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# Safe From Harm

**The Role of Professionals in Protecting  
Children and Young People**

A Professional Development Kit

**Human  
Services**



**Peoplefirst**

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## **Further Information**

Further information about this training package can be made by contacting:

Child Protection and Care  
Department of Human Services  
Level 20, 555 Collins St  
Melbourne, 3000

Future updates to this kit will be found at the website address  
*[www.dhs.vic.gov.au/commcare](http://www.dhs.vic.gov.au/commcare)*

## **Acknowledgements**

This kit was produced in partnership by Barbara Goulborn and Rod MacRea, of Curve Projects Pty Ltd, and Jennifer Gleeson and Carole Gladstone from Child Protection, Department of Human Services, Victoria.

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# Introduction

# Keeping Children Safe

Keeping children safe from harm requires a vigilant and informed community that is confident in making judgments and assertive in taking actions. Recognising and responding to child abuse is neither easy nor straightforward. Ideas, information and resources need to be shared in order to work together cooperatively and successfully.

The publication of the *Safe From Harm* Professional Development Kit is a result of the Victorian Government's commitment and responsibility to provide comprehensive and informative resources about child abuse, the role of the broader Child Protection system and the role of the statutory Child Protection Service.

This material will enable students and professionals whose work brings them into contact with children and families, as well as relevant academic and professional organisations, to have access to comprehensive and current information and training strategies. Incorporating this material into curricula and professional development will be a major step in creating a well-informed community that is responsive to the needs of our most vulnerable children and their families.

# How to Use this Kit

This kit has been designed as a resource manual for trainers and educators who deliver sessions on the roles and responsibilities of professionals in responding to child abuse.

The kit can be used with a range of audiences, but is particularly appropriate for professionals working with children and families — including professionals mandated to report child abuse — and students in TAFEs or universities, whose curriculum or future job roles include responding to child abuse. The kit is also useful for in-service training for professionals who need a refresher on responding to and reporting child abuse.

The trainer/educator needs to be familiar with Child Protection issues and processes that are discussed in this kit, but does not need a highly sophisticated knowledge of Child Protection. Assistance is available from the Head Office of the Child Protection Service, Department of Human Services, or regional Child Protection offices, in the delivery of this material, or to answer questions not covered in this material.

## The Components of the Kit

### Module 1 — Child Protection Context

This module presents a historical view of attitudes to child rearing and of the Child Protection system in Victoria, in order to highlight the current approach of child-centred, family-focused practice and shared responsibility.

### Module 2 — What is Child Abuse?

This module addresses the role of professionals in helping to prevent harm to children and young people. It examines:

- The types of harm resulting from child abuse and neglect
- The consequences of harm
- The prevalence of harm
- Underlying causes
- The ways in which attitudes to children change over time and between cultures.

### Module 3 — Responding to Concerns

This module describes the steps that professionals need to consider in order to make appropriate decisions when responding to concerns about children at risk of harm. It also includes information about the role of professionals under mandatory reporting legislation, and ongoing roles with children, families and other services after notifications to Child Protection are made.

### Module 4 — Industry Specific Materials

This module contains additional material including case studies, reference material and answers to questions relevant to specific industries, such as, education professionals, nursing and health professionals and community workers. This module will be produced separately and distributed to relevant organisations and individuals in each of the industries.

### Tools

The tools component consists of the following material:

### Glossary

This explains the terminology used in the kit.

### Appendices

- Appendix 1 — Indicators of Harm
- Appendix 2 — Frequently Asked Questions
- Appendix 3 — The Victorian Risk Framework
- Appendix 4 — Contact Details.

### References and Resources

This short list of resources will enable trainers, educators and participants to follow up topics in more detail and to access current information through websites.

### Evaluation

A brief, Level 1 evaluation that can be conducted at the end of a session and forwarded to the trainer and/or the producers of the kit.

### Handouts

These include activities and core information summaries.

### Overheads

Overhead originals for each of the modules can be found in this section. These overheads provide a summary of the topics covered in each section, summary material for some of the theory, activities, and statistics. You will need to reproduce the overheads onto transparency paper for use in the training sessions.



## The Modules

There are three sections in each module:



Each module has the same components.

### Overview

On the title page of each module is a list of the topic components that can be copied for use in sessions as an overhead transparency (colour or black and white) or as a handout.

### Information

This constitutes the main content for the module. The material can be copied and distributed to participants as pre-reading for a workshop, used as notes to inform the facilitator's presentation and/or given as a handout.

### Activity

This section is made up of one or more participant activities which refer to the module's *Information* section contents. These are suggested activities and you may have ideas for other activities that you wish to use.

## Suggested Plans for Using the Kit

The kit provides a minimum standard of training content and can be modified to meet the specific learning needs of your participants.

### Tips for trainers and educators

It is difficult to cover the material adequately in less than two hours. We recommend that you aim for a *minimum* of two hours. When more than two hours is requested, then case studies relevant to the participants' workplace is recommended. Videos can be used to present case studies.

Develop and present learning outcomes for each session to guide yourself and inform the participants. This is a useful learning device, as students/participants will retain more information if you can show them the structure and logic of the concepts being presented.

It is advisable to set the group rules at the beginning of the session. You might inform participants that the subject material may be disturbing and may evoke painful memories for some people. Let the group know that it is acceptable for participants to leave the room if they need to, and suggest that they discuss their concerns with a trusted person or counsellor. Inform the group that it is appropriate to raise work-related cases, but that it is not the appropriate place to discuss personal details or breach confidentiality. The facilitator needs to be available at the end of the session to deal with any individual issues.

Read the material thoroughly so that you understand the information.

Prepare overheads and handouts as appropriate. You will find ready-to-copy overheads in the Tools component of this kit.

Prepare activities that will reinforce the learning outcomes suitable to the participants' experience. As there is often a great deal of information to deliver, try to schedule different activities throughout the session to maximise interest and participation.

Organise equipment such as overhead projectors, audiovisual recorders, whiteboards and markers in advance, and check that everything is working prior to the commencement of the session.

You may wish to collate all the required photocopies into a folder for each participant, along with any other useful literature, such as copies of relevant articles or protocols.

Be aware of time constraints in presenting the material so that all learning outcomes are achieved.

Be aware of group interactions, and develop strategies to involve quieter participants or redirect dominant ones.

Consult with Head Office or regional Child Protection workers if further assistance is required.

## Suggested Session Plans

Although requests for training can vary, the two most frequently requested sessions are for **students** and **mandated professionals**. Suggested session plans of two hours duration for these two groups follow.

## Session Plan 1: Introductory Session for Students

The main focus for students is to raise their awareness about prevailing attitudes to child abuse and teach them how to recognise signs of abuse. A lesser focus is required on making judgments and reports to Child Protection for this group, compared with a group who have direct work experience and hold positions of responsibility.

### Learning Outcomes

At the end of this session participants will:

1. Have an increased understanding of the broad Child Protection system.
2. Have an increased understanding of the role of the Child Protection Service.
3. Be aware of attitudes about child abuse.
4. Be able to recognise signs of child abuse.
5. Know how to respond to concerns of child abuse.

### Estimated time (minutes)

#### Introduction

10 total

- Welcome and introductions.
- Housekeeping information.
- Present the learning outcomes for the session on an overhead or whiteboard.
- Sensitive material warning.
- Icebreaker activity that sets the scene.

#### Module 1 — Child Protection Context

Learning outcomes 1, 2 and 3

45 total

- Information 30
- Choose one activity from this module 15

#### Module 2 — What is Child Abuse?

Learning outcome 4

40 total

- Information 10
- Activity from this module 30

#### Module 3 — Responding to Concerns

Learning outcome 5

30 total

- Information — brief overview of mandatory reporting legislation and making a notification 10
- Activity from this module 20

#### Evaluation

5 total

## Session Plan 2: Responding to Child Abuse for Mandated Professionals

Sometimes this type of session is referred to as ‘mandatory reporting training’. This session plan is designed to focus on making professional judgments and taking action. Apart from new graduates, many professionals will have had some direct experience, and have particular issues for discussion around the point of interaction between services. To allow for this, less time has been allocated to defining child abuse and discussing the indicators — these can be given in handouts.

### Learning Outcomes

At the end of this session participants will:

1. Understand the role of the Child Protection Service within the broader Child Protection system.
2. Be aware of attitudes about child abuse.
3. Be able to recognise signs of child abuse.
4. Know how to respond to concerns of child abuse.
5. Understand their obligations under mandatory reporting legislation.
6. Understand ongoing role of professionals after Child Protection intervention.

### Estimated time (minutes)

#### Introduction

10 total

- Welcome and introductions.
- Housekeeping information.
- Present the learning outcomes of session on an overhead or whiteboard.
- Sensitive material warning.

#### Module 1 — Child Protection Context

Learning outcomes 1 and 2

40 total

- Information 20
- Choose main activity from this module 20

#### Module 2 — What is Child Abuse?

Learning outcome 3

15 total

- Information — brief review of indicator descriptors 15

#### Module 3 — Responding to Concerns

Learning outcomes 4, 5 and 6

60 total

- Information 40
- Activity from this module 20

#### Evaluation

5 total

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**Module 1**

# **Child Protection Context**

# OVERVIEW

- **A History of Child Protection in Victoria**
- **Current Child Protection Practices**
- **Sharing Responsibility for Child Protection**
- **The Role of the Child Protection Service**
- **Different Societies' Attitudes to Child Abuse**

# INFORMATION

## A History of Child Protection in Victoria

Reviewing the history and development of the Child Protection system in Victoria is helpful for current practitioners and students, since it reveals how the philosophy and principles of modern practice has been shaped. Reviewing the evolution of the system also helps remind participants that although they may be aware of the way the current system operates, they may not necessarily be aware of changes that have taken place, particularly in recent times.

The history of Child Protection in Victoria reflects how the social and economic conditions of the times lead to development of government policies that, in turn, have shaped child welfare services.

### The 1800s

In the 1800s, particularly from the gold rush period, there was a need to provide care for destitute children who were increasingly neglected or abandoned. As a colony with limited infrastructure, it was left to the government to take on the responsibility of responding to this need.

The boarding-out of children to working class families was prevalent. Although parallels may be drawn with current foster care systems, the original scheme had an emphasis on 'rescuing and reforming' poor children, as well as reinforcing their class status.

The 1850s saw the establishment of a number of institutions for the care of children. The prevalent attitude appears to have been that 'the child in need of welfare assistance was regarded as the victim of an immoral and socially inadequate family situation, and the implementation of welfare policy usually resulted in the child being segregated from his family' (Picton and Boss, 1981: 21).

The Victorian Children's Court was set up in 1896. In the same year the Society for the Prevention of Cruelty to Children was established, later to become the Children's Protection Society. The establishment of the

Children's Court signalled the acceptance of the concept that the state had ultimate responsibility for children — over and above their families' responsibilities. However, in reality a great many of the services were provided by voluntary, charitable and denominational organisations. Until the early 1970s the placement and care of children considered to be in need was left to many of these organisations.

### **The 1900s**

From its establishment in 1896 until 1985, the responsibility for investigating child abuse was with the Society for the Prevention of Cruelty to Children and the police. Throughout this period the emphasis of child welfare services was essentially child-focused, and not family-focused. Children were housed in large, dormitory-style institutions. It was not until the early 1970s that the shift from institutional care to cottage homes or family group homes occurred; this later change reflected the attitude that children's needs were better met in a home-like, 'normal' family environment.

### **The 1980s**

In the 1980s the Carney and Fogarty reviews (1982 and 1989 respectively) triggered a significant change in the delivery of Child Protection services.

In 1985 the responsibility for investigating child abuse switched from the Children's Protection Society and the police to a new government department, Community Services Victoria (CSV), and the police. The so-called 'dual track' system was established, where the police and CSV were both responsible for the investigation of, and intervention in child abuse. 'Dual track' was to survive only until the end of the decade, when the Fogarty Report recommended it be phased out over a three-year period, due to an overlap of functions and wasted resources.

### **The Children and Young Persons Act, 1989**

The *Children and Young Person's Act* was passed in 1989, and it legislated the principles of child safety and family inclusion in an effort to affect change. These principles are clearly defined in Section 119 of the Act. The Act is still current.

In 1993, after decades of professional and media debate about mandatory reporting of child abuse and neglect, the media coverage of the death of a young boy, Daniel Valerio, and the related findings of the Coroner's inquest, precipitated amendments to the legislation that made it mandatory for professional groups who have contact with



children to report cases of child sexual and physical abuse to the Child Protection Service.

Three years later, the rate of notifications of child abuse and neglect to Child Protection Services had risen from 18,945 to 29,984 per annum. In 1999–2000 notifications were 36,808 (see Figure 3, Module 2, Annual Notifications, Victoria 1992–2000). This rise in notifications was partly to do with the training messages that were delivered to the professional community when mandatory reporting was introduced.

Unintended consequences of these developments have been to cast Child Protection as the ‘expert’ and to alienate essential community professionals from a partnership approach to the prevention, support, and protection of children. Furthermore, there is growing awareness that many families are being subject to intrusive and unhelpful investigations of problems which can be more appropriately characterised as wider needs than significant harm from child maltreatment.

(Armytage, Boffa and Armitage, 1998).

## Current Child Protection Practices

From early 2000, government policies have aimed for a return to the more inclusive approach of the late 1980s, which emphasised early intervention, and more openly acknowledged that the broader service system contributes to the protection of children from abuse. This has led to a strengthening of the secondary service sector, and means that the role of the Child Protection Service has been delegated to a service of last resort.

Responsibility for ensuring that the needs of children are met, and that they are safe within their families, is shared between the family, the community and the government. When adults who care for children do not meet their responsibilities, are abusive or exploit their positions of power, then the wider Child Protection system becomes responsible for taking action. The type of service provided will be determined by the seriousness of the risk of harm to the child’s safety and wellbeing. The broad system of Child Protection can be seen as a continuum of service delivery that reflects a ‘continuum of needs’. It is divided into three tiers:

1. Universal (or primary) services
2. Secondary services
3. Statutory (or tertiary) services.

### Primary Services

Primary prevention services are universal services — they are offered to everyone. Primary services include antenatal services, maternal and child health services, and preschool education. The goal of primary services is to provide support and education for children and families before problems arise. In many cases, primary services help to prevent abuse and neglect occurring.

In addition, some community education and awareness programs for the general public focus on community attitudes towards violence, children's rights and physical punishment, which are associated with child abuse. Addressing these issues by educating the public about alternatives to abuse, changing social attitudes towards violence, or encouraging community debate about issues — such as censorship, family violence and gun laws — all contribute to prevention.

### Secondary Services

Secondary services offer programs that identify and reduce the personal and social stresses on parents that can lead to family breakdown and/or child abuse. There are many community-based agencies and organisations that support families and help them overcome significant problems. Services include in-home family support, financial or family counselling, respite care and various parenting and self-help groups.

### Tertiary (Statutory) Services

Tertiary or statutory services include services for children who have been at risk of significant harm where intervention is needed to ensure the ongoing safety of the child. These services include the statutory Child Protection Services and Placement Services for children who are unable to live at home.

The types of services that come under the primary, secondary and tertiary system can be seen in Figure 1, Continuum of Service Delivery.

**Figure 1: Continuum of Service Delivery**

Primary Services	Secondary Services	Statutory Services
Child Care	Family Support Services	Child Protection Services
Preschools	Strengthening Families (Programs)	Juvenile Justice
Maternal and Child Health	Parenting Services	Placement and Support
Neighbourhood Houses	Problem Gambling Services	Adoption and Permanent Care Services
Telephone Counselling	Financial Counselling Services	Police
Related Services		
GPs	Early Intervention Services for Families	
Schools	Specialist Children's Services	
Community Health Centres	Youth Support Services	
	School-Focused Youth Services	
	Family Violence and Sexual Assault Services	

## Sharing Responsibility for Child Protection

All professionals working with children and/or their families share in the responsibility of protecting children. A professional's ethical and legal responsibility, and their duty of care, will depend on where they are employed, where the service is located along the service continuum and the professional's role within that agency.

Understanding the service continuum, and the role of different services within that continuum, will help professionals understand what form their responsibility takes and how they can work cooperatively with each other to meet the needs of vulnerable children and families. However, the service continuum is *artificially constructed*, and vulnerable children and families often have needs that do not fit neatly into categories. In order to work constructively and cooperatively with families and other services, professionals need to be flexible and not be confined to rigid classifications.

Children who are at significant risk and their families are now presenting with much more complex needs than they were even ten years ago. Responding to concerns about children and families is not easy. Sharing the responsibility is much more effective and far less stressful than acting individually.

## The Role of the Child Protection Service

Within the service continuum, the Child Protection Service has a particular role prescribed by the *Children and Young Persons Act 1989*. It has responsibility for those children who are at risk of significant harm, and their families. This service only comes into play when services in the primary and secondary system are unable to ensure voluntarily the safety and welfare of the child in collaboration with the family. Where services for children and families in the community are universally accessible, the Child Protection Service is strictly targeted, and is regarded as a service of last resort.

It needs to be kept in mind, that the Child Protection Service is a program area within the Department of Human Services. There has been a tendency for professionals, clients and child protection workers to refer to the Child Protection Service by its Departmental name, i.e. DHS (or in the past, CSV). This is particularly significant in understanding the specific and limited role of the Child Protection Service *within* the broader service continuum.

The Child Protection Service provides child-centred, family-focused services to protect children and young people from significant harm as a result of abuse or neglect within the family unit. It also ensures that children and young people receive services to deal with the impact of abuse and neglect on their wellbeing and development. The Child Protection Service is based on the principle that the best protection for children is usually within the family, however, the child's safety and wellbeing is of paramount consideration.

The function of the Child Protection Service is to:

- Receive notifications from people who believe on reasonable grounds that a child is in need of protection.
- Provide advice to people who report such concerns.
- Investigate matters where it is believed that a child is at risk of significant harm.
- Refer children and families to services that assist in providing the ongoing safety and wellbeing of the children.

- Take matters before the Children's Court if the child's safety cannot be assured within the family.
- Supervise children on legal orders granted by the Children's Court.

The Child Protection system both reflects and shapes community values and expectations. As such, each part of the Child Protection system — families, the general community, community agencies, professionals working with children, police and government — has a significant role to play to ensure that children are kept safe and well.

## **Different Societies' Attitudes to Child Abuse**

Children have been maltreated and abused in every society throughout the ages — including being sold into slavery, forced into marriage, maimed, mutilated and killed. People have used various philosophies to explain, condone, ignore and sanction the maltreatment of children, and justified child abuse by relying on various social, political, religious and economic mores. Societies have also sanctioned abuse of children through a sheer ignorance of their physical and emotional needs — or sometimes because of political and economic agendas.

Patriarchy (both public and private) has also been used to justify the maltreatment of children. Societies that espouse male primacy produce women who are second-class citizens and much less powerful. Children are often rendered the most powerless of all. A society that denies women and children social justice, and further regards them as the property of men, provides the climate for abusive behaviour to take place.

The concept of children's rights is a relatively recent development, and still provokes debate amongst professional and community groups. The issue of children's rights is fundamental to the issue of child safety, and the way children are treated will be based on beliefs about their rights. Society's beliefs about children have influenced attitudes to children through legislation, education, welfare, child care, and health services, and will continue to do so. If a community believes that children have no rights and adults have complete rights over children, then an acceptance of the use and abuse of children often follows. For example, if it is believed that 'children should be seen and not heard', then there will be great problems in communicating with, and listening to, those children.

Certain societal or community attitudes support a set of beliefs about children, parents, men and women that can create a climate for abusive, violent behaviour. Some examples are:

- Lack of recognition of children's rights and the needs of children as individuals.
- A belief that children are their parents' property, and therefore parents have the right to treat their children as they see fit.
- A belief that parents know naturally how to be caring guardians.
- A reluctance to acknowledge the presence of aggression in parents.
- An apathetic and indifferent view towards violence.

# ACTIVITY

## Professionals' Attitudes to Child Abuse

Refer to Handout section

### 1 Why might some professionals not initiate intervention when it is necessary?

Our values and attitudes about when people should intervene come from our own childhood experiences, parenting experiences, education, culture and societal values. Think of why some people might not initiate intervention when it is necessary.



### 2 Why should professionals intervene when it is necessary?

.....

.....

### 3 How can timely, appropriate action be encouraged?

.....

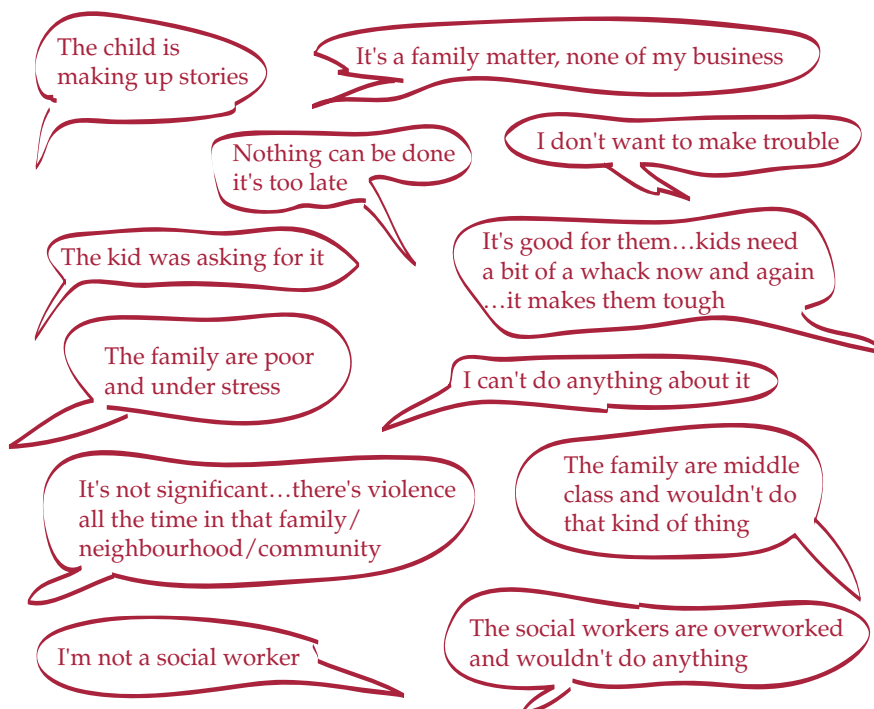
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## Trainer's notes

### 1 Why do some professionals not initiate intervention when it is necessary?

Some of the barriers preventing people from initiating intervention — when it is needed to prevent harm to children — include the following, usually misguided, beliefs and attitudes:

**Figure 2: Common Reasons for not Reporting Concerns**



There may also be dilemmas about taking action because of:

- Putting your relationship with the child or the child's family at risk.
- Concerns about your own safety and that of your family's safety.
- Not knowing if the outcome of intervention will be better or worse for the child.
- Concerns about having to be involved in an investigation or going to court.
- Not being absolutely sure if the situation warrants intervention.
- Concerns that you may be making an unfair judgment based on your own class, cultural or gender values.

Whatever your worries, a decision not to take action may place the child or young person at serious risk. Remember that the aim of intervention by social workers or Child Protection workers is to ensure that the child is safe, and to try to help the family resolve the problems that placed the child in a risk situation.



## 2 Why should professionals intervene when it is necessary?

### *Moral and legal obligations*

People who work with children have an important role in both prevention and intervention, in relation to their safety and wellbeing. Although in the past most Western cultures considered domestic situations and events to be private matters, society's values have now changed to the extent that it is considered the duty of professionals, and in many situations their legal obligation, to take action in response to concerns about the safety and wellbeing of children and young people.

### *The unique role of professionals who work with children and young people*

People who have a great deal of contact with children in their work role are frequently in a position to know the child well, and to notice if things seem wrong or different. As well as being in a unique position to notice the warning signs, they may also be the only adult to whom a child can turn when help is needed. Also, those working in organisations that deal with both children and parents/caregivers may be able to conduct preventative programs to strengthen children's resilience and to instigate programs that strengthen families.

Professionals working with children:

- Are in a position to take action, whereas the child or young person is usually unable to protect themselves due to powerlessness and their lack of maturity.
- Are members of an organisation that is likely to have policies, protocols and people to help and support you.
- May be a significant person in the life of the child.
- May be the only adult the child can talk to or confide in.
- Can observe changes to behaviour or notice other warning signs.
- Can positively change the situation for a child who is at risk of being harmed.
- Can be instrumental in helping a person stop abuse or neglect of their children.
- Have a professional duty-of-care role.
- May have a legal requirement in some situations.

## 3 How can timely, appropriate action by professionals be encouraged?

Professionals who work with children and young people should:

- Be aware of the warning signs and be open to noticing them.
- Have clear organisational protocols and procedures, know them and use them.
- Provide mutual support between staff members.
- Have good links with relevant external welfare and child protection agencies.

# ACTIVITY

## Cultural Attitudes Towards Children

This activity explores the cultural attitudes towards children that have been evident in child rearing practices over time. The activity can be done with a whole group as a brainstorming exercise or by working in small groups.

1. **Divide the larger group into smaller groups.**
2. **Ask each group to think about the different types of cultural attitudes towards children and how they have changed over time.**

The rationale for this activity is that when we confront our own values and attitudes on child abuse, then we can begin to adequately address the problems likely to arise in our working situation. Individual values and attitudes are shaped by a number of factors. The most important ones are our own childhood experiences, parental influences, education, peer relationships, and the societal conditions and beliefs of the time.

### Trainer's Notes

Refer to overhead.

#### Commonly Held Cultural Attitudes Towards Children

- A burden — therefore infanticide of the disabled, undesirable, females.
- Born evil — severe whippings and beatings, torturous physical restraints, confinement in dark cupboards.
- Financial investments — sold into slavery, child labour.
- Small adults.
- Property (privacy of the family).
- Born to meet the needs of their parents — in 'adult centred' cultures.
- Fashion accessories.
- Valued as a member of an indigenous culture.

- Valued as bearers of cultural heritage and family lineage.
- Members of an extended family network, kin and community.
- Valued as equals.
- Included in the adult world, taught life skills at an early age and encouraged to be independent.

(Adapted from Child Abuse Prevention Public Speaking Kit, Family, Youth and Community Care, Qld.)

# ACTIVITY

## Primary, Secondary and Tertiary Services

Put the headings of *primary*, *secondary* and *tertiary* services on the board (or use an overhead of the following table and write on the transparency). Ask participants to name services under each category. Ask how their service/profession contributes to prevention.

### Continuum of Service Delivery

Primary	Secondary	Tertiary
.....	.....	.....
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## **Module 2**

# **What is Child Abuse?**

# OVERVIEW

- **Defining and Identifying Child Abuse**
- **Types of Harm**
- **The Prevalence of Harm to Children and Young People**
- **The Consequences of Harm**
- **The Underlying Causes of Harm**
- **Reporting Trends in Victoria**

# INFORMATION

## Defining and Identifying Child Abuse

There is a complex relationship to the treatment of children and experience of abuse, which may affect willingness to tolerate abuse or to report it, and may influence the likelihood of punitive or abusive behaviour towards children. Research has shown that people experiencing serious assault often do not rate their treatment as abusive because they have learned to regard it as normal or deserved. Cawson, P. et al 2000:24.

Children can be harmed both physically and emotionally. The immediate and long-term effects can be disastrous for the individual child, their family and the community. Early intervention can have a dramatic effect on lessening the harm, and promoting recovery of the child and the family. Many organisations in the community have significant roles to play in supporting families and protecting children and young people from harm.

### Types of Harm

Most children and young people are adequately cared for and nurtured by their family. It is only when the parents or caregivers are unable or unwilling to protect their children against significant harm that the state must take up this responsibility.

*Abuse, neglect and maltreatment* are generic terms used to describe situations where a child might need protection. Child abuse is an act or omission by an adult that endangers or impairs a child's physical or emotional health and development. From a Child Protection perspective, using the term 'harm' instead of 'abuse' helps to focus on the *effects* on the child, rather than the *actions* of the adults. This distinction becomes important when undertaking an assessment of the child's ongoing safety and wellbeing and the parents' capacity to protect the child.

## Legal Definition of a Child in Need of Protection

The legal definition of a child in need of protection is provided by the Children and Young Persons Act 1989, Section 63. Interpretation of the parent's capacity and willingness to 'protect' is made with regard to the degree of community support and services available to assist the parent in this responsibility.

For the purpose of this Act a child is in need of protection if any of the following grounds exist:

- a) The child has been abandoned by their parent and after reasonable inquiries:
  - i) the parents can not be found; and,
  - ii) no other suitable person can be found who is willing and able to care for the child;
- b) The child's parents are dead or incapacitated and there is no other suitable person willing or able to care for the child;
- c) The child has suffered or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- d) The child has suffered or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- e) The child has suffered or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional and intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- f) The child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

## Indicators of Harm

Table 1 provides a summary of the indicators of harm. These are also referred to as warning signs as they can signal to professionals that they need to take notice of what might be causing these physical or behavioural signs. (See also Appendix 1).

Child sexual abuse is difficult to detect because of the secrecy that surrounds it. The most common way sexual abuse is identified in the



older child, is through self disclosure. For the younger child or infant, physical indicators of sexual abuse are more commonly identified through a medical examination, or through observations when changing nappies or underwear.

**Table 1: Summary of the Indicators of Harm**

	Physical Indicators	Behavioural indicators
Physical Abuse	<ul style="list-style-type: none"> <li>• bruises</li> <li>• burns</li> <li>• scalds</li> <li>• welts</li> <li>• internal injuries</li> <li>• shaking injuries</li> <li>• strangulation</li> </ul>	<ul style="list-style-type: none"> <li>• wary of physical contact with adults</li> <li>• frightened of parent</li> <li>• expresses little or no emotion when hurt</li> <li>• unduly compliant, shy, withdrawn, passive, uncommunicative</li> <li>• offers unlikely explanation for injuries</li> <li>• nervous, hyperactive, aggressive, disruptive</li> </ul>
	<ul style="list-style-type: none"> <li>• injury to genital or rectal area — bleeding or bruising</li> <li>• discomfort in urinating or defecating</li> <li>• frequent urinary tract infections</li> <li>• vaginal or anal bleeding or discharge</li> <li>• sexually transmitted diseases</li> <li>• pregnancy — especially in very young adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• child tells of abuse</li> <li>• persistent and age-inappropriate sexual activity</li> <li>• regressive behaviour — bed-wetting, speech loss</li> <li>• delinquent or aggressive behaviour</li> <li>• self-injurious behaviour — alcohol abuse, self mutilation, suicide attempts, prostitution</li> <li>• shows signs of depression</li> </ul>
	<p>The child or young person is:</p> <ul style="list-style-type: none"> <li>• treated as a scapegoat</li> <li>• emotionally rejected</li> <li>• isolated</li> <li>• verbally abused continually</li> <li>• devalued</li> <li>• exposed to domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• compliant, passive, undemanding</li> <li>• low self esteem</li> <li>• demanding, aggressive and angry</li> <li>• antisocial and destructive</li> <li>• depressed and suicidal</li> <li>• attention seeking</li> </ul>
	<p>The child or young person is not provided with:</p> <ul style="list-style-type: none"> <li>• a safe environment</li> <li>• food</li> <li>• clothing</li> <li>• shelter</li> <li>• recommended/required medical care.</li> </ul> <p>Neglect includes abandonment, rejection or forced eviction from home.</p>	<ul style="list-style-type: none"> <li>• indiscriminate with affection</li> <li>• constantly miserable and irritable</li> <li>• alienated from peers, withdrawn, pale, listless</li> <li>• begs for food</li> <li>• engages in delinquent acts</li> <li>• poor social skills</li> </ul>

## The Prevalence of Harm to Children and Young People

Much of the harm to children and young people is not reported, so statistics of reported or substantiated cases represent only one aspect of the picture. Although an understanding of prevalence is important so that early intervention and appropriate resource allocation is achieved, difficulties arise in reaching a common agreement of definitions of abuse or maltreatment. Definitions change between generations, states, countries and cultures, so comparative studies are difficult. There is emerging international agreement of definitions of serious harm and exploitation, however, the differences occur at the less serious end of the continuum of abuse where cultural values and laws impact. Cawson, P. et al 2000:100.

A comprehensive examination of child abuse was undertaken by the National Society for the Prevention of Cruelty to Children (NSPCC) in the United Kingdom in 1999. A randomly selected sample of 2869 young people, aged 18 to 24 reflect on their experiences of growing up and family life. This research has produced a reliable and transparent set of measures and a baseline from which to compare future studies in Western contexts. The NSPCC research correlates to the experiences of Australian children and provides the most recent and relevant understanding of family life for many children.

- Seven per cent of the young people suffered serious physical abuse at the hands of parents and carers, including being hit with a fist or an implement, beaten, burned and scalded.
- Six per cent of young people suffered serious absence of physical care at home, including regularly being left without food as a young child, not being looked after or taken to the doctor when ill, or being left to fend for themselves because parents were absent or had drug or alcohol problems. There had also been serious absence of supervision for some respondents.
- Almost six per cent of young people had suffered significant emotional harm. These included, among others, living with frequent violence between their parents, having treasured possessions deliberately destroyed by parents, being regularly humiliated, or being told that their parents wished them dead or never born.
- Fourteen per cent of young people had to regularly assume adult responsibilities in childhood because parents were too ill, disabled, had personal problems including substance abuse or were regularly absent from the home.
- Sexual abuse of children within the family is less common. One per cent of young people were sexually assaulted by a parent or carer. Three per cent of the young people suffered sexual abuse by

another relative. A wide range of — mainly male — relatives were involved, most often brothers or stepbrothers. Girls were far more likely than boys to experience all forms of sexual abuse.

- Sexual violence is more likely to take place outside the family than within it. One in ten young people had experienced penetrative sex, oral sex or attempts at these against their will by people unrelated to them. Nearly all were people known to the child, most commonly 'boyfriends', friends of brothers or sisters, or fellow students.

The research supported some of the findings of previous research on prevalence of abuse as well as challenged other popularly held views and professional wisdom, particularly with regards to physical and sexual abuse. Cawson, P. et al 2000:95.

The research found:

- Child maltreatment occurs in all social classes with middle and upper class children being the most under-reported.
- Girls are as likely as boys to be victims of serious physical abuse.
- Physical abuse is mostly carried out by mothers.
- The most likely relative to sexually abuse within the family is a brother.
- Most sexual abuse occurs outside the home and over 90 per cent of cases goes unreported.

## The Consequences of Harm

Children who are harmed through abuse and neglect are denied their basic right to a safe and secure childhood. All forms of abuse are likely to result in emotional problems for the child — in particular, a lack of self-esteem and a mistrust of adults. The longer the abuse goes on, the more serious are the effects. Abused and neglected children are more likely than others to be self-destructive or aggressive, to abuse drugs and alcohol, or become young offenders or 'street kids'. Sometimes abuse and neglect may result in permanent physical damage, and in the most extreme cases, death of the child.

In the longer term, adults who have been abused as children are also more likely to abuse their own children and may experience difficulties in their relationships with other adults.

Treatment and counselling services for children who have been harmed can help in working through the trauma and in reducing the effects of abuse. The most serious effects are likely when no one takes action to stop the abuse or neglect and to protect the child.

## The Underlying Causes of Harm

Children from all social backgrounds are harmed by abuse, but there are strong links between poverty and serious physical abuse and neglect.

No single factor is the cause of people abusing or neglecting their children, however there are some common patterns in the personalities, behaviours and childhood experiences of people who maltreat their children.

### Risk Factors

Note that the presence of any of these factors does not mean that the person will necessarily maltreat their children, or that abuse and neglect does not happen when these factors are not evident.

Most physical and emotional abuse and neglect takes place in families where one or more of the following factors exist:

- Poverty
- Lack of education
- Serious marital problems
- Frequent changes of address
- Violence between family members
- Lack of support from the extended family
- Loneliness and social isolation
- Unemployment
- Inadequate housing
- Very high expectations of the child and their achievements
- Abuse of the parent as a child
- Lack of parenting skills and knowledge
- Low self-esteem and confidence
- Depression
- Alcohol or drug abuse
- Mental or physical health problems
- Work pressures.

Child abuse and neglect is also more prevalent where there is community acceptance of:

- The use of violence and force
- Physical punishment of children
- An attitude of children as 'property' to be treated in whatever way the parent sees fit
- Racism
- Gender inequality.

Sexual abuse occurs across a broad socioeconomic spectrum of families, regardless of income, education level or culture.

### Other Risk Factors

Children are also at greater risk if:

- There has been disruption to early attachment and bonding.
- There is difficulty with development stages.
- Chance events occur in the family which disrupt care, such as desertion by a caregiver, unemployment or death in the family.
- The child is seen as different: has a disability, is more/less intelligent, attractive or articulate than siblings.
- The family environment is stressful. For example, there is social isolation, a life crisis or socioeconomic stress.

### Reporting Trends in Victoria

Figures 3 and 4 demonstrate the reporting trends in Victoria over the past decade. These data do not provide an indication of prevalence, but only supply the number of notifications reported to Child Protection.

Figure 3 Annual Notifications, Victoria 1992–2000 demonstrates the increase in notifications over the past decade. This reflects notification trends across Australia and in other Western Child Protection systems. Although there was a sharp rise in notifications following the introduction of mandatory reporting in 1993, this is only a partial explanation of the increase. Additional reasons for the increase in reporting include:

- Increased community awareness of the existence of child abuse.
- A rise in living standards coinciding with increased gaps between the rich and the poor.
- The establishment of children's rights.
- Continuing media attention on child abuse issues.

**Figure 3: Annual Notifications, Victoria 1992–2000**

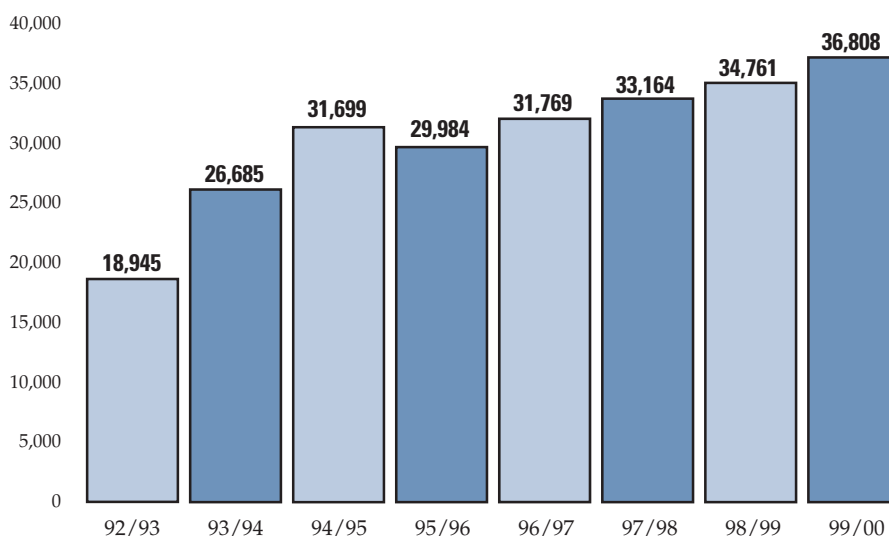
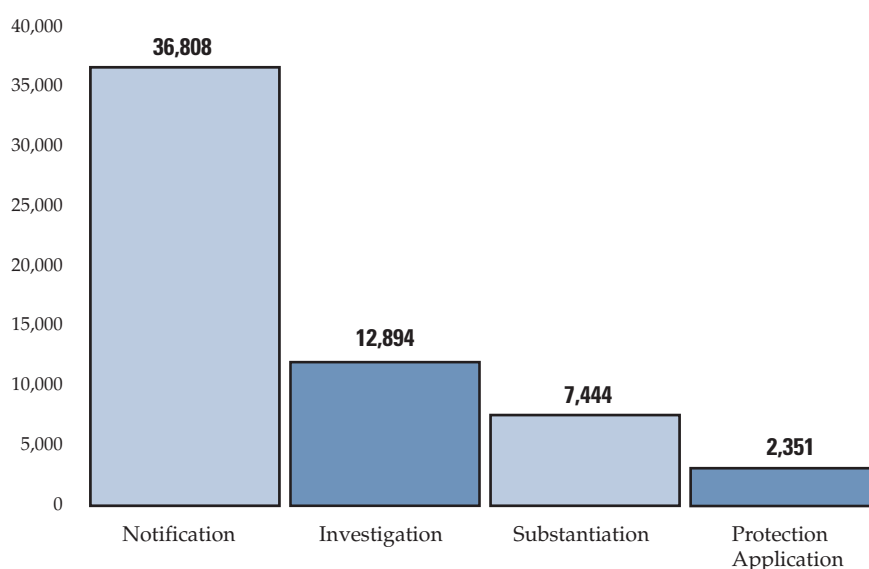


Figure 4 Flowthrough of Notifications, Victoria, 1999–2000 demonstrates how cases move through the different stages within the Child Protection Service. More than half of the notifications that are received are dealt with in other ways and are not directly investigated. Sometimes the calls are not matters that Child Protection are able to become involved in; sometimes there are already supports or safety mechanisms in place, and the caller was not aware of them; at other times families are referred to other health and welfare services.

**Figure 4: Flowthrough of Notifications, Victoria 1999–2000**



Of those that are directly investigated, roughly half again do not warrant further involvement by Child Protection, or services and supports are put into place quickly enough to enable Child Protection to withdraw. In 1999–2000 around six per cent of notifications resulted in matters being taken to the Children’s Court.

# ACTIVITY

## Indicators of Harm

The following activity is particularly suited to young students or learners who have had little work experience in regards to recognising child abuse.

- 1. Divide the larger group into smaller working groups.**
- 2. Allocate one or more of the following categories to each group:**
  - Physical indicators of physical harm
  - Behavioural indicators of physical harm
  - Physical indicators of sexual abuse
  - Behavioural indicators of sexual abuse
  - Physical indicators of emotional harm
  - Behavioural indicators of emotional harm
  - Physical indicators of neglect
  - Behavioural indicators of neglect.
- 3. The groups can be further divided into age categories:**
  - Babies to five year-olds
  - Middle age-range children
  - Adolescents.

Categories selected will depend on the number of small groups, or the learning needs of the group. For example, it will be more important for child care students to look at the earlier years in detail, whereas student teachers of primary or secondary school years will need to concentrate on those age groups.

- 4. Ask each group to spend about five minutes listing the indicators of harm for each allocated category. The facilitator can move from group to group to assist if necessary.**
- 5. Ask each group to report back to the main group and use overheads or handouts of the 'Indicators of Harm' in Appendix 1.**
- 6. This exercise can be tailored to take 15 to 30 minutes, depending on how many categories are allocated and how much discussion is generated.**

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## **Module 3**

# **Responding to Concerns**



# OVERVIEW

- **Responding to Concerns**
- **Notifying Child Protection**
- **Mandatory Reporting Legislation**
- **How to Make a Report to Child Protection**
- **After a Report is Made**

# INFORMATION

## Responding to Concerns

In terms of minimising the costs of harm to children and young people — human, social and financial — it is far more effective to intervene at an early stage. Responding to concerns about the safety and wellbeing of a child or young person could mean implementing programs, engaging relevant services or reporting to the Child Protection Service.

Children are vulnerable and dependent on adult care. They are usually powerless to stop abuse, and require adult assistance to intervene. It is important to remember that abusive and neglectful behaviour on the part of parents is not irreversible. Any person has the capacity to abuse and neglect a child if the circumstances are adverse and stressful, and especially if there are no models of positive, non-violent parenting available. There is substantial evidence that early intervention to improve parenting skills *does* work, especially if the underlying causes can be addressed.

### Making a Professional Judgment

There are many different ways to respond actively to concerns: it is necessary to make a *professional judgment* of the available information to ensure that the response is appropriate to the situation.

The first step in ensuring the safety and wellbeing of children is to *put the child's needs first*.

There are no clear-cut, black-and-white rules about how to respond appropriately, as every situation is different. There must be some awareness on the part of the professional involved that observations can be influenced by beliefs and emotions. Careful observations will need to be made, and ultimately a professional judgment will be formed, based on:

- Any warning signs of harm or potential harm observed or inferred from information (see Appendix 1, Indicators of Harm).
- Knowledge of child and adolescent development.

- What is known about any support currently being received by the family.
- Consultation with colleagues and professionals who can help in forming a judgment about the situation or event.
- A person's professional obligations and duty-of-care responsibilities.
- The protocol/processes of the professional's employer/organisation.
- Mandatory reporting requirements (see below).

Remember that making a decision regarding action may not be a one-off event. It may be necessary to make a series of decisions, based on the continuous monitoring of a situation that causes concern. For example, a person may observe certain warning signs in a child's behaviour, but decide there is no need for reporting to Child Protection. Then, at a later date, they might be confronted by more information, such as a crisis event, that tips the balance in favour of making a notification to Child Protection.

### **Taking Notice of Warning Signs**

People working with children and young people can help to prevent harm to a child by being open to noticing the signs or indicators of harm, and then taking appropriate action early. It is necessary to be attentive to:

- **Physical** signs of physical, sexual or emotional abuse or neglect.
- **Behavioural** signs of physical, sexual or emotional abuse or neglect.
- **Disclosures** by the child or young person.

There are both physical and behavioural signs or indicators that a child or young person is being abused or neglected, or is at risk. These signs can be observed, inferred from evidence, or disclosed by the child or young person themselves. Some indicators, especially behavioural ones, may be the result of problems other than abuse and neglect, such as being a witness to a traumatic event or having a particular health problem, and will require you to take action by contacting other relevant organisations or professionals. See Appendix 1.

### **Disclosures**

Children may tell an adult directly that they are being abused. They may also disclose information in an indirect way: through their drawings or writings or in discussions. Children sometimes tell friends who may, in turn, tell a trusted adult. Remember that where there is significant harm to the child, the child is likely to be interviewed formally at a later stage by a Child Protection worker. As a professional

your role is **not** to investigate or to collect detailed evidence to indict an offender, but to *support the child*, take them seriously and collect enough information to make a judgment about how best to help them. When an adult hears a disclosure they need to:

1. Stay calm and listen. Do not ask leading questions: gently ask, 'What happened next?' rather than 'Why?'
2. Don't rush the child.
3. Reassure the child that they haven't done anything wrong.
4. Be supportive and let them know they are believed.
5. Gather only the essential facts.
6. Don't tell them you will keep it a secret, and don't say, 'Everything will be okay now'. It may take a lot of time before the situation is okay.
7. Tell the child what will happen next.
8. Report to appropriate persons (refer to organisational protocols and processes).
9. Make notes as objectively as possible.

### Gathering Information

Each situation will be different, requiring different responses. Some situations may well require several types of responses to be undertaken simultaneously. When trying to identify the most effective response to ensure the child's safety and wellbeing, it is very likely that it will be necessary to gather information and facts. Table 2 shows some of the ways in which this can be done.

**Table 2: Gathering Information**

Action	Detail
Make notes	Record what you observe; date and sign the entry.
Continue to observe	Record what you observe; date and sign the entry.
Consult colleagues	Get support and advice from your colleagues and supervisors, compare notes, brainstorm possible strategies.
Develop action plans based on procedures	Know your employer's procedures and processes about what to do.
Talk to other agencies about helping the family	Collaborate with or engage community health services, local government services, regional Department of Human Services/Child Protection contacts, family services, disability services — you may want to call a case meeting.
Talk to the child	Do this with respect for the child or young person's need for privacy and confidentiality.
Talk to the parent/s	Only do this when it will not jeopardise the safety of the child or young person.

## Significant Harm

It is useful for professionals to have some understanding of how 'significant harm' is defined in the context of Child Protection, which may help them to make a judgment on when to notify Child Protection. A useful definition is provided by Bentovim, A (1991) cited in Daniel, Wassell and Gilligan (1999).

Significant harm is a compilation of events, both acute and long standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development.

Child Protection will be looking for three factors:

- The degree of severity of the situation
- The risk of harm to the child
- The capability and willingness of the parents to protect the child from harm. (See Appendix 3).

Ultimately, it is the role of the Child Protection worker to undertake the risk assessment based on the information gathered from a notifier and determine whether significant harm exists.

## Notifying Child Protection

The timing of when to notify Child Protection is dependent on many factors.

In cases where the professional is legally mandated to report, and when they have reasonable grounds to believe there is serious risk of harm, **and** the parents cannot or will not protect the child or young person, then they are legally obliged to notify Child Protection Services.

However, from an ethical point of view, all professionals should take action to protect a child they are concerned about, regardless of whether they are mandated or not.

## Mandatory Reporting Legislation

Child Protection Services deal with protection against all types of harm — not just the types for which there is mandatory reporting. However, there are certain criteria that, when met, mean that professionals must report a concern to Child Protection Services.

### Professionals' Duty to Report

The Children and Young Persons Act 1989, Section 64, states that certain professionals must report to Child Protection Services, when in the course of their professional duty:

[they] form the belief on reasonable grounds that a child is in need of protection... [because] the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type; or

the child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

Specifically, these professionals include:

- Primary and secondary school principals and teachers
- Nurses
- Doctors
- Police.

### Definition of a 'Child or Young Person'

A 'child or young person' is defined in Victorian law as being **aged 17 years or under**.

### Reasonable Grounds

'Reasonable grounds' can best be described as the behaviours, observations, facts and information that lead to 'forming a belief'.

There may be reasonable grounds when:

- A child says that they have been physically or sexually abused.
- A child tells that they know someone who has been physically or sexually abused.
- Someone else, such as a relative, friend, acquaintance or sibling of the child, tells you that the child has been physically or sexually abused.
- Professional observations of the child's behaviour or development that leads them to believe that the child has been abused.
- Signs of physical or sexual abuse are recognised.

### Forming a Belief

The concept of ‘forming a belief’ is a thinking process, where a person is more inclined to **accept** rather than **reject** that there is significant harm for the child or young person.

You might ask yourself: ‘Am I **more likely to believe** there is significant harm for the child, or **less likely to believe** there is significant harm for the child?’ If you are **more likely to believe**, then you have ‘formed a belief’.

It is the Child Protection workers’ job to investigate and prove significant harm, so other professionals need only to have ‘reasonable grounds for belief’.

### When to Report

The mandated professional must make the report as soon as practicable after forming the belief. In the case where two or more mandated professionals, for example a teacher and principal, have formed a belief about the same child, only one person needs to make the report, although it is the responsibility of the person not making the report to ensure that the report was made.

### Important Points

Other important points to remember are;

- A professional does not need to prove that abuse has taken place — they only need to have reasonable grounds for their belief.
- Permission is not needed from parents or caregivers to make a notification, nor do they need to be informed that a notification is being made.
- If a professional makes a notification in good faith, then they cannot be held legally liable regardless of the outcome of the notification.
- Mandatory reporting requirements take precedence over professional codes of practice where confidentiality or client privilege is claimed.

All professionals have a duty of care to the children with whom they work. The serious and complex decisions that professionals make about notifying the Child Protection Service are made out of concern for the wellbeing of the child and family, rather than because they are compelled by law.

## How to Make a Report to Child Protection

Contact the local Child Protection office to make a notification about a child or young person who is in need of protection from harm. A list of offices is in Appendix 4.

There is an outreach crisis response Child Protection Service which operates 24 hours and is toll-free (phone 131 278) if there is a need to notify after hours or at the weekend. However, this service is only a *crisis* service, and if the matter is assessed as not warranting immediate action, it will be referred to the region in which the child lives.

The Child Protection intake worker will ask the notifier for certain information:

- The child or young person's name, age and address.
- The reason for believing that the injury or behaviour is the result of abuse or neglect.
- An assessment of immediate danger to the child or children (information may be sought about the whereabouts of the alleged abuser/s).
- A description of the injury or behaviour observed.
- The current whereabouts of the child or young person.
- Any other information about the family.
- Any specific cultural or other details that will help understand the needs of the child, for example Aboriginality, non-English speaking background or disability.

Other items to note include:

- If all the necessary information is not known, a report can still be made.
- 'Reasonable grounds' for your belief is all that is required; not proof of that abuse.
- Permission is not needed from the parents to notify; nor is there a need to tell them of the notification.
- If a mandated notifier holds a belief that a child or young person is in need of protection, but the supervisor/manager is against reporting, there is still a legal duty to notify.
- A mandated notifier does not need permission from the organisation to report, but there may be procedural guidelines that will assist in making the notification.
- If a notification is made in good faith, the notifier cannot be held legally liable, regardless of the outcome of the notification.
- Ultimately, if someone is unsure whether they have reasonable grounds to notify, but have concerns about a child's safety, they should contact the local Child Protection office to discuss their concerns.



## After a Report is Made

After a notifier has discussed their concerns with a Child Protection worker at the local office or crisis line, the prime concern for the intake worker, in consultation with a senior Child Protection worker, will be to determine the urgency or immediacy of the notification. This will include an assessment of the characteristics of the event, that is, how vulnerable the child is; how severe the event; the pattern and history of harm; whether there is someone present who can protect the child; and whether there is a history of violence and/or other known risk factors.

The Child Protection Service is constantly prioritising work that enters the service. Some regions, depending on their size, may receive more than 100 notifications per week, and notifications are prioritised in terms of the immediate safety of the child. Although some notifications require an immediate or urgent response, others can be responded to in a planned and flexible way.

In cases where sexual or physical abuse has been alleged, the police will need to be involved in the investigation, and this also requires planning and timing.

## Ongoing Formal Responsibilities

When Child Protection becomes involved, a family is usually thrown into crisis, and it will be some time before this abates. The notifier will often feel guilty about 'making matters worse'. Helping professionals to focus on the child's situation, rather than the professional's feelings, often assists them in understanding that they have acted correctly and helps to allay their anxiety.

- After making a notification, the professional's ongoing roles and responsibilities may include:
- Acting as a support person in interviews with the child or young person.
- Attending a case conference that could assist in determining the most appropriate investigation outcome.
- Providing information to the Child Protection Service when they have received a notification on a child or young person from some other source.
- Participating in case planning meetings in relation to a child or young person.
- Continuing to monitor a child or young person's behaviour in relation to ongoing harm.
- Observing/monitoring the conditions on a protective court order that may relate to access or contact with a parent.

- Liaising with other professionals and Child Protection workers in relation to a child or young person's wellbeing.
- Providing written reports for case planning meetings or court proceedings in relation to a child or young person's wellbeing or progress.

### **Pastoral/Caring Responsibilities**

After intervention has been initiated, it is likely that the child or young person will be distressed. They may feel guilty, ashamed, confused and frightened, and will therefore need support throughout the protective intervention. Professionals involved with the child and family may be in a position to provide ongoing support, by:

- Liaising with the Child Protection worker to ensure they are giving appropriate support to the child or young person.
- Providing support to the family, where appropriate.
- Dealing sympathetically and effectively with changes to the child's behaviour, which may occur in response to intervention, and may mean making allowances and concessions.

Finally, making a notification is often stressful for notifiers: they have a genuine concern for the child, worry if they are doing the right thing and are concerned about how the immediate and future events will unfold. It is important for professionals to understand that their involvement does not end with a call to Child Protection and that they may be required to have a significant role in the ongoing protection of the child or in providing support to the family. There may be formal duties to undertake, such as participation in case conferences or providing a written report, or a less formal but equally important pastoral and caring role. It may also mean looking after themselves or providing support to other colleagues at what might be a stressful time.

# ACTIVITY

## Responding to Concerns

The following activity is important for all professionals who want to know how to respond to concerns about children. It is essential for mandated professionals to understand the decision making process and what 'forming a belief' means.

- 1 Provide a handout and/or overhead of 'Responding to Concerns about Safety and Well-Being: a Guide for Professionals'.**
- 2 Participants will need to have an understanding of the warning signs or indicators of harm.**
- 3 Talk the participants through each of the steps.**

### Trainers notes

You need to demonstrate to the group that although this decision making process has been broken down into sequential steps for training purposes, in reality, a professional may go backwards and forwards between Steps 2, 3 and 4. The process does not necessarily end with notifying Child Protection in Step 5, and the professional may be directed back to the tasks in Step 2.

The main purpose of going through Step 4 is to encourage professionals to think more broadly about the way the community offers protection to children by providing support to families.

Ultimately, if a professional is concerned about a child's safety, and they are unsure about what to do, they should ring Child Protection for advice on how to proceed.

## Responding to Concerns about Safety and Wellbeing: A Guide for Professionals

### Step 1 Responding to concerns

You may be concerned about a child because you have...

- Received a disclosure from a child, or
- You have observed warning signs (see Appendix 1).

If the concerns are of serious physical injury or sexual abuse...

Then ..... **Go to step 5**

Otherwise ..... **Go to Step 2**

### Step 2 Gathering information

You need to consider doing some or all of the following:

- Record your observations
- Consult notes/records
- Consult with colleagues
- Follow organisational protocols
- Speak with the child if appropriate
- Speak with the parents if appropriate
- Consult with other support agencies
- Attend or call a case meeting.

Are you wondering if your concerns need to be reported to Child Protection?

**No** ..... Continue to monitor and support child.

**Yes** ..... **Go to Step 3**

### Step 3 Forming a belief

Ask yourself:

Am I **more** likely to believe there is significant harm for the child or **less** likely to believe there is significant harm for the child?

**Less** If your answer is you are **less** likely to believe there is significant harm ..... continue to monitor and support child (as in Step 2)

**More** If your answer is you are **more** likely to believe there is significant harm ..... **Go to Step 4**

### Step 4 Contacting other services

Ask yourself:

Are there services involved that are supporting the child and family?

Am I able to discuss my concerns with the service providers?

**Yes** If after your discussions you are satisfied that the services are addressing your concerns ..... continue to monitor and support the child as in Step 2

**No** or can't find out ..... **Go to Step 5**

If you are in **doubt** about the child's safety and the parent's ability to protect the child ..... **Go to Step 5**

### Step 5 Notifying Child Protection

See contact list for local office phone numbers in Appendix 4.

After hours phone: **131278**.

Allow at least 30 minutes.

Have notes ready with your observations and child and family details.

Consider the level of immediate danger to child.

The image features a solid blue background. In the upper right, there is a large, thick, orange curved shape. A horizontal, textured green brushstroke crosses the middle of the image. Overlapping this green stroke is a white, stylized, calligraphic letter 'T'. In the lower left, there is another large, thick, orange curved shape. The word 'Tools' is written in a white, sans-serif font, centered over the green brushstroke and the white 'T' shape.

**Tools**

# Glossary

**abuse/maltreatment** Generic terms used to describe an act or omission that endangers or impairs a child's physical or emotional health and development. It is the misuse of power by adults over children, and although abuse is not an accident, neither is it always the intention of the person to inflict harm or injury.

**belief** Legally, a belief is based on reasonable grounds as defined in Section 64 (1B) of the Children and Young Persons Act 1989. The concept of 'forming a belief' is a thinking process, where a person is more inclined to **accept** rather than **reject** that there is significant harm for the child or young person.

**case conference** A meeting held with professionals and Child Protection representatives (the family can be invited where appropriate) to determine whether a notification requiring further action needs to occur. A conference is usually convened by a Child Protection worker, although other professionals can initiate one. The purpose of a case conference is to:

- Clarify the seriousness of the protective concerns.
- Share information and knowledge about the child and family.
- Determine whether the protective concerns will be managed by existing community supports, or whether further investigation by the Child Protection Service is required.

**case planning** A formal process of planning for a child, whose purpose is to:

- Identify the key changes necessary to enable the child to live safely and have their individual needs met.

- Identify the activities and tasks necessary to bring about the key changes.
- Identify those responsible for the specific activities and tasks.
- Ensure that intervention is targeted and tied to timelines.

The case planning process is defined in Section 3 of the Children and Young Persons Act 1989 as:

the process of decision making... concerning a child, beginning when a protective intervener receives a notification about the child under section 64(1) or 64(1A) and including:

- decisions made in the course of investigations conducted after a notification under section 64(1) or 64(1A) is received; and
- decisions made in the course of preparing a protection or disposition report; and
- decisions made in assessing whether or not a protection application or protection order is made; and
- the holding of meetings for the purpose of formulating a case plan.

**child protection** child protection (lower case) is a term used to describe the whole community's approach to prevention of harm to children. It includes strategic action for early intervention, for protecting those considered most vulnerable and for responses to all forms of abuse.

**Child Protection Service** The Child Protection Service of the Department of Human Services Victoria has statutory responsibilities under the Children and Young Persons Act 1989 for ensuring a child's safety. Also referred to as Child Protection (title case).

**family support services** Support services that assist families to identify and reduce personal and social stresses that can lead to family breakdown and/or child abuse. They include in-home family support, counselling, parenting support.

<b>harm</b>	Harm is the effect on a child from abusive acts by adults and is specified in Section 63 of the Children and Young Persons Act 1989 (see also 'significant harm').
<b>indicators</b>	Behavioural or physical signs which assist in the recognition of child abuse. Also called warning signs.
<b>intake</b>	The intake phase is the initial assessment of a notification. The purpose of the intake phase is to establish whether the child or young person's described circumstances fall within the legal definition of a child in need of protection. Primary responsibility is to assess the risks to the child or young person and the level of urgency.
<b>Intervention Order</b>	<i>The Crimes (Family Violence) Act 1987</i> gives legal protection to victims of family violence by enabling them to obtain an intervention order to restrain the alleged perpetrator from threatening or committing further acts of violence.
<b>investigation</b>	The phase following the intake phase, when the Child Protection Service decides to investigate a report directly, to determine whether a child or young person has been or is likely to be at risk of significant harm.
<b>mandatory reporting</b>	<p>Section 64(1C) of the Children and Young Persons Act 1989 lists those professionals who are obliged to notify the Child Protection Service if they form a belief, based on reasonable grounds, that a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse, and the child's parents or caregivers have not protected or are unlikely to protect the child from harm of that type.</p> <p>The professional groups that are legally obliged to report are:</p> <ul style="list-style-type: none"> <li>● Doctors (including psychiatrists)</li> <li>● Primary and secondary school teachers and principals</li> <li>● Nurses</li> <li>● Police.</li> </ul>



<b>notification/report</b>	A report made by any person who believes on reasonable grounds that a child is in need of protection. Section 63 of the Children and Young Persons Act 1989 defines when a child is in need of protection.
<b>protective intervention</b>	Protective intervention usually indicates that the Child Protection Service is involved with a family.
<b>protection order</b>	<p>In the Family Division of the Children's Court, if the court finds:</p> <ul style="list-style-type: none"> <li>● that a child/young person is in need of care and protection; or</li> <li>● that there are irreconcilable differences between the parent/caregiver and child</li> </ul> <p>then the court can make any one of the following protection orders:</p> <ul style="list-style-type: none"> <li>● an interim protection order not exceeding three months</li> <li>● an order requiring a person to give an undertaking</li> <li>● a supervision order</li> <li>● a custody to third party order</li> <li>● a supervised custody order</li> <li>● a custody to Secretary order</li> <li>● guardianship to Secretary order.</li> </ul> <p>(Section 85 of the Children and Young Persons Act 1989).</p>
<b>protective response</b>	Action that will most effectively ensure a child's safety and wellbeing.
<b>reasonable grounds</b>	<p>Section 64(1B) of the Children and Young Persons Act 1989 defines reasonable grounds as:</p> <ul style="list-style-type: none"> <li>● matters of which a person has become aware; and</li> <li>● any opinions based on those matters.</li> </ul> <p>A person has reasonable grounds to notify when:</p> <ul style="list-style-type: none"> <li>● A child tells them they have been harmed.</li> <li>● A child tells them that they know someone who has been harmed.</li> <li>● Someone else tells them, such as a relative, friend, acquaintance or sibling of the child,</li> </ul>

that they know or believe that a child has been harmed.

- Observations of the child's behaviour or development leads them to believe that child has been harmed.
- They observe physical signs of harm.

**significant harm** Significant harm is a compilation of events, both acute and long standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development.

**substantiation** Substantiation is the point at which a judgment is made in the Child Protection investigation process that harm has occurred or is likely to occur in the immediate future. Child Protection involvement will continue until the child's safety and wellbeing is addressed.

**Victorian Risk Framework** The risk assessment model used by the Child Protection Service. The framework provides a consistent and standardised model for the assessment of significant harm to children and guides Child Protection workers in the key activities of information gathering, analysis and judgment.

**warning signs** See indicators.

# Appendixes

- **Appendix 1: Indicators of Harm**
- **Appendix 2: Frequently Asked Questions**
- **Appendix 3: The Victorian Risk Framework**
- **Appendix 4: Contact Details**

# Appendix 1:

## Indicators of Harm

A professional working with children may observe a number of indicators or a single indicator. One single indicator can be as significant as the presence of a number of indicators.

It is also important to be aware that the *presence* of an indicator listed below does not always indicate that a child *is* being abused; and the *absence* of indicators listed below does not indicate that the child is *not* being abused.

## Indicators of Harm

### Physical harm — possible indicators

#### *Physical indicators*

- Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs. Any bruises or welts in unusual configurations or which look like the object used to make the injury, for example, finger or hand prints, buckles, iron, teeth.
- Burns which show the shape of the object used to make them, such as an iron, grill, cigarette, or burns from boiling water, oil or flames.
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and development stage.
- Cuts and grazes to the mouth, lips, gums, eye area, ears, external genitalia.
- Human bite marks.
- Bald patches where hair has been pulled out.
- Multiple injuries, old and new.
- Poisoning.
- Internal injuries.

#### *Behavioural indicators*

- The child states that an injury has been inflicted by someone else (parent or other), or offers an inconsistent or unlikely explanation, or 'can't remember' the cause of injury.
- Unusual fear of physical contact with adults (for example, flinches if unexpectedly touched).
- Wearing clothes unsuitable for weather conditions, (such as long-sleeved tops) to hide injuries.
- Wariness or fear of a parent/caregiver, reluctance to go home.
- No or little emotion when hurt.
- Little or no fear when threatened.
- Habitual absences from school without explanations (the parent may be keeping child away until signs of injury have disappeared).
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Fearfulness when other children cry or shout.
- Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others.
- Excessively friendly with strangers.
- Regressive behaviour, such as bed-wetting or soiling.
- Poor sleeping patterns, fear of dark, nightmares.
- Sadness and frequent crying.
- Drug or alcohol misuse.
- Poor memory and concentration.
- Suicide attempts.

## Indicators of Harm (continued)

### Sexual harm — possible indicators

In older children and young people, sexual abuse is more likely to be identified through the child or young person disclosing to someone that they have been abused, rather than by observing physical indicators. In babies and young children, the physical indicators are observed mostly through a physical examination.

<i>Physical indicators</i>	<i>Behavioural indicators</i>
<ul style="list-style-type: none"> <li>● Injury to the genital or rectal area, such as bruising or bleeding.</li> <li>● Vaginal or anal bleeding or discharge.</li> <li>● Discomfort in urinating or defecating.</li> <li>● Presence of foreign bodies in vagina and/or rectum.</li> <li>● Inflammation and infection of genital area.</li> <li>● Sexually transmitted diseases.</li> <li>● Pregnancy, especially in very young adolescents.</li> <li>● Bruising and other injury to breasts, buttocks and thighs.</li> <li>● Anxiety related illnesses, such as anorexia or bulimia.</li> <li>● Frequent urinary tract infections.</li> </ul>	<ul style="list-style-type: none"> <li>● The child tells of abuse.</li> <li>● Persistent and age-inappropriate sexual activity, including excessive masturbation, masturbation with objects, rubbing genitals against adults, playing games which act out a sexually abusive event.</li> <li>● A fear of home, a specific place, a particular adult</li> <li>● Excessive fear of men or of women.</li> <li>● Poor or deteriorating relationships with adults and peers.</li> <li>● Poor self-care/personal hygiene.</li> <li>● Arriving early at school and leaving late.</li> <li>● Complaining of headaches, stomach pains or nausea without a physiological basis.</li> <li>● Frequent rocking, sucking and biting.</li> <li>● Sleeping difficulties.</li> <li>● Reluctance to participate in physical or recreational activities.</li> <li>● Regressive behaviour, such as bed-wetting or speech loss.</li> <li>● Sudden accumulation of money or gifts.</li> <li>● Truancy or running away from home.</li> <li>● Delinquent or aggressive behaviour.</li> <li>● Depression.</li> <li>● Self-injurious behaviour, including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide.</li> <li>● Sudden decline in academic performance, poor memory and concentration.</li> <li>● Wearing of provocative clothing or layers of clothes to hide injuries.</li> <li>● Promiscuity.</li> </ul>

## Indicators of Harm (continued)

### Emotional harm — possible indicators

Psychological or emotional abuse may occur with or without other forms of abuse. If a young person grows up in a climate of rejection and criticism, they can incorporate a negative self-image that impedes development and prevents them from reaching their full potential. They may develop personality or behavioural disorders, or become an adult filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, mental or even physical development.

<i>Physical indicators</i>	<i>Behavioural indicators</i>
<ul style="list-style-type: none"><li>● Speech disorders.</li><li>● Delays in physical development.</li><li>● Failure to thrive (without an organic cause).</li></ul>	<ul style="list-style-type: none"><li>● Overly compliant, passive and undemanding behaviour.</li><li>● Extremely demanding, aggressive, attention-seeking behaviour.</li><li>● Anti-social, destructive behaviour.</li><li>● Low tolerance of frustration.</li><li>● Poor self-image.</li><li>● Unexplained mood swings.</li><li>● Age-inappropriate behaviours, for example, overly adult conduct (parenting other children) or overly infantile conduct (thumb sucking, rocking, wetting or soiling).</li><li>● Mental or emotional development lags.</li><li>● Fear of failure, overly high standards, excessive neatness and cleanliness.</li><li>● Depression, suicidal tendencies.</li><li>● Running away.</li><li>● Violent drawings or writing.</li><li>● Rejection of contact with other children.</li></ul>

## Indicators of Harm (continued)

### Neglect — possible indicators

Neglect includes all instances where a person has failed to take adequate precautions to ensure the child's safety and provide food, clothing and shelter for the child. Many cases of neglect require a welfare and family support response, rather than a protective response. However, in cases where neglect has resulted in physical injury, emotional harm or a health impairment, it should be considered as abuse.

<i>Physical indicators</i>	<i>Behavioural indicators</i>
<ul style="list-style-type: none"><li>● Consistently dirty and unwashed.</li><li>● Consistently inappropriately dressed for weather conditions.</li><li>● Consistently without adequate supervision and at risk of injury or harm.</li><li>● Consistently hungry, tired and listless, falling asleep in class.</li><li>● Unattended health problems and lack of routine medical care.</li><li>● Inadequate shelter, and unsafe or unsanitary conditions.</li><li>● Abandonment by parents.</li><li>● Failure to thrive.</li></ul>	<ul style="list-style-type: none"><li>● Begging or stealing food.</li><li>● Gorging when food is available.</li><li>● Inability to eat when extremely hungry.</li><li>● Alienated from peers, withdrawn, listless, pale, thin.</li><li>● Aggressive behaviour.</li><li>● Delinquent acts: vandalism, drug and alcohol abuse.</li><li>● Little positive interaction with parent/caregiver.</li><li>● Appearing miserable or irritable.</li><li>● Poor socialising habits.</li><li>● Poor evidence of bonding, little stranger anxiety.</li><li>● Indiscriminate with affection.</li><li>● Poor or irregular school attendance.</li><li>● Staying at school long hours.</li><li>● Self-destructive.</li><li>● Dropping out of school.</li><li>● Taking on adult role of caring for parent.</li></ul>



# Appendix 2: Frequently Asked Questions

## Will my identity be protected if I make a notification?

The Children and Young Persons Act 1989, Section 67, specifically prohibits disclosure of the identification of notifiers to the Child Protection Service, and prescribes serious penalties. All notifiers to the Child Protection Service are protected under this section, regardless of whether or not they are *mandated* notifiers.

Child Protection workers take this responsibility extremely seriously, and are aware of the potential risks to professionals from families who may be notified to the Child Protection Service. At times, however, the source of the notification becomes obvious to the family because of the nature of the concerns raised by Child Protection workers.

Sometimes it may be possible for the notifier to discuss the notification with the family, as this can be a helpful strategy in engaging the family in a resolution of their difficulties, and may in fact reduce their hostility. Often this is not possible, or would further endanger a child's safety if the parent had prior knowledge that a report was being made. If you have concerns that there may be repercussions for you from a family, it is advisable to plan a strategy with colleagues, your principal or the Child Protection Service.

## Will my notification be investigated?

The Child Protection Service has developed a comprehensive risk assessment framework, the Victorian Risk Framework (VRF), which is used primarily in the *intake* phase (where decisions about notifications are made), as well as at different times throughout the life of the case, to establish the severity of the risk of harm to a child and to determine whether the parent is willing or able to protect the child from harm. (Refer to the VRF Risk Factors Warning List in Appendix 3.)

The Child Protection worker will need to assess the information that you have provided, and may need to access other information from previous notifications or other professionals to determine whether the child has suffered or is likely to suffer significant harm.

If you have any concerns about any aspects of the decision that is made regarding a notification you should ask the Child Protection worker or supervisor.

### **When will my notification be investigated?**

The Child Protection Service is constantly prioritising work that enters the service. Some regions, depending on their size, may receive more than 100 notifications per week. Notifications are prioritised in terms of the immediate safety of the child. Some notifications require an immediate or urgent response, while others can be responded to in a planned and flexible way.

In cases where sexual or physical abuse has been alleged, the police will need to be involved in the investigation, and this also requires planning and timing.

Given the above considerations, it is often not possible or practicable to indicate when a notification will be investigated. However, if you are concerned about this you should consult Child Protection staff.

### **Will I receive information regarding the outcome of the investigation of my report?**

The Child Protection Service has a commitment to informing notifiers of the process of the investigation if possible and practicable. However, if feedback is not forthcoming you can contact the region regarding further information.

### **What if it is discovered that I have not made a report when I should have?**

Since the introduction of Mandatory Reporting in 1993, the Child Protection Service has focused on providing education and information to mandated professionals, in order to influence their reporting behaviour. This is viewed as the most effective means of reinforcing the requirements of mandatory reporting and professional responsibility. Failure to notify child abuse may result in the continued abuse of the child.

There is provision under the Children and Young Persons Act 1989 to charge a mandated professional for failure to report a 'belief, based on reasonable grounds, that a child is in need of protection' because of physical or sexual abuse. However, to date there has only been one instance in Victoria where a professional has been charged with this offence.

It is in the spirit of the legislation, and the policy of the Child Protection Services, to encourage people to notify, rather than compel and punish them by law. It is always better to consult with colleagues or a Child Protection worker or refer to this manual if you do have concerns that a child is being abused.

### **Why are the police sometimes involved in Child Protection investigations?**

Child sexual and physical abuse are criminal offences. The police have the prime responsibility for investigating criminal offences relating to the sexual or serious physical abuse of children. A criminal investigation can be activated by either a Sexual Offences and Child Abuse Unit (SOCA Unit), or the Criminal Investigation Unit (CIU), wherever reasonable grounds exist for believing that a child has been sexually or seriously physically abused. Their response will be undertaken in the best interest of the child, and will take account of the need for medical, counselling and treatment referrals.

### **Am I legally obliged to report to Child Protection Services if I am concerned about a child not at my school, such as a neighbour?**

Mandated professionals are only required to make a notification to the Child Protection Service when they form a belief that a child is in need of protection from physical or sexual abuse in the course of practising their profession. In other words, if you are a mandated notifier you will not be legally obliged to report if you encounter abuse in your private life, or when working in a capacity that is not directly related to the professional affiliation under which you are mandated. However, in such situations you have a moral or ethical obligation to report your concerns if you have reasonable grounds to believe that a child is at risk of harm.

### **What if I want to make a report to the Child Protection Service but my boss or another colleague tells me not to?**

The legislation clearly states that if you are a mandated professional you have a legal responsibility to report your concerns to Child Protection Services, regardless of the views of other colleagues.

Often organisations have their own procedures or guidelines relating to mandatory reporting and making a notification. It is important to note that if a mandated notifier passes on information concerning possible child abuse to another staff member who, due to the organisation's policy, has the responsibility for making notifications in that organisation, the individual must be satisfied that the other staff member has made the notification and that all of the reasonable grounds have been reported. Furthermore, the individual must ensure that the report is made as soon as possible.

# Appendix 3: The Victorian Risk Framework

The Victorian Risk Framework provides a consistent and standardised model for the assessment of significant harm to children, and guides Child Protection workers in the key activities of information gathering, analysis and judgment. The following Risk Factors Warning List demonstrates the complexity and thoroughness that is applied to making decisions about the safety and wellbeing of children.

## Risk Factors Warning List

Research and experience has found that combinations of the following factors are commonly associated with heightened risk to children or young people. Any one factor, however, is only meaningful for a particular family when its occurrence can be demonstrated as affecting the safety of the child or young person. The purpose of the Risk Factor Warning List within the Victorian Risk Framework (VRF) is to signal a warning to the worker, and any identified risk factor must be explained within the worker's subsequent Risk Analysis.

## Risk Factors Warning List

Category	Description of possible risk factors
Prior Child Protection history	<ul style="list-style-type: none"> <li>● Prior substantiated abuse reports.</li> <li>● Escalating concern or pattern of contact with Child Protection service.</li> </ul>
The child	<p>If the child:</p> <ul style="list-style-type: none"> <li>● Is under two years.</li> <li>● Shows evidence of physical abuse/shaking.</li> <li>● Is premature, disabled, chronically ill.</li> <li>● Has difficulty feeding, sleeping, cries a lot.</li> <li>● Was born underweight or drug dependant.</li> </ul>
Another child or young person in the home	<p>If any child or young person in the home has:</p> <ul style="list-style-type: none"> <li>● A developmental/other disability.</li> <li>● A history of self-harm/suicide (talk or attempt).</li> <li>● A history of offending.</li> <li>● Violent behaviour.</li> <li>● A mental health problem.</li> <li>● Substance abuse problems.</li> <li>● Recent significant behaviour change.</li> <li>● A history of multiple separations or no stable placement, for example, no stable day program(education/employment/other.</li> </ul>
Carer/s	<p>If a carer:</p> <ul style="list-style-type: none"> <li>● Was under 20 at birth of first child.</li> <li>● Was abused as a child.</li> <li>● Is not the biological parent.</li> <li>● Has an intellectual disability.</li> <li>● Is socially isolated or the family is severely fragmented.</li> </ul>
Parenting skills of carer/s	<p>If there is:</p> <ul style="list-style-type: none"> <li>● Use of excessive punishment or inappropriate discipline.</li> <li>● A domineering parenting style (high criticism/low warmth family type).</li> <li>● A lack of motivation or realism regarding improvement of parenting skills.</li> </ul>

## Risk Factors Warning List (continued)

Category	Description of possible risk factors
Response to investigation or incident by carer/s	<p>If a carer:</p> <ul style="list-style-type: none"> <li>● Viewed the situation less seriously than did the Child Protection worker.</li> <li>● Failed to cooperate satisfactorily.</li> </ul>
Carer/s' history of violent relationships	<p>If a carer has:</p> <ul style="list-style-type: none"> <li>● Physically abused a child (past or present).</li> <li>● Been a perpetrator of domestic violence.</li> <li>● Been a victim of domestic violence.</li> <li>● A history of other violence.</li> </ul>
Carer/s' current problems	<p>If a carer has problems concerning:</p> <ul style="list-style-type: none"> <li>● Alcohol abuse.</li> <li>● Abuse of other drugs (with or without alcohol).</li> <li>● Psychiatric illness.</li> <li>● Self-esteem.</li> <li>● Apathy or depression.</li> </ul>
Carer/s' beliefs about the child	<p>If a carer:</p> <ul style="list-style-type: none"> <li>● Describes (or acts toward) the child in a predominately negative manner.</li> <li>● Has unrealistic expectations.</li> </ul>
Carer/s' history of perpetrating sexual assault	<p>If a carer has a history of perpetrating sexual assault:</p> <ul style="list-style-type: none"> <li>● Of children.</li> <li>● Of adults.</li> </ul> <p>Carers can include any parent, carer or adult in the household.</p>

# Appendix 4: Contact Details

## **Child Protection Services, Department of Human Services**

24-hour Crisis Line, all areas — 131 278

### **Regional Offices — Metropolitan Eastern**

Intake Unit — 1300 360 391

### **Northern**

Intake Unit — (03) 9471 1644

### **Southern**

Intake Unit — 1300 655 795

### **Western**

Footscray — 9275 7000

### **Regional Offices — Rural Gippsland**

Intake Unit — 1800 02 02 02

### **Grampians**

Intake Unit — 1800 000 551

### **Hume**

Intake Unit — 1800 650 227

### **Loddon Mallee**

Bendigo — (03) 5430 2333

### **Barwon South West**

Geelong — (03) 5226 4540

Warrnambool — (03) 5561 9444

**Note:** Check the Department of Human Services website for most recent data: [www.dhs.vic.gov.au/commcare](http://www.dhs.vic.gov.au/commcare)

## Other Contacts

### **CASA (Centre Against Sexual Assault)**

Statewide Crisis Line 9344 2210

Rural Freecall — 1800 806 292

There are six Metropolitan and twelve Regional CASAs that can be located in the telephone directory.

### **Domestic Violence and Incest Resource Centre (DVIRC)**

Phone: 9380 4343

### **Women's Domestic Violence Crisis Service of Victoria**

Hotline: 1800 015 188

### **Victoria Police Sexual Offences and Child Abuse Unit (SOCA)**

Phone: (03) 9247 6936

Refer to the Department of Human Services website for most recent data: [www.dhs.vic.gov.au/commcare](http://www.dhs.vic.gov.au/commcare)



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(available at: [www.aifs.org.au/nch](http://www.aifs.org.au/nch))

Summit, R. 1983, 'The child sexual abuse accommodation syndrome' in *Child abuse and neglect*, Vol 7, pp 177–193

Tomison, A. and Tucci, J. 'Emotional abuse: the hidden form of maltreatment', in *Issues in Child Abuse Prevention*, Number 8, Spring 1997 (available at [www.aifs.org.au/nch/issues11.html](http://www.aifs.org.au/nch/issues11.html))

Tomison, A. and Wise, S., 1999, 'Community-based approaches in preventing child maltreatment', in *Issues in Child Abuse Prevention*, Number 11, Autumn 1999 (available at [www.aifs.org.au/nch/issues11.html](http://www.aifs.org.au/nch/issues11.html))

Wattam, C. 1992, *Making a case in Child Protection*, NSPCC/Longman Group UK Ltd, Essex, UK

United Nations Convention on the Rights of the Child (available at: [www.un.org](http://www.un.org))

# Evaluation — Safe from Harm Kit

To help us improve our professional development materials, please complete this sheet and post it to:

Child Protection and Care  
Level 20, 555 Collins St  
Melbourne 3000

## 1. Would you recommend these materials to a colleague?

.....

.....

.....

.....

.....

## 2. Why/why not?

.....

.....

.....

.....

.....

# Evaluation — Responding to Child Abuse Session

To help us improve our training, please complete this sheet and return to the facilitator.

## 1. Would you recommend this session to a colleague or fellow student?

.....

.....

.....

## 2. Why/why not?

.....

.....

.....

.....

.....

# Handouts

# ACTIVITY

## Professionals' Attitudes to Child Abuse

### 1 Why might some professionals not initiate intervention when it is necessary?

Our values and attitudes about when people should intervene come from our own childhood experiences, parenting experiences, education, culture and societal values. Think of why some people might not initiate intervention when it is necessary.



### 2 Why should professionals intervene when it is necessary?

.....

.....

### 3 How can timely, appropriate action be encouraged?

.....

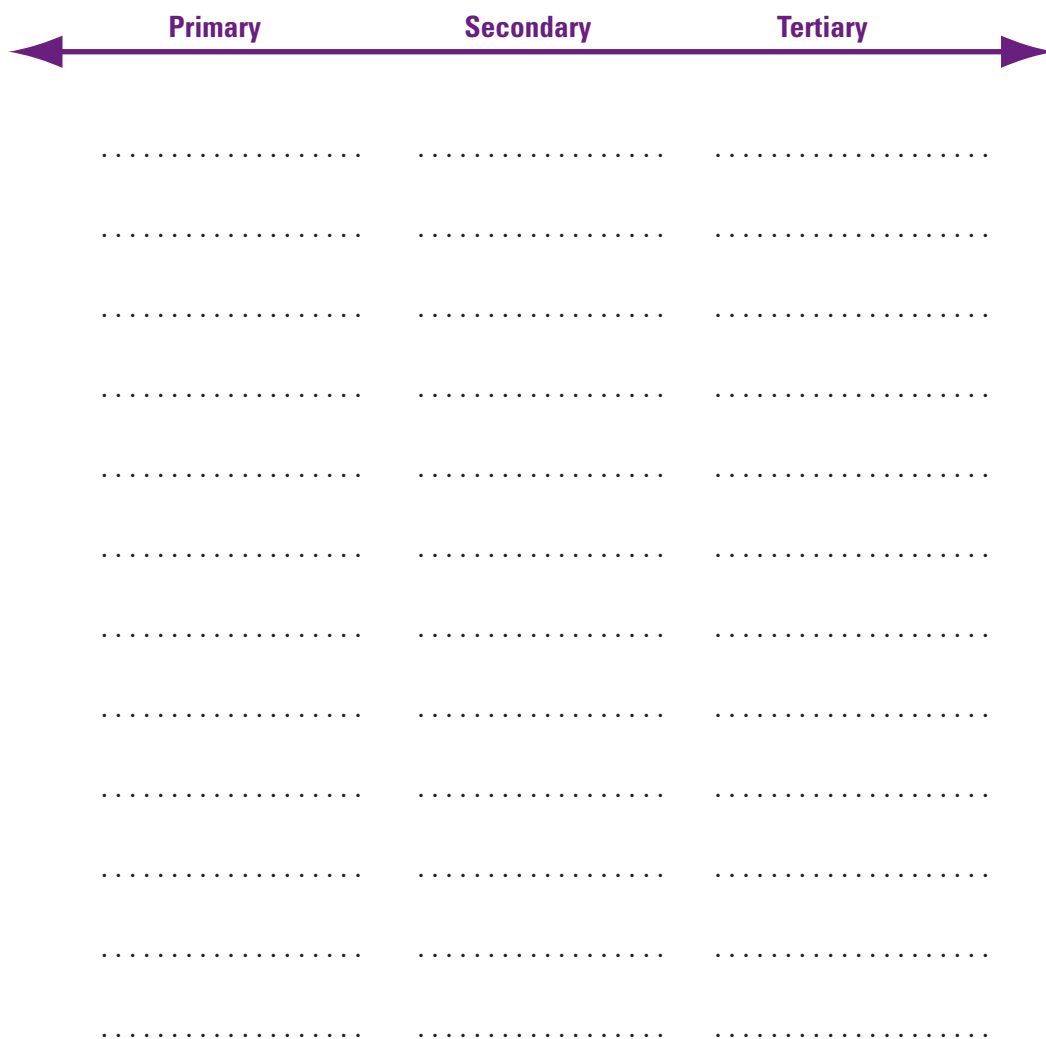
.....

# ACTIVITY

## Primary, Secondary and Tertiary Services

Put the headings of *primary*, *secondary* and *tertiary* services on the board (or use an overhead of the following table and write on the transparency). Ask participants to name services under each category. Ask how their service/profession contributes to prevention.

## Continuum of Service Delivery



## **Legal Definition of a Child in Need of Protection**

The legal definition of a child in need of protection is provided by the Children and Young Persons Act 1989, Section 63. Interpretation of the parent's capacity and willingness to 'protect' is made with regard to the degree of community support and services available to assist the parent in this responsibility.

For the purpose of this Act a child is in need of protection if any of the following grounds exist:

- a) The child has been abandoned by their parent and after reasonable inquiries:
  - i) the parents cannot be found; and,
  - ii) no other suitable person can be found who is willing and able to care for the child;
- b) The child's parents are dead or incapacitated and there is no other suitable person willing or able to care for the child;
- c) The child has suffered or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- d) The child has suffered or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- e) The child has suffered or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional and intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
- f) The child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.



# Responding to Concerns about Safety and Wellbeing: A Guide for Professionals

## Step 1 Responding to concerns

You may be concerned about a child because you have...

- Received a disclosure from a child, or
- You have observed warning signs (see Appendix 1).

If the concerns are of serious physical injury or sexual abuse...

Then ..... **Go to step 5**

Otherwise ..... **Go to Step 2**

## Step 2 Gathering information

You need to consider doing some or all of the following:

- Record your observations
- Consult notes/records
- Consult with colleagues
- Follow organisational protocols
- Speak with the child if appropriate
- Speak with the parents if appropriate
- Consult with other support agencies
- Attend or call a case meeting.

Are you wondering if your concerns need to be reported to Child Protection?

**No** ..... Continue to monitor and support child.

**Yes** ..... **Go to Step 3**

## Step 3 'Forming a belief'

Ask yourself:

Am I **more** likely to believe there is significant harm for the child or **less** likely to believe there is significant harm for the child?

**Less** If your answer is you are **less** likely to believe there is significant harm ..... continue to monitor and support child (as in Step 2)

**More** If your answer is you are **more** likely to believe there is significant harm ..... **Go to Step 4**

## Step 4 Contacting other services

Ask yourself:

Are there services involved that are supporting the child and family?

Am I able to discuss my concerns with the service providers?

**Yes** If after your discussions you are satisfied that the services are addressing your concerns ..... continue to monitor and support the child as in Step 2

**No** or can't find out ..... **Go to Step 5**

If you are in **doubt** about the child's safety and the parent's ability to protect the child ..... **Go to Step 5**

## Step 5 Notifying Child Protection

See contact list for local office phone numbers in Appendix 4.

After hours phone: **131278**.

Allow at least 30 minutes.

Have notes ready with your observations and child and family details.

Consider the level of immediate danger to child.

## Responding to Concerns about Safety and Wellbeing: A Guide for Professionals

Step 1 Responding to concerns	Step 2 Gathering information	Step 3 Forming a belief	Step 4 Contacting other services	Step 5 Notifying Child Protection
<p>You may be concerned about a child because you have...</p> <ul style="list-style-type: none"> <li>received a disclosure from a child, or</li> <li>observed warning signs (see Appendix 1).</li> </ul> <p>...If the concerns are of serious physical injury or sexual abuse...</p> <p><b>Then...</b></p> <p><b>Go to step 5</b></p> <p><b>Otherwise...</b></p> <p><b>Go to Step 2</b></p>	<p>You need to consider doing some or all of the following:</p> <ul style="list-style-type: none"> <li>Record your observations</li> <li>Consult notes/records</li> <li>Consult with colleagues</li> <li>Follow organisational protocols</li> <li>Speak with the child if appropriate</li> <li>Speak with the parents if appropriate</li> <li>Consult with other support agencies</li> <li>Attend or call a case meeting.</li> </ul> <p>Are you wondering if your concerns need to be reported to Child Protection?</p> <p><b>No</b> Continue to monitor and support child.</p> <p><b>Yes</b> <b>Go to Step 3</b></p>	<p>Ask yourself:</p> <p>Am I <b>more</b> likely to believe there is significant harm for the child or <b>less</b> likely to believe there is significant harm for the child?</p> <p><b>More</b> If your answer is you are <b>more</b> likely to believe there is significant harm...</p> <p><b>Less</b> If your answer is you are <b>less</b> likely to believe there is significant harm...</p> <p>Continue to monitor and support child as in <b>Step 2</b></p> <p><b>Go to Step 4</b></p>	<p>Ask yourself:</p> <p>Are there services involved that are supporting the child and family?</p> <p>Am I able to discuss my concerns with the service providers?</p> <p><b>Yes</b> If after your discussions you are satisfied that the services are addressing your concerns, then continue to monitor and support the child as in <b>Step 2</b></p> <p><b>No</b> or can't find out <b>Go to Step 5</b></p> <p>If you are in <b>doubt</b> about the child's safety and the parent's ability to protect the child...</p> <p><b>Go to Step 5</b></p>	<p>See contact list for local office phone numbers in Appendix 4.</p> <p>After hours phone: <b>131278</b>.</p> <p>Allow a minimum of 30 minutes.</p> <p>Have notes ready with your observations and child and family details.</p> <p>Consider the level of immediate danger to child.</p>

# Overheads

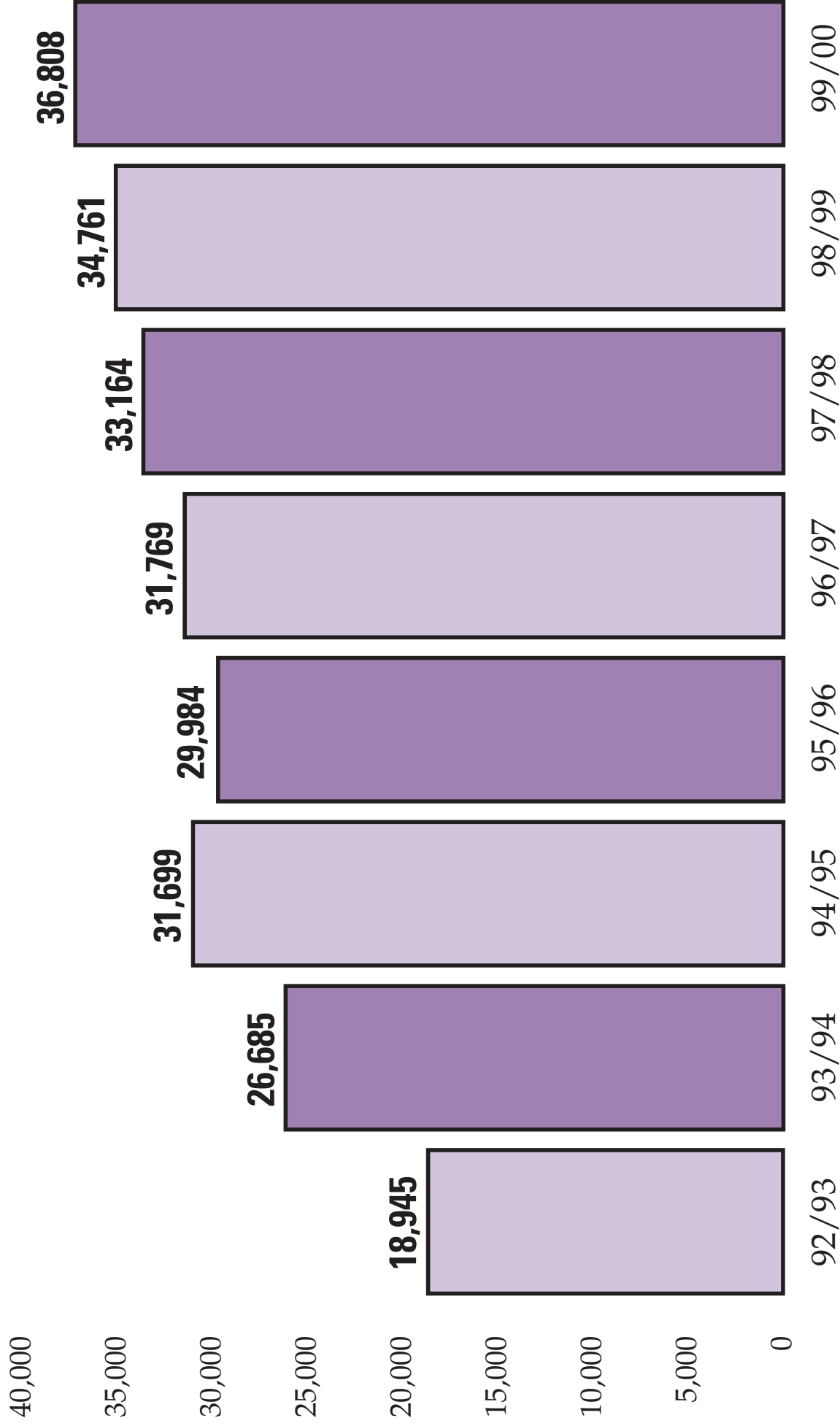
## Commonly Held Cultural Attitudes Towards Children

- A burden — therefore infanticide of the disabled, undesirable, females.
- Born evil — severe whippings and beatings, torturous physical restraints, confinement in dark cupboards.
- Financial investments — sold into slavery, child labour.
- Small adults.
- Property (privacy of the family).
- Born to meet the needs of their parents — in 'adult centred' cultures.
- Fashion accessories.
- Valued as a member of an indigenous culture.
- Valued as bearers of cultural heritage and family lineage.
- Members of an extended family network, kin and community.
- Valued as equals.
- Included in the adult world, taught life skills at an early age and encouraged to be independent.

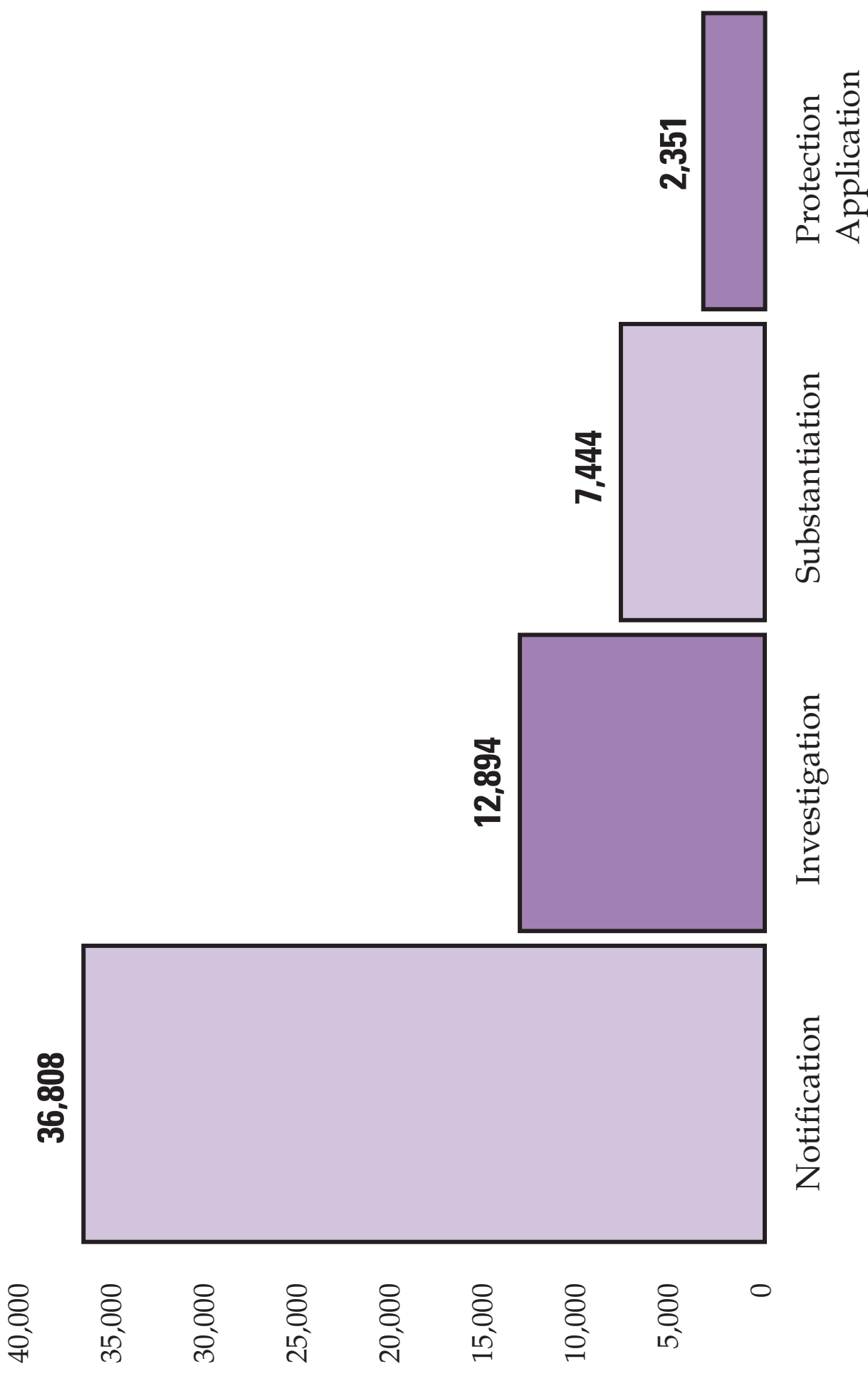
# Continuum of Service Delivery

Primary Services	Secondary Services	Statutory Services
Child Care	Family Support Services	Child Protection Services
Preschools	Strengthening Families (Programs)	Juvenile Justice
Maternal and Child Health	Parenting Services	Placement and Support
Neighbourhood Houses	Problem Gambling Services	Adoption and Permanent Care Services
Telephone Counselling Related Services	Financial Counselling Services	Police
GPs	Early Intervention Services for Families	
Schools	Specialist Children's Services	
Community Health Centres	Youth Support Services	
	School-Focused Youth Services	
	Family Violence and Sexual Assault Services	

## Annual Notifications, Victoria 1992–2000



## Flowthrough of Notifications, Victoria 1999–2000



## Information for Making a Report

- The child or young person's name, age and address.
- The reason for believing that the injury or behaviour is the result of abuse or neglect.
- An assessment of immediate danger to the child or children (information may be sought about the whereabouts of the alleged abuser/s).
- A description of the injury or behaviour observed.
- The current whereabouts of the child or young person.
- Any other information about the family.
- Any specific cultural or other details that will help understand the needs of the child, for example Aboriginality, non-English speaking background or disability.



## Significant Harm

Significant harm is a compilation of events, both acute and long standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development.

From: Bentovim, A (1991) cited in Daniel, Wassell and Gilligan (1999).

Significant harm is also determined by:

- The degree of severity of the situation
- The risk of harm to the child
- The capability and willingness of the parents to protect the child from harm.

# Gathering Information

Action	Detail
Make notes	Record what you observe; date and sign the entry.
Continue to observe	Record what you observe; date and sign the entry.
Consult colleagues	Get support and advice from your colleagues and supervisors, compare notes, brainstorm possible strategies.
Develop action plans based on procedures	Know your employer's procedures and processes about what to do.
Talk to other agencies about helping the family	Collaborate with or engage community health services, local government services, regional Department of Human Services/Child Protection contacts, family services, disability services — you may want to call a case meeting.
Talk to the child	Do this with respect for the child or young person's need for privacy and confidentiality.
Talk to the parent/s	Only do this when it will not jeopardise the safety of the child or young person.