Responding to abuse and neglect
Education and care training

Volunteer’s handbook
This handbook is only for use with the volunteer course of the same title
Contents

Introduction 1
Child protection context 1
Recognising abuse and neglect 3
Responding to abuse and neglect 10
Making a mandatory notification 13
Supporting children 15
Core messages 16
Introduction

The course is for volunteers in:
• Department for Education
• Catholic Education SA (CESA)
• Association of Independent Schools SA (AISSA).

This handbook is for you to keep and refer to. It will help you understand your child protection role as a team member in education and care.

Thank you for volunteering.

You play an important role in the education and wellbeing of South Australian children and young people.

Your work as a volunteer makes a real difference.

Child protection context

Children who are exposed to neglect, abuse or family violence can come from any race, culture, religious group, social group or place.

Child abuse and neglect is most likely a series of events that get steadily worse over time until it reaches the threshold, the point at which child protection can get involved in the life of a child.

• Child protection doesn’t have the right to get involved until the threshold (as defined by law in each state or territory across Australia).
• Everything that happens before the threshold is an opportunity to take action.
• We all have a role to play in creating a child safe Australia.
Maintaining professional boundaries with children and young people


All staff and volunteers are expected to maintain professional boundaries and be responsible and respectful when they interact with children and young people.

You are also expected to intervene if you notice anyone behaving inappropriately. You must let your nominated site leader or a senior staff person know.

Refer to your protective practices pamphlet for the standards of behaviour expected when you volunteer with children and young people. This pamphlet should be kept with this handbook.

What should volunteers do if they become aware of inappropriate adult behaviour?

- Volunteers must take action if they observe or are told about inappropriate behaviour of other adults on the site.
- It is not acceptable to minimise, ignore or delay responding to such information.
- For the wellbeing of the site community, the nominated site leader or a senior staff person must be informed as a matter of urgency.
Recognising abuse and neglect

The legislation

Under Section 30 of the Children and Young People (Safety) Act 2017 certain people are obliged by law to notify the Department for Child Protection if they suspect on reasonable grounds that a child or young person has been harmed or are at risk of harm, and this suspicion is formed in the course of their employment (Section 31). Reports must be made as soon as reasonably practicable after forming the suspicion.

Section 30 establishes those persons who are mandated notifiers:

1. The requirements under this Part are in addition to the duty of every person to safeguard and promote the outcomes set out in section 4(2), and in particular the outcome that children and young people be kept safe from harm.

2. To avoid doubt, compliance with the requirements of this Part does not necessarily exhaust a duty of care that may be owed to a child or young person by a person to whom this Part applies.

3. This Part applies to the following persons:
   (a) prescribed health practitioners;
   (b) police officers;
   (c) community corrections officers under the Correctional Services Act 1982;
   (d) social workers;
   (e) ministers of religion;
   (f) employees of, or volunteers in, an organisation formed for religious or spiritual purposes;
   (g) teachers employed as such in a school (within the meaning of the Education and Early Childhood Services (Registration and Standards) Act 2011) or a pre-school or kindergarten;
   (h) employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children and young people, being a person who—
      (i) provides such services directly to children and young people; or
(ii) holds a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children and young people;

(iii) any other person of a class prescribed by the regulations for the purposes of this subsection.

(4) For the purposes of this Part, a reference to a person being employed will be taken to include a reference to a person who—(a) is a self-employed person; or (b) carries out work under a contract for services; or (c) carries out work as a minister of religion or as part of the duties of a religious or spiritual vocation; or (d) undertakes practical training as part of an educational or vocational course; or Children and Young People (Safety) Act 2017—22.10.2018 Chapter 5—Children and young people at risk Part 1—Reporting of suspicion that child or young person may be at risk

(e) carries out work as a volunteer, and a reference to something occurring in the course of the person’s employment is to be construed accordingly.

(5) In this section—prescribed health practitioners means—(a) medical practitioners; and (b) pharmacists; and (c) registered or enrolled nurses; and (d) dentists; and (e) psychologists; and (f) any other person prescribed by the regulations for the purposes of this definition.

Legal definition of harm and risk

Section 17 and 18 of the Children and Young People (Safety) Act 2017 refers to children and young people as being at risk of or experiencing harm due to abuse and neglect.

17—Meaning of Harm

(1) For the purposes of this Act, a reference to harm will be taken to be a reference to physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.

(2) In this section—psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.
18—**Meaning of at risk**

(1) For the purposes of this Act, a child or young person will be taken to be at risk if—

(a) the child or young person has suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or

(b) there is a likelihood that the child or young person will suffer harm (being harm of a kind against which a child or young person is ordinarily protected); or

(c) there is a likelihood that the child or young person will be removed from the State (whether by their parent or guardian or by some other person) for the purpose of—
   (i) being subjected to a medical or other procedure that would be unlawful if performed in this State (including, to avoid doubt, female genital mutilation); or
   (ii) taking part in a marriage ceremony (however described) that would be a void marriage, or would otherwise be an invalid marriage, under the Marriage Act 1972 of the Commonwealth; or
   (iii) enabling the child or young person to take part in an activity, or an action to be taken in respect of the child or young person, that would, if it occurred in this State, constitute an offence against the Criminal Law Consolidation Act 1935 or the Criminal Code of the Commonwealth; or

(d) the parents or guardians of the child or young person—
   (i) are unable or unwilling to care for the child or young person; or
   (ii) have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or
   (iii) are dead; or

(e) the child or young person is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or

(f) the child or young person is of no fixed address ....

(2) It is immaterial for the purposes of this Act that any conduct referred to in subsection took place wholly or partly outside this State.

(3) In assessing whether there is a likelihood that a child or young person will suffer harm, regard must be had to not only the current circumstances of their care but also the history of their care and the likely cumulative effect on the child or young person of that history.
General definitions of abuse and neglect

In general, child abuse or neglect is categorised in 4 ways.

**Physical abuse**
The child has suffered or is at significant risk of suffering serious physical trauma or inflicted injury due to the actions of their caregiver.

Such actions may include:
- kicking, punching, hitting (eg with open hands, fists, belts, wooden spoons etc. and the frequency and force used was significant enough that an injury was likely)
- shaking (particularly young babies)
- burning (immersion in scalding water, cigarette burns, irons etc)
- biting, pulling out hair
- alcohol or other drug administration/ misuse (prescribed and illicit drugs).

Note: An injury is considered ‘inflicted’ if it was alleged to be caused wilfully or as a result of punishment.

**Sexual abuse**
This occurs when someone in a position of power over the child uses that power to involve the child in sexual activity. It can include:
- sexual suggestion
- exhibitionism, mutual masturbation, oral sex
- inappropriate touching
- showing of pornographic material (eg DVDs, internet, mobile phones)
- sexting via mobile phones
- using children in the production of pornographic material
- penile or other penetration of the genital or anal region
- child prostitution.

**Emotional abuse**
This tends to be a chronic behavioural pattern directed at a child so that a child’s self-esteem and social competence are undermined or eroded over time.

It can include:
- devaluing (eg ‘you’re hopeless, useless, stupid’)
- humiliation (eg publicly sharing information that will embarrass or potentially harm a child)
- ignoring (eg parents/caregivers are psychologically unavailable to the child)
- rejecting (eg telling a child in varying ways they are unwanted)
- corrupting (eg allowing children to participate in immoral or criminal acts)
- isolating (eg limiting normal social experiences)
- terrorising (eg may single out or threaten with punishment or death)
- family domestic violence in the child’s presence.
Neglect
This is characterised by the ongoing failure to provide for the child’s basic needs, which has a detrimental impact on the child’s physical and/or psychological development and wellbeing. Neglect may include:
• inadequate supervision of young children for long periods of time
• failure to provide adequate nutrition, clothing or personal hygiene
• failure to provide needed or adequate health care or medical treatment or withholding education
• disregard for potential hazards in the home
• forcing a child to leave home at a young age
• allowing a child to engage in chronic truancy.

Infants at risk
Infants at risk are children of less than one year of age where there is serious concern for their immediate and ongoing safety. This concern may arise from a specific incident of abuse or neglect. Alternatively, it may come from situations where parents/caregivers’ behaviour and circumstances place the infant at risk of harm. As with other kinds of indicators, one factor on its own, may not signify that an infant is at risk. However, the more factors present, the greater the likelihood of risk.

The infant at risk factors include:
• significant alcohol or other substance abuse by parents/caregivers
• interpersonal/domestic violence
• mental health of parents/caregivers
• attachment relationships
• abuse of previous children by parents/caregivers
• intellectual capacity of parents/caregivers
• experience of childhood abuse by parents/caregivers
• parenting abilities
• housing and physical environment
• income and financial management
• age/maturity of parents/caregivers
• social supports.
What should we expect to see in children and young people’s behaviour?

Generally children and young people should be:

- **Happy** – appearing pleased to be at the site once settled, participating willingly in most activities and happy to see parents/caregivers at the end of the day.
- **Healthy** – adequately clothed for weather conditions, clean, provided with enough food for recess and lunch, and any health issues are appropriately managed by parents/caregivers.
- **Socialising normally with adults and peers** – interacting comfortably with adults in their life, and having mainly positive interactions with peers.
- **Doing what is expected of them developmentally** – similar cognitive and physical abilities to their peers, or in keeping with the level of disability which may be present.
- **Attending regularly** – Irregular attendance and unexplained absences are issues the site must respond to.

Indicators of abuse, neglect and family violence

The key message about indicators is to recognise patterns and clusters of behaviours. The best way to recognise clusters is for everyone working with the child to share the concerns they have with the nominated site leader.

Possible behavioural indicators of children and young people experiencing abuse, neglect or family violence

- difficulty accepting responsibility for their behaviour
- struggle when receiving any kind of feedback
- difficulty in understanding the feelings of others
- struggle to name their own feelings
- damage to property, stealing property (eg food)
- harm others without feeling remorse
- appear to not follow rules
- easily influenced by others
- find it hard to trust
- struggle to give reasons for their behaviour
- trust too much and allow themselves to be exploited
- withdrawn ‘absent’ manner
- low self-esteem
- suffer sleep disturbance
- socially isolates themselves (eg declines invitations)
- act in ways that make others feel uncomfortable or stressed
- change from calm to angry very quickly
- struggle to be a part of group activities
- difficulty making and keeping friends
- run away
- difficulty in concentrating, remembering, learning
- hyper-vigilant (seeming to constantly scan for threat)
- sexual behaviour inappropriate for age, inappropriately directed (eg at younger children or teacher), excessive, violent, coercive, compulsive, threatening
- tiredness
- overly protective of younger siblings
- unusually fearful of having nappy changed
- wary of physical contact with others
- age inappropriate bed wetting, soiling or smearing
- bullying and aggression
- engage in high risk behaviours (eg alcohol/substance abuse, offending, self-harm)
- suicidal thoughts
- chronic absenteeism/irregular attendance
- unresponsive to ‘normal’ motivating teaching strategies

Possible physical indicators of children and young people experiencing abuse, neglect or family violence

- bruising, burns, scalds, lacerations, abrasions and broken bones
- eating disorders
- consistently dirty/unwashed
- medically unexplained problems in eating or swallowing
- delay in physical development
- multiple injuries
- urinary tract infections/sexually transmitted diseases
- pregnancy
- medical conditions related to poor hygiene
- unattended physical conditions or illnesses
- unexplained failure to thrive
- evidence of hair being pulled out, bald patches
- drawings or art work that are dark and/or of a sexual nature
Responding to abuse and neglect

The way you respond makes a difference

Sometimes, children and young people use the opportunities that arise in education and care settings to share personal information. Recognising and respecting the significance of what is being shared is part of your duty of care. Sometimes, what is shared will be about abuse or neglect. The way we respond in these situations is very important to the long term safety and wellbeing of the child or young person. Your role in these situations is to do everything you can to allow the child or young person to share what they wish to share. This means listening respectfully, showing you care and taking time.

Research shows that for children who disclose abuse, those ‘… who received supportive responses following disclosure had less traumatic symptoms and were abused for a shorter period of time than children who did not receive support’ (Gries et al 2000).

Parent/carer behaviours as indicators

- appears unconcerned about the child/young person’s condition/situation
- uses corporal punishment
- belittles the child/young person
- delays seeking medical help or advice
- is excessively critical of child/young person
- favours other children/young people in family
- ignorant of child/young person’s developmental stages and needs
- inattentive
- isolates child/young person from social and peer activity
- has low self-esteem
- does not attend site appointments
- offers illogical accounts of injuries
- poor impulse control
- family violence
- uses multiple health services for child/young person

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Research shows that for children who disclose abuse, those ‘… who received supportive responses following disclosure had less traumatic symptoms and were abused for a shorter period of time than children who did not receive support’ (Gries et al 2000).
• If you suspect that abuse is being disclosed, your role is not to investigate.
• This means you don’t ask leading questions.
• You don’t interview other people to verify what you suspect or have been told.
• Using open questions is the best way to support children and young people in all situations when personal information is shared.

What are leading and open questions?

Leading questions can usually be answered by a ‘yes’ or ‘no’. Leading questions offer information and ideas (put words in people’s mouths).

Open questions invite information and allow the individual to only say what they wish to say. Open questions keep the conversation open and are rarely answered by a ‘yes’ or ‘no’.

For example:

<table>
<thead>
<tr>
<th>Child’s statement</th>
<th>Leading question</th>
<th>Open question</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t like my uncle looking after me.</td>
<td>Does he make you afraid?</td>
<td>How does he make you feel?</td>
</tr>
<tr>
<td>I don’t want to work, my hand hurts.</td>
<td>Is that a cigarette burn on your hand?</td>
<td>Your hand looks sore. How did it happen?</td>
</tr>
</tbody>
</table>

Safe question styles

• ‘What are/were you feeling …?’
• ‘What are/were you thinking …?’
• ‘Tell me more about …?’
What might the child or young person be feeling?

A child or young person may experience a range of emotions when disclosing abuse or neglect, including:

- **guilt**—children and young people often blame themselves for the abuse and may feel guilty for telling someone about it
- **shame**—children and young people are often ashamed of the abuse itself, particularly sexual abuse
- **confusion**—children and young people are often confused about their feelings for the perpetrator
- **fear**—children and young people are often fearful of the repercussions of telling. They may be scared of the perpetrator, that the abuse may recur or that their family will break up. They may also be fearful of the consequence for the perpetrator (e.g. jail time).

Do’s and don’ts of appropriate responding when abuse and neglect is disclosed or suspected

**Do …**

- respect the enormity of what is being shared with you
- listen with care, show care and ask only open questions
- make sure that privacy is being upheld, which may mean interrupting a child who is publicly disclosing abuse
- be patient, don’t rush the child or young person, or yourself
- believe the child
- record what you have been told
- speak with the nominated site leader to help decide the next actions
- look after yourself

**Don’t …**

- stop the child or young person from talking
- act scared or shocked
- doubt the child or young person (question the validity of their story)
- threaten to harm or punish the perpetrator
- promise that everything will be fine or that the child or young person will be safe/happy/better
- ask leading questions or interview others (i.e. investigate matters further)
Making a mandatory notification

Our legal obligation

As a volunteer working with children you are mandated to report any suspicion on reasonable grounds of abuse and/or neglect formed in the course of your volunteering.

This obligation is outlined in the Section 31 of the Child and Young People (Safety) Act 2017.

Remember a child is anyone aged up to 18 years of age.

What does being a mandated notifier mean?

If you suspect on reasonable grounds that you need to make a mandatory notification, talk with your nominated site leader. They will listen to your concerns and advise you on what to do next. If the nominated site leader isn’t available, you must seek out another site leader (or delegate).

Always remember, as a volunteer you are supported by professionals at the site to help you meet your responsibilities.

Suspicion on reasonable grounds

Reasonable grounds for reporting suspected abuse and/or neglect may include when:

- a child/young person tells you that they have been abused
- a child/young person tells you they know someone who has been abused (they may be referring to themselves)
- someone tells you of the abuse who is in a position to provide reliable information (perhaps a relative, friend, neighbour or sibling of the child/young person)
- your own observation of the caregiver’s behaviour cause you to suspect that abuse is occurring
- your own observations of the caregiver’s behaviour cause you to suspect that a child or young person is being, or is at risk of being, abused or neglected.
Working with your nominated site leader

You are not expected to act alone. We will give you support and guidance on how to respond to your concerns.

Talking to someone else about your concerns is part of how we make sure that the site is aware of everything that is happening for a child and their family.

You do not waive your responsibility as a mandated notifier simply by sharing your concerns or information with the nominated site leader.

Making a report

Proof of abuse or neglect is not required to make a report.

It’s not your role to obtain proof or investigate in any way. This is the job of other agencies, such as the police and child protection.

To make a mandatory notification call the Child Abuse Report Line (CARL) on 13 14 78.
Supporting children

Our ongoing role

It is important that we recognise, respond to and report suspected abuse and neglect.

But our commitment and obligation to a child doesn’t stop there.

We need to work together to help a child live beyond their trauma.

What can you do?

Talk with your nominated site leader about a child’s behaviour. They will help you understand how to better support the child in their learning.

Every positive adult relationship that a child has helps them shape the way they relate with people around them and their environment.

The impact of trauma

We need to be aware that children who are traumatised can be difficult to work with. Often these behaviours are a useful way to manage stress.

Sometimes these responses can become patterns of behaviour which can make a child’s life more difficult.
Core messages

My nominated site leader is:

- Any concerns you have about children, young people or adults at the site should be referred to the nominated site leader as soon as possible.
- If children and young people share concerning personal information with you, respond in a supportive way. Showing you care is very important to their wellbeing. Talk with the nominated site leader as soon as possible.
- Confidentiality is critical. Respect the sensitivity of the information you have been told.

Think about your wellbeing

This course covers some sensitive issues. It can be challenging.

Remember:
- the topic of abuse and neglect can raise difficult emotions for many people – this is normal
- you need to look after yourself.

If you have any concerns, speak to your nominated site leader. Help is also available from:

Lifeline
13 11 14
www.lifeline.org.au/

Thank you for your time and your ongoing contribution to the safety and wellbeing of children and young people.

When you volunteer, you make a real difference.

For more information about anything in this handbook please talk with your nominated site leader.
This handbook is part of Responding to abuse and neglect – Education and care (RAN-EC) training for volunteers.

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