coresident family), family members they do not live with (non-coresident family), or both
• 70% of children reported satisfaction with one or more aspects of their life

Unmet needs of children in out-of-home care

The findings of a national survey of more than 2,000 children in out-of-home care highlight the unmet needs of many children, said National Children’s Commissioner Megan Mitchell.

The Australian Institute of Health and Welfare (AIHW) reported on a survey of 2,083 children aged 8-17 in out-of-home care, as part of the National Framework for Protecting Australia’s Children, a collaboration of Australian federal, State and Territory governments.

“It is concerning that over 40 per cent of those aged 15-17 who participated in the survey reported not getting as much help as they needed to make decisions about their future,” Commissioner Mitchell said.

A significant majority of children and young people surveyed (90.6 per cent) said they feel safe and settled, but four per cent of respondents feel neither safe nor settled in their placement.

“This survey tells us the lives of children in out-of-home care are often complicated by their experiences of bullying and fighting, thinking their neighbourhood is unsafe, missing their family, and believing that the rules are unfair.

“It also tells us there are gaps in the system, that the rights of children are not always protected.

“I look forward to future national surveys of this kind. We need to ensure the voices of children and young people routinely inform the development of service systems, policies and decisions that affect them.

“I urge governments and policymakers to continue to engage with vulnerable children and young people, in line with our obligations under the Convention on the Rights of the Child,” Commissioner Mitchell said.

“With 43,009 children and young people in care at the end of June 2014, the survey represents only a small sample of the actual population in out-of-home care. While this is a good first start, further work needs to be done to capture larger samples of children, and understand and address issues associated with the level of take-up, as well as the representativeness of survey respondents.”

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more types of contact (that is, visiting, talking or writing) with non-coresident family

- 86% of children reported that they had at least some knowledge of their family background and culture
- 97% of children reported that they had a significant adult; that is, an adult who cares about what happens to them now and in the future
- 58% of those aged 15-17 reported that they were getting as much help as they needed to make decisions about their future. A further 30% reported that they were getting some help but wanted more.


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NOTHING TO SEE HERE?

THE ABUSE AND NEGLECT OF CHILDREN IN CARE IS A CENTURY-OLD STORY IN AUSTRALIA

Last night’s Four Corners program presented evidence of widespread abuse and neglect suffered by children in the out-of-home care system. Sadly, it was an all too familiar story. The Australian care system has been subject to criticism for over a century, reports Katherine McFarlane.

Children described bullying, harassment and sexual abuse inflicted by other children who share their homes. Children also described adult men preying on and sexually exploiting girls in “resi” or residential care.

There were allegations of 12-year-olds being left without adequate clothing, stable accommodation or sufficient food, abandoned by the agencies that were supposed to care for them. Private, for-profit agencies were accused of financial mismanagement and siphoning off taxpayer funds.

Some of the most horrific allegations didn’t make it to air, but were reserved for the digital broadcast available online immediately after the program. This included recent revelations of an alleged rape in New South Wales by UnitingCare staffers who had been entrusted with the care of 13-year-old “Girl X”. The girl died from a drug overdose just weeks before she was due to give evidence against her alleged attackers.

The digital broadcast also included the sexual predation by adults of children in Victorian state care, revealed in a “searing condemnation” by Victorian Children’s Commissioner Bernie Geary. This is an issue that the South Australian Child Protection Systems Royal Commission has also exposed.

A familiar story

Depressingly, the Four Corners program did not reveal much that was new. My own research has identified equally devastating statistics of abuse and neglect of children in care. Almost a quarter of the children in my study had been abused while in care, in what were meant to be safe placements.

The abuse, which was confirmed by State authorities, took the form of physical beatings, violence and sexual assault. The younger the child, the more likely they were to have been hurt while in care. A third of children under 13 years of age had been abused and a quarter had attempted suicide.

It would be naive to assume that the child welfare system is always benevolent and focused on providing nurture, protection and support. It cannot be guaranteed that the type of placement or the level of care provided is always based on a child’s needs. But across Australia, outcomes for children in care are generally regarded as highly unsatisfactory.

The United Nations (UN) has called attention to the “widespread reports of inadequacies and abuse” in Australian care systems. The UN has complained of the inadequate screening, training, support and assessment of carers. It has also complained of the inappropriate placements of children, and the mental health issues that are “exacerbated by (or caused in) care”.

Children in care have worse life outcomes than their peers. Whether we’re measuring health, education, employment, stability, wellbeing, social inclusion, financial and
Children in care have worse life outcomes than their peers. Whether we’re measuring health, education, employment, stability, wellbeing, social inclusion, financial and emotional security or involvement in the criminal justice system, children in care perform badly, even when compared to children of roughly comparable backgrounds and problems.

emotional security or involvement in the criminal justice system, children in care perform badly, even when compared to children of roughly comparable backgrounds and problems.

A century-old problem

In the 1870s, a scathing assessment of the Australian care system by British child welfare reformers the Hill Sisters led to a royal commission into charities.

On average, there has been a major inquiry into aspects of the child welfare system every three years since then.

The abuse suffered by children in care is exposed regularly. Every time, it’s met with the same excuses and promises. The children are presented as damaged, rather than the systems that are failing them. Agencies hide behind their professed best intentions and talk about “difficult” children.

Governments spruik their support for “salt of the earth carers” and the “saints” of child welfare. These governments are afraid that if they probe too deeply into the failings of the system and agencies, they will be left holding the baby. The focus shifts from the care agencies’ failure to protect vulnerable children, to airing agencies’ calls for additional funding and even earlier intervention.

The UK House of Commons has said that:

many of the things we wish would happen in the care system would follow naturally if the system and those who work within it were minded, and enabled, to act more like parents.

The failure of government

Government interventions to enforce this have proved spectacularly unsuccessful. The mountain of memorandums of understanding, guidelines, compacts, heads of agreement, committees, regulations, legislation, independent inquiries and reports established over the past 20 years in New South Wales alone have failed to improve things for children in care. Measures designed to protect children have not overcome the system’s inadequacies nor even begun to address the often questionable motivation and practices of the various players in the child welfare sector.

Government failure to hold the bureaucracy and its non-government sector partners accountable for poor decisions, inadequate oversight and accountability and the inefficient use of resources that erode the effective operations of the out of home care system is an indictment on us all.

These failures have allowed the problem of abuse and neglect in care to seem insurmountable, regardless of the devastation caused to the children concerned. There have been repeated professions of political goodwill and the commitment of countless millions of dollars across child welfare, juvenile justice, homelessness, education and health services. Despite this, we have failed to stop kids being abused by the very people we have trusted to care for them.

That the matters reported last night on Four Corners are occurring at the very time we have a Royal Commission watching the system shows the practitioners and agencies responsible for the neglect and abuse of children in their care have little to fear.

Katherine McFarlane is Senior Lecturer in Justice Studies, Charles Sturt University. Dr McFarlane was Chief Investigator for a NSW Government-awarded tender to Charles Sturt University to examine bail practices in the Children’s Court, and has advised on the Family & Community Services Pathways of Care study. In 2015 she was Chief of Staff to the NSW Minister for Family and Community Services.

THE CONVERSATION

Child protection and out-of-home care have been the subject of multiple inquiries and reviews, and 2016 has been no exception. This year there have been four separate Royal Commissions into child protection and the related factors of family violence, child sexual abuse, juvenile detention and the systemic failures in these areas.

The Victorian Commission for Children and Young People recently released two reports examining the failure of both government and non-government organisations to implement policies and services for Aboriginal children that will safeguard their cultural connections.

The inter-generational issues that have stemmed from the forced removal of Aboriginal children from their families and communities – and the resultant trauma experienced by so many – have been the focus of concerted action and advocacy by Aboriginal leaders, peak bodies, organisations and community groups since the 1970s.

But in these most recent reports, we see familiar concerns. These include the widespread lack of implementation of the Aboriginal and Torres Strait Islander Child Placement Principle and the lack of cultural care planning for Aboriginal children in out-of-home care.

The Aboriginal and Torres Strait Islander Child Placement Principle (the principle) is often described and legislated as a “placement hierarchy”. Under the principle, placement choices for Aboriginal and Torres Strait Islander children who can’t remain with their parents start with family and kin networks. That is followed by non-related carers in the child’s community, and then other Aboriginal caregivers and non-relative foster carers.

The principle emphasises five aspects:
- Prevention
- Partnership
- Placement
- Participation, and
- Connection.

These aspects of the principle are often overlooked, or not implemented, because they are not included in legislation.

Nationally, the impact of the principle has crudely been measured through figures from the Australian Institute of Health and Welfare which assess the Aboriginality of caregivers and their relationship to a child.

However, the reports from the Victorian Commission, together with similar audits in Queensland, have highlighted the reality behind the numbers. These reports show minimal practice compliance with the principle, and high levels of variability within and across jurisdictions.

For example, a number of children are not correctly identified as Aboriginal, which means there cannot be adherence to the principle for these children. Similarly, despite policy intent and available programs, there is minimal compliance with several practice aspects including the use of family decision making meetings and strategies to maintain cultural identity.

We’ve examined why this policy and practice disconnect exists when it comes to the safety and wellbeing of Aboriginal children. There are several factors that act as barriers to implementation of the principle, not least of which is the increasing over-representation of Aboriginal children in child protection and out-of-home care, we must focus on breaking inter-generational cycles of trauma. We also need to make sure children feel “culturally safe”.

If we’re going to improve conditions for Aboriginal children in child protection and out-of-home care, we must focus on breaking inter-generational cycles of trauma. We also need to make sure children feel “culturally safe”.

Australia failing to safeguard cultural connections for Aboriginal children in out-of-home care

Policies and services designed to protect Aboriginal children’s cultural connections are not being properly implemented, observe Alwin Chong and Fiona Arney
Aboriginal children in child protection systems across Australia.

If we’re going to improve conditions for Aboriginal children in child protection and out-of-home care, we must focus on breaking inter-generational cycles of trauma. We also need to make sure children feel “culturally safe”. That means they don’t face challenges to or denials of their cultural identity; of who they are and what they need.

We must recognise the protective properties of cultural connection, rather than viewing culture as a risk factor, and engage communities in determining the solutions most appropriate for them.

In addition to the work being undertaken as part of the National Framework for Protecting Australia’s Children, major national grass roots initiatives are driving this change.

National Aboriginal and non-Aboriginal organisations – for example, SNAICC, the Aboriginal and Torres Strait Islander Healing Foundation, Winangay Resources, and the Australian Centre for Child Protection – are leading the Family Matters and Positive Futures initiatives to find alternative approaches to support Aboriginal children, their families and communities.

This approach means better understanding the problem, its causes and impacts, and the strategies to best prevent and respond to it.

This approach must be supported by community determination, a strong research and evidence base, a trained and culturally competent workforce and effective interventions, including health promotion.

The almost 19,000 Aboriginal and Torres Strait Islander children in out-of-home care each year need the highest quality support if we are to break these cycles of harm.

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Fiona Arney is Chair and Director, Australian Centre for Child Protection, University of South Australia. Prof. Arney is the Director of the Australian Centre for Child Protection at the University of South Australia. The Centre is funded through a combination of project grant funding from government and non-government organisations, competitive grant funding, philanthropic donations and University funds.

We must recognise the protective properties of cultural connection, rather than viewing culture as a risk factor, and engage communities in determining the solutions most appropriate for them.

As we come to recognise the devastating mental, physical and social impacts of trauma, grief and abuse across generations, and understand just how widespread this problem is for all children, the need to treat child abuse and neglect as a public health issue is clear.
Earlier this year I visited the Don Dale Youth Detention Centre in Darwin, along with a number of other centres where children are detained across the country. The purpose of the visits was to see how young people were being treated and how their rights were being protected. I toured the facilities and spoke to just under 100 children and young people in detention.

I made these visits before Four Corners revealed footage of young people being gassed, stripped, pinned down, hooded and trussed to a chair. When that story broke, we asked ourselves as a nation, “How did this happen on our watch?”

The answer is a combination of institutional arrangements, poor conditions, low skills, a culture of impunity and punishment, and a lack of transparency.

When I visited, Don Dale had all the hallmarks of an ageing maximum security adult facility. It was run-down and many areas had no air conditioning, fans, or adequate natural light. Despite this, it appeared that children were often confined in these areas for lengthy periods. There were few activities or programs available and there was a harsh internal system of reward and punishment.

This was not a place that most reasonable people would consider suitable for children.

A Royal Commission has now been established in the Northern Territory. The Prime Minister’s quick and decisive leadership in establishing this Royal Commission strongly suggests that the government is committed to reform.

But, this is not just an issue in the Northern Territory. The operations of other centres and the systems that underpin them are now the subject of independent or internal reviews across the country.

Australia has around 900 children and young people in youth justice detention at any one time. I have no doubt there are sub-standard practices in other facilities across the country.

The children and young people I spoke to knew that they had temporarily lost their right to freedom. But, they were largely unaware that they had any other rights – in fact, 31% said they were not told about their rights when they arrived.

Contact with loved ones, education, access to health and professional services were among the rights they most valued. They wanted to be treated respectfully by staff “because we aren’t all bad people just cos we’re locked up.”

During our conversations, the children and young people raised the damaging effects of collective punishment, body searches, and the use of physical force. They told me that long periods of segregation or isolation as a form of punishment left them “sad”, “angry” and “depressed”. One child felt “like an animal”.

Many of these children are hard to handle. They are not angels. Many come from backgrounds where they have been exposed to violence, abuse and neglect and this has contributed to their offending behaviour. At times they can be a danger to themselves and others, including workers and other young people.

But, treating children in abusive ways and disregarding their basic human rights only reinforces their distrust of authority and cements in their minds that violence and aggression is normal.

Isolation causes profound neurological and psychological damage such as depression, hallucinations, panic attacks and cognitive deficits. It is particularly harmful to young people because it impedes the development of the part of the brain responsible for planning, strategising and understanding consequences.

Given all the evidence about how damaging the use of isolation is for children and young people, it is deeply disturbing that this appears to be a regular practice in many centres.

By neglecting children’s rights in these contexts we are most likely to entrench criminal associations and identities, and provide a feeder service to the ranks of the adult criminal justice system. Not only does this make no sense in terms of building a safe cohesive society, it is a bad investment that costs more than $400 million annually.

We need highly skilled and trained workers who are able to form and model constructive respectful relationships with these young people and de-escalate incidents without resorting to force wherever possible. We need to emphasise education and rehabilitation, or we miss a unique
Children’s rights report: recommendations

In the *Children’s Rights Report 2016*, the National Children’s Commissioner made the following recommendations in relation to improving conditions in the youth justice system:

**Recommendation 1:** That the Australian Government ratify the OPCAT as soon as possible. Further, that at the time of ratification, the Government issue a standing invitation to the UN Subcommittee on the Prevention of Torture.

**Recommendation 2:** That all jurisdictions review how their existing systems of monitoring and inspection meet the criteria laid out in the OPCAT, and amend their legislative frameworks accordingly.

**Recommendation 3:** That the Australian Institute of Health and Welfare (AIHW) and the Australasian Juvenile Justice Administrators (AJJA) work together in 2017 to develop a reporting framework to meet OPCAT requirements over time.

**Recommendation 4:** That the Australian Institute of Health and Welfare (AIHW) and the Australasian Juvenile Justice Administrators (AJJA) work together in 2017 to generate additional publically available data on characteristics of detainees, their treatment and conditions.

**Recommendation 5:** That the Productivity Commission, the Australian Institute of Health and Welfare (AIHW) and the Australasian Juvenile Justice Administrators (AJJA) work together in 2017 to progress the collection of ‘outcome’ based data for children and young people in the youth justice system.

**Recommendation 6:** That the Australian Government commissions research which explores the processes and contexts that support children and young people’s appreciation of their rights and responsibilities in institutional settings.

**Recommendation 7:** That Australia withdraws its reservation under article 37(c) of the *Convention on the Rights of the Child* on the obligation to separate children from adults in prison.

**Recommendation 8:** That the Australian Government commissions research which investigates the pathways, experiences and needs of young people aged 18-25 years in the prison system.

**Recommendation 9:** That the age of criminal responsibility should be raised from 10 years to 12 years in the first instance, with preservation of *doli incapax*.

**Recommendation 10:** That the Australian Government signs and ratifies *Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure* (OPCP).

**Recommendation 11:** That the Council of Australian Governments resources a national strategy to reduce the over-representation of Aboriginal and Torres Strait Islander children and adults in detention under the Close the Gap Framework, including:

- a) Strategies to address underlying social and economic causes of children and young people coming into contact with the criminal justice system.
- b) Establishing justice targets and strategies aimed at significantly reducing the number of Aboriginal and Torres Strait Islander children and young people in detention.
- c) Developing a commitment to working in genuine partnership with Aboriginal and Torres Strait Islander communities, leaders and representative bodies.
- d) Investing sufficient resources to ensure practical implementation.

**Recommendation 12:** That mandatory sentencing for children and young people should be discontinued in all jurisdictions that are currently using it.


opportunity to influence developing brains and evolving human beings in positive ways.

But to be confident that we are never again confronted with what happened at Don Dale we also need to improve how we monitor these places.

Australia signed the *Optional Protocol to the Convention Against Torture* (OPCAT) in 2009. Ratifying OPCAT would provide a national monitoring and oversight system for places of closed detention like Don Dale. This is not about more bureaucracy, it’s about refining and strengthening current processes and filling policy and practice gaps within a consistent framework that aligns with community expectations.

Strong oversight would ensure that these facilities are run in line with community standards, lift the quality of treatment of detainees, and help prevent incidents occurring in the first place. It would also create much greater transparency around what goes on in places of detention.

There should always be consequences for wrongdoing. But there is never any justification for the abuse of children – no matter what they have done.

This article was first published in *The Sydney Morning Herald*. © Australian Human Rights Commission.

EXPLORING ISSUES

WORKSHEETS AND ACTIVITIES

The Exploring Issues section comprises a range of ready-to-use worksheets featuring activities which relate to facts and views raised in this book.

The exercises presented in these worksheets are suitable for use by students at middle secondary school level and beyond. Some of the activities may be explored either individually or as a group.

As the information in this book is compiled from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Is the information cited from a primary or secondary source? Are you being presented with facts or opinions?

Is there any evidence of a particular bias or agenda? What are your own views after having explored the issues?

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Brainstorm, individually or as a group, to find out what you know about child protection.

1. What is child maltreatment (also known as child abuse and neglect), and who can it affect?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. What does the term ‘disclosure’ refer to in relation to child maltreatment?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. What are child protection services, and why do they exist?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. What is out-of-home care, and what are some examples?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Complete the following activity on a separate sheet of paper if more space is required.

“Children rarely experience one form of abuse at a time ... emotional abuse of a child may be as harmful as physical abuse and neglect, while child sexual abuse often occurs together with other forms of maltreatment.”

Blue Knot Foundation, *Types of child abuse.*

Consider the above statement. In the spaces provided write one to two paragraphs explaining each of the different types of child maltreatment listed below. Include any potential indicators or signs that can manifest in children or adults as a result of these types of abuse.

**EMOTIONAL ABUSE**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**SEXUAL ABUSE**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**PHYSICAL ABUSE**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**NEGLECT**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Complete the following activity on a separate sheet of paper if more space is required.

“Hearing that a child or young person has been abused is distressing, and this will be felt even more acutely if you are a friend or relative. It is possible that the perpetrator is known to you and may even be a family member ... it is important to remember that while it is your role to be a supportive listener, it is not your role to counsel the child or investigate his or her claims.”

Australian Institute of Family Studies, Responding to children and young people’s disclosures of abuse.

Consider the above statement. Form into groups of two or more people to discuss how to appropriately respond to a child or young person’s disclosure of abuse. Using the space provided below compile a list of things that you feel you should, and shouldn’t, do to assist the child or young person. Discuss your ideas with other groups in the class.
Complete the following activity on a separate sheet of paper if more space is required.

“A number of government and non-government organisations share a common duty of care towards the protection of children and young people. Departments responsible for child protection investigate, process and oversee the management of child protection cases. Children and their families are assisted by being provided with, or referred to, a wide range of services.”


Use the internet to research child protection services and agencies available in your area which you believe could provide assistance to children and young people who have been, or are at risk of, abuse and/or neglect. Write a few paragraphs identifying at least three (3) different types of services. Include in your answer: the type of service, what they offer, and how you can get in touch with them. Share and compare your findings with other groups in the class.
Complete the following multiple choice questionnaire by circling or matching your preferred responses.

1. Which of the following is the most common form of child abuse?
   a. Emotional abuse
   b. Child prostitution
   c. Neglect
   d. Physical abuse
   e. Sexual abuse

2. The national rate of Aboriginal and Torres Straight Islander children in child protection services compared to that of non-indigenous children differs by what variance?
   a. Approximately 20-25 times less
   b. Approximately 7-10 times less
   c. There is no difference
   d. Approximately 7-10 times more
   e. Approximately 20-25 times more

3. Which of the following are considered forms of child maltreatment? (select any that apply)
   a. Smoking while pregnant
   b. Participation in sport
   c. Child pornography
   d. Bullying
   e. Sibling abuse
   f. School attendance
   g. Exposure to community violence
   h. Institutional abuse

4. Respond to the following statements by circling either ‘True’ or ‘False’:
   a. Children with a disability are more likely to become victims of abuse than children who do not have a disability.  True / False
   b. If abuse of a child has happened once, it is unlikely to happen again.  True / False
   c. Children are more likely to be abused by people they know than by strangers.  True / False
   d. Older children may indirectly attempt to disclose abuse through risk-taking behaviours such as self-harm, suicidal behaviour and eating disorders.  True / False
   e. Boys are rarely victims of sexual abuse.  True / False
   f. Child abuse doesn’t happen in well-educated families.  True / False

MULTIPLE CHOICE ANSWERS

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In Australia, most child maltreatment prevention action currently takes place at the individual or relationship level, e.g. parental education or home visiting programs that seek to increase knowledge of child development, improve family functioning and reduce social isolation (AIFS, Prevention of child abuse and neglect). (p.24)

Prevention initiatives come in many shapes and sizes. In fact, one of the challenges when talking about prevention is that it is so broad. Primary prevention strategies (such as family support, community building, valuing the rights of children and addressing social inequity) are often not necessarily recognised as primary prevention (ibid). (p.26)

When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma (AIFS, Responding to children and young people’s disclosures of abuse). (pp. 31-32)

Older children may indirectly attempt to disclose or cope with their abuse through risk-taking behaviours such as self-harming, suicidal behaviour and disordered eating (ibid). (p.32)

It is vital that the child or young person knows that the abuse, and anything that happens afterwards, are the responsibility of the perpetrator for committing the abuse, not the child or young person for disclosing (ibid). (p.33)

After a long period of expansion in the number of children living in out-of-home care, most modern child protection systems around the world have been labouring to prevent such placements. Instead, they’re choosing to work more closely with families to safely maintain children in their own homes (Shlonsky, A, and Mildon, R, Child protection: how to keep vulnerable kids with their families). (p.40)

Approximately 93% of all children living in out-of-home care in Australia are in home-based care. Of that figure, 41% are in foster care, 48.5% are in relative/kinship care and 3.6% are in other forms of home-based care (Family Matters, What is out-of-home care?) (p.42)

In 2014, there were 14,991 Aboriginal and Torres Strait Islander children in out-of-home care in Australia – a placement rate of 51.4 per 1,000 children. In contrast, the rate for non-indigenous children was 5.6 per 1,000. The national rate of Aboriginal and Torres Strait Islander children in out-of-home care was almost 10 times the rate for non-indigenous children (ibid). (p.42)

In the 1870s, a scathing assessment of the Australian care system by British child welfare reformers led to a Royal Commission into charities. On average, there has been a major inquiry into aspects of the child welfare system every 3 years since then (McFarlane, K, Nothing to see here? The abuse and neglect of children in care is a century-old story in Australia). (p.46)

Australia has around 900 children and young people in youth justice detention at any one time (Mitchell, M, There’s no excuse for child abuse). (p.49)
**GLOSSARY**

**Care and protection orders**  
Legal orders or arrangements that give child protection departments some responsibility for a child’s welfare.

**Child abuse and neglect**  
Also known as child maltreatment: an act by parents, caregivers, other adults or older adolescents that endangers a child or young person’s physical or emotional health or development. Classified into four main types: physical, sexual and emotional abuse; and neglect. Children often experience different forms of maltreatment in combination.

**Child protection**  
State and Territory departments are responsible for child protection by providing assistance to vulnerable children and young people who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection.

**Emotional abuse**  
Failure of caregivers/adults to nurture a child and provide them with the required love and security, and where a child’s environment and relationships with caregivers are unstable, coercive or unable to support his/her healthy development.

**Family support services**  
Services intended to improve families’ ability to care for children and to strengthen relationships. Many jurisdictions use family support services as an alternative early intervention response for less serious incidents where notifications do not involve child maltreatment.

**Family violence**  
Where one partner uses violence, and threats of violence, to control their partners, children and other family members.

**Foster care**  
Where care is provided in the private home of a substitute family that receives payment intended to cover the child’s living expenses.

**Home-based care**  
Where placement is in the home of a carer. There are three categories of home-based care – foster care, relative or kinship care, and other home-based care.

**Investigation**  
Where a community services department seeks to obtain more detailed information about a child who is the subject of a notification, and makes an assessment about the harm or degree of harm to the child and their protective needs.

**Long-term care arrangements**  
These seek to establish continuity or stability of care, where the carer and the care arrangements remain unchanging over an extended period, once safe reunification with the child’s family has been ruled out.

**Mandatory reporting**  
The legal requirement to report suspected cases of child abuse and neglect. All jurisdictions possess mandatory reporting requirements of some description. However, the people mandated to report and the abuse types for which it is mandatory to report vary across Australian States and Territories.

**Notification**  
Contact made to an authorised department by persons or other bodies alleging child abuse or neglect, child maltreatment or harm to a child.

**Neglect**  
Where a child is deprived of essential needs, such as love, nutrition, clothing, warmth, shelter, security, protection, medical and dental care, education and supervision.

**Organised abuse**  
A very complex form of abuse which can involve multiple children and multiple forms of abuse in abusive family groups and perpetrator networks.

**Out-of-home care**  
Children may be placed in overnight out-of-home care when parents are unable to provide adequate care, children require a more protective environment, or alternative accommodation is needed during family conflict. In line with the principle of keeping children with their families, out-of-home care is considered an intervention of last resort.

**Permanency planning**  
The process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging.

**Physical abuse**  
The infliction of bodily injury upon a child which is not accidental.

**Relative or kinship care**  
Where the caregiver is a family member or a person with a pre-existing relationship with the child.

**Residential care**  
Where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff.

**Sexual abuse**  
Involvement of a child in any sexual activity with an adult, or with another child who is in a relationship of responsibility, trust and power over that child. Sexual abuse includes, but is not limited to, the manipulation or coercion of a child into sexual activity, child prostitution and child pornography.

**Substantiation**  
Where it is concluded, after investigation, that a child has been, is being or is likely to be abused, neglected or otherwise harmed. Substantiations are classified into four categories (physical, sexual or emotional abuse, or neglect), depending on the main type of abuse or neglect that has occurred.
Websites with further information on the topic

Australian Childhood Foundation  www.childhood.org.au
Australian Human Rights Commission  www.humanrights.gov.au
Australian Institute of Family Studies  www.aifs.gov.au
Australian Institute of Health and Welfare  www.aihw.gov.au
Blue Knot Foundation  www.blueknot.org.au
Bursting the Bubble  www.burstingthebubble.com
Child Abuse Prevention Service  www.childabuseprevention.com.au
Child Family Community Australia  www.aifs.gov.au/cfca
Child Wise  www.childwise.org.au
Family Matters  www.familymatters.org.au
Kids Help Line  www.kidshelp.com.au
NAPCAN  www.napcan.org.au

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ILLUSTRATIONS AND PHOTOGRAPHS

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› The Conversation
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› Australian Institute of Family Studies
› Australian Human Rights Commission
› Australian Institute of Health and Welfare.

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