Children and Young People at Risk
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Children and Young People at Risk is Volume 323 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
Many Australian children and young people are at significant risk of abuse and neglect. The reported prevalence of child maltreatment (neglect, and physical, emotional and sexual abuse) is at alarming levels. Vulnerable families require intensive support from an overburdened system struggling to respond to mandatory reporting requirements. When is a child in need of protection and when do ‘abusive and neglectful behaviours’ become ‘abuse’ and ‘neglect’?
There is a range of factors that expose children and young people to greater risk of disadvantage, including family stressors like financial stress, domestic violence, social isolation, mental health and substance abuse.
Who is at risk, and what is happening to children being removed from their families into out-of-home care? What assistance is available to vulnerable families experiencing abuse and neglect?
This book is comprised of two chapters: Understanding child abuse and neglect; and Child protection.

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.
Chapter 1
Understanding child abuse and neglect

CHILDREN AND YOUNG PEOPLE AT RISK
An extract from *Australia’s Welfare 2009*, the ninth biennial welfare report of the *Australian Institute of Health and Welfare*

There is a demonstrated relationship between the health and wellbeing of children and young people and the environment in which they grow up (McCain & Mustard 1999, 2002; Stanley et al. 2003). Children who are raised in supportive, nurturing environments are more likely to have better social, behavioural and health outcomes. There are a range of factors that expose children and young people to a greater risk of disadvantage. These include family stressors like financial difficulties, social isolation, domestic violence, mental health problems, disability, alcohol and/or substance abuse, and the lack of, or uninhabitable, housing.

Evidence from *Growing up in Australia: the Longitudinal Study of Australian Children* reveals a direct link between poorer parenting quality (such as parental hostility, lack of emotional warmth and low parental self-efficacy) and poorer development outcomes for infants and children (AIFS 2006). There is also a well-acknowledged relationship between the welfare of a child, parental neglect and criminal offending later in life (Weatherburn 2001).

There is also a view that increasing levels of materialism and individualism may affect the mental health of children and young people (The Children’s Society 2009; Eckersley 2008). This may create dissatisfaction and weaken social bonds for some children and young people and make it harder for them to develop a strong sense of identity, purpose and belonging (Eckersley 2008).

The interrelationship of risk factors may place children at higher risk of abuse and neglect, and serious harm or injury. In particular, parental risk factors commonly associated with child abuse and neglect include domestic violence, parental alcohol and drug abuse, and parental mental health problems (COAG 2009). Children who have been abused or neglected may experience lower social competence, poor school performance, impaired language ability, a higher likelihood of criminal offending and mental health issues (Chartier et al. 2007; Gupta 2008; Zolotor et al. 1999). Reported levels of child abuse and neglect in Australia have steadily increased over recent years. In response to this, in April 2009 the COAG endorsed the *National Framework for Protecting Australia’s Children 2009-2020*, which aims to reduce child abuse and neglect. This framework supports the broader *Social Inclusion Agenda* and suggests that the protection of children needs to change from not simply a response to abuse or neglect to one that promotes the safety and wellbeing of all children under a public health model (COAG 2009).

This section focuses on at-risk children and young people involved in the child protection system, the juvenile justice system and those at risk of or experiencing homelessness.

CHILD PROTECTION AND OUT-OF-HOME CARE SERVICES

In Australia, statutory child protection systems are the responsibility of the state and territory governments, and child protection services in each state and territory provide assistance for some of the more vulnerable children in society. Children’s need for assistance may be due to abuse or neglect, or the parent’s inability to care for the child. Services may include the provision of advice, family support and/or out-of-home care. Treatment and support services play a critical role in supporting families and minimising or complementing statutory intervention from departments responsible for child protection (Bromfield & Holzer 2008; Tomlinson 2002; Wise 2001). This is because child abuse and neglect are often symptoms of underlying problems within the family (for example poverty, unemployment or parental mental health issues), and treatment and support services may help deal with these issues. Despite recognition of the importance of treatment and support services there is currently a lack of consistency in the data collected across services and among states and territories. This makes presenting a coherent national picture of treatment and support services difficult.

This section examines patterns and trends in child protection services, using data collected by the AIHW from state and territory departments responsible for child protection. Data are collected on child protection
notifications, investigations and substantiations, where substantiations refer to the determination, after investigation, that a child has been, is being or is likely to be abused or neglected or otherwise harmed (see Box 2.4 for definitions of these terms). Information is also collected for children on care and protection orders and in out-of-home care. While the broad processes in state and territory child protection systems are similar, child protection legislation, policies and practices vary. Variations between jurisdictions in recorded cases of abuse or neglect may reflect these differences in each jurisdiction, rather than a true variation in the levels of child abuse and neglect (see Bromfield & Higgins 2005). It should be noted that child protection data are particularly sensitive to changes in child protection legislation and departmental policies, practices, resources and data systems. For more information about child protection processes, see Child protection Australia 2007-08 (AIHW 2009) and Report on Government Services 2009 (SCRGSP 2009).

There are data gaps and other quality issues in the national child protection data. Data development activities currently underway are briefly described in Box 2.5.

Notifications, investigations and substantiations

In 2007-08, 195,387 children aged 0-17 years across Australia were the subjects of one or more child protection notifications – a rate of 39 notifications per 1,000 children (Table 2.6). In the same year, 93,834 children were the subjects of one or more finalised investigations (nationally 19 per 1,000 children) and 32,098 children were the subjects of one or more substantiations (nationally seven children per 1,000). Over recent years the rates of children subject to notifications and finalised investigations have generally increased nationally (Table 2.7). However, the rate of children in substantiated notifications has declined from 7.2 per 1,000 children in 2005-06 to 6.5 in 2007-08. The observed decline in substantiation rates may be an indication of the success of family support services offered in jurisdictions as an alternative response for less serious situations where supervision and counselling are resisted by the family, where other avenues for resolution of the situation have been exhausted, or where removal of a child into out-of-home care requires legal authorisation. Data in future years will show if this trend continues.

While substantiation rates have fallen at the national level, the rate of children subject to a child protection notification has continued to rise, increasing from 34 per 1,000 children in 2004-05 to 39 in 2007-08. This increase could be attributed to a broadening of the definition of child abuse and neglect, more children requiring protection, and a greater community awareness of and willingness to report child abuse and neglect to state and territory child protection services (see AIHW 2009 for further details). Substantiations are classified into one of four categories (physical, sexual or emotional abuse, or neglect) depending on the main type of abuse or neglect that has occurred.

In 2007-08, the most common type of maltreatment was emotional abuse (37% of all children subject to substantiations nationally), followed by neglect (27%), physical abuse (25%) and sexual abuse (11%). These proportions have remained relatively stable over the last four years. Before 2004-05, physical abuse, emotional abuse and neglect each accounted for roughly one-third of children subject to substantiations nationally (AIHW 2003). By 2005-06 emotional abuse had become the most prominent form of abuse identified in substantiations, accounting for 40% of all children subject to substantiations nationally (AIHW 2007). The increasing number of substantiations being classified as emotional abuse may in part be due to the broadening legislative definitions of emotional abuse, and a wider range of circumstances covered under mandatory reporting legislation.

Large increases in children on care and protection orders and in out-of-home care

Although departments responsible for child protection can apply to a court to place a child on a care and protection order at any point in the child protection process, such action is usually taken as a last resort. This may occur in situations where supervision and counselling are resisted by the family, where other avenues for resolution of the situation have been exhausted, or where removal of a child into out-of-home care requires legal authorisation. In 2007-08, 34,279 children were on care and protection orders and a majority of these children (26,425 or 77%) were also in out-of-home care (AIHW 2009). In the years from 30 June 2005 to 30 June 2008, the number of children on care and protection orders increased by 37%, from 25,065 to 34,279. A similar increase (32%) was observed for children using out-of-home care services, from 23,695 to 31,166.
There are several possible reasons for this increase. While it may reflect increasing numbers of families considered to be unable to adequately care for their children, it may also reflect changing community standards in relation to child safety. Some of the increases may also be a flow-on effect from the increased number of cases being substantiated in recent years, or may be due to the growing number in out-of-home care placements as children remain on orders or in out-of-home care for longer periods of time.

_Nearly all children are placed with either foster carers or relative/kinship carers_

Out-of-home care provides alternative accommodation to children and young people who are unable to live with their parents. These arrangements can include foster care, relative/kinship care, residential or facility-based care, family group homes, and independent living arrangements.

Of the 31,166 children in out-of-home care across Australia at 30 June 2008, 48% were placed in foster care, 45% in relative/kinship care, 5% in residential care and 2% in other care arrangements. Residential care is mainly used for children with complex needs or for those who need to be placed with a group of siblings. Children aged 0-4 years were more likely to be placed in foster care than any other type of care. Children aged 10-14 years and 15-17 years were more likely to be placed in residential care (Table 2.7).

The Aboriginal Child Placement Principle outlines preferences for the placement of Aboriginal and Torres Strait Islander children when they are placed outside their immediate family (Lock 1997). All jurisdictions have adopted the Aboriginal Child Placement Principle in legislation and policy. The effects of the principle are reflected in the relatively high proportions (ranging from 85% in New South Wales to 35% in Tasmania) of indigenous children placed with indigenous relatives or kin, with other Indigenous caregivers or in indigenous residential care at 30 June 2008 (AIHW 2009). It is important to note that the Aboriginal Child Placement Principle is just one of the many considerations taken into account when making the decision on placements for Aboriginal and Torres Strait Islander children.

### BOX 2.5: DATA GAPS AND DATA DEVELOPMENTS IN NATIONAL CHILD PROTECTION DATA

Apart from the intensive family support services data, there are no other data at the national level on the support services used by children in need of protection and their families. Work is currently underway to broaden the scope of the national data collection in child protection and to improve comparability.

The AIHW, in collaboration with the states and territories, has undertaken developmental work on a draft national minimum data set for the National Child Protection Data Collection, with the aim of improving analytic potential and national reporting on children and young people in the child protection system. The AIHW will be working with the jurisdictions in developing and implementing a National Child Protection Unit Record Collection. Work is also underway on a national collection of aggregate data on foster carers.

One of the goals of the National Framework for Protecting Australia’s Children is to improve information sharing, data collection and reporting by government and non-government organisations to better identify children at risk. This includes, for example, an Information Sharing Protocol between the Commonwealth and Child Protection Agencies, the development of a unit record data collection for Child Protection, and the development of indicators to measure progress on the six supporting outcomes of the national framework (COAG 2009).
Characteristics of children in the child protection system

The child protection data indicate that some groups of children are over-represented in the child protection system. However, the complexity surrounding the interpretation of the data means it is often not possible to determine the reasons behind the over-representation.

Substantiation rates are highest among infants

In 2007-08, children aged less than one year accounted for 14% of children subject to substantiations nationally—a rate of 16 substantiations per 1,000 children in this age group (AIHW 2009b). This rate is higher than for other combined age groups, for example, 8 substantiations per 1,000 children aged 1-4 years, 7 for 5-9 year olds and 6 for 10-14 year olds.

The high substantiation rate among infants may reflect the view that infants are a vulnerable population group needing extra care and protection. This could lead to an increased focus on early intervention (for example, see Vic DHS 1999).

Indigenous children are over-represented in child protection system

Aboriginal and Torres Strait Islander children are over-represented in the child protection system. Overall, indigenous children aged 0-17 years were six times as likely to be the subjects of substantiations than other children in 2007-08, and were around seven times as likely to be on care and protection orders or in out-of-home care at 30 June 2008 (Figure 2.17) (AIHW 2009b). This pattern is consistent with previous years.

However, it should be noted that the quality of indigenous data varies across jurisdictions and over time. The prevalence of domestic violence and the generally lower socioeconomic status of indigenous families are some of the factors in the over-representation of indigenous children (Stanley et al. 2003). The legacy of past policies of forced removal of children, intergenerational effects of previous separations and cultural differences in child-rearing practices may also contribute to this over-representation (HREOC 1997).

Children living in one-parent families are over-represented in substantiations

A relatively high proportion of substantiations involve children living in one-parent families, compared with children living in two-parent intact families. For example, in 2007, of all families with children aged under 15 years, 19% were lone-mother households, 3% were lone-father households and 78% were couple households (ABS 2008). In 2007-08, across the states and territories between 29% and 48% of substantiations involved children living in lone-mother households and a further 3%-10% involved children living in lone-father households (AIHW 2009b). This compares with between 37% and 57% of substantiations involving children from couple households.

There are a number of reasons for the over-representation of one-parent families in substantiations. For example, lone parents are more likely to have low incomes and be financially stressed and suffer from social isolation (Loman 2006; Saunders & Adelman 2006) – all factors that have been associated with child abuse and neglect.
JUVENILE JUSTICE

For most young people who have an encounter with the juvenile justice system, their involvement does not progress beyond the police. One study found that 17% of the 1984 South Australian birth cohort had at least one formal police apprehension while aged 10-17 years, and this proportion was much higher for indigenous males (63%) (Skrzypiec & Wundersitz 2005). Few young people, however, progress to the courts and fewer still are found guilty and receive supervised sentences. For example, a study in Queensland found around 1% of all young people aged 10-16 years were charged with offences and appear in court each year, but less than half of those appearing in court in 1994-95 were sentenced to a supervised order (Lynch et al. 2003). Of those young people who are sentenced to a supervised order, a high proportion re-offend and nearly 80% progress to the adult correctional system and receive either a community corrections order or a sentence of imprisonment (Lynch et al. 2003).

Throughout Australia, 10 years is the youngest age at which a child may enter the juvenile justice system and, in most states and territories, the relevant juvenile justice legislation encompasses all young people who commit (or are alleged to have committed) a crime before the age of 18 years (AIHW 2008a). A major feature of the juvenile justice system is the diversion of children away from the formal system. If the young person is not diverted and is found guilty of the offence, the court may sentence the young person to an unsupervised sentence (such as a good behaviour bond), a community-based supervised sentence (such as probation or suspended detention) or to a period of detention. Young people may also be supervised in the community or held in detention while awaiting the outcome of the court hearing (AIHW 2008).

Young people under juvenile justice supervision

Young people under juvenile justice supervision are at significant risk of social exclusion. Many have disadvantaged backgrounds, low levels of educational achievement and a history of drug and alcohol use, and a considerable number have experienced childhood maltreatment, which is a strong predictor of future offending (Kenny et al. 2006; NSW DJJ 2003; Prichard & Payne 2005; Stewart et al. 2002; Stewart et al. 2005). Young people in supervision, both community-based and detention, have poor physical and mental health compared with those not under supervision (Kenny et al. 2006; NSW DJJ 2003).

To further investigate the pathways between child maltreatment, homelessness and juvenile offending, the AIHW is undertaking a project to link the Juvenile Justice National Minimum Data Set, the Supported Accommodation Assistance Program (SAAP) data collection and available child protection data. The linked data will enable analysis of the characteristics of young people who are involved in more than one of these sectors, which will help inform the development of early intervention and social inclusion policies and programs (AIHW 2008a).

In Australia, 12,765 young people were under juvenile justice supervision at some time during 2006-07 (AIHW 2008a). Most (84% or 10,675 young people) were aged 10-17 years, equating to five young people for every 1,000 aged 10-17 years. A minority (16%) were aged 18 years or older. Most (84%) young people under juvenile justice supervision had community-based supervision, but nearly half (43%) were detained at some time during the year. Nearly one-third (27%) were both detained and supervised in the community during 2006-07. Young people in the juvenile justice system who are unsupervised or who are supervised by other agencies, such as police, are not included in these data.

On an average day during 2006-07, around 6,000 young people were under supervision: 84% in the community and 16% in detention (AIHW 2008). Most were male (84% of those in the community and 92% of those in detention) and most were aged under 18 years (90% in the community and 85% in detention). Nationally, 4,554 young people aged 10-17 years, or 2 out of every 1,000 young people, were under community-based supervision on an average day while 797 young people aged 10-17 years, or fewer than 1 young person per 1,000, was in detention, although this varied across the states and territories (Figure 2.18). The Northern Territory had the highest rate of young people aged 10-17 years in community-based supervision on an average day, with nearly 5 young people per 1,000 compared with around 1.5 in Victoria and New South Wales. The Northern Territory also had the highest rate of young people in detention (1.1 per 1,000) while Victoria had the lowest (0.1 per 1,000).

Indigenous youth are over-represented in juvenile justice supervision

Aboriginal and Torres Strait Islander young people are over-represented in juvenile justice supervision – they were 14 times as likely to be under supervision as non-indigenous young people in 2006-07 (AIHW 2008a). The
levels of over-representation vary considerably across the states and territories, with indigenous youth four to 25 times as likely to be in supervision as non-indigenous youth. Overall and in most jurisdictions, the level of over-representation changed little over the four years from 2003-04 however, in some jurisdictions it increased, most notably in the Northern Territory.

The over-representation of indigenous young people in detention has become particularly prominent in recent years. In 2000-01 on an average day, there were 1.5 times as many non-indigenous young people in detention as indigenous young people. By 2006-07, there were nearly as many indigenous young people in detention as non-indigenous young people (Figure 2.19). This is alarming, given that only 5% of Australians aged 10-17 years are indigenous. of the homeless population). Children accounted for a higher proportion of the homeless population in 2006 than in 2001 (12% compared with 10% – a 22% increase), while the proportion of homeless teenagers aged 12-18 years declined by 21% (Chamberlain & MacKenzie 2008).

**Turn-away rates for immediate accommodation are higher for those with children**

The major government response available to those who are homeless or at risk of homelessness is the Supported Accommodation Assistance Program (SAAP). SAAP provides a range of assistance including emergency accommodation, meals and showers, counselling and advocacy. In 2007-08, 45,200 clients aged less than 25 years and 76,900 accompanying children aged 0-17 years received services or assistance from a SAAP agency. This represents 1 in every 64 Australian children aged 0-17 years. Certain population groups are overrepresented in SAAP, in particular indigenous accompanying children (7 times as likely to access SAAP services) and children living outside major cities.

In 2007-08, the turn-away rates for couples and individuals with children as a proportion of those wanting to continue in or gain SAAP accommodation was 2.2% and 2.6% respectively, compared with a rate of 2.6% overall. However, the turn-away rate for new, immediate SAAP accommodation was higher for couples with children (77%) and individuals with children (66%) than for people presenting alone (49%). One reason for this higher turn-away rate is that, once accommodated, family groups tended to stay longer in SAAP accommodation than individuals, resulting in fewer places becoming available in agencies targeting family groups on any given day. Couples and individuals with children had average stays of 169 and 71 days respectively, while people presenting alone had an average stay of 44 days (AIHW 2009c).
Child abuse and neglect occurs in a range of situations, for a range of reasons. In this section, we outline the different forms of child abuse most commonly identified by research, and some of the consequences of this abuse for victimised children and adults.

In abusive homes, children are rarely subject to one form of abuse. They often endure multiple forms of abuse at once. The most severe effects of child abuse often do not become apparent until the abused child grows to adulthood, at which point the adult may experience a range of psychological, emotional and social problems related to childhood abuse.

**Types of Child Abuse**

Emotional abuse does not only occur in the home. Children can also experience emotional abuse by other children, and one of the most common experiences of child-to-child emotional abuse is trivialised in Australia under the rubric of ‘bullying’. Chronic emotional abuse in schools is a serious cause of harm to victimised children; however, it is only recently that such abuse has been taken seriously within the Australian school system. Over the last five years, a number of former students have brought successful law suits against Australian schools who failed to protect them against victimisation by other children.

- **How many children are emotionally abused or neglected?** One American survey found that a quarter of the sample of undergraduate students reported some form of emotional abuse by their parents. Another quarter reported other forms of emotional abuse outside the home, such as bullying (Doyle 1997)
- **Who is most likely to be emotionally abused?** Boys and girls are equally likely to be victims of emotional abuse by their parents, and emotional maltreatment has been reported to peak in the six- to eight-year old range and to remain at a similar level throughout adolescence (Kaplan and Labruna 1998)

**DID YOU KNOW?**

- Nearly one-half of eating disordered patients in an Australian clinic reported a history of child sexual abuse and one-quarter reported child physical abuse.
- In Australia, young people who have experienced child sexual abuse have a suicide rate that was 10.7 to 13.0 times the national Australian rates.
- Sexually abused men are highly over-represented within prison populations.
- Men subject to high rates of physical punishment in childhood are far more likely to commit a violent offence in adulthood.
- A study of 155 Australian teenagers who were homeless, or at risk of homelessness, found that over half reported experiencing physical abuse, a third reported sexual abuse, and three quarters reported alcohol and/or drug abuse in their family.
- Research suggests that one in three Australian children subject to a substantiated notification of sexual abuse will be subject to subsequent substantiated notifications of abuse, neglect, or harmful behaviour.
- In an Australian study, one in six children found to have been sexually abused by social services were subject to a subsequent sexual abuse notification.
- In 2001, the Australian National Survey of Mental Health and Wellbeing found that 1.33% of the Australian population suffered from Post-Traumatic Stress Disorder, with rape and sexual abuse the most common cause.
alcohol misuse, being abused or having been in care as children (Iwaneic and Herbert 1999).

**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 they may act too mature for their age
➤ Experience difficulties with academic achievement and school attendance
➤ Find it difficult 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).

**NEGLIGENCE**

Complaints of neglect constitute a significant proportion of notifications and referrals to child protection services, However, there is no single definition of child neglect in Australia.

It is generally understood that ‘neglect’ refers to a range of circumstances in which a parent or caregiver fails to adequately provide for a child’s needs:

➤ Through the provision of food, shelter and clothing
➤ By ensuring their access to medical care when necessary
➤ By providing them with care, love and support
➤ By exercising adequate supervision and control of the child
➤ By showing appropriate moral and legal guidance
➤ By ensuring that the child regularly attends school.

One of the contentious aspects of ‘neglect’, as a category of child abuse, is that it is closely related to socioeconomic status. Many parents lack the money and support to meet the standards outlined above. Parents in financial need are also more likely to be in contact with welfare services, which in turn are more likely to scrutinise their parenting practices, and therefore more likely to make a report of abuse or neglect.

As a result of these factors, poor communities and poor families have often been stigmatised as epicentres of child abuse and neglect. In fact, when adults in the community are asked to make retrospective reports, emotional abuse and neglect occurs in all families, rich or poor.

**PHYSICAL ABUSE**

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 offenses against children in many jurisdictions.

➤ How many children are physically abused? A large sample of American families found that 2.4 per cent of children had been kicked, bitten, punched, beaten up, burned, scalded, or threatened or attacked with a knife or a gun by their parents. An additional 8.5 per cent had been hit with an object by their parents (Straus and Gelles 1990)

➤ What are the characteristics of parents who physically abuse children? Characteristics of physical child abusers include emotional impairment, substance abuse, lack of social support, presence of domestic violence and a history of childhood abuse (English, Marshall et al. 1999)

➤ What are the characteristics of physically abused children? Boys and girls are equally likely to be physically assaulted by their parents, and whilst research suggests that physical abuse peaks when children are aged four- to eight-years old, physical assault resulting in death occurs most often to infants and toddlers (Kaplan and Labruna 1998).

**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).

**FAMILY VIOLENCE**

Family violence, or domestic violence, usually refers to the physical assault of children and women by male relatives, usually a father and husband/partner. In these situations, a man uses violence to control his partner and children, often in the belief that violence is a male prerogative (“I’m a guy, I can’t control myself”), or that his victims are responsible for his behaviour (“You brought it on yourself”).

Whilst women may also be perpetrators of family violence, they are usually ‘fighting back’ against a physically abusive partner, and it is unusual for violent women to inflict the same scale of harm as violent men.

➤ How many children witness domestic violence? The only Australian population-based survey on domestic violence found that 2.6 per cent of women who currently had partners had experienced an incident of violence in the previous 12 months, and 8.0 per cent had experienced violence at some stage in their relationship.

➤ Who commits domestic violence? Research overwhelmingly suggests that family violence is enacted by men against women and children.

➤ 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 (Edleson 1999).

➤ Signs in childhood

A child witnessing family violence, and domestic violence, is at risk of:

➤ Behavioural and emotional difficulties
➤ Learning difficulties
➤ Long-term developmental problems
➤ Aggressive language and behaviour
➤ Restlessness, anxiety and depression.

**Who commits domestic violence?** Research overwhelmingly suggests that family violence is enacted by men against women and children.
SEXUAL ABUSE

Sexual abuse describes any incident in which an adult engages a minor in a sexual act, or exposes the minor to inappropriate sexual behaviour or material. Sexual abuse also describes any incident in which a child is coerced into sexual activity by another child. 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 they bought the abuse upon themself. Sexual abuse involves contact and non-contact offences.

➤ How many children are sexually abused? Approximately one third of women surveyed in Australia have reported sexual abuse in childhood (Flemming 1997; Glaser 1997; Mazza, Dennerstein et al. 2001). Approximately 10% of Australian men report sexual abuse in childhood (Goldman and Goldman 1988)

➤ 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)

➤ How often is sexual abuse reported to the authorities? In one study of Australian women, only 10% of child sexual abuse experiences were ever reported to the police, a doctor, or a health agency (Flemming 1997)

➤ Who sexually abuses children? Across all community-based studies, most abusers are male and related to the child (Flemming 1997). Most adults who sexually abuse children are not mentally ill and do not meet the diagnostic criteria for ‘paedophilia’.

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 have poorer mental health than other adults. They are more likely to have a history of eating disorders, depression, substance abuse, and suicide attempts. Sexual abuse is also associated with financial problems in adulthood, and a decreased likelihood to graduate from high school or undertake further education (Silverman, Reinhzer et al. 1996).

Adults sexually abused as children have poorer mental health than other adults. They are more likely to have a history of eating disorders, depression, substance abuse, and suicide attempts.

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.

➤ 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 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 illnesses.

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10 Children and Young People at Risk

Issues in Society | Volume 323
In Australia, state and territory governments have the statutory responsibility for protecting children from child abuse and neglect. Definitions of what constitutes child abuse and neglect vary across the different states and territories. It is therefore difficult to obtain consistent and comparable national statistics. [For more information, see Australian Legal Definitions: When is a Child in Need of Protection? (Holzer & Bromfield, 2010).]

Since 1990, the Australian Institute of Health and Welfare (AIHW) has compiled annual national figures for child protection activity. The 2010 AIHW statistics can be found at www.aihw.gov.au.

How many reports are made to child protection services in Australia each year?

The most recent national figures from the AIHW indicate that in Australia, during 2008-09, there were 339,454 reports of suspected child abuse and neglect made to state and territory authorities, which is an increase of 6.9 per cent from the 317,526 reports made in 2007-08. This is a significant increase compared to the increase between 2006-07 and 2007-08, which had the smallest increase over the last 10 years of just 2.5 per cent.

Figure 1 illustrates the trends in total notifications recorded across Australia from 1999-2000 to 2008-09. Table 1 contains the numbers plotted in Figure 1.

The figures do not necessarily mean that the amount of child abuse and neglect that occurs in the community has increased over this time, but they do show that the reporting of cases to child protection services has increased.

A child may be the subject of more than one notification – in 2008-09, the 339,454 notifications recorded during the financial year concerned 207,462 children. The number of children subject to a notification has increased by 28 per cent in the last 5 years (161,960 to 207,462) in Australia. Nationally, notifications were most commonly made by members of the police force, followed by hospital/health centre staff and school personnel (AIHW, 2009).

How many reports are investigated by child protection services in Australia each year?

The total number of finalised investigations increased in 2008-09, with 162,385 total finalised investigations recorded across Australia (AIHW, 2010). The 2008-09 figure is an increase of 8.35 per cent on the number of finalised investigations recorded in 2007-08 (148,824) (see Figure 1).

How many confirmed cases of abuse and neglect are there in Australia each year?

The pattern for total substantiations in 2008-09 differed from the pattern observed for notifications and investigations. The total number of substantiations (of notifications received in 2008-09) across Australia was 54,621. This is a decrease of 0.9 per cent on the number of substantiations recorded in the previous financial year (55,120). The 54,621 notifications recorded during the

<table>
<thead>
<tr>
<th>TABLE 1: TOTAL NUMBER OF NOTIFICATIONS, INVESTIGATIONS AND SUBSTANTIATIONS ACROSS AUSTRALIA FROM 1999-2000 TO 2008-09, AND TOTAL NUMBER OF CHILDREN ON ORDERS AND IN OUT-OF-HOME CARE AT 30 JUNE 1999 TO 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total notifications</td>
</tr>
<tr>
<td>1999-2000</td>
</tr>
<tr>
<td>2000-01</td>
</tr>
<tr>
<td>2001-02</td>
</tr>
<tr>
<td>2002-03</td>
</tr>
<tr>
<td>2003-04</td>
</tr>
<tr>
<td>2004-05</td>
</tr>
<tr>
<td>2005-06</td>
</tr>
<tr>
<td>2006-07</td>
</tr>
<tr>
<td>2007-08</td>
</tr>
<tr>
<td>2008-09</td>
</tr>
</tbody>
</table>

Notes

a. Due to the implementation of a new information management system, New South Wales could not provide data for investigations, substantiations or children on orders in 2003-04.

b. Due to the implementation of a new information management system, Queensland was unable to provide investigation data in 2006-07.

c. The data for Victoria for previous years were updated in 2009. This data may not match data published in prior publications of Child Protection Australia.

Source: AIHW (2010)
financial year concerned 34,078 children.

The decrease in the total number of substantiations recorded in Australia continued the trend of numbers decreasing set in the previous report which had an 8 per cent decrease from the previous year. The last two years have seen the only decreases for total substantiations over the past 10 years. As can be seen from Figure 1, overall, the number of total substantiations increased by approximately 121 per cent between 1999-2000 and 2008-09.

Not all jurisdictions in 2008-09 recorded decreases in substantiations. Following a similar trend to 2007-08, Western Australia, South Australia and the Northern Territory all recorded increases in total substantiations recorded for 2008-09 (see Table 2). Although the last two financial years have shown a decrease in substantiations, further years’ data are necessary to determine whether the decrease will be a continuing pattern.

What are the most common types of child maltreatment?

Substantiations are categorised into one of four maltreatment types: physical abuse, sexual abuse, emotional abuse and neglect. Table 3 shows the breakdown of substantiations for the four different types of maltreatment in Australian states and territories.

In New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory emotional abuse was the most commonly substantiated maltreatment type. In Western Australia, and the Northern Territory neglect was the most commonly substantiated maltreatment type.

The maltreatment types most commonly substantiated across Australia were emotional abuse and child neglect (see Figure 2). Emotionally abusive behaviours include verbally abusing, terrorising, scapegoating, isolating, rejecting, and ignoring. Children who witness domestic violence are also typically categorised as having experienced emotional abuse. The high proportion of substantiations of emotional abuse is a relatively new phenomenon (AIHW, 2010). The inclusion of children who have witnessed domestic violence is likely to be one of the key reasons for the high rates of substantiated emotional abuse (Holzer & Bromfield, 2008).

Neglect refers to the failure (usually by the parent)
to provide for a child’s basic needs, including failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention. The high rates of neglect are consistent with the disadvantaged socio-economic conditions prevalent in many families referred to child protection services (Becket, 2003).

Children aged less than one year were the most likely to be the subject of a substantiation of abuse or neglect, followed by children aged one to four years.

What are the characteristics of children who are the subject of reports?

In all jurisdictions, girls were much more likely than boys to be the subject of a substantiation of sexual abuse.

TABLE 2: NUMBER OF SUBSTANTIATIONS, STATES AND TERRITORIES, 1999-2000 TO 2008-09

<table>
<thead>
<tr>
<th>Year</th>
<th>NSW(a)</th>
<th>Vic</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>Tas(b)</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2000</td>
<td>6,477</td>
<td>7,359</td>
<td>6,919</td>
<td>1,169</td>
<td>2,085</td>
<td>97</td>
<td>233</td>
<td>393</td>
<td>24,732</td>
</tr>
<tr>
<td>2000-01</td>
<td>7,501</td>
<td>7,608</td>
<td>8,395</td>
<td>1,191</td>
<td>1,998</td>
<td>103</td>
<td>222</td>
<td>349</td>
<td>27,367</td>
</tr>
<tr>
<td>2001-02</td>
<td>8,606</td>
<td>7,687</td>
<td>10,036</td>
<td>1,187</td>
<td>2,230</td>
<td>158</td>
<td>220</td>
<td>349</td>
<td>30,473</td>
</tr>
<tr>
<td>2002-03</td>
<td>16,765</td>
<td>7,287</td>
<td>12,203</td>
<td>888(c)</td>
<td>2,423</td>
<td>213</td>
<td>310</td>
<td>327</td>
<td>40,416</td>
</tr>
<tr>
<td>2003-04</td>
<td>n.a.</td>
<td>7,412</td>
<td>17,473</td>
<td>968</td>
<td>2,440</td>
<td>427</td>
<td>630(d)</td>
<td>527</td>
<td>n.a.</td>
</tr>
<tr>
<td>2004-05</td>
<td>15,493</td>
<td>7,398</td>
<td>17,307</td>
<td>1,104</td>
<td>2,384</td>
<td>782</td>
<td>1,213</td>
<td>473</td>
<td>46,154</td>
</tr>
<tr>
<td>2005-06</td>
<td>29,809</td>
<td>7,563</td>
<td>13,184</td>
<td>960</td>
<td>1,855</td>
<td>793(e)</td>
<td>1,277</td>
<td>480</td>
<td>55,921</td>
</tr>
<tr>
<td>2006-07</td>
<td>37,094</td>
<td>6,828(f)</td>
<td>10,108(g)(h)</td>
<td>1,233</td>
<td>2,242</td>
<td>1,252(e)</td>
<td>852(i)</td>
<td>621</td>
<td>60,230</td>
</tr>
<tr>
<td>2007-08</td>
<td>34,135</td>
<td>6,365</td>
<td>8,028</td>
<td>1,464</td>
<td>2,331</td>
<td>1,214</td>
<td>827</td>
<td>756</td>
<td>55,120</td>
</tr>
<tr>
<td>2008-09</td>
<td>34,078</td>
<td>6,344</td>
<td>7,315</td>
<td>1,523</td>
<td>2,419</td>
<td>1,188</td>
<td>896</td>
<td>858</td>
<td>54,621</td>
</tr>
</tbody>
</table>

a. The data for 2002-03 onwards should not be compared with previous years. New South Wales implemented a modification to the data system to support legislation and practice changes during 2002-03 which would make any comparison inaccurate. New South Wales was able to provide limited data for 2003-04 due to the introduction of a new client information system.

b. The increase in substantiations in Tasmania is considered to be in part due to increased application of the Tasmanian Risk Framework as well as greater adherence to the definition of ‘substantiation’ published by the AIHW.

c. The decrease in substantiations in 2002-03 reflects the decrease in notifications in Western Australia.

d. The increase in substantiations in 2003-04 relates to the increase in notifications in the ACT.

e. Data relating to substantiations for Tasmania for 2005-06 and 2006-07 should be interpreted carefully due to the high proportion of investigations in process by 31 August.

f. Due to new service and data reporting arrangements, the Victorian child protection data for 2006-07 may not be fully comparable with previous years’ data.

g. 2006-07 data for Queensland was updated in 2008. Data is different to the interim data published in Child Protection Australia 2006-07.

h. 2006-07 substantiation figures for Queensland are affected by a change in recording practice. From March 2007, any new child protection concerns received by the department that relate to an open notification or investigation and assessment are recorded as an additional concern and linked to the open notification/investigation and assessment. Previously, any new child protection concerns received by the department were recorded as an additional notification. If an investigation relating to these notifications was substantiated, each notification was recorded as a separate substantiation. Because new concerns are now recorded as additional concerns and not notifications, only the original notification is counted as a substantiation, where the investigation outcome is substantiated.

i. The decrease in the number of substantiated investigations reflects a requirement of staff to substantiate emotional abuse or neglect only if there was, or is likely to be, significant harm and there was no one with parental responsibility willing and able to protect the child/young person. Recording an outcome of an appraisal as not substantiated does not exclude ongoing work with the child or young person.

Notes
1. Data may include unborn children.

2. Data is not reported for Tasmania for unborn children since the Children, Young Persons and Their Families Act 1997 does not currently enable Tasmania to accept reports on unborn children. It is anticipated that such reports will be accepted from July 2009 following an amendment to the current act.

Source: AIHW 2010, p.13; AIHW, 2001, p.25
How many children are removed and live in out-of-home care?

Some children who are found to have suffered abuse and neglect are removed from their homes by child protection authorities and placed in out-of-home care. Nationally, the number of children in out-of-home care has risen each year from 1999 to 2009. There were 34,069 children in out-of-home care on 30 June 2009. Almost one-third (30 per cent) of children in out-of-home care were aged 10-14 years. A further 30 per cent were aged 5-9 years, 25 per cent were aged less than five years and 15 per cent were aged between 15-17 years. Most children who were removed from their homes were placed in home-based care (94 per cent). Home-based care is where placement is in the home of a carer.

There are three categories of home-based care:

➤ Foster care – where care is provided in the private home of a substitute family that receives payment that is intended to cover the child’s living expenses

➤ Relative/kinship care – where the caregiver is a family member or a person with a pre-existing relationship with the child, and

➤ Other home-based care – care in private homes that does not fit into the above categories.

Of those children in home-based care, 47 per cent were in foster care, 45.5 per cent were in relative/kinship care, and 1.5 per cent were in some other type of home-based care.

A small proportion of children (5 per cent) removed from their homes were placed in residential care where staff were paid to care for them. Children in residential care were considerably older than children in home-based care, with 41 per cent aged between 10-14 years and a further 44 per cent aged between 15-17 years.

At 30 June 2009, there were 10,512 Aboriginal and Torres Strait Islander children in out-of-home care. The national

### TABLE 3: PRIMARY SUBSTANTIATED MALTREATMENT TYPES IN AUSTRALIAN STATES AND TERRITORIES IN 2008-09

<table>
<thead>
<tr>
<th>State</th>
<th>Emotional Abuse</th>
<th>Neglect</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>13,266</td>
<td>10,381</td>
<td>6,412</td>
<td>4,019</td>
<td>34,078</td>
</tr>
<tr>
<td>Vic</td>
<td>2,935</td>
<td>518</td>
<td>2,438</td>
<td>453</td>
<td>6,344</td>
</tr>
<tr>
<td>QLD</td>
<td>2,756</td>
<td>2,174</td>
<td>1,860</td>
<td>525</td>
<td>7,315</td>
</tr>
<tr>
<td>WA</td>
<td>272</td>
<td>631</td>
<td>311</td>
<td>309</td>
<td>1,523</td>
</tr>
<tr>
<td>SA</td>
<td>1,267</td>
<td>802</td>
<td>249</td>
<td>101</td>
<td>2,419</td>
</tr>
<tr>
<td>Tas</td>
<td>565</td>
<td>388</td>
<td>167</td>
<td>68</td>
<td>1,188</td>
</tr>
<tr>
<td>ACT</td>
<td>388</td>
<td>341</td>
<td>134</td>
<td>33</td>
<td>896</td>
</tr>
<tr>
<td>NT</td>
<td>213</td>
<td>344</td>
<td>218</td>
<td>83</td>
<td>5,591</td>
</tr>
<tr>
<td>Australia</td>
<td>21,662</td>
<td>15,229</td>
<td>11,789</td>
<td>5,591</td>
<td>54,621</td>
</tr>
</tbody>
</table>

Source: AIHW (2010)
rate of indigenous children in out-of-home care was just over nine times the rate for other children.

Who makes reports to child protection authorities?
Anyone who suspects that a child is being abused and/or neglected or is at risk of being abused and/or neglected may make a report to child protection authorities.

Each state has its own legislation stipulating those people who are mandated by law to report suspected cases of child abuse or neglect. The requirements vary between each state. Mandatory reporting requirements are outlined in Mandatory Reporting of Child Abuse (Higgins, Bromfield, Richardson, Holzer, & Berlyn, 2009).

The most recent AIHW statistics show that notifications most commonly came from police, hospitals and health centres, and school personnel.

The national rate of indigenous children in out-of-home care was just over nine times the rate for other children.

Do child protection statistics tell us how many children are abused or neglected in Australia?
Child protection statistics tell us how many children come into contact with child protection services. It is the only data routinely collected in Australia that give an idea of the number of children experiencing child abuse and neglect.

However there are several problems (see box inset for a discussion) with these data that result in some children who:
➤ Have been abused or neglected not being included in child protection statistics, and
➤ Have not been abused or neglected being included in child protection statistics.

Child protection statistics are the best available indicator of the extent of the problem of child abuse and neglect in Australia, but they do not tell us how many children in the community have been abused or neglected.

REFERENCES

ADDITIONAL ONLINE READINGS
NCPC RESOURCE SHEETS
Mandatory reporting of child abuse

Australian legal definitions: When is a child in need of protection?

CHILD PROTECTION STATISTICS FROM THE AIHW
Available at www.aihw.gov.au.

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HOW DO I KNOW IF A CHILD OR YOUNG PERSON IS BEING ABUSED?

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Other things need to be considered, such as the circumstances of the child or family.

When considering if a child or young person has been abused or neglected or is at risk of this, it is important to keep in mind the life circumstances of the child, young person and their family.

The following risk factors (either singly or in combination) are associated with increased risk of harm for children and young people:

➤ Social or geographic isolation of the child, young person or family, including lack of access to extended family
➤ Previous abuse or neglect of a brother or sister
➤ Family history of violence including domestic violence
➤ Physical or mental health issues for the parent or caregiver affecting their ability to care for the child or young person

When considering if a child or young person has been abused or neglected or is at risk of this, it is important to keep in mind the life circumstances of the child, young person and their family.

➤ The parents’ or caregivers’ abuse of alcohol or other drugs affecting their ability to care for the child or young person.

The signs below are only possible signs of abuse and neglect. The presence of these signs does not necessarily mean abuse and neglect has been, or is, occurring.

The child or young person’s circumstances and their age or other vulnerabilities, for example disability or chronic illness, also need to be taken into consideration. If you have concerns then you should report them to Community Services.

POSSIBLE SIGNS OF ABUSE

POSSIBLE SIGNS OF NEGLECT

Signs in children

➤ Low weight for age and/or failure to thrive and develop
➤ Untreated physical problems e.g. sores, serious nappy rash and urine scalds, significant dental decay
➤ Poor standards of hygiene i.e. child consistently unwashed
➤ Poor complexion and hair texture
➤ Child not adequately supervised for their age
➤ Scavenging or stealing food and focus on basic survival
➤ Extended stays at school, public

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places, other homes
➤ Longs for or indiscriminately seeks adult affection
➤ Rocking, sucking, head-banging
➤ Poor school attendance.

**Signs in parents or caregivers**
➤ Unable or unwilling to provide adequate food, shelter, clothing, medical attention, safe home conditions
➤ Leaving the child without appropriate supervision
➤ Abandons the child
➤ Withholding physical contact or stimulation for prolonged periods
➤ Unable or unwilling to provide psychological nurturing
➤ Has limited understanding of the child's needs
➤ Has unrealistic expectations of the child.

**POSSIBLE SIGNS OF PHYSICAL ABUSE**

**Signs in children**
➤ Bruising to face, head or neck, other bruising and marks which may show the shape of the object that caused it e.g. belt buckle, hand print
➤ Lacerations and welts
➤ Drowsiness, vomiting, fits or pooling of blood in the eyes, which may suggest head injury
➤ Adult bite marks and scratches
➤ Fractures of bones, especially in children under three years old
➤ Dislocations, sprains, twisting
➤ Burns and scalds (including cigarette burns)
➤ Multiple injuries or bruises
➤ Explanation of injury offered by the child is not consistent with the injury
➤ Abdominal pain caused by ruptured internal organs, without a history of major trauma
➤ Swallowing of poisonous substances, alcohol or other harmful drugs
➤ General indicators of female genital mutilation e.g. having a ‘special operation’.

**Signs in parents or caregivers**
➤ Frequent visits with their child or children to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or with internal complaints
➤ Explanation of injury offered by the parent is not consistent with the injury
➤ Family history of violence
➤ History of own maltreatment as a child
➤ Fears injuring their child
➤ Uses excessive discipline.

**POSSIBLE SIGNS OF SEXUAL ABUSE**

**Signs in children**
➤ Bruising or bleeding in the genital area
➤ Sexually transmitted diseases
➤ Bruising to breasts, buttocks, lower abdomen or thighs
➤ Child or child's friend telling you about it, directly or indirectly
➤ Describing sexual acts
➤ Sexual knowledge or behaviour inappropriate for the child's age
➤ Going to bed fully clothed
➤ Regressive behaviour e.g. sudden return to bed-wetting or soiling
➤ Self-destructive behaviour e.g. drug dependency, suicide attempts, self-mutilation
➤ Child being in contact with a known or suspected pedophile
➤ Anorexia or over-eating
➤ Adolescent pregnancy
➤ Unexplained accumulation of money and gifts
➤ Persistent running away from home

**Signs in parents or caregivers**
➤ Exposing a child to prostitution or pornography or using a child for pornographic purposes
➤ Intentional exposure of a child to sexual behaviour of others
➤ Previous conviction or suspicion of child sexual abuse
➤ Coercing a child to engage in sexual behaviour with other children
➤ Verbal threats of sexual abuse
➤ Denial of adolescent’s pregnancy by family.

**POSSIBLE SIGNS OF PSYCHOLOGICAL ABUSE**

All types of abuse and neglect harm children psychologically, but the term 'psychological harm' or 'emotional abuse' applies to behaviour which damages the confidence and self-esteem of a child or young person, resulting in serious emotional deprivation or trauma.

**Signs in children**
➤ Constant feelings of worthlessness about life and themselves
➤ Unable to value others
➤ Lack of trust in people
➤ Lack of people skills necessary for daily functioning
➤ Extreme attention-seeking behaviour
➤ Is obsessively eager to please or obey adults
➤ Takes extreme risks, is markedly disruptive, bullying or aggressive
➤ Is highly self-critical, depressed or anxious
➤ Suicide threats or attempts
➤ Persistent running away from home.

**Signs in parents or caregivers**
➤ Constant criticism, belittling, teasing of a child, or ignoring or withholding praise and attention
➤ Excessive or unreasonable demands
➤ Persistent hostility and severe verbal abuse, rejection and scapegoating
➤ Belief that a particular child is bad or ‘evil’
➤ Using inappropriate physical or social isolation as punishment
➤ Domestic violence.

Remember, the above are only possible signs of abuse and neglect. The presence of these signs does not necessarily mean abuse and neglect has been or is, occurring.

If you have concerns you should report them to Community Services by calling the Child Protection Helpline on 132 111.

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Department of Human Services NSW www.community.nsw.gov.au
Recognising and reporting abuse

If you know that a child is being abused, if you see signs of abuse, or if you are being abused yourself, it is important to report it. The Child Abuse Prevention Service offers some helpful information.

**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
➤ Apprehensive when other children cry
➤ Wears clothes to cover injuries
➤ Seeks affection from any adult
➤ Non-expression of his/her needs
➤ Non-communicative.

➤ Takes child to a different doctor for each injury
➤ Substance abuser
➤ Disciplines the child too harshly
➤ Describes child in a consistently negative manner
➤ Has poor impulse control.

**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**

➤ Difficulty in walking or sitting
➤ Torn, stained or bloody underclothing
➤ Pain or itching in genital area
➤ 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
➤ Taking frequent baths
➤ Starting fires
➤ Poor peer relationships
➤ Wary of physical contact, especially with an adult.

**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.

**NEGLECT**

The 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

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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 diagnosed 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.

Neglect is the chronic failure to provide a child with the basic necessities for his or her proper growth and development.

**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**
- 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.

If you know that a child is being abused, you see signs of abuse, or if you are being abused yourself, it is vital that you make a report to the relevant department. It is possible that you may be the child’s only hope, so don’t delay.

Your report could provide investigators with the very information they need to make a case, and even save the child’s life. Your details remain confidential when you are reporting and are not disclosed to those who are being investigated.

Not every report will trigger a full investigation so it’s best to put in a report to the department for each incident you witness or are aware of, and ensure you provide as much accurate detail as you can. If possible, keep a written record of incidents or signs of abuse. Encourage other people who are aware of the abuse to make reports as well. If you feel that your report is not being heard you can make a complaint within the department, contact your state ombudsman, or notify your local MP.

You will find the reporting line for your state, below. If you’d like some help reporting or need more information please call CAPS on 1800 688 009.

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www.childabuseprevention.com.au

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**Consequences of child abuse and neglect – children and adolescents**
- Attachment problems
- Physical health problems
- Trauma/psychological problems
- Learning/developmental problems
- Behavioural problems
- Mental health problems
- Youth suicide
- Eating disorders
- Drug and alcohol abuse
- Aggression/violence and crime
- Teenage pregnancy
- Homelessness
- Fatal abuse.

**Long-term consequences of child abuse and neglect – adult survivors**
- Physical health problems
- Mental health problems
- Suicidal behaviour
- Eating disorders and obesity
- Re-victimisation
- Alcohol and substance abuse
- Aggression/violence and crime
- Intergenerational abuse and neglect
- High-risk sexual behaviour
- Homelessness.

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Domestic violence affects children. All children are affected emotionally by witnessing violence. Children who witness regular acts of domestic (family) violence have greater emotional and behavioural problems than other children. Some of the immediate effects may include nightmares, anxiety, withdrawal and bedwetting.

Domestic violence (often called ‘family violence’) can include physical, verbal, sexual or emotional abuse. Children who witness regular acts of violence have greater emotional and behavioural problems than other children. Even very young children can be profoundly frightened and affected.

Contrary to popular belief, witnessing episodes of violence between people they love can affect young children as much as if they were the victims of the violence.

Short-term effects of domestic violence
A child’s response to repeated domestic violence depends on a number of factors including their age, gender, personality and family role.

Some of the immediate effects can include:
➤ Blaming themselves for the violence
➤ Experiencing sleeping difficulties, such as nightmares
➤ Regression to an earlier stage of development, such as thumb sucking and bedwetting
➤ Becoming increasingly anxious or fearful
➤ Displaying aggressive or destructive behaviour
➤ Starting to withdraw from people and events
➤ Becoming a victim or perpetrator of bullying
➤ Starting to show cruelty to animals
➤ Experiencing stress-related illnesses, such as headache or stomach pain
➤ Displaying speech difficulties, such as stuttering
➤ Misusing drugs and alcohol (in young adults).

Long-term effects of domestic violence
A child growing up in an abusive household learns to solve their problems using violence, rather than through more peaceful means. Some of the long-term effects may include copying their parental role models and behaving in similarly destructive ways in their adult relationships. Children may learn that it is acceptable to behave in a degrading way to other people, as they have seen this occur in the violent episodes they witnessed. Appropriate support and counselling will help children to grow up learning how to relate to others with trust and respect.

Drug and alcohol dependence
Some parents who are dependent on alcohol or other drugs are unable to care for their children appropriately and may hurt or neglect their children. For some, the dependence on alcohol or drugs is so overwhelming that it takes priority over everything else, including looking after their children’s needs.

Children need consistency in their routine if they are to develop trust and a sense of security, which some parents who are dependent on alcohol or drugs may be unable to give them.

Problematic parental drug and alcohol use may affect the child in the following ways:
➤ Not getting all their nutritional needs met
➤ Experiencing school and learning problems
➤ Developing emotional problems related to anxiety or stress
➤ Loss of trust in adults
➤ Having an increased risk of mental illness or suicide in later life
➤ Developing an increased risk of substance misuse.

Seek support to stop the violence
Domestic violence does not resolve itself. If you seek support to take action against violence, it shows your child
that abuse is not acceptable and should be stopped. There are professional organisations that can help both partners to confront and change their destructive behaviours. If the abused partner fears for their safety, or for the safety of their children, it is important to take the children away from the situation as soon as possible.

See your doctor for advice and referral, or call a parenting or domestic violence helpline. A parent who has problems with alcohol or other drug dependence needs professional treatment, including counselling or medical treatment. In the meantime, keep all harmful substances out of the reach of children.

Domestic violence does not resolve itself. If you seek support to take action against violence, it shows your child that abuse is not acceptable and should be stopped.

How to help your child
You can help your child emotionally recover from domestic violence in many ways, including:
➤ Get support to take action against the violence
➤ Protect children from violence by taking them to a safe place
➤ Tell the child that abusive behaviour is wrong and be a role model for other ways of managing anger and solving problems
➤ Reassure the child that none of the violent episodes were their fault in any way
➤ Tell them how much you love them and cuddle them often
➤ Encourage them to talk openly about their feelings
➤ Get extra help for your child if necessary
➤ Enlist a trusted adult to provide your child with emotional support
➤ Seek professional help, such as counselling, for all family members.

WHERE TO GET HELP
➤ In an emergency, dial triple zero (000) to call police or ambulance.
➤ Women’s Domestic Violence Crisis Service of Victoria (24 hour) Tel. (03) 9373 0123 or 1800 015 188.
➤ Parentline Tel. 132 289.
➤ Kids Helpline Tel. 1800 551 800.
➤ Relationships Australia Tel. 1300 364 277 – for support groups and counselling on relationships, and for abusive and abused partners.
➤ Mensline Australia Tel. 1300 789 978.
➤ National Association for Prevention of Child Abuse and Neglect (NAPCAN) Tel. (03) 9654 9552.
➤ Your doctor.

THINGS TO REMEMBER
➤ Children who witness regular acts of violence have greater emotional and behavioural problems than other children.
➤ Some of the immediate effects may include nightmares, anxiety, withdrawal and bedwetting.
➤ Seeking support to take action against domestic violence shows your child that abuse is not acceptable and can be stopped.
Another family was there as well, and I met a girl my age miles away from where we lived and it was run by workers. called a refuge. It looked like a normal house, but it was home. We got everything we could and went to a house.

She said we had to pack up before my step-dad came at home was always shit. I didn’t have to hear the arguments. I didn’t want to invite brother used to watch it with the sound turned up so we threw it around if he was mad. He used to pick on my step-dad didn’t change his ways much. There would still be major blow-ups. He used to hurt our cat, kick it or be major blow-ups. He used to hurt our cat, kick it or.

One day mum rang to say I had to finish school early. The school rang mum. She had to come in and meet mum how I felt about everything. I asked mum why she didn’t leave my step-dad earlier? She got upset and said she wanted to leave him but was worried about what he would do if she did. It was good because we got to hear how each other feels.

My mum met my step-dad when I was five. After he came into our lives, things changed. At times he could be ok, take us out as a family and stuff, but at other times he’d get into these nasty moods.

When he was in a mood and going at mum, I used to get between them, even though they both would yell at me to go to my room. Sometimes I got hit by him if I got in the way, but I hated to see mum get hurt.

One night I got home late and my little step-brother was crying, and my step-dad was screaming at my mum, she had a cut on her arm. He was really aggro and I saw him throw an ashtray at her head. Mum said for me to take my brother and go next door, she looked so scared. The neighbours let us in and told me to call the police. I rang them and told them what was happening.

After about 10 minutes I heard the police drive up, and I could hear my step-dad yelling at them. One of the policemen came next door and told me that they had warned my step-dad that if it happened again he could get charged. They also told me that mum could go to the court for a protection order to stop him from coming near our house.

Even though things quietened down for a while, my step-dad didn’t change his ways much. There would still be major blow-ups. He used to hurt our cat, kick it or throw it around if he was mad. He used to pick on my step-brother too, saying he’s turning into a wimp and stuff. I could never relax at home, I would have liked to stay out but I didn’t want to leave my little brother there on his own. There was a TV in my bedroom, so me and my brother used to watch it with the sound turned up so we didn’t have to hear the arguments. I didn’t want to invite anyone from school home either, because the atmosphere at home was always shit.

One day mum rang to say I had to finish school early. She said we had to pack up before my step-dad came home. We got everything we could and went to a house called a refuge. It looked like a normal house, but it was miles away from where we lived and it was run by workers. Another family was there as well, and I met a girl my age there. We lived there for four months. My step-dad kept ringing mum on her mobile, and once he said he was going to find her and kill her. Mum called the police and he got charged for making threats.

Eventually things with him went a bit quieter. Mum found another place to live and we moved there. Now my step-dad speaks to my mum on the phone but he isn’t allowed to come to our place because mum got a court protection order. Recently he took mum to the Family Court because he wanted to see my step-brother. So now about once a month my step-brother has to go to an auntie’s place to see him, but I don’t.

Last month I went to counselling with my mum. She organised it. The counsellor was nice, she asked me to tell mum how I felt about everything. I asked mum why she didn’t leave my step-dad earlier? She got upset and said she wanted to leave him but was worried about what he would do if she did. It was good because we got to hear how each other feels.

I always used to think ‘what’s wrong with me and my family?’ Every few weeks dad would get aggressive and weird, he said nasty and rude things about mum. Mum would just start crying – sometimes she would run out of the house and up the road to a neighbour, sometimes it took hours for us to find her. We used to all get really worried.

No one talked about it – it was just one of those things. Dad never really hit mum, just threatened her, so maybe we didn’t think it was that bad. But it did affect me growing up, and my other sisters too.

My father used to touch me in a horrible way when mum was at work at night. I was 10 years old when it started. I felt so sick when I knew it was a night that mum had to work, worrying about what would happen. I was tense and stressing out all the time.

I was scared to tell anyone – I thought it was my fault too because I didn’t stop it. He used to say I shouldn’t tell anyone and that mum would kick me out if she found out. I didn’t know what to do. I didn’t want anyone at school finding out, because I felt like they’d all look down on me.

This has been going on for the last four years. This year we had a health class, and someone came to our school to talk about abuse. I knew that what they were talking about was what was happening to me. At the end of that class I just sat there when the bell rang, I felt like my head was about to explode. The teacher asked me if I was OK. I kind of avoided the question for a while, but how it must kind of avoided the question for a while, but how it must...
with the student welfare co-ordinator. They told her what I had said. Then they called me in. I was terrified that she would blame me or not believe me. She looked totally shocked, asked me if it was true and I said it was.

It’s hard to remember what happened next. Me and my brother had to go and stay at my auntie’s place, and now mum has come to stay there too. I’ve also had to speak to a counsellor about it. I haven’t spoken to dad for a couple of months. I don’t know if I want to or not, and mum says I don’t have to. It’s confusing, I feel like I should love him because he’s still my dad, but I just feel like I hate him. Even though mum has looked really stressed out, she told me I did the right thing. I’m so glad that he can’t get at me any more. None of the other kids at school know about all this, and I’m not sure if I’ll tell any of my friends or not. I’ll see how it goes.

I was scared to tell anyone – I thought it was my fault too because I didn’t stop it. He used to say I shouldn’t tell anyone and that mum would kick me out if she found out.

‘I HAVE BEEN THROUGH A LOT IN MY LIFE ALREADY …’

For someone who is only 17 I have been through a lot in my life already. I have always had to take care of myself because my family never properly looked after me.

My dad treated me bad right from when I was a baby. It was like I was never good enough for him. He would bait me, even as a small kid he used to hit me and then say ‘come on, hit me, stand up and be a man’ and I would try to hit back and he’d belt me twice as hard. He used to kick or hit me if I didn’t do what I was told. So I learnt to go along with whatever he said, and to keep out of his way.

The worst thing was that mum never told him off for the way he treated me. She would just yell at me ‘don’t get him mad, it’s your fault you should do what he says’. She never defended me from my dad, she acted like I deserved everything I got. I started to believe that everything was my fault.

When I was about 13 I started drinking heavily and smoking pot every day. I also used whatever drugs I could get, just to get out of it, so I didn’t have to think about anything. I wagged just about every day, until the school told my parents and my dad bashed me up so bad to punish me.

I hated school because I was always in trouble for having fights with other kids or with the teachers. But also I hated being at home. I used to stay over at friend’s houses, and sometimes I would sleep out in car parks. The more I stayed away, the more scared I was of going back home, ‘cos I knew I would get a belting for running away. I started sleeping in the city, in doorways or wherever, and hanging out with other kids there. It still was better than going home.

After a while I went to a youth support service and they got me into a refuge. Some of the workers there are cool and you feel like someone cares about you for once. They went in to Centrelink with me and helped me get some money, and they have just helped me organise my life more. They are trying to get me into long-term accommodation. Now at least I feel like I might have a future.

IT FELT LIKE NOTHING MADE SENSE …

When I was eleven years old, my mum’s new boyfriend moved in with us. I thought it would be good for mum cos she had a drinking problem and was depressed, and I thought it would make her feel better having him there. At first he was ok and bought me presents, but then mostly he ignored me. Then after a few months he started doing things that made me nervous, like when I was at home alone with him he’d walk around naked. Then he asked me to touch him – I tried to avoid him all the time, but sometimes I couldn’t and I was scared to tell him to stop.

I didn’t know how to tell mum what was happening cos I didn’t even know what to say. One day when I was 13, we were fighting because I said I hated him (mum’s boyfriend) and she got angry with me. Then I told her how she doesn’t know what he does when she’s not around, I said ‘he tries to touch me’. At first she said I was making it up and exaggerating. Then she said I shouldn’t wear skimpy clothes around the house. It upset me deeply because it seemed like she didn’t really care about me and she didn’t blame him for what he did, it was like she thought it was my fault. I started staying over at friends’ places and avoiding going home. I told my friends I hated mum’s boyfriend but was too embarrassed to say I’d been abused by him.
Sometimes mum told me I couldn’t go out, but often she was too stressed or pissed to notice what I was doing. I couldn’t handle the way I was treated at home. Sometimes I’d sleep in empty buildings in the city where there were other kids, or couch hop at different people’s houses. I hung out with older guys and stayed with different guys for protection or for somewhere to sleep because I had almost no money. Sometimes I went back home but it was too hard there and my mum’s boyfriend was openly rude to me, like he’d say ‘Oh the lying bitch is here is she?’ I tried to go to school but I drifted away from my friends and I got into using drugs, which made it harder to keep up with school. I was angry all the time and even the slightest thing would set me off yelling or walking away from people. It felt like nothing made sense, I hated myself and I didn’t know if mum really cared about me. Once I ‘OD-ed’ (overdosed on drugs) in the city and someone called an ambulance and I went to hospital. They called mum and she was upset, but when I was back at home nothing changed.

I was angry all the time and even the slightest thing would set me off yelling or walking away from people. It felt like nothing made sense, I hated myself and I didn’t know if mum really cared about me.

At first I avoided talking to youth workers cos I thought they would call the cops on me and send me back home. I was worried they’d find out I was using drugs, but actually the workers were nice, they helped me to find a place in a refuge. They also reported my case to Child Protection and I had to talk to a Child Protection Caseworker. The Caseworker asked me about why I didn’t want to go home, and I told her it was because of mum’s boyfriend. She kept asking me about him and eventually I told her that he tries to touch me. She was nice and said she’d talk to mum. Meanwhile I stayed at the refuge. All the kids staying there would watch TV together and everyone had their own problems, so you didn’t feel like a freak. If you were stressed a refuge worker would come up to you and ask if you were OK. Mum must have listened to the Caseworker because suddenly she decided she was going to make her boyfriend move out. The Caseworker said he would be charged for abusing me and that the police will want to know what happened. For a while it was good at home with mum, but I knew she would end up drinking again and that she would take him back, and she did – she started seeing him again. When the police interviewed me about the abuse I didn’t tell them much even though they pushed me to talk, but I was too scared of him.

At 15 I was sent into a foster care family. At first I used to yell at my foster mum or dad or refuse to speak to them for days. But I think I was just turning my anger on them and I was kind of jealous that their family was so normal. It took me a while to get used to a totally new family life. But my foster parents are nice, their kids are older and don’t live at home. They help me with school work, buy me things, and I can invite friends over when I want. In some ways they act like they are my parents and they really do care about me, but they still make sure I still see my mum.

Now mum says she’s sorry that I’ve got hurt because of her problems, and that’s made me feel a lot better. In some ways I have been more hurt by mum’s reaction than by how her boyfriend treated me. I was devastated by her reaction to the sexual abuse – she is my mum and she should stand up for me. I hate him for what he has done and I never want to see him again. But I think me and mum are working stuff out now. My life feels a bit more stable even if I still feel sad and confused about everything that has happened. I don’t use (drugs) anymore, I’ve seen what drink has done to mum and I want to keep my life together and try to get some good school results so I can get in to a uni course.

THE COUNSELLOR HAS HELPED ME TO BECOME A BETTER PERSON ...

I am 15. I have grown up with domestic violence between my parents, but sometimes I’m caught in the middle and I’ve been forced to take sides. I’ve also had to deal with bullying at school and at times I have found it hard to cope with stress and control my temper. My school counsellor referred me to a counsellor at a local youth service about a year ago. The counsellor is good, she has taught me to deal with stress. A separate counsellor at the service is helping my parents to sort out their problems.

My counsellor has made me understand that only I can control myself and my behaviour, and so only by changing myself can I change the way others react to me. I have learnt to be more independent and respect others’ points of view, not going off at them straight away if I disagree with what they say or do. The counsellor has helped me to become a better person. She believes in me which has helped me to believe in myself even when others don’t.

She talks to my school so they can help me to get my homework done and she keeps me motivated to do tennis and netball.

These stories were first published on the Bursting the Bubble website www.burstingthebubble.com. Written and produced by the Domestic Violence Resource Centre Victoria with assistance from the Victorian Government’s Community Support Fund. Email: dvrcv@dvrcv.org.au

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24 Children and Young People at Risk

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WHAT IS CHILD SEXUAL ASSAULT?

Sexual assault of a child occurs when a person who is older or bigger than the child, such as an adult or an older child, uses their power or authority over the child or takes advantage of the child’s trust to involve them in sexual activity. This sexual activity does not just mean sexual intercourse; it means any sexual activity including flashing, fondling, masturbating and oral sex.

Sexual assault of a child is a crime. It doesn’t matter whether the child agrees to the sexual contact. It is always sexual assault. Unfortunately, child sexual assault can happen to girls or boys of any age (even to babies), and it can occur in any family.

In most instances, the person who sexually assaults a child is known to that child and to their family. The offender can be a member of the child’s family such as an older sibling, parent or relative, or a family friend.

A sexual assault offender takes advantage of a child’s trust and respect, and often coerces the child into sexual activity – and into not telling other adults about it – by bribing, threatening and/or physically restraining them.

A myth about child sexual assault offenders is that they look different or ‘evil’. However, the vast majority of child sexual assault offenders look ‘normal’ and appear respectable – this makes it hard to recognise unless the child tells a supportive adult about being sexually assaulted.

Children rarely lie or make up stories about being sexually assaulted, however, they may play down what has happened or not tell anyone about it at all.

In the past, people avoided talking about child sexual assault. However, today it is known that speaking about this crime and educating children and their families about sexual assault is a way to protect children and encourage them to tell when a problem occurs.

HOW TO HELP PROTECT YOUR CHILD

➤ Children need to be taught about personal (sexual) safety as openly as they are taught about road safety and water safety
➤ Teach your child that it is not OK for anyone to touch the parts of their body that are covered by their underwear
➤ Teach your child that it is not OK for them to touch another person’s private parts, even if an adult or an older child asks them to do so
➤ Encourage your child to tell you if anyone touches their private parts
➤ Encourage your child to tell you about anything that happens that makes them feel scared or worried
➤ Tell your child never to keep a secret that makes them feel bad or worried, no matter how much another adult is telling them to keep the secret
➤ Teach your child respectful and accurate names for the sexual parts of their body
➤ Teach your child that their body can warn them when a situation is wrong or dangerous – they might get a tight feeling in their tummy and feel scared. Talking about what these feelings mean helps children to recognise and trust their own feelings about a dangerous situation
➤ Be suspicious of an adult wanting to spend time alone with your child, or being overly generous or affectionate towards your child
➤ As you cannot be with your child all the time, ask about the child protection policy of any organisations that are involved in looking after your child.

SIGNS OF CHILD SEXUAL ASSAULT

What your child might say

Many children do not tell an adult when a sexual assault has occurred. However, if your child tells you something to indicate that they may
have been sexually assaulted, it is very important to stay calm, and especially to keep your voice calm, and to tell the child that you believe them. Tell the child they are not in trouble, that it is not their fault, and let them know that you are going to get help and find out what to do next to keep them safe. (See below for advice on what to do if you suspect child sexual assault.)

How your child might behave

Children who have been sexually assaulted respond in many different ways, and some children do not display changes in behaviour until some time after the assault has occurred.

Indications that sexual assault may have occurred include not wanting to go to school, a drop in school performance, withdrawal from friendships, displaying sexual knowledge and acting out sexual behaviour that seems inappropriate for the child’s age and which seems to be more than just natural curiosity (your doctor can advise you about normal stages of sexual development in children), being aggressive, or repeatedly complaining of unexplained physical aches and pains.

Some children may revert to behaviours they displayed when they were younger – thumb sucking, having nightmares, wetting the bed or being afraid of the dark. (Note: although some of these behaviours can also be due to factors other than sexual assault, their presence might still indicate that the child is at risk of harm.)

Physical signs of child sexual assault

Often there are no obvious physical signs that a child has been sexually assaulted. However, injury, bruising or discomfort around the genitals, anus or mouth can be a sign of sexual assault, as can difficulty or discomfort sitting, walking or going to the toilet, or a discharge from the vagina.

Children who have been sexually assaulted respond in many different ways, and some children do not display changes in behaviour until some time after the assault has occurred.

WHAT TO DO IF YOU SUSPECT CHILD SEXUAL ASSAULT

If you suspect that your child has been sexually assaulted, seek professional help straight away.

You can start by calling the child protection help line in your area (see the Community Pages of your local telephone directory). These 24-hour help lines are confidential, which allows you to voice even the slightest suspicion of sexual assault in confidence. The help line will offer you advice about what to do next, and who can help you and your child. Other points of first contact include your GP, the children’s health unit of your local hospital, and the police. Do not approach the offender directly – leave this to the police and the relevant authorities.

Giving your child the opportunity to speak confidentially with a trained counsellor can be helpful to the child. Continuing to deny sexual assault can lead to problems later in your child’s life, such as having difficulty trusting or relating to other people. If your child is believed, supported and protected after sexual assault, the impact of the assault on his or her life can be lessened. A trained sexual assault counsellor can also help you and other family members come to terms with what has happened to your child.
Family law is one of the most contentious and emotional issues that governments have to deal with. Everybody feels like a loser in the Family Court. Whether it’s about property, custody, or child support, nobody comes out a winner. That’s why there are so many complaints about it, and so many inquiries into it.

The government released three reports yesterday on the effect of the changes to the Family Law Act. These changes, introduced in 2006, were designed to better enable both parents to be responsible for their children following separation. Nobody was really happy with what was happening previously. Generally, you got what was called the 80/20 rule – mothers had custody of children, and fathers was called the 80/20 rule – mothers had custody of children, and fathers had ‘access’ every second weekend and maybe half of the school holidays.

This left everybody disgruntled. Dads were encouraged to be ‘Disney Dads’ taking kids out and buying them things when they saw them. Mothers were generally left to do all the disciplining and pick up the pieces when fathers didn’t turn up. Kids were shunted back and forth every second weekend, disrupting their social networks and sporting competitions.

Nobody liked it, and everybody wanted it changed. But not the way it happened.

The 2006 changes were called the Family Law Amendment (Shared Parental Responsibility) Act 2006. Great name, great intention. But what it did was introduce a presumption of shared custody of, rather than shared responsibility for, children. It did this by including in the Family Law Act a number of clauses which specifically talk about children spending substantial time with each parent. While the government says this was never the intention, that is what is happening in many cases.

The first report on the latest changes is from the Australia Institute of Family Studies. It’s the mildest of the three, and it found that shared care (not shared custody) generally works well. Except in cases where there is violence or abuse, where the wellbeing of children is severely compromised in shared care arrangements. Hardly surprisingly, it also found that in cases which go to the Family Court there are higher percentages of violence than in the general population, and that the Family Law system doesn’t respond very well to violence or child abuse.

... consequences of this legislation are that it favours fathers over mothers, and parent’s rights over children’s needs.

It also found that the (unintended) consequences of this legislation are that it favours fathers over mothers, and parent’s rights over children’s needs. As a result, there are children in shared care arrangements where there are concerns for their safety.

The Family Law Violence Review by Richard Chisholm goes even further. It found that women are now very reluctant to raise allegations of violence or abuse in court for fear that they will lose custody if they fail to prove it. The very circumstances reported by Darcey Freeman’s mother after Darcey was murdered by her father when he threw her off the West Gate Bridge. And then there’s the report by the Family Law Council which finds that women and children are being put at risk, and the Family Court doesn’t deal very well with violence. Unfortunately this isn’t the first time this has happened.

Way back in December 2000, the Roaides, Graycar and Harrison report on the first three years of the 1996 Family Law changes found exactly the same thing. Women and children were being put at risk, with children being forced to be handed over to their abusers.

I hate to say “I told you so”, but – I told you so. Many people told you so. In fact, all the evidence and all the experts told you so. The Family Court said they wouldn’t be able to administer a presumption of shared care, lawyers said there would be confusion about what it meant, domestic violence workers said women and children would be put at risk, child psychologists said it wouldn’t be good for children, research from places where it has been introduced said shared care doesn’t work where it is court ordered and there are high levels of conflict, or violence or abuse. Yet, it was introduced.

The Attorney General said yesterday we need more education, rather than any legislative change. More education? I don’t think even the Audit Office could work out how much money and time governments have spent over the years educating people about domestic violence. Yet it still happens. And courts still ignore it. And, more importantly, governments continue to listen to very vocal, very disgruntled men’s groups who deny that it is a problem and insist that women make up allegations of violence to gain an advantage in court. If you don’t believe me, just read the transcripts of the Hearings into these very changes.

Three reports Mr Attorney General. Three. All independent of each other, and all saying the same thing. These changes are not working. It’s the legislation itself putting women and children at risk, not lack of understanding about it.

One child has already died as a direct result of this legislation. How many more have to do so before you agree to change it?
Child Protection in Australia
The summary from Child Protection Australia 2008-2009, the thirteenth annual report from the Australian Institute of Health and Welfare

Child Protection Australia 2008-09 is the thirteenth annual comprehensive child protection report. The report provides detailed statistical information on state and territory child protection and support services, and some of the characteristics of the children within these systems. In Australia, child protection is a state and territory government responsibility, and there are significant differences in how each deals with and reports child protection issues. Statistical comparisons between states and territories should therefore be treated with caution.

Main findings
Nationally the evidence in this report shows that:
1. The number of children subject to a notification of child abuse or neglect; the number of children under care and protection orders; and the number in out-of-home care are all rising
2. Aboriginal and Torres Strait Islander children are over-represented in all of these areas.

It is important to note that although there appears to have been a real rise in children needing protection, other factors may have played a part. These include greater community awareness of child abuse and neglect issues, a broadening in what some jurisdictions define as child abuse or neglect, and changes in child protection policies and practices.

The reasons for the over-representation of Aboriginal and Torres Strait Islander children in the child protection system are complex and include the legacy of past policies of the forced removal of some Aboriginal children from their families, the intergenerational effects of previous separations from family and culture, and poor socio-economic status.

Notifications, investigations and substantiations
➤ In the last 12 months:
  – The number of children subject to a notification increased by 6.2% to 207,462
  – The number of children subject to a substantiation of a notification increased by 1.7% to 32,641 (from 6.8 to 6.9 per 1,000 children)
➤ Over the last five years the number of children subject to a substantiation of a notification has decreased by 4% (from 7.5 to 6.9 per 1,000 children).
The number of Australian children on care and protection orders, in out-of-home care and who are subject to a notification of child abuse or neglect, has increased since 2008, according to a report by the Australian Institute of Health and Welfare.

Over the past year, the number of children on care and protection orders increased by almost 10 per cent,” said Kate Valentine of the Institute’s Child and Youth Welfare Unit.

In 2008 there were almost 35,500 children on a care and protection order and just over 34,000 children in out-of-home care, the majority of whom were either in foster care (47 per cent) or living with relatives (45 per cent).

“Although there appears to have been a real rise in children needing protection, other factors may have contributed, including greater community awareness, a broadening of what governments regard as child abuse or neglect, and changes in child protection policies and practices,” she said.

The report, Child Protection Australia 2008-09, showed Aboriginal and Torres Strait Islander children continue to be over-represented in the child protection system, with the rate of indigenous children in out-of-home care over nine times the rate of their non-indigenous counterparts.

Aboriginal and Torres Strait Islander children were more than eight times as likely to be on a care and protection order.

“ The reasons for the over-representation of Aboriginal and Torres Strait Islander children in the child protection system are complex and can involve factors such as the intergenerational effects of previous separations from family and culture and poor socioeconomic status,” Ms Valentine said.

The report also showed that states and territories provided a range of 254 intensive family support services across 267 locations in 2009. These services aim to benefit families by improving their ability to care for children and strengthen family relationships.


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Mandatory reporting of child abuse

This resource sheet from the Australian Institute of Family Studies examines the legal provisions which require the reporting of suspected child maltreatment to child protection services across Australia

WHAT IS MANDATORY REPORTING?

The legal requirement to report suspected cases of child abuse and neglect is known as mandatory reporting. 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.

Who is mandated to make a notification?

The groups of people mandated to notify their concerns, suspicions or beliefs to the appropriate statutory child protection authority range from a limited number of specified persons in specified contexts (Western Australia, Queensland) through to every adult (Northern Territory).

The relevant Acts and Regulations in the Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia contain lists of particular occupations that are mandated to report. Some states have a limited number of occupations listed, such as Queensland (doctors, departmental officers, and employees of licensed residential care services) and Victoria (police, doctors, nurses and teachers). Other jurisdictions have more extensive lists (Australian Capital Territory, South Australia, Tasmania) or use generic descriptions such as ‘professionals working with children’.

Many commentators have suggested that Western Australia is the only Australian jurisdiction without mandatory reporting requirements. However, Western Australia does possess targeted legislative requirements for the reporting of child abuse. Court personnel, counsellors and mediators are required to report allegations or suspicions of child abuse in Family Court cases, and licensed providers of child care or outside-school-hours care services are required to report abuse in a child care service.

The legal requirement to report suspected cases of child abuse and neglect is known as mandatory reporting.

The proclamation of the Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 (WA) will extend mandatory reporting requirements in Western Australia to doctors, nurses, midwives, police officers and teachers in circumstances where they have reasonable grounds to believe that a child has been the subject of sexual abuse or is the subject of ongoing sexual abuse.

Table 1 provides an overview of who is legally mandated to report suspected child maltreatment to statutory child protection services in each state and territory.

In addition to state and territory law, there are provisions within Commonwealth legislation that relate to mandatory reporting. Under the Family Law Act 1975 (Cth), personnel from the Family Court of Australia, the Federal Magistrates Court and the Family Court of Western Australia also have mandatory reporting obligations. This includes registrars, family counsellors, family dispute resolution practitioners or arbitrators, and lawyers independently representing children’s interests. Section 67ZA states that when in the course of performing duties or functions, or exercising powers, the above court personnel have reasonable grounds for suspecting that a child has been abused, or is at risk of being abused, the person must, as soon as practicable, notify a prescribed child welfare authority of his or her suspicion and the basis for the suspicion (see www.austlii.edu.au).

What types of abuse are mandated reporters required to report?

In addition to differences across jurisdictions in the people who are mandated to report abuse concerns, there are also differences across jurisdictions in the abuse types for which it is mandatory to report. In some jurisdictions it is mandatory to report suspicions of each of the recognised abuse types (i.e. physical abuse, emotional abuse, sexual abuse and neglect), while in other jurisdictions it is mandatory to report only some of the abuse types.

Is the identity of notifiers protected?

In most jurisdictions (Australian Capital Territory, New South Wales, Northern Territory, South Australia, Victoria, Western Australia, Tasmania), the identity of notifiers – whether mandated or not – is explicitly protected (the issue is unclear in the Queensland legislation). However, in some jurisdictions there are limits to
<table>
<thead>
<tr>
<th>Who is mandated to notify?</th>
<th>What is to be notified</th>
<th>Maltreatment types for which it is mandatory to report</th>
<th>Relevant sections of the Act/Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACT</strong></td>
<td>A belief, on reasonable grounds, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury; and the belief arises from information obtained by the person during the course of, or because of, the person’s work (whether paid or unpaid)</td>
<td>Physical abuse</td>
<td>Section 356 of the Children and Young People Act 2008 (ACT)</td>
</tr>
<tr>
<td>A person who is: a doctor; a dentist; a nurse; an enrolled nurse; a midwife; a teacher at a school; a person providing education to a child or young person who is registered, or provisionally registered, for home education under the Education Act 2004; a police officer; a person employed to counsel children or young people at a school; a person caring for a child at a child care centre; a person coordinating or monitoring home-based care for a family day care scheme proprietor; a public servant who, in the course of employment as a public servant, works with, or provides services personally to, children and young people or families; the public advocate; an official visitor; a person who, in the course of the person’s employment, has contact with or provides services to children, young people and their families and is prescribed by regulation</td>
<td>Reasonable grounds to suspect that a child is at risk of harm; and those grounds arise during the course of, or from, the person’s work</td>
<td>Physical abuse</td>
<td>Sections 23 and 27 of the Children and Young Persons (Care and Protection) Act 1998 (NSW)</td>
</tr>
<tr>
<td><strong>NSW</strong></td>
<td>A belief on reasonable grounds that a child has been or is likely to be a victim of a sexual offence; or otherwise has suffered or is likely to suffer harm or exploitation</td>
<td>Physical abuse</td>
<td>Sections 15 and 26 of the Care and Protection of Children Act 2007 (NT)</td>
</tr>
<tr>
<td>Any person with reasonable grounds</td>
<td>Reasonable grounds to suspect that a child is at risk of harm; and those grounds arise during the course of, or from, the person’s work</td>
<td>Sexual abuse</td>
<td>Sections 15 and 26 of the Care and Protection of Children Act 2007 (NT)</td>
</tr>
<tr>
<td>A person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children’s services, residential services or law enforcement, wholly or partly, to children; and a person who holds a management position in an organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children’s services, residential services or law enforcement, wholly or partly, to children</td>
<td>A belief on reasonable grounds that a child has been or is likely to be a victim of a sexual offence; or otherwise has suffered or is likely to suffer harm or exploitation</td>
<td>Emotional/psychological abuse</td>
<td></td>
</tr>
<tr>
<td><strong>NT</strong></td>
<td>A belief on reasonable grounds that a child is at risk of harm; and those grounds arise during the course of, or from, the person’s work</td>
<td>Physical abuse</td>
<td>Sections 15 and 26 of the Care and Protection of Children Act 2007 (NT)</td>
</tr>
<tr>
<td>Any person with reasonable grounds</td>
<td>Reasonable grounds to suspect that a child is at risk of harm; and those grounds arise during the course of, or from, the person’s work</td>
<td>Sexual abuse</td>
<td>Sections 15 and 26 of the Care and Protection of Children Act 2007 (NT)</td>
</tr>
<tr>
<td><strong>QLD</strong></td>
<td>Awareness or reasonable suspicion of harm caused to a child placed in the care of an entity conducting a departmental care service or a licensee</td>
<td>Physical abuse</td>
<td>Section 148 of the Child Protection Act 1999 (Qld)</td>
</tr>
<tr>
<td>An authorised officer, employee of the Department of Child Safety, a person employed in a departmental care service or licensed care service</td>
<td>Awareness or reasonable suspicion of harm caused to a child placed in the care of an entity conducting a departmental care service or a licensee</td>
<td>Sexual abuse or exploitation</td>
<td>Sections 191-192 and 158 of the Public Health Act 2005 (Qld)</td>
</tr>
<tr>
<td>A doctor or registered nurse (Public Health Act 2005, s158)</td>
<td>Awareness or reasonable suspicion during the practice of his or her profession of harm or risk of harm</td>
<td>Emotional/psychological abuse</td>
<td>Section 20 of the Commission for Children Young People and Child Guardian Act 2000 (Qld)</td>
</tr>
<tr>
<td>The Commissioner for Children and Young People</td>
<td>A child who is in need of protection under s10 of the Child Protection Act (i.e. has suffered or is at unacceptable risk of suffering harm and does not have a parent able and willing to protect them)</td>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Persons</td>
<td>Reasonable grounds</td>
<td>Possible abuse</td>
</tr>
<tr>
<td>-------</td>
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<td>---------------</td>
</tr>
<tr>
<td>SA</td>
<td>Doctors; pharmacists; registered or enrolled nurses; dentists; psychologists; police officers; community corrections officers; social workers; teachers; family day care providers; employees/volunteers in a government department, agency or instrumentality, or a local government or non-government agency that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children; ministers of religion (with the exception of disclosures made in the confessional); employees or volunteers in a religious or spiritual organisation</td>
<td>Reasonable grounds that a child has been or is being abused or neglected; and the suspicion is formed in the course of the person’s work (whether paid or voluntary) or carrying out official duties</td>
<td>Physical abuse; Sexual abuse; Emotional/psychological abuse; Neglect</td>
</tr>
<tr>
<td>Tas</td>
<td>Registered medical practitioners; nurses; dentists, dental therapists or dental hygienists; registered psychologists; police officers; probation officers; principals and teachers in any educational institution; persons who provide child care or a child care service for fee or reward; persons concerned in the management of a child care service licensed under the Child Care Act 2001; any other person who is employed or engaged as an employee for, of, or in, or who is a volunteer in, a government agency that provides health, welfare, education, child care or residential services wholly or partly for children, and an organisation that receives any funding from the Crown for the provision of such services; and any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons</td>
<td>A belief, suspicion, reasonable grounds or knowledge that: a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004; or there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides</td>
<td>Physical abuse; Sexual abuse; Emotional/psychological abuse; Neglect; Exposure to family violence</td>
</tr>
<tr>
<td>Vic</td>
<td>Registered medical practitioners, registered nurses, a person registered as a teacher under the Education, Training and Reform Act 2006 or teachers granted permission to teach under that Act, principals of government or non-government schools, and members of the police force</td>
<td>Belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment</td>
<td>Physical abuse; Sexual abuse</td>
</tr>
<tr>
<td>WA</td>
<td>Court personnel; family counsellors; family dispute resolution practitioners, arbitrators or legal practitioners representing the child’s interests; Licensed providers of child care or outside-school-hours care services</td>
<td>Reasonable grounds for suspecting that a child has been: abused, or is at risk of being abused; ill treated, or is at risk of being ill treated; or exposed or subjected to behaviour that psychologically harms the child</td>
<td>Physical abuse; Sexual abuse; Emotional/psychological abuse; Neglect</td>
</tr>
<tr>
<td></td>
<td>Doctors; nurses and midwives; teachers; and police officers</td>
<td>Allegations of abuse, neglect or assault, including sexual assault, of an enrolled child during a care session</td>
<td>Physical abuse; Sexual abuse; Neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: *Section 67ZA of the ‘Family Law Act 1975’ (Cth) applies to all states and territories.
this protection. For example, in the Northern Territory, the identity of reporters is not disclosed to families, but may be disclosed to the Family Matters Court upon request.

**About whom can notifications be made?**

Legislation in all jurisdictions except New South Wales requires mandatory reporting in relation to all young people up to the age of 18 (whether they use the terms ‘children’ or ‘children and young people’). In New South Wales, the legislative grounds for intervention cover young people up to 18 years of age, but it is not mandatory to report suspicions of risk of harm in relation to young people aged 16 and 17.

Although particular professional groups (such as psychologists) or government agencies (such as education departments in some states) may have protocols outlining the moral, ethical or professional responsibility or indeed the organisational requirement to report, they may not be officially mandated under their jurisdiction’s child protection legislation. For example, in Queensland, school principals and teachers are required to report suspected abuse and neglect as per Education Queensland policy, but teachers and principals are not mandated to report under the relevant legislation. Further, in some jurisdictions, agreements between authorities can establish reporting requirements.

For example, in Western Australia, there is an agreement between the Department of Health, the Department for Community Development and the Western Australia Police that requires the reporting of all children under 14 years of age with sexually transmitted infections (STI) and the reporting of children 14 and 15 years of age with a STI acquired through abuse.

**What type of concerns must be reported and to what must child protection respond?**

Mandatory reporting laws specify those conditions under which an individual is legally required to make a report to the statutory child protection service in their jurisdiction. This does not preclude an individual from making a report to the statutory child protection service if they have concerns for the safety and wellbeing of a child that do not fall within mandatory reporting requirements.

**Legislation in all jurisdictions except NSW requires mandatory reporting in relation to all young people up to the age of 18.**

A common assumption is that mandatory reporting requirements, the legislative grounds for intervention, and research classifications of abusive and neglectful behaviour are the same. In fact, mandatory reporting laws define the types of situations that must be reported to statutory child protection services. Legislative grounds for intervention define the circumstances and, importantly, the threshold at which the statutory child protection service is legally able to intervene to protect a child. Researchers typically focus on defining behaviours and circumstances that can be categorised as abuse and neglect. These differences arise because each description serves a different purpose; the lack of commonality does not mean that the system is failing to work as policy makers had intended.

**What are the benefits of mandatory reporting requirements?**

Mandatory reporting is considered to be a symbolic acknowledgement of the seriousness of child abuse. Mandatory reporting requirements reinforce the moral responsibility of community members to report suspected cases of child abuse and neglect.

The introduction of mandatory reporting aims to overcome the reluctance of some professionals to become involved in suspected cases of child abuse by imposing a public duty to do so.

Mandatory reporting, and the publicity associated with its introduction, has been found to increase public awareness of child abuse, both within mandated professional groups and within the community at large.

**Are there problems with the introduction of mandatory reporting?**

As the introduction of mandatory reporting requirements within a jurisdiction tends to increase the community’s awareness of child abuse,
in many instances it also results in a substantial increase in the number of reports being made to child protection departments. If there are inadequate resources available to the responsible department to respond to the increased demand, then the increasing number of reports may result in services being overwhelmed with cases to investigate, and lacking sufficient staffing to do so.

In order to cope with this influx of reports, some child protection departments have increased the threshold or level of seriousness of reports that give rise to an investigation; cases considered to be less serious may not be investigated at all.

When mandated people report suspected cases of child abuse or neglect, they expect the child protection department to investigate and take action regarding their report. If this does not occur, there is a risk that such people may cease to make reports in the future.

The introduction of mandatory reporting aims to overcome the reluctance of some professionals to become involved in suspected cases of child abuse by imposing a public duty to do so.

Further details and information about mandatory reporting can be obtained from the relevant statutory child protection authority in each jurisdiction (see Table 2).

### TABLE 2: STATUTORY CHILD PROTECTION AUTHORITIES

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Responsible authority</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>Community Services – Department of Human Services</td>
<td><a href="http://www.community.nsw.gov.au">www.community.nsw.gov.au</a></td>
</tr>
<tr>
<td>QLD</td>
<td>Department of Child Safety</td>
<td><a href="http://www.childsafety.qld.gov.au">www.childsafety.qld.gov.au</a></td>
</tr>
<tr>
<td>SA</td>
<td>Families SA – Department of Families and Communities</td>
<td><a href="http://www.dfc.sa.gov.au">www.dfc.sa.gov.au</a></td>
</tr>
</tbody>
</table>

### FURTHER READING AND REFERENCES


Compiled by Daryl Higgins, Leah Bromfield, Nick Richardson, Prue Holzer and Claire Berlyn.

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All children have the right to be safe and to receive loving care and support. Children also have a right to receive the services they need to enable them to succeed in life. Parents have the primary responsibility for raising their children, and ensuring that these rights are upheld.

We recognise that the best way to protect children is to prevent child abuse and neglect from occurring in the first place. To do this, we need to build capacity and strength in our families and communities, across the nation.

The vast majority of parents – supported by the community and the broad range of government supports and services available to all families – have the capacity to raise happy and healthy children. But some families need more help. And in some cases, statutory child protection responses will be required.

The investment by governments and the non-government sector into family support and child protection services is significant, yet our separate efforts still fail many children and young people (Steering Committee for the Review of Government Service Provision 2009). We need a unified approach that recognises that the protection of children is not simply a matter for the statutory child protection systems.

Protecting children is everyone’s responsibility.

Families, communities, governments, business and services all have a role. And we need to work together.

WHAT IS THE PROBLEM?

In 2007–08, there were 55,120 reports of child abuse and neglect substantiated by child protection services.

For the first time since national data collection there was a reduction in child abuse substantiations from the previous year (2006–07). This is a promising indication that substantial increases in family support may be effective at preventing child abuse and neglect. Data in future years will tell us if this trend continues.

Despite this, the rate has more than doubled over the past 10 years and the number of children subject to child abuse and neglect remains unacceptably high. Indigenous children also remain significantly over-represented. Indigenous children are six times more likely to be the subject of a substantiation than other children (AIHW 2009).

Some of the increases over time are a result of changing social values and better knowledge about the safety and wellbeing of children. Child protection services were originally established in response to serious physical abuse. Now, in response to changing community expectations, they address physical abuse, sexual abuse, emotional abuse, neglect and domestic violence. These changes have been a major driver of increased demand on child protection services (Bromfield & Holzer 2008).

Emotional abuse and neglect are now the most commonly substantiated types of child maltreatment, followed by physical abuse (AIHW 2009). However, research shows that many children experience sexual abuse, and that it is often undetected or not reported to authorities (ABS 2006; Morrison 2007).

As a community we have been shocked and concerned to hear of children who were not identified or adequately protected by welfare systems – for some, their suffering was not known until after their deaths. Systems and procedures such as mandatory reporting requirements have been developed to try to better identify those children who have experienced or are at-risk of abuse or neglect. For many people concerned about a child or family, their first (and perhaps only) response is to make a report to child protection services (Bromfield & Holzer 2008).

Substantial numbers of children and their families now come to the attention of child protection services. In 2007–08, there were 317,526 reports to child protection services in Australia. The vast majority of these reports were not substantiated – meaning the report was assessed and a child protection response was not required at that time. In these cases, other forms of support would have been a more appropriate response.

The numbers of children being removed from their parents has also more than doubled over the past decade. At 30 June 2008, there were 31,166 young people in out-of-home care.

FIGURE 1: A SYSTEM FOR PROTECTING CHILDREN

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placements (Cashmore & Paxman 2006). Each year in a small number of terrible cases, children die as a result of child abuse and/or neglect. The exact numbers are difficult to ascertain due to reporting limitations.

**WHAT NEEDS TO CHANGE?**

Australia needs to move from seeing ‘protecting children’ merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children. Leading researchers and practitioners – both in Australia and overseas – have suggested that applying a public health model to care and protection will deliver better outcomes for our children and young people and their families (Holzer 2007; O’Donnell, Scott, & Stanley 2008; Scott 2006; ARACY 2007). The components of such a system are illustrated in Figure 1. Under a public health model, priority is placed on having universal supports available for all families (for example, health and education). More intensive (secondary) prevention interventions are provided to those families that need additional assistance with a focus on early intervention. Tertiary child protection services are a last resort, and the least desirable option for families and governments.

**Just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service.**

In reality, Australia’s child welfare service systems more closely resemble an hourglass than a pyramid. As demands on child protection services have grown, the size of child protection services have grown to meet that demand. Child protection services cannot provide a response to all vulnerable children and their families.

A public health model offers a different approach with a greater emphasis on assisting families early enough to prevent abuse and neglect occurring. It seeks to involve other professionals, families and the wider community – enhancing the variety of systems that can be used to protect children and recognising that protecting children is everyone's responsibility (Higgins & Katz 2008). Ultimately, the aim of a public health approach is to reduce the occurrence of child abuse and neglect and to provide the most appropriate response to vulnerable families and those in which abuse or neglect has already occurred.

**A NATIONAL APPROACH FOR PROTECTING AUSTRALIA’S CHILDREN**

Australia needs a shared agenda for change, with national leadership and a common goal.

Recognising that the safety and wellbeing of children is the responsibility of all levels of government, the Australian Government has led the development of the National Framework, working closely with States and Territories.

Similar challenges are being faced across the nation. State and Territory governments currently spend in excess of $2 billion annually on child protection alone, with average annual increases of more than 12 per cent.

State and Territory governments are currently implementing reforms to their statutory child protection systems – all focused on early intervention. But for these reforms to be truly effective, they need to be coordinated with Australian Government programs, policies and payments – a large part of the early intervention response.

The National Framework will deliver a more integrated response but does not change the responsibilities of governments. States and Territories retain responsibility for statutory child protection, as the Australian Government retains responsibility for providing income support payments. The National Framework also recognises the significant existing efforts and reforms which are being undertaken by governments across Australia in protecting children and supporting families.

It does however, involve a commitment from all parties to focus our own efforts on protecting children to, and work together better in areas of shared responsibility. It also involves a commitment to better link the many supports and services we provide – avoiding duplication, coordinating planning and implementation and better sharing of information and innovation. Naturally, the span of activity required to support these outcomes means that new efforts will build on and link with existing initiatives to achieve the best possible outcomes.

A National Framework provides an opportunity to drive improvements across all systems and all jurisdictions. National leadership will provide the momentum for key national projects – such as data, research, information sharing and national consistency in critical areas. A National Framework also provides a mechanism for engaging the non-government sector and the broader community on a national level.

**ENDNOTES**

1. Australia is a signatory to the United Nations Convention on the Rights of the Child. In the Convention, the term ‘child’ is defined as anyone under the age of 18 years. This National Framework follows that definition.

2. The estimated total recurrent expenditure on child protection and out-of-home care services was $2 billion in 2007-08, an increase of 13.5 per cent on the previous financial year.

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Last modified 12 May, 2009
An independent inquiry into the Northern Territory’s child protection system has recommended a backlog of cases be urgently cleared, according to ABC News.

The Territory Government asked Doctor Howard Bath to carry out the inquiry after a series of complaints from child protection staff and doctors that not all children at risk were being followed up.

In the report released this afternoon, Dr Bath says the system has been overwhelmed by a tsunami of need with at least 1,000 at-risk children not being investigated at all times.

Among his 147 recommendations, Dr Bath has asked the Government to urgently clear the backlog of child protection investigations that have not been allocated to a member of staff.

Dr Bath says the Territory’s child protection system is an “overwhelming failure”, while the co-chair of the inquiry, Muriel Bamblett, says the Territory has the worst level of child abuse and neglect in the country.

“There’s more vulnerability in the Northern Territory than I’ve probably seen in any other state or Territory,” Ms Bamblett said.

Although the Northern Territory and Federal governments have a Territory child protection budget of $34 million, the inquiry has found both governments need to increase funding for staff recruitment and retention.

It says to address the problem of recruiting carers, particularly in remote communities, carers' and kinships allowances should be increased.

It also says more money will be needed for Foster Care Northern Territory to provide services.

Unrealistic case load

The report has also recommended the Territory Government set benchmarks for the number of cases staff have to deal with, saying child protection staff have been overwhelmed by an unrealistic case load.

Dr Bath says currently, some workers are dealing with 80 cases – 30 to 40 being the norm – when they should only have to deal with six to 15 child protection cases.

He has also recommended a review of offices where there is a high turnover of staff.

Chief Minister Paul Henderson says the Government is determined to follow through with the recommendations and improve the child protection system.

He says there will be more funding for measures that include employing 42 more child protection workers.

“The Government will act and today I’m announcing that the Government has committed an additional $130 million over the next five years to support the implementation of the recommendations in this report,” Mr Henderson said.

Some workers are dealing with 80 cases – 30 to 40 being the norm – when they should only have to deal with six to 15 child protection cases.

Before the report was released, about 50 people rallied outside Parliament House in Darwin to call for changes to the state’s child protection system.

Darwin City councillors, lawyers, child protection advocates and victims of child abuse gathered to call on the Government to immediately implement any recommendations in the report.

Several speakers told the rally that the Territory’s child protection system is broken and many children in remote indigenous communities are being forgotten and abused.

The inquiry is the Government’s response to two shocking cases of neglect and abuse investigated by the coroner. In 2007, a 12-year-old Aboriginal girl was found dead outside her foster home with a treatable leg injury that had turned septic, and in 2005 a seven-week-old baby boy was found starved to death in his family car at Port Wakefield while travelling back to Alice Springs.

Both deaths were preventable.

Even before the report was officially released the Territory’s Minister for Children and Families, Kon Vatskalis, indicated he was prepared to provide extra funding for training and recruiting Aboriginal child protection workers.

Mr Vatskalis admits the child protection system is outdated, culturally inappropriate and needs an overhaul.
What is out-of-home care?

Out-of-home care refers to the care of children and young people up to 18 years who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short- or long-term basis (Victorian Government Department of Human Services, 2003).

There are three main types of out-of-home care:

➤ Foster care: where care is provided in the private home of a substitute family who receives payment that is intended to cover the child’s living expenses

➤ Kinship care: where the caregiver is a family member or a person with a pre-existing relationship with the child, and

➤ Residential care: where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where there are rostered staff, where there is a live-in carer and where staff are off-site (e.g., a lead tenant or supported residence arrangement) (Australian Senate Community Affairs Committee, 2005, p.78).

Out-of-home care can be arranged either formally or informally. Informal care refers to arrangements made without intervention by statutory authorities or courts; and formal care occurs following a child protection intervention (either by voluntary agreement or care and protection court order). This resource sheet will describe those children in out-of-home care in Australia who are on care and protection orders.

How many children live in out-of-home care in Australia?

The most recent statistics from the Australian Institute of Health and Welfare (AIHW, 2010) report that, as of 30 June 2009, there were 34,069 Australian children living in out-of-home care. Table 1 shows the number of children in Australia admitted to out-of-home care, by age group, in each state and territory during 2008-09.

The number of children in out-of-home care has risen every year over the last 10 years (AIHW, 2010). Since 30 June 1999, the number of children in out-of-home care has more than doubled (increased by 117%). The numbers rose 9.3% in 2008-09. At 30 June 2009, the rate of children aged 0-17 years in out-of-home care was 6.7 children per 1,000 (AIHW, 2010).

What percentage of children in out-of-home care live in foster care in Australia?

The AIHW statistics show that 94% of all children living in out-of-home care in Australia are in home-based care. Of that figure, 47% are in foster care, 45% are in relative/kinship care and 1.4% are in a different kind of home-based care (AIHW, 2010).

| TABLE 1: CHILDREN ADMITTED TO OUT-OF-HOME CARE BY AGE GROUP, STATES AND TERRITORIES, 2008-09 |
|-----------------------------------------------|----------------|----------------|-------------|----------|----------|--------|-------|----------|----------|
| Age (years) | NSW | Vic1 | QLD | WA | SA | Tas | ACT | NT | Australia |
|<1 | 726 | 396 | 530 | 171 | 127 | 50 | 23 | 41 | 2,064 |
|1-4 | 1,293 | 724 | 769 | 237 | 170 | 85 | 46 | 82 | 3,406 |
|5-9 | 1,134 | 649 | 726 | 198 | 133 | 96 | 39 | 64 | 3,039 |
|10-14 | 1,085 | 801 | 719 | 170 | 136 | 90 | 60 | 111 | 3,172 |
|15-17 | 325 | 366 | 271 | 21 | 94 | 28 | 26 | 20 | 1,151 |
|Unknown | 1 | – | – | – | – | – | – | – | 1 |
|Total | 4,564 | 2,936 | 3,015 | 797 | 660 | 349 | 194 | 318 | 12,883 |

Per cent

| Age (years) | NSW | Vic1 | QLD | WA | SA | Tas | ACT | NT | Australia |
|<1 | 15.9 | 13.5 | 17.6 | 21.5 | 19.2 | 14.3 | 11.9 | 12.9 | 16.1 |
|1-4 | 28.3 | 24.7 | 25.5 | 29.7 | 25.8 | 24.4 | 23.7 | 25.8 | 26.5 |
|5-9 | 24.9 | 22.1 | 24.1 | 24.8 | 20.2 | 27.5 | 20.1 | 20.1 | 23.7 |
|10-14 | 23.8 | 27.3 | 23.8 | 21.3 | 20.6 | 25.8 | 20.9 | 20.9 | 24.7 |
|15-17 | 7.1 | 12.5 | 9.0 | 2.6 | 14.2 | 8.0 | 13.4 | 6.3 | 9.0 |
|Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Notes: (1) Due to new service and data reporting arrangements, the Victorian child protection data as of 2006-07 may not be fully comparable with previous years’ data. The table includes all children admitted to out-of-home care for the first time, as well as those children returning to care who had exited care more than two months previously. Children admitted to out-of-home care more than once during the year were only counted at the first admission. Percentages exclude children of unknown age. Percentages in tables may not add to 100 due to rounding.

Table 2 compares the proportion of children in out-of-home care by living arrangements for each state and territory. Of children in out-of-home care, the Northern Territory, Queensland and Tasmania had a relatively high proportion in foster care (64%, 60% and 54% respectively), and New South Wales has a relatively high proportion placed with relatives or kin (57%) compared to other states and territories (AIHW, 2010).

How many Aboriginal and Torres Strait Islander children live in out-of-home care?

As of 30 June 2009, Aboriginal and Torres Strait Islander children comprised 4.6% of all children aged 0-17 years in Australia (AIHW, 2010) yet in 2008-09 they constituted 31% of those 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 June 2009, there were 10,512 Aboriginal and Torres Strait Islander children in out-of-home care in Australia - a placement rate of 44.8 per 1,000 Aboriginal and Torres Strait Islander children aged 0-17 years. In contrast, the rate for non-indigenous children was 4.9 per 1,000. This indicates that the national rate of Aboriginal and Torres Strait Islander children in out-of-home care was 9.2 times the rate for other children (AIHW, 2010). There was substantial variation across the states and territories, with the placement rate of indigenous children varying from 13.2 per 1,000 in the Northern Territory to 71.3 per 1,000 in New South Wales (AIHW, 2010).

What is the Aboriginal and Torres Strait Islander Child Placement Principle?

The Aboriginal and Torres Strait Islander Child Placement Principle has been endorsed in legislation or policy, in all Australian states and territories. The principle states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family.

Only if an appropriate placement cannot be found from these three groups can an Aboriginal or Torres Strait Islander child be placed with a non-indigenous carer (Lock, 1997).

The preferred order is for the child to be placed with:

- The child’s extended family (kin)
- The child’s indigenous community (kith), or
- Other indigenous people.

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in their communities (Lock, 1997).

Children placed in one of the three preferred options are described as having been placed in accordance with the principle. The percentage of children placed in accordance with the principal varied substantially across jurisdictions from 27.7% in Tasmania to 84% of placements in New South Wales (see Figure 1). In Australia in 2008-09, 72.6% of indigenous children were placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (AIHW, 2010). For more information see Child Protection and Aboriginal and Torres Strait Islander Children (Berlyn & Bromfield, 2010).

How are foster carers reimbursed?

State and territory governments pay foster care subsidies to carers. The size of the subsidy varies between the states and territories. With the exception of NSW, subsidies increase with the age of the young person in care. Table 3 shows the rates of subsidies provided to foster carers across each Australian state and territory as at 1 July 2006.

Some carers may be able to access additional payments from state governments; for example, if a child has been classified as having very high needs.

In addition, caregivers may be entitled to a range of benefits funded by the Commonwealth Government. For example, foster carers can access Family Tax Benefits and Health Care Cards for foster children in their care, regardless of means testing (Australian Foster Care Association, Centrelink, and Department of Family and Community Services, 2004; Higgins et al., 2005).

What does foster care cost?

Recurrent expenditure on child protection and out-of-home care services was approximately 2 billion across Australia in 2008-09. Nationally, out-of-home care services accounted for the majority (66% or $1.4 billion) of this expenditure (Steering Committee for the Review of Government Service Provision, 2010). A study by the Social Policy Research Centre found that the cost of caring for children in foster care is, on average, 52% higher than the costs of caring for other children not in care (McHugh, 2002).

### TABLE 3: STANDARD SUBSIDY RATES TO FOSTER CARERS ACROSS STATES AND TERRITORIES, AS AT 1 JULY 2006

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Notes

1. All amounts quoted above are rounded to the nearest dollar. These figures are only one component of many carer payments. State/territory policies and payments for contingencies and other child-related costs must also be considered in the broader payment context.
2. Indicates date on which payment first became operative.
3. The Tasmanian CPI is calculated in September-October each year and then back-dated and back-paid to 1 July.
4. The ACT rate was increased on 1 July 2006 by $5 across the board, as a fuel compensation, on 1 July 2006.
5. New NSW subsidy payments and contingency payment arrangements were announced on 10 September 2006 and were back-dated to 1 July 2006.

Source: Australian Foster Care Association (AFCA), 2006
What are some of the key issues/challenges in foster care in Australia today?

Many children in out-of-home-care still experience multiple placement changes (Ainsworth, 2001; Delfabbro, Barber, & Cooper, 2000; Forde, 1999). This can be a concern for young people in care. In a survey of 1,767 Queensland children and young people in care, almost 20% of respondents were worried about having to move to another placement in the next few months (Commission for Children and Young People and Child Guardian, 2008).

Recruiting enough carers to cope with the increased demand for foster carers is a concern for most states and territories (Rhodes, Orme, & Buehler, 2001; Rindefleisch, Bean, & Denby, 1998). Some are advocating for the professionalisation of foster carers in a bid to facilitate recruitment and help the increasing number of children coming into the system with complex and challenging behaviour problems (Butcher, 2005).

With the reliance on home-based care and the problems recruiting sufficient numbers of foster carers, there has a rapid increase in the proportion of children in kinship care (Ainsworth & Maluccio, 1998; Leslie, Landsverk, Horton, Granger, & Newton, 2000). It is now often considered to be the preferred option of alternative care for the child (Beeman & Boisen, 1999). However, at this stage, there is insufficient research evidence to demonstrate whether or not kinship care produces better outcomes for children (Bromfield & Osborn, 2007a, 2007b).

REFERENCES


At 30 June 2008, there were 31,166 children in out-of-home care in Australia. Almost half of these were living in foster care. Foster children often come from abusive or neglected backgrounds and caring for them can be a challenge. It can also be very rewarding.

PROFILE OF A FOSTER FATHER

Clyde is a foster father and also has two biological children. He and his wife live in Shepparton, Victoria.

CLYDE

“My wife and I have been foster parents for about 25 years. We’ve cared for about 250 children. We had two children of our own, but after that we decided to help other children.

“We really enjoy what we do. We’ve still got four kids from two families here ranging from four to 12. They’ll stay with us until they’re independent. We’ve had another seven children who have grown up with us. Some kids we’ve had two or three years and then they go back home. Some only stay overnight.

At 30 June 2008, there were 31,166 children in out-of-home care in Australia. Almost half of these were living in foster care.

“In the past we’ve had up to eight or 10 kids at once. We’ve always concentrated on family groups. The main reason kids end up in care is because the parents aren’t able to look after them properly – with domestic violence mainly and sometimes neglect or drug abuse.

“Getting the kids to fit in can be a bit of a challenge. A lot of these kids don’t have any boundaries when they come into care. At home they’ve been allowed to do what they like. We deal with disturbed behaviour by having firm boundaries, like set bedtimes, and outlining consequences. After a few days they realise that’s how it is and most fall into line.

“We consider the children as part of our family. We also talk to them about their families and try to explain awkward questions like, “Why am I here?” We tell them their parents do love them but they can’t look after them because they’ve got their own problems. The worst thing is when kids have no contact with their parents. They often think that maybe it would have been better if they had stayed with them. But some say, “We don’t want to go back to our parents’ house, it’s terrible there”. Ultimately the system favours the parents, and the kids tend to go home until they are old enough to voice their own opinions.

“We always try to have contact with the biological parents. Most are pretty good once they come to terms with the fact that they need someone else to look after their kids. Sometimes we go to a park or a community house for contact. With the kids who have been here for a few years, their parents come here.

“The children we’ve cared for generally understand what is happening and appreciate it. Sometimes we’ll walk down the street and we’ll see a kid we cared for 10 years earlier and they’ll say hello. A few keep coming back and visiting.

“We get some assistance for food and clothing, but it doesn’t quite go far enough – not in our case anyway. We tend to do a lot of things for the kids: holidays and camping and we try to get them involved in sport as much as possible. But we look after ourselves too. We make sure we go out once a week and we take a week off every now and then. It’s the only way we’ve managed to keep going.”

PROFILE OF A FOSTER MOTHER

Lyn has three biological children and has cared for 25 foster children over 15 years. She lives in Melbourne, Victoria.

LYN

“I’ve been fostering children for about 15 or 16 years
now. I started when I was about 50. It was something I had always wanted to do but it was a matter of the time being right. So far we’ve had about 25 children in our care; some for short periods of time, some for much longer.

“These days I mostly take little babies because of my age – it’s too hard to go running after toddlers and little children. At the moment I’ve got a little four-month-old girl and it’s looking like she’ll be adopted. She is a beautiful little girl, but her mother has mental health issues and can’t care for her. She was placed in foster care voluntarily – as opposed to children who end up in care as a result of a court order. In situations where the parents aren’t in a position to care but can make the decision to adopt, adoption can offer children the best hope for a healthy family life.

“The challenge with babies is keeping up the energy. I tend to be tired all the time. My husband has been fantastic with the children though. When we have small babies, he’ll do the final feed of the night and let me get a few hours before they wake up in the night. Caring for small children means you have to sacrifice quite a few things, but nothing really important. It just means you have to stay home more.

“We haven’t had much trouble with behavioural problems. Children really respond to having boundaries in place, particularly small babies – routines and boundaries really help to make children feel safe and secure. This is really important for foster children. With the little girl now, I always have a routine of putting on her night clothes and singing songs and reading stories to her so she knows it is bedtime.

“The politics associated with fostering are challenging. I don’t always agree with decisions made about the child and the confidentiality issues are complicated. In the old days you weren’t told very much at all about the child but it has relaxed more now. There are systems for exchanging information, and it’s important to know about the child’s history, behaviour and health.

“Being a foster parent has turned out to be the most rewarding thing I could have done. I do it for the children and for the families. It is wonderful seeing a family coming together for the sake of the child and makes giving them back much easier. And my family has benefited enormously too. My children and their children are always aware that there is always someone out there in a worse position than themselves.”

**Foster care is sometimes referred to as out-of-home care. Foster children may be in ‘kinship care’ – that is, they are related to their foster parents. In ‘non-kinship care’, children have no biological relationship to their foster parents**

**As of 30 June 2008, there were 31,166 Australian children living in out-of-home care**

**Of all children living in out-of-home care in Australia, 48% are cared for by non-kinship foster parents. A further 45% are living in kinship foster care (with their extended family)**

“A foster parent has turned out to be the most rewarding thing I could have done. I do it for the children and for the families ...”

**THE CHALLENGES**

Becoming a foster parent is a big decision and can require significant commitment. Foster parenting is often described as being more than a parent. The rewards include contributing and making a difference to a child’s life. But fostering can be challenging in ways that can affect carers physically, emotionally and financially.

**WHY CHILDREN ARE FOSTERED**

Children require fostering or out-of-home care for several reasons, some of them include:

- The home life of the biological parent is unhealthy or inadequate for the child
- There might be domestic violence or a history of sexual assault or physical abuse
- Parents might be in jail or suffering from drug abuse issues
- Parents might be suffering mental health issues or intellectual disability.

Sometimes foster parents don’t know how long they will be looking after the children in their care. This uncertainty can contribute to feelings of instability for
Everyone – biological parents, children and foster parents. Sometimes care may be for only a matter of days or it may be permanent, depending on the biological parents’ situation.

**WHAT MAKES IT HARD**

All parents – biological and foster – face challenges, but foster carers may have additional stresses that include:

- Feeling there is no one to talk to when a crisis occurs and finding it stressful to deal with children’s complex needs
- Feeling there is inadequate training and support for dealing with foster children’s specific needs
- Feeling frustrated that they cannot access information about foster children in relation to difficult or problem behaviours or health problems
- Finding it difficult to cope with the costs related to children with special needs
- Being unsure of how to deal with the complex emotional reactions of children after they’ve seen their biological parents
- Having mixed feelings towards the biological parents of the child in their care
- Having difficulty with their own feelings of emotional attachment to the child in their care
- Dealing with social and government agencies.

One of the main issues for foster parents is dealing with foster children’s difficult behaviour, which may be violent, antisocial or sexualised.

One of the main issues for foster parents is dealing with foster children’s difficult behaviour, which may be violent, antisocial or sexualised. Behaviour management can be a new or out-of-practice skill for foster parents, but there are simple strategies that can help.

Foster children may display disturbing behaviour because they experience many complex and disturbing emotional issues, including:

- Blaming themselves for being removed from birth parents
- Wanting to return to birth parents, even in abuse cases
- Feeling unwanted or rejected, particularly if waiting to be adopted
- Feeling unsettled about changes in foster parents or having mixed feelings about their foster parents
- Feeling uncertain of their future or identity
- Being traumatised from episodes of abuse or neglect.

In the Behaviour Toolkit section of the website, you will find more tools to help you encourage good behaviour and deal with difficult behaviour in a positive, constructive way.

**CONTACT WITH BIOLOGICAL PARENTS**

It is important to maintain continuity of all relationships in a foster child’s to help them feel safe and loved. These include relationships with foster families, friends, role models and other family members.

It is widely recognised that maintaining contact between children and their biological parents and siblings is the most important factor influencing outcomes for children in out-of-home care. This contact is a key factor in the development of children’s identities and resilience, and their perceptions of security and stability. It also prepares them for being reunited with their birth families.

Foster carers may find contact challenging when they have mixed feelings towards the biological parents or feel the biological parents resent them. They may also feel uncomfortable if children have mixed feelings about their biological parents, or develop conflicts of loyalty between their foster and biological parents.

**FINANCIAL HARDSHIP**

Foster carers demonstrate great commitment and provide a valuable service to the community in a society that has seen a shift away from institutionalised care to home-based care. But many feel the allowances to help cover the costs of caring for foster children are inadequate, particularly for children with special needs.

In these circumstances, it’s worth remembering that basic money management and budgeting can make a real difference to making ends meet.

For those foster carers with children in kinship care, the financial and physical responsibilities related to full-time caring for children may interfere with retirement or other life plans.

**REFERENCES**

Rese streak the Australian Child-
hood Foundation has revealed 
that though a quarter of all 
adults have identified a case of abuse 
and neglect in the past five years, one 
in six people did nothing. They did 
not even discuss their concern with a 
professional, let alone make a report 
to child protection authorities.

The need to ‘end the silence’ 
prompted the Australian Human 
Rights Commission to mark National 
Child Protection Week by circulating 
an online survey to gauge people’s 
attitude and response to suspected 
child maltreatment.

Heightened awareness is clearly 
essential to educate the community 
about the shared responsibility for 
preventing harm to children. How-
ever, organisations committed to 
protecting children’s rights, such as the 
AHRC, have an even more important 
role to play as an independent watch-
dog and advocate for children.

The bigger issue is the need to 
hold child protection authorities 
across the country to account for the 
��统ic failure to protect vulnerable 
children. Improved oversight is also 
derately needed to counteract the 
highly-political process by which child 
protection policy is formulated.

The sad truth is that virtually no-
body lobbies governments to defend 
the interests of the most abused and 
neglected children in the community. 
However, plenty of lobbying occurs 
in the interests of public sector social 
workers and the NGO sector.

The reason that child protection 
regimes throughout Australia are not 
operating in children’s best interests 
is that the most vocal and influential 
lobby groups have a vested interest 
in promoting family preservation-
focused child protection policies. 
The policies are designed to keep at-risk 
children with dysfunctional families 
so that taxpayer funded support ser-

This sorry state of affairs was amply 
demonstrated by the New South Wales 
Government’s response to the Wood 
Special Commission of Inquiry into 
the child protection system. Millions 
of dollars in extra funding has been 
emarked for early intervention and 
other parental support and family 
preservations programs, which will 
be run by Community Services, 
Department of Human Services NSW 
in conjunction with NGO groups.

This policy defies rational analysis 
of the most serious problems in the 
child protection system. The Wood 
Report established that almost half 
of the 300,000 reports received by 
Community Services each year concern 
a relatively small hard core of approx-
imately 7,500 repeatedly reported families.

The reason the same families 
are re-reported 10 and 20 times is that 
in most of these cases children are not 
even seen by a Community Services 
caseworker to ascertain their welfare, 
despite mandatory reporters (teachers, 
nurses, doctors, police) raising serious 
concerns for their wellbeing. Wood 
established that only 13 per cent of 
reports are followed up with an investi-
gation that includes a home visit.

These shameful statistics reflect the 
extent to which the family preservation-
focused approach to child protection 
has marginalised traditional child 
protection work. Child removal has 
become a last and reluctant resort, 
and been displaced by keeping families 
intact and providing support services 
that attempt to address parents’ 
complex problems such as domestic 
violence and drug and alcohol abuse.

This means that while many 
at-risk kids aren’t receiving detailed 
investigations to ensure their safety, 
an army of social workers are out 
there trying to counsel away the often 
entrenched dysfunctional behaviour 
of an underclass of bad parents.

As a consequence rising numbers 
of children in Australia are being left 
in situations which expose them to 
cumulative harm and potentially 
extreme neglect and severe abuse. 
Many children are now temporarily 
removed on multiple occasions 
from dysfunctional families, only to 
be repeatedly sent back to parents 
fundamentally incapable of providing 
the proper care and support that all 
children need to thrive and have a 
right to receive. The reality is that 
some families are completely broken 
and can never be fixed no matter the 
support given to parents. In these 
cases, early and permanent removal 
is in the best interests of children, 
preferably by means of adoption by 
suitable families. However, neither of 
these messages is cutting through with 
policy makers who continue to listen 
to the largest and loudest stakeholders 
in the child protection debate.

Vulnerable children therefore 
desperately need a truly independent 
advocate to help turn this situation 
around. This is where the Human 
Rights Commission should be stepping 
in and demanding child protection 
authorities become more transparent.

The AHRC should have used 
National Child Protection Week to 
highlight the fact that the most basic 
and most revealing child protection 
data is not available. We don’t know 
the number reports that actually are re-
ports on a state-by-state basis. Nor 
do we know the number of home visits 
conducted (or rather not conducted) by 
child protection authorities every year.

If we are to really end the silence, 
this crucial data must be published 
anually. Only then will we truly know 
the extent to which child abuse and 
neglect is being ignored.

Jeremy Sammut is a Research Fellow 
at the Centre for Independent Studies.

Opinion piece first published on 
On Line Opinion, 18 September 2009 
Centre for Independent Studies | www.cis.org.au
Secretive system doesn’t bear scrutiny

The most vulnerable youngsters are the ones who end up paying for ideologically-driven protection services, argue Chris Goddard and Joe Tucci

According to Oscar Wilde, the cynic “knows the price of everything and the value of nothing”. Even Wilde’s talents would have been stretched to describe a situation where neither the price nor the value appear to be of any consequence, especially when the subject is the protection of children.

This week we established the staggering price Australia pays for child abuse and child protection: the conservative estimate by Access Economics is that the cost of child abuse in 2007 was $10.7 billion but could be as high as $30.1 billion. The research by Access, the Australian Childhood Foundation and Monash University could not be more timely, as even comparatively small amounts of money merit front-page treatment.

Last week, The Australian reported Julia Gillard was sending forensic accountants into ABC Learning to investigate the company’s collapse. The Government committed $22 million to keep centres open and wants to know where the dollars are going. Forensic accountants are required for such a comparatively small sum, even though $22 million is barely seven hours of the annual cost of child abuse and child protection, if we use the higher-bound figures.

At the same time as financial markets appear to be collapsing, Caroline Overington in The Australian has investigated another expensive system close to collapse, child protection services. Such large sums spent on such small vulnerable people: more than $600 million a year in NSW on foster care alone. Yet these large sums do not seem to warrant the same level of public inspection. According to Overington, 39 private companies and non-government agencies share that $600 million. Despite the large sums spent, children live in “dirty, over-crowded conditions”, with no spot checks on the standards of the care.

As we wrote in this paper this year, child protection is dominated by an ideology that claims social, economic and cultural forces cause child abuse and neglect. This is why the federal Government’s discussion paper, calling at long last for a national approach to child protection, was still deficient. The paper ignored child sexual abuse, child murder, chronic child neglect and the vulnerability of children with disabilities.

This ideology is used to obstruct potentially appropriate responses to abuse. Significant numbers of young children in foster care should not be there. Ideology ensures that they have nowhere else to go. Infants and young children subjected to numerous failed attempts at reunification with their birth parents are locked into a crumbling foster care system. Logic suggests some could be made available for adoption. Ideology says not.

Then there are older children and young people. After failed reunifications and multiple placements, many have behavioural problems exacerbated by insecurity and instability. Some are medicated to mask their pain, to make them more manageable. Too many drift out of care, ending up on the streets or in the juvenile justice system. Some would benefit from institutional care, residential therapeutic and educational care to attempt to heal the past and prepare them for uncertain futures. This is not to ignore the abuses of institutional care; the Mullighan inquiry in South Australia described in terrible detail how those in the care of the state were abused. Those abuses, however, occurred because children and young people were silenced and those in authority did not care enough to listen, a situation similar to that described by Overington.

Much of the above will be dismissed by some as anecdotal and sensationalist, the final defence of those in charge. What The Australian called “obsessive secrecy” used to “protect the sensitivities of social workers and bureaucracies” is also used to defend failed ideology. Some states actively discourage research or permit it only with strict limitations. Without evaluation, without research, critical appraisal is difficult. Even official figures are unreliable. The Australian Institute of Health and Welfare reports annually on child protection. A new report will appear in January, no doubt including the regular caution that making comparisons between states is not possible. Even basic measures are not available: “It is not possible to calculate the exact proportion of children who were the subject of more than one notification or substantiation.” In translation: we cannot tell you how many children are reported to child protection services more than once each year, or how many are found after investigation to be abused more than once each year.

To spend so much and know so little defies belief. To spend so much and know for so long that so little is known is negligent at best. Child abuse requires secrecy. That child protection systems avoid accountability says a great deal about how little we value the most vulnerable children. Even when failings come to attention, transparency is sacrificed. The recent report on how the Victorian child protection system responded to the Geelong woman charged with criminal neglect of her children in Adelaide is a good example. The review found, as The Australian reported, that Victoria’s child protection system did not fail. The finding might have been more credible had the report not been written by the same system’s principal child protection officer.

Many urgently needed reforms could be cost-neutral. Adoptions could save millions, if not billions. Universal nurse home-visiting for preschool children could assist in preventing abuse or identifying it earlier. Australia pays too much for ideologically driven child protection services that escape accountability. Children pay the price in lost childhoods and forgone adult opportunities. A transparent, accountable national child protection service would allow the scrutiny that is long overdue. It also would demonstrate that children are too important to allow cynics to hide the costs of child abuse and the failures of child protection.

Chris Goddard is director of Child Abuse Prevention Research Australia at Monash University.

Joe Tucci is chief executive of the Australian Childhood Foundation.

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CHILD ABUSE IS A BLIGHT ON US ALL

Over many months we have witnessed the surfacing of truly saddening and horrifying stories of child abuse, neglect and death. As The Age editorial (26/6) pointed out, these are only the tip of the iceberg, reports director of the Australian Research Alliance for Children and Youth, Rob Moodie

We have been forced to acknowledge that this is a problem with no boundaries. It is happening in all sorts of suburbs – comfortable and poor, remote and urban, non-indigenous and indigenous. It is happening in single-parent families and in families with two parents. It could be happening in our community, on our street, right next door.

Child abuse and neglect is not just a family problem and something to be solved by social workers, police and the courts. It is a whole-of-nation problem. Although we do not have a national study to show its prevalence, we know reported cases are on the rise and that our “treatment systems” are straining to cope.

Cost estimates of providing services to ameliorate the damaging consequences of this problem are enormous. A conservative estimate puts the figure at about $5 billion. The cost is more than the price of direct intervention – the social workers, police, doctors, nurses, foster families, psychologists, court workers. It includes the provision of long-term services to address the consequences of abuse – the health, welfare and justice services later in life. And it includes the cost of opportunities lost when an adult survivor is unable to contribute positively and creatively to society.

The damage of child abuse and neglect goes well beyond the physical manifestations of bruises and tears. Neuroscientists tell us that early abuse acts as a severe stressor that can produce lasting alterations in patterns of brain development, which, in turn, can adversely affect personal functioning later in life. It can shape the brain to be more irritable, impulsive and hyper-vigilant – and it can reduce the capacity of the child to learn.

Mental health problems often have their origin in abuse or neglect in childhood, as do addictions – including hazardous drinking, poor school attendance and crime. All of these increase the risk of an adult life of poverty, failed relationships, homelessness and isolation. Child abuse is not something you “get over”.

How can we as a nation truly claim to value and love our children when we pay our car-park attendants more than we remunerate child-care workers, when pet shows get more airing than parenting shows, and the teachers who care for our children and have the responsibility for the learning that sets them up for life are paid less than most other professionals? Adults plan and run cities from adult perspectives. Consequently, children have been driven off our streets as parents fear for their safety. Yet we replace one risk with the potentially much greater risks of inactivity and social isolation. No reasonable adult would accept a boss hitting an employee, no matter how slight the hit or how poor the behaviour of the employee. Nor do we tolerate adults hitting each other in the streets or in the home. Our laws say no one has the right to hit another person, but when it comes to children we overlook this law. Corporal punishment of children in schools is outlawed, but a parent may physically chastise a child.

Given these anomalies, it is hardly surprising that we design and run our child protection systems from organisational, adult, perspectives. Integrating existing services and programs will provide some solutions, but a more integrated response requires that the central and first question be “what is in the best interests of this child?” rather than “what can we do for this child within our area of responsibility?”

We need to fundamentally shift our thinking and doing to be much more focused on our children than, dare I say, on ourselves. To quote Josh, aged 9, from the Australian Childhood Foundation’s 2004 report, Play Your Part: “Child abuse will only stop when children like me become important to everyone.”

Some very exciting ideas about enhancing social inclusion and minimising poverty emerged from the recent 2020 Summit. These included a national action plan on social inclusion, the establishment of a national housing foundation, with a small percentage from the sale of every property in Australia to go to public housing and homelessness, and a National Development Index underpinned by specific measurable indicators of social inclusion.

These are consistent with the best evidence from countries that most successfully improve child wellbeing and minimise child abuse and neglect.

We need a universal system of home visits and assessments by nurses in the first instance and other professionals in the follow-up phase, if required. We need greater public awareness about the long-term consequences of child abuse and neglect. Local governments need federal and state support to build child-friendly communities that include safe play areas and areas for young people to meet and socialise, libraries, child-care centres and early childhood education centres. Just like roads and rubbish collection, these are essential elements of local infrastructure. They are vital for developing healthy children.

UNICEF’s report in 2007, Child poverty in perspective: An overview of child wellbeing in rich countries, says that “the true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialisation, and their sense of being loved, valued and included in the families and societies into which they are born”.

In Australia this means revaluing our children, something that must be done for humanitarian and compassionate reasons as much as for economic reasons.

Rob Moodie is a director of the Australian Research Alliance for Children and Youth and professor of global health at the University of Melbourne’s Nossal Institute.

Source: The Age
Opinion, 30 June 2008
When we look back on the days before a child is killed, injured or neglected by a parent or a relative, it can look so obvious that the child was in danger. It is understandable that the community turns angrily to the child protection workers who are meant to be preventing this kind of tragedy and asks them to explain why they failed.

With hindsight, it seems incredible that the risk to the child was not seen. The trouble is that before the event none of these signs are quite so clear-cut.

After the death or injury to a child, relatives and neighbours often reveal that they were worried about what was going on. They may have made reports to a child protection hotline. They feel let down because their efforts did not keep the child safe. But the hotline receives thousands of reports every year, and most do not involve families where there is an imminent risk of death and a dramatic rescue effort is needed. Was there anything in their report that made it stand out from the thousands of others?

A headache is usually a symptom of a mild, transient illness but, on occasions, it is an early sign of a life-threatening disease. Likewise, the visible problems reported to Community Services are mainly the result of minor or moderate problems but sometimes are signs of severe family troubles. The problem is there is no foolproof test that tells us which few are so serious.

The most skilled child protection worker, operating with the best training and supervision, has a good chance of making an accurate assessment but cannot guarantee getting it right every time. People can be too skilled at hiding their problems and human behaviour is too complicated to be completely predictable.

Unrealistic political and public expectations can damage the child protection service. In Britain and the United States, public outrage at child deaths has led to inquiries that look for an individual worker to name and blame. They produce conclusions that suggest that "if only this social worker had read the report properly then the child would be all right".

People can be skilled at hiding their problems and human behaviour is too complicated to be completely predictable.

These findings are comforting, feeding into the idea that the system is basically fine but some individual messed it up. But problems are rarely due to a "bad apple", one incompetent worker who caused if all. They usually result from a combination of small lapses by several people. Also, in child protection, it has to be remembered that we have limited skills in understanding and helping families. We cannot guarantee getting it right every time.

These punitive inquiries have two harmful effects. First, they lead to defensive practice. Workers feel pressured into concentrating on assessing risk and trying not to miss a case of a child in danger. Unfortunately, this takes time and resources away from the equally important later stages of work: offering effective help to vulnerable families to make them safer and happier places for children to live, or providing good quality alternative care if the child cannot safely stay at home.

It has also demoralised many workers so that there are problems in filling posts. It is of dubious value to concentrate on identifying children in need of protection but then be unable to offer good quality protection to them.

The second damaging consequence of inquiries that look for culprits is that they reduce the scope for learning. They pay less attention to the wider practices and resources in the system that create the conditions in which a front-line worker ends up making a mistake. Child protection needs to follow the example of aviation and health in taking a no-blame approach (except in extreme cases) so that workers are willing to report lapses and the system can learn where small problems are showing up and resolve them before serious tragedies occur.

While wary of some of the damaging effects of intense public scrutiny, I am not making a case for secrecy. Workers should be expected to give a good explanation of their judgments and decisions and there are several review systems in place to make sure this happens. The ombudsman, the children’s commissioner and the Child Deaths and Critical Report Unit all conduct inquiries. However, practice needs to be scrutinised with a view to learning how to do better, realising that we are rarely dealing with a malicious worker who set out to harm a child.

Research throughout the world reveals how difficult it is to strengthen families and ensure all children are safe and well, so an open culture that encourages recognising and learning from mistakes is needed. To err is human. In some respects, people are a source of fallibility but it is their flexibility, inventiveness, and intelligence that is required to recover from unanticipated system failures and to provide a good child protection system.

Dr Eileen Munro is a reader in social policy at the London School of Economics and Political Science.

The Sydney Morning Herald
Opinion, 25 March 2008
EXPLORING ISSUES

ABOUT THIS SECTION

‘Exploring issues’ 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.

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

Does the source have a particular bias or agenda? Are you being presented with facts or opinions? Do you agree with the writer?

The types of ‘Exploring issues’ questions posed in each Issues in Society title differ according to their relevance to the topic at hand.

‘Exploring issues’ sections in each Issues in Society title may include any combination of the following worksheets: Brainstorm, Research activities, Written activities, Discussion activities, Quotes of note, Ethical dilemmas, Cartoon comments, Pros and cons, Case studies, Design activities, Statistics and spin, and Multiple choice.

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WORKSHEETS AND ACTIVITIES

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Brainstorm, individually or as a group, to find out what you know about children and young people at risk.

1. What is child maltreatment?

2. What is mandatory reporting?

3. Define the following terms and consider how their meanings differ from one another.
   - Child abuse:
   - Neglect:
   - Notification:
   - Investigation:
   - Substantiation:
Complete the following research activities on a separate sheet of paper if more space is required.

1. Child protection services in each state and territory provide assistance for some of the more vulnerable children in society. Children’s need for assistance may be due to abuse or neglect, or the parent’s inability to care for the child. Services may include the provision of advice, family support and/or out-of-home care. Research the statutory authority in your state/territory and write an overview of the treatment and support services it offers to children at risk and their families.

2. “The child protection system in the Northern Territory is an ‘overwhelming failure’ ... the Territory has the worst level of child abuse and neglect in the country.” What are the key causes of disadvantage experienced by indigenous children living in remote communities in the Northern Territory?
EXPLORING ISSUEs worksheets and activities

WRITTEN ACTIVITIES

Complete the following written activities on a separate sheet of paper if more space is required.

1. Anyone who suspects that a child is being abused and/or neglected or is at risk of abuse and/or neglect may make a report to child protection authorities. Each state has its own legislation stipulating those people who are mandated by law to report suspected cases of child abuse or neglect. The requirements vary between each state. Research the mandatory reporting requirements in your state/territory. Who is mandated to notify? What is to be notified? What are the maltreatment types for which it is mandatory to report?

2. Identify as many common physical and behavioural signs in children as you can for the following types of maltreatment: neglect, physical abuse, emotional abuse, and sexual abuse.
DISCUSSION ACTIVITIES

1. There are a range of factors that expose children and young people to a greater risk of disadvantage. These include family stressors like financial difficulties, social isolation, domestic violence, mental health problems, disability, alcohol and/or substance abuse, and the lack of, or uninhabitable, housing. These stressors are often interrelated (for example, substance abuse can lead to health problems, unemployment etc). Create a diagram and explain in point form how each of these factors can be linked.

2. The interrelationship of risk factors may place children at higher risk of abuse and neglect, and serious harm or injury. In particular, parental risk factors commonly associated with child abuse and neglect include domestic violence, parental alcohol and drug abuse, and parental mental health problems. Children who have been abused or neglected may experience lower social competence, poor school performance, impaired language ability, a higher likelihood of criminal offending and mental health issues. Discuss how each of these parental risk factors may impact on the wellbeing of children and young people.
Analyse the statistical data in the book with reference to the following questions. Complete your responses on a separate sheet of paper if more space is required.

1. The most recent Australian figures (AIHW, 2010) indicate that during 2008-09, there were 339,454 reports of suspected child abuse and neglect made to state and territory authorities, which is an increase of 6.9% from the 317,526 reports made in 2007-08. The figures do not necessarily mean that the amount of child abuse and neglect that occurs in the community has increased over this time, but they do show that the reporting of cases to child protection services has increased. What factors may have contributed to the increase in reporting?

2. Nationally, Aboriginal and Torres Strait Islander children were more likely to be the subject of substantiated reports than were other children. Across Australia, indigenous children were 7.5 times as likely as other children to be the subject of a substantiation in 2008-09. This is an increase in the level of over-representation from 2007-08, when indigenous children were six times more likely than other children to be the subject of a substantiation. What are the reasons for the over-representation of Aboriginal and Torres Strait Islander children in the child protection system?

3. Child protection statistics are the best available indicator of the extent of the problem of child abuse and neglect in Australia, but they do not tell us how many children in the community have been abused or neglected. What reasons might there be for the insufficient data?

4. Over the past year (2008-2009), the number of children on care and protection orders and the number of children in out-of-home care increased by almost 10%. Although there appears to have been a real rise in children needing protection, other factors may have contributed, including greater community awareness, a broadening of what governments regard as child abuse or neglect, and changes in child protection policies and practices. Discuss the possible role of these other factors in relation to the increase.
Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the next page.

1. Substantiations are categorised into one of four maltreatment types. Match the four different types of maltreatment in Australia with the correct substantiations percentage (AIHW, 2008-09 figures).
   a. Neglect 1. 10%
   b. Physical abuse 2. 22%
   c. Sexual abuse 3. 29%
   d. Emotional abuse 4. 39%

2. Match the following terms to their correct definitions:
   a. Notification 1. Where a community services department seeks 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.
   b. Investigation 2. Contact made to an authorised department by a person or other body making an allegation of child abuse or neglect, child maltreatment or harm to a child.
   c. Substantiation 3. The legal requirement to report suspected cases of child abuse and neglect.
   d. Mandatory reporting 4. Where it is concluded after investigation that the child has been, is being or is likely to be abused, neglected or otherwise harmed. A decision would then be made regarding an appropriate level of continued involvement by the state or territory child protection and support services.

3. Respond to the following statements by circling either ‘true’ or ‘false’:
   1. Apart from the intensive family support services data, there are no other data at the national level on the support services used by children in need of protection and their families. true / false
   2. Each new notification or substantiation does not necessarily represent a different child. true / false
   3. Throughout Australia, 10 years is the youngest age at which a child may enter the juvenile justice system. true / false
   4. There is no single definition of child neglect in Australia. true / false
   5. Each state has its own legislation stipulating those people who are mandated by law to report suspected cases of child abuse or neglect. The requirements vary between each state. true / false
   6. Every adult in Australia is mandated to notify their concerns, suspicions or beliefs of child abuse or neglect to the appropriate statutory child protection authority. true / false
   7. Witnessing episodes of domestic violence does not affect young children as much as if they were the victims of the violence. true / false
   8. Child sexual abuse involves contact and non-contact offences. true / false
   9. The legal defence of “reasonable chastisement” permits a parent to use force against his or her child, whereas equivalent use of force against an adult or an unrelated child is an assault. true / false
   10. In most instances, the person who sexually assaults a child is not known to that child or their family. true / false
   11. The rate of indigenous children in out-of-home care is over 15 times the rate of their non-indigenous counterparts. true / false
   12. Aboriginal and Torres Strait Islander children were more than 13 times as likely to be on a care and protection order. true / false
   13. Between 1999-2009, the number of children in out-of-home care more than doubled. true / false
MULTIPLE CHOICE

Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of this page.

4. Match the following types of out-of-home care to their correct definitions:
   a. Foster care 1. Placement in a residential building whose purpose is to provide placement for children and where there is paid staff.
   b. Residential care 2. Care is provided in the private home of a substitute family who receives payment that is intended to cover the child’s living expenses.
   c. Kinship care 3. Care in which the caregiver is a family member or a person with a pre-existing relationship with the child.

MULTIPLE CHOICE ANSWERS

1 – a = 3, b = 2, c = 1, d = 4; 2 – a = 2, b = 1, c = 4, d = 3; 3 – 1 = T, 2 = T, 3 = T, 4 = T, 5 = T, 6 = F, 7 = F, 8 = F, 9 = T, 10 = F, 11 = F, 12 = F, 13 = T; 4 – a = 2, b = 1, c = 3.
There is a demonstrated relationship between the health and wellbeing of children and young people and the environment in which they grow up. (p.1)

In Australia, statutory child protection systems are the responsibility of the state and territory governments, and child protection services in each state and territory provide assistance for some of the more vulnerable children in society. (p.1)

In 2007-08, 195,387 children aged 0-17 years across Australia were the subjects of 1 or more child protection notifications – a rate of 39 notifications per 1,000 children. (p.2)

In 2007-08, the most common type of maltreatment was emotional abuse (37% of all children subject to substantiations nationally), followed by neglect (27%), physical abuse (25%) and sexual abuse (11%). (p.2)

In 2007-08, 34,279 children were on care and protection orders and a majority of these children (26,425 or 77%) were also in out-of-home care. (p.2)

Of the 31,166 children in out-of-home care across Australia at 30 June 2008, 48% were placed in foster care, 45% in relative/kinship care, 5% in residential care and 2% in other care arrangements. (p.3)

Indigenous children aged 0-17 years were 6 times as likely to be the subjects of substantiations than other children in 2007-08, and were around 7 times as likely to be on care and protection orders or in out-of-home care at 30 June 2008. (p.4)

In 2007-08, across the states and territories between 29% and 48% of substantiations involved children living in lone-mother households and a further 3%-16% involved children living in lone-father households. This compares with between 37% and 57% of substantiations involving children from couple households. (p.4)

Nationally, 4,554 young people aged 10-17 years, or 2 out of every 1,000 young people, were under community-based supervision on an average day. (p.5)

In 2006, 44,600 children and young people aged 0-24 years were homeless (43% of the homeless population). (p.6)

Boys and girls are equally likely to be victims of emotional abuse by their parents, and emotional maltreatment has been reported to peak in the 6- to 8-year old range and to remain at a similar level throughout adolescence. (p.7)

A study of 155 Australian teenagers who were homeless, or at risk of homelessness, found that over half reported experiencing physical abuse, a third reported sexual abuse, and three quarters reported alcohol and/or drug abuse in their family. (p.7)

Nearly half of eating disordered patients in an Australian clinic reported a history of child sexual abuse and one-quarter reported child physical abuse. (p.7)

Adults emotionally abused as children are more likely to experience mental health problems and difficulties in personal relationships. (p.8)

Approximately one third of women surveyed in Australia have reported sexual abuse in childhood. (p.10)

Approximately 10% of Australian men report sexual abuse in childhood. (p.10)

Disabled children are up to 7 times more likely to be abused than their non-disabled peers. (p.10)

Across all community-based studies, most abusers are male and related to the child. (p.10)

In Australia, during 2008-09, there were 339,454 reports of suspected child abuse and neglect made to state and territory authorities, which is an increase of 6.9% from the 317,526 reports made in 2007-08. (p.11)

The number of children subject to a notification has increased by 28% in the last 5 years (161,960 to 207,462) in Australia. (p.11)

Indigenous children were 7.5 times as likely as other children to be the subject of a substantiation in 2008-09. (p.12)

The number of children in out-of-home care has risen each year from 1999 to 2009. There were 34,069 children in out-of-home care on 30 June 2009. (p.14)

Children who witness regular acts of violence have greater emotional and behavioural problems than other children. (p.21)

The vast majority of child sexual assault offenders look ‘normal’ and appear respectable – this makes them hard to recognise unless the child tells a supportive adult about being sexually assaulted. (p.25)

In the last 12 months the number of children on care and protection orders increased by 8.5% to 35,409 (from 6.6 to 7.0 per 1,000 children). (p.29)

Over the past year, the number of children on care and protection orders and the number of children in out-of-home care increased by almost 10%. (p.29)

The groups of people mandated to notify their concerns, suspicions or beliefs to the appropriate statutory child protection authority range from a limited number of specified persons in specified contexts (Western Australia, Queensland) through to every adult (Northern Territory). (p.30)

The numbers of children being removed from their parents has more than doubled over the past decade. (p.35)

State and territory governments currently spend in excess of $2 billion annually on child protection alone, with average annual increases of more than 12%. (p.36)

Australia is a signatory to the United Nations Convention on the Rights of the Child. In the Convention, the term ‘child’ is defined as anyone under the age of 18 years. (p.36)

Although a quarter of all adults have identified a case of abuse and neglect in the past 5 years, 1 in 6 people did nothing. (p.45)

Almost half of the 300,000 reports received by Community Services in New South Wales each year concern a relatively small hard core of approximately 7,500 repeatedly reported families. (p.45)

The conservative estimate by Access Economics is that the cost of child abuse in 2007 was $10.7 billion but could be as high as $30.1 billion. (p.46)
Care and protection orders
Most children and families who come into contact with the child protection authorities through the substantiation process or through other avenues are referred to various support services. Such services include parenting education, family mediation and counselling, and in-home family support. In last-resort situations where further intervention is required in order to protect a child, the child protection authority may apply to the relevant court for a care and protection order. A care and protection order provides the community services department with greater authority and responsibility for the child. These orders include guardianship and custody orders as well as supervision orders.

Child abuse
Child abuse is an act by parents, caregivers, other adults or older adolescents that endangers a child or young person's physical or emotional health or development. Child abuse can be a single incident, but usually takes place over time. In Australia, there is no national definition of what constitutes child abuse and neglect – each state/territory has its own legislation and definitions.

Child maltreatment
Also known as child abuse and neglect, it is the broad term for the acts or behaviour of parents, caregivers and others that endanger a child or young person's physical or emotional health or development. Child maltreatment can be a single incident, but it is usually a pattern of behaviour that takes place over time. Child maltreatment is commonly classified into four main types: physical abuse, sexual abuse, emotional abuse and neglect. Children often experience different forms of maltreatment in combination.

Child sexual abuse
Any incident in which an adult engages a minor in a sexual act, or exposes the minor to inappropriate sexual behaviour or material. Sexual abuse also describes any incident in which a child is coerced into sexual activity by another child. This sexual activity does not just mean sexual intercourse; it means any sexual activity including flashing, fondling, masturbating and oral sex.

Domestic violence
Also known as ‘family violence’. Usually refers to the physical assault of children and women by male relatives, usually a father and husband/partner. It can include physical, verbal, sexual or emotional abuse.

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.

Family support services
Services that seek to benefit families by improving their ability to care for children and to strengthen family relationships. Many jurisdictions have introduced family support services as an alternative early intervention response for less serious incidents where notifications do not involve child maltreatment.

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.

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 a person or other body making an allegation of child abuse or neglect, child maltreatment or harm to a child. A notification involves one child only. More than one notification about the same event is counted as one notification.

Neglect
The chronic failure to provide a child with the basic necessities for his or her proper growth and development.

Out-of-home care
Refers to the care of children and young people up to 18 years who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short- or long-term basis. Includes home-based care and residential care.

Physical abuse
Any non-accidental injury to a child, including shaking and excessive discipline.

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. This includes facilities where there are rostered staff, where there is a live-in carer and where staff are off-site (e.g. a lead tenant or supported residence arrangement).

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 one of 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

Adults Surviving Child Abuse  www.asca.org.au
Australian Childhood Foundation  www.childhood.org.au
Department of Families, Housing, Community Service and Indigenous Affairs  www.fahcsia.gov.au
Australian Institute of Family Studies  www.aifs.gov.au
Australian Institute of Health and Welfare  www.aihw.gov.au
Bursting the Bubble  www.burstingthebubble.com
Child Abuse Prevention Service Inc (CAPS)  www.childabuseprevention.com.au
Child Wise Australia  www.ecpat.org
Kids Help Line  www.kidshelp.com.au
Raising Children Network  www.raisingchildren.net.au
Save the Children  www.savethechildren.org.au

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