SAFEGUARDING CHILDREN IN ST JOHN

A Guide for Staff & Volunteers

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Introduction

St John Ambulance Australia (St John) is committed to the safety and wellbeing of all children and young people (children) who participate in St John activities, programs, events or services. We want children to be safe, supported, nurtured and empowered while involved in our programs. St John will take a preventative, proactive and participatory approach to the safeguarding of children.

St John has zero tolerance for child abuse.

We take all allegations and concerns of abuse very seriously. St John will always strive to ensure that children do not experience neglect, abuse, harm, or exploitation during their involvement with St John.

The aim of this guide is to:

- provide staff and volunteers with information about working with or around children
- help staff and volunteers understand what abuse and neglect ('abuse') is
- explain who abuses children
- dispel myths
- explain how respond to a suspicion, allegation or disclosure of abuse.

Talking about child abuse may be distressing to some readers. If you feel distressed about this topic, it is important that you talk to someone who can help and support you. Each State and Territory St John organisation has a Employee/Volunteer Wellbeing Program in place. Speak to an organisational leader or your State or Territory head office about how to access this service.

You can also contact Lifeline on 13 11 14 for free, 24-hour crisis support or visit their website at www.lifeline.org.au.

Child abuse

What is child abuse?

Child abuse is an act or omission that endangers a child's physical or emotional health or development.

Child abuse is an exploitation of the power that adults, and sometimes other children, have over children that causes harm, may cause harm, or threatens harm to a child—even if the harm is not intentional.[1,2] It occurs in a context of a relationship of responsibility, trust or power.

It is never OK for any person to harm a child.

Child abuse can be:

- through neglect. Neglect occurs when parents, carers or family members fail to provide children with the necessities for their development and wellbeing such as food, shelter, clothing, medical attention, going to school or safety. Neglect can include both isolated incidents as well as a pattern of failure over time.
- physical. Physical abuse is the intentional use of physical force against a child—such as hitting, kicking, biting, scratching, punching, strangling, burning, or any other type of physical force—that results in (or may result in) harm to a child's health, survival, development or dignity.
- emotional. Emotional or psychological abuse includes the failure of parents or carers to provide an appropriate or supportive environment for children. It can include acts (such as ridiculing a child, threats and intimidation, rejection, shaming and other forms of hostile treatment) or omissions (such as withholding affection or persistently ignoring the child).
- through exposure to family violence. Exposing a child to family violence includes seeing, hearing or experiencing violence in a number of ways. Family violence includes any behaviour by a person towards a family member that is:
  - physical or sexually abusive
  - emotionally abusive
  - coercive or controls or dominates a family member in any way, or causes that family member to fear for their safety or wellbeing or for that of another family member
  - causing a child to hear or witness or otherwise be exposed to the effects of the behaviour reffered to above.
- sexual. Sexual abuse includes any act where an adult (or another child) uses a child for sexual gratification that the child is unable to comprehend, give informed consent to or is developmentally prepared for. The person uses power, force or authority in an unwanted or illegal sexual act. It may include an adult or another child showing or forcing a child to watch sexually-explicit photographs or videos, spying on a child, performing or forcing a child to perform sexual acts.
- grooming. Grooming is predatory behaviour designed to prepare a child for sexual abuse. Many perpetrators of sexual offences against children purposefully create relationships with children and young people, their families and carers in order to establish the conditions necessary for them to abuse the child. For example:
  - spending special time with a child
  - isolating the child or young person from family and peers
  - giving gifts to a child
  - showing favouritism
  - allowing the child to step outside of boundaries or rules
  - touching the child
  - testing and/or breaking professional boundaries.
- through exploitation. Exploitation is where a child is used by someone else to help them make money, gain power, work, to abuse them or for some other purpose. Children who are exploited are treated unfairly and poorly. They're often made to do things that they don't want to do or aren't comfortable with.[3]

Following are some common questions that staff and volunteers often ask about child abuse.

How common is child abuse?

Unfortunately, harm to children in our society happens far too often. In the past five years, it has been reported that there have been more cases of child abuse reported to, and substantiated by, state and territory child protection authorities than ever before.[4] In Australia in 2017–18, there were nearly 159,000 children receiving child protection services across Australia. Of these 159,000 children, 105,000 were the subject of an investigation, 67,200 were on a care and protection order and 55,300 were in out-of-home care.[5] Aboriginal and Torres Strait Islander children (Indigenous children) are over-represented in care and protection statistics, with Indigenous children receiving care and protection services at nearly 8 times the rate for non-Indigenous children.[5] In addition, children from remote areas have the highest rates of substantiations.[5] Sadly, the rates of children receiving child protection services continue to rise over time.[5,6]

These numbers can be confronting but it's important to remember that the increase in reporting does not necessarily mean abuse is happening more. Rather, it might be that we are more aware and are getting better at recognising abuse and more confident in our responses, such as reporting.

Which children are vulnerable?

All children are vulnerable to child abuse. Abuse and neglect can affect any child, anywhere. Children are particularly vulnerable due to their young age and the lack of power they experience as minors in society.

There are particular population groups however, that have been identified as more vulnerable to abuse than others, including very young children (infants to preschool-aged children), Indigenous children, children from culturally and linguistically diverse or migrant backgrounds and children with a disability. See page 12 for more information.

What is the impact of abuse?

Child abuse and trauma affects the health and wellbeing of children, the effects of which can be experienced well into childhood, adolescence and adulthood.

The impact of abuse will be different for every child and will depend on factors such as:

- the nature of the abuse
- the response from family and loved ones
- the age of the child and duration of abuse
- the child's own personal resilience
- the supports available following the disclosure or identification of the abuse.

Research suggests however, that there are some commonly experienced impacts. For example, according to Child Wise, 'repeated and prolonged exposure to abuse:

- alters the child's brain development,
- sensitises the child to further stress,
- leads to heightened activity levels and hypervigilance,
- consequently affects future learning and concentration.'[6]

In addition, child abuse and resultant trauma can cause: difficulty in emotional regulation and expression; behavioural issues; poor self-esteem; poor academic achievement; an inability to trust and negotiate relationships with peers and adults; sleep disruption; and difficulty managing change (amongst other impacts). Children who are victims of abuse and trauma are also more likely to experience mental illness as children, adolescents and adults.

Is child abuse a crime?

Yes. Although the laws differ across the Australian states and territories, child abuse is a crime *everywhere*.

In some states and territories, if an adult fails to report abuse or protect a child from harm, they have committed an offence. Heads of organisations in many states and territories are now required to report any suspicions, disclosures, allegations or concerns relating to abuse where the alleged offender is an employee, volunteer or contractor of the organisation. Failure to report is an offence.

More information on child protection laws can be found later in this resource.

Why don't some adults report?

There are a range of reasons why people hesitate to report abuse or suspicions of abuse in our society. Some of these concerns may come from:

- uncertainty around what constitutes abuse
- their relationship with the perpetrator (e.g. they are a friend, co-worker, family or community member)
- worries about being wrong
- not wanting to interfere in other peoples' business or make a situation worse
- being worried that the child is from a different cultural background
- believing the family should deal with the problem themselves
- worries about what will happen if the child is removed from the family or home.[7]

This kind of thinking can leave children unprotected.

If you're worried that you might be wrong, that's OK—you can have a conversation with a St John Child Safety Officer (CSO) or the appropriate reporting authorities in your state or territory. Each and every report helps to improve child safety systems.

Do children lie about abuse?

It is important to understand that it is rare for children to make false accusations of abuse, particularly regarding sexual abuse.[8] If an allegation of abuse is made by a child, it is more likely that they will deny any abuse has occurred or 'take back' their disclosures as they fear repercussions. For example, some abused children feel, or are told by the abuser, that they are to blame for the abuse. Other children are threatened with violence if they tell and will try to hide their unhappiness and distress. Some children are not aware that what they have experienced is abuse.[9]

Why don't children tell?

Children often feel they have a lot to lose by disclosing abuse—they are often fearful of the consequences for themselves, their family and the perpetrator. Many children will either have been groomed into thinking no one would ever believe them, or silenced by the thought that they deserved what happened to them and are not entitled to, or worthy, of help.[10] Shame and embarrassment are consistently identified as reasons why children do not disclose, as are loyalty conflicts (e.g. the abuser is a relative or friend).[10,11] Some victims carry this guilt and responsibility throughout their lives, and it has devastating effects on their wellbeing, and ability to trust and form relationships.[10]

What helps prevent abuse?

Empowerment strategies that teach children from an early age to talk about their feelings, and enhance self-confidence and communication skills, are considered a powerful and effective way of preventing abuse.[12] It would be dangerous however, to believe that a confident and assertive child would never be abused. Assertive behaviour however has been known to deter offenders when choosing their victims. This is particularly the case for sexual abuse.[13] Research with sex offenders suggests that offenders have decided not to abuse certain children because the child said 'NO!'[12] Offenders said they didn't offend with certain children as they showed signs of assertiveness, were too loud or were likely to tell.[12]

There are therefore some clear messages around empowering children by giving them the language to talk about difficult, scary and embarrassing situations.[12] It is critical however that the responsibility for safeguarding rests ultimately with adults, not children (although some children can certainly play a role in keeping themselves safe).[12]

In the St John Youth program, children are offered annual personal safety education. This is conducted with Junior Interest or Youth Proficiency courses, or participation in the St John Personal Safety Education program. This Program's framework involves raising awareness of safe and unsafe situations for children, identifies trusted adults in individual children's lives that can be approached for help and emphasises telling trusted adults about any incident where a child has felt unsafe, scared or worried.

The way an organisation responds to abuse and its overall stance on safeguarding is a large part of prevention.[14] This is why St John has thorough policies and procedures in place nationally regarding the safeguarding of children and strives to create a child safe culture where staff and volunteers can speak about safeguarding openly, and without fear or reprisal. For example, all St John entities have policies around recruitment, selection and screening, supervision, managing situational risks, codes of conduct, training, risk management and reporting processes.

If I make a report will a child be removed?

Possibly. It depends on the nature and extent of the abuse that is occurring, and who the alleged perpetrator is (e.g. a family member that lives with the child). It's important to know that children are only removed from their homes in extreme circumstances—where it is deemed that it is not safe for them to live there any longer.

Do I have a duty of care?

As an organisation working with, or around, children, St John legally owes a duty of care to the children that come into contact with our services and programs. This means that if your role involves working with, around or supervising children, then you owe a duty of care to those children to:

» take all reasonable steps to ensure they are safe from harm
» ensure the environment you are operating in is safe for children.

This duty of care exists regardless of the service area or program that you work or volunteer in.

If you reasonably foresee that there is a safety risk to a child in your care, you must act to remove or reduce this risk.

What if I'm concerned about another member of St John?

If you are concerned that another staff or volunteer member of St John poses a risk to a child, you must talk to your State or Territory Child Safety Officer (CSO) and/or report it to the appropriate authorities. St John is committed to investigating all concerns with care and confidentiality.

Treatys, laws and St John policy

The United Nations Convention on the Rights of a Child

The United Nation's Convention on the Rights of a Child is a treaty that the Australian Government ratified in 1990.[15] This document provides a minimum set of standards for governments and international organisations for protecting the rights and best interests of children.

Examples of rights under the Treaty include a child's right to:

- education
- fair treatment
- have their opinions taken into account
- get and share information
- think and believe what they want to
- health and life
- be free from violence, abuse and exploitation.[14]

It also includes provisions for ensuring that organisations provide adequate screening of employees and volunteers to ensure that children are placed in environments free from harm.[14] See page 31 for more information.

Child protection laws and standards

Many laws exist that govern the work that St John does with or around children across Australia. While legislation across the states and territories are not the same, there are many commonalities.[16,17] See "Table 1. Child safety legislation".

Following on from the Royal Commission into Institutional Responses to Child Sexual Abuse (RC), a number of principles have been recommended for implementation by organisations. Although these principles are not yet enshrined in law, it is believed that they may become law in the future. In February 2019, the Australian Prime Minister and all Premiers and Chief Ministers endorsed the *National Principles for Child Safe Organisations*.[18]

The Principles are:

1. Child safety is embedded in institutional leadership, governance and culture.
2. Children participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved.
4. Equity is upheld, and diverse needs are taken into account.
5. People working with children are suitable and supported.
6. Processes to respond to complaints of child sexual abuse are child focused.
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
8. Physical and online environments minimise the opportunity for abuse to occur.
9. Implementation of the Child Safe Standards is continuously reviewed and improved.
10. Policies and procedures document how the institution is child safe.[17]

Other laws in effect in some Australian states and territories

Some states and territories have specific laws around failing to report and protect children, which carry criminal penalties if an offence is committed.[15] Also, some states and territories have reportable conduct laws.[15] These additional laws are depicted in "Table 2. State and territory specific legislation" overleaf. Other states and territories may be considering similar legislation following the RC.

Additionally, each state and territory and the Commonwealth also have laws around the grooming of a child for unlawful sexual activity (e.g. where an adult develops a relationship with a child and/or their family for later unlawful sexual activity), including provisions for grooming via online communications (or carriage services). Although these laws differ across jurisdictions, generally adults are legally obliged to report any reasonable belief, suspicion, incident or disclosure of an adult grooming a child for unlawful sexual activity.

St John has a zero-tolerance approach to child abuse.

Table 1. Child safety legislation

Jurisdiction	Legislation
Commonwealth	Family Law Act 1975 (Cth)
Australian Capital Territory	Children and Young People Act 2008 Ombudsman Act 1989
New South Wales	Children and Young Persons (Care and Protection) Act 1998 Crimes Act 1900 Ombudsman Act 1974
Northern Territory	Care and Protection of Children Act 2007 Domestic and family violence Act 2007
Queensland	Child Protection Act 1999 Education (General Provisions) Act 2006
South Australia	Family and Community Services Act 1972 Children's Protection Act 1993
Tasmania	Children, Young Persons and Their Families Act 1997
Victoria	Children, Youth and Families Act 2005 Crimes Act 1958 Child Wellbeing and Safety Act 2005 Wrong's Amendment (Organisational Child Abuse) Act 2017
Western Australia	Children and Community Services Act 2004

National St John policy

The St John National Child Safety Rules, Standards and Guidelines apply to all St John organisations in Australia, including the Australian Office. In order to understand the document, it's important to first understand what is meant by the terms 'rules', 'standards'and 'guidelines'.

Rules refer to the laws that govern child safety across Australia. Standards are non-negotiable. They prescribe the minimum requirements that all St John organisations must comply with regarding child safety. Guidelines are the suggested practices and procedures to be adopted by each St John organisation. Unlike standards, guidelines are not set in stone, and may be modified, adapted or built on to suit the relevant entity and the environment in which they operate in.

These policies advise the organisation of the legislative framework that it must operate in with respect to working with children, as well as prescribes the minimum standards St John organisations must implement in order to create child safe environments (e.g. criminal history screening for all adults; having policies and procedures in place relating to child safety; and ensuing that all adult staff and volunteers undertake child safety awareness training).

The Guidelines provide practical advice for good practice to staff and volunteers working with children to aid them in creating child safe environments. It includes a list of practices to be avoided and adopted that will help safeguard not only children, but staff and volunteers and the organisation too. See "Appendix 2".

State and Territory policy

It is a national requirement that each St John entity create their own policies and procedures in relation to child safety. State and Territory policies tell members about:

- screening obligations (e.g. for criminal history)
- recruitment and selection procedures
- how to act when working with or around children
- what staff and volunteers' reporting obligations are specific to their state and territory
- how to support a child who is making a disclosure
- how to make a report, and to whom in your State or Territory
- how to document suspicions, allegations, disclosures and complaints
- the frequency of child safety policy review.

To view your State or Territory child safety policy, visit your State or Territory St John website, or ask an organisational leader about how to obtain a copy.

Table 2. State and territory specific legislation

State/ Territory	Legislation	Description	Further information:
New South Wales	*Criminal Legislation Amendment (Child Sexual Abuse) Bill* 2018	In NSW, a criminal offence has been committed where an adult (whether a mandatory reporter or not): » knows, believes or reasonably ought to know that a child has been abused » know, believes, or reasonably ought to know that they have information that might materially assist in securing the apprehension, prosecution or conviction of an offender.[19] Adults working in organisations engaged in child-related work commit an offense if they: » know that an adult worker engaged by St John in child-related work poses a serious threat to the safety or wellbeing of a child » have the power or responsibility to intervene to reduce or remove the risk and fails to do so » negligently fails to intervene to reduce or remove the risk.[18]	Click here for more information.
	Ombudsman Act 1974 (s. 25A[1])	Under the NSW Ombudsman Act, reportable conduct includes: » any sexual offence or sexual misconduct committed against, with or in the presence of a child—including a child pornography offence » assault, ill-treatment or neglect of a child » any behaviour that causes psychological harm to a child—even if the child consented to the behavior.[20]	Click here for more information.
Victoria	*Crimes Act* 1958 *Crimes Amendment (Protection of Children Bill)* 2014	Victoria now has specific laws around failure to protect and failure to report child abuse. Victoria's laws cover child sexual abuse. Other states and territories may be considering similar legislation following the Royal Commission into Institutional RC. Under this legislation, any adult who fails to report child abuse commits an offence.[21] It is also an offence if a person in authority in any organisation that has a duty of care for children fails to protect a child under the age of 16 years from the risk of sexual abuse.[22] A person in authority is someone who holds a position in an organisation with the power or responsibility to reduce or remove the risk of child sexual abuse.[21]	Click here for more information.

State/ Territory	Legislation	Description	Further information:
Victoria	*Children Legislation Amendment (Reportable Conduct) Act* 2017	The Victorian Reportable Conduct Scheme: » requires some organisations to respond to allegations of child abuse (and other child-related misconduct) made against their workers and volunteers, and to notify the Commission for Children and Young People of any allegations » enables the Commission for Children and Young People to independently oversee responses to reports » facilitates information sharing between organisations, their regulators, Victoria Police, the Department of Justice and Regulation's Working with Children Check Unit, and the Commission for Children and Young People.[23]	Click here for more information.
Australian Capital Territory	*Ombudsman Act* 1989	Certain employers who work with children are covered by the scheme and will need to report to the ACT Ombudsman. Broadly, 'reportable conduct' covers allegations or convictions of child abuse or misconduct toward children. Organisations must report allegations or convictions concerning child abuse and child-related misconduct by an employee, including: » ill-treatment of a child (including emotional abuse, and hostile use of force) » neglect » psychological harm » misconduct of a sexual nature » sexual or physical offences and convictions where a child is a victim or is present » inappropriate discipline or offences relating to protecting children from harm in accordance with the provisions of the Education and Care Service National Law (ACT) Act 2011.[24]	Click here for more information.
	Crimes Act 1900	» From 1 September 2019, it is a criminal offence under the Crimes Act 1900 to fail to report child sexual abuse to the Police. The law applies to all adults in the ACT who must tell Police if they have a reasonable belief that a sexual offence has been committed against a child.	Click here for more information.

Who abuses children?

Accurate information on who abuses children is quite limited in Australia. This is largely due to the fact that the reports that researchers rely on often don't capture a great deal of data about the offenders of child abuse, and a great deal of abuse is suspected to be undisclosed.[2]

What researchers do know is that, 'with the exception of child sexual abuse, children are most likely to be abused or neglected by parents and/or caregivers'.[2] People that abuse children can also be siblings, other relatives, friends and others known to children. Offenders may be from any race, religion, socio-economic background, or live anywhere.

Evidence suggests that the offenders of child sexual abuse are predominantly males (some research suggests around 90% are male, 3.9% are female and a further 6% are classified by unknown gender).[2] The RC found that 90–95% of offenders were male, and 5–10% were female.[2]

Common behaviours of sex offenders

Often, people who want to sexually abuse a child will exhibit patterns of behaviour whereby the offender aims to become close to the child, and potentially their family too. This type of behaviour is called 'grooming'. For example, child sex offenders may aim to spend a lot of time with a child, and sometimes their families too.[6] They will often give a child more 'special' attention than is normal, including complementing or saying loving things to a child, or buying a child gifts. Often, they will begin by touching a child in a non-sexual way before progressing to more sexual touching, and they may test the child's ability to keep secrets.

Sometimes, a child sex offender will identify more vulnerable children, such as those from single parent families or families in crisis, with the aim of 'filling a void' left by parents or carers. They will often organise time to be alone with the child, such as taking the child on a special outing, going for car rides, looking after the child and offering to tutor or coach the child.

Offending often happens in the child's home or the home of a friend or family member. It may occur at organised community activities or events or in child-related organisations or businesses that work with children. Sadly, by the nature of our work, St John is an organisation that is at risk of being targeted by people who wish to harm children.

It is a common myth that child sex offenders are people with a mental illness. Only a small percentage of offenders have been found to have a mental illness.[25]

Offenders can take advantage of children either situationally, opportunistically or engage in a grooming process (whereby the offender creates an opportunity for abuse to occur that often includes creating a relationship with the child and/or their carers).[12]

Children (with sexually harmful behaviours)

As they grow up, children will develop and display sexual behaviours. There is a difference between expected sexual development and behaviour that is sexually harmful. This topic focuses on children (with sexually harmful behaviours).

Some people might believe that only adults sexually harm children. However, this is not the case. Children can, and do, harm other children—emotionally, physically and sexually. Even a younger child can harm an older child. This may happen when the younger child has power over the older child, such as in the case of particularly vulnerable children (e.g. a child with a disability).

In the recent RC, 1129 of the 6875 people (or 16.4%) who gave evidence in a private session with the RC disclosed abuse by another child.[26]

Sexual abuse by a child can be equally as harmful as sexual abuse by an adult and may closely resemble the impacts of abuse perpetrated by adults. For example, impacts to physical and psychological health and development, problems with interpersonal relationships and sexual identity, and disrupted connections to culture and family.

What is sexually harmful behaviour in children?

The term 'sexually harmful behaviour' was used by the RC to describe the different sexual behaviour problems displayed by children, from those that are based around the child's development, to those that are sexually aggressive toward others.

For the purposes of this Guide, the term 'sexually harmful behaviour' will refer to behaviours that fall outside the age-appropriate range for children (see "Appendix 3") and behaviours that are directed toward another child that are harmful to that child.

A child (with sexually harmful behaviour) is likely to have experienced significant, repeated childhood trauma or abuse. Many people think that this kind of behaviour only occurs when a child has been sexually abused. It's important to know however, that being a victim of sexual abuse is only one risk factor for a child developing sexually harmful behaviours.

Examples of other trauma or abuse that may lead to sexually harmful behaviours in children include:

- chronic neglect
- physical abuse
- emotional abuse
- exposure to domestic or family violence
- family breakdown
- exposure to sexually explicit content (e.g. pornography), a sexualised environment or sexualised behaviours by adults
- economic disadvantage
- parental substance abuse
- social issues (e.g. chronic bullying)
- exposure to violent and harmful practices in institutions.

Organisational risk factors can also influence the likelihood of a child engaging in sexually harmful behaviour. Those risk factors might include a history of:

- physical or emotional abuse and neglect occurring in organisations
- bullying, degrading or humiliating treatment of children and young people
- hierarchical cultures and structures among children
- lack of supervision and oversight.

Sexually harmful behaviour can be between siblings, peer-to-peer, or occur in institutional settings. It is important to know that a child (with sexually harmful behaviours) is unlikely to have a predisposition for abusing children or a sexual preference for children. The more likely scenario is that the child is modelling their behaviour on things that they have seen others doing (without consequence). Some children may not be aware of what behaviours constitute sexual behaviours, including those that are harmful. This can lead to the sexual behaviours that they are experiencing being normalised. Therefore, they may not recognise that exhibiting sexualised behaviours towards other children is not okay.

Some research suggests that there is a link between past histories of abuse and the children who experience it, going on to be offenders themselves. This is known as 'intergenerational transmission'. Researchers suggest that this is particularly the case for physical abuse and neglect. For child sexual abuse, the research remains unclear with some researchers suggesting that only 11.6% of perpetrators with sexual abuse histories go on to offend themselves.[2]

What behaviours are sexually harmful?

Sexually harmful behaviours are those behaviours that fall outside of the 'normal' or age-appropriate sexual behaviour for a child.[27] They can vary in severity and in the harm that they cause to both the child (with sexually harmful behaviours) and others. Examples of harmful sexual behaviour include:

- inappropriate touching (e.g. the child [with sexually harmful behaviours] touching another child or forcing another child to touch them)
- using sexual violence or threats
- forcing another child to undress or watching another child in a private space (e.g. bedroom or bathroom)
- sexual assault or rape
- using sexually explicit words or phrases
- forcing another child to watch pornography, or engage the child (with sexually harmful behaviours) in a sexual act.[26]

The *Traffic Light Framework* provides a useful tool for helping leaders to determine if a behaviour being exhibited by a child is healthy for their age and developmental stage. The Framework uses traffic light colours to describe healthy (green), potentially unhealthy (amber) and unhealthy (red) sexual behaviours.[28] See "Appendix 3".

How will I know if a child is being harmed by another child?

It's important to ensure that all children feel able to speak out about any incident that makes them feel unsafe or uncomfortable. Personal safety education plays a key role in ensuring that children understand situations in which they feel safe and unsafe in, and who they can talk to if they feel unsafe or have been hurt. St John provides a comprehensive child safety education framework for both Junior and Youth Members. This can be accessed on the Member Connect website (members.stjohn.org.au—ask your organisational leader for the login details).

The key to working with children who are at risk of abuse or are being abused, is ensuring that adults are aware of what behaviours constitute abuse and how to respond appropriately.[25] This is why St John requires adult staff and volunteers to participate in a rigorous child safety training program annually, regardless of the service area they work or volunteer in. Part of this awareness is also knowing what sexually healthy development in children looks like. The Traffic Light Framework ("Appendix 3") provides adult staff and volunteers with an overview of what normal or healthy sexual behaviours in children at particular ages.

If you suspect that a child is being harmed (whether by an adult or child), it is important to have a conversation with your State or Territory CSO about the appropriate next steps.

How do I work with a child (with sexually harmful behaviour)?

If you are concerned that a child you are working with is displaying sexually harmful behaviour, a conversation with your State or Territory CSO is a good starting point for formulating a response. **Early intervention** is an important aspect of responding to sexually harmful behaviour and improving the outcomes for all children that we work with. It's important that if sexually harmful behaviour is recognised, that St John staff and volunteers take the appropriate steps to protect all of our children to whom St John owe a duty of care. Usually, the first step will be contacting your State or Territory CSO. They may discuss with you a referral to a therapeutic

service, meeting with the child's parents or caregivers, a notification to the appropriate child protection authority or police.

It's important to remember that a child who has sexually harmed another child is still a child—one that needs support from their family and community.

When working with any child (with sexually harmful behaviours) it is also important to ensure that they receive the support that they require to stop the behaviours.[25] An unhelpful response from an organisation would be to exclude a child from the service due to their behaviour (the exception to this would be where an offence or crime has been committed where the child could be held criminally responsible for their behaviour).[25]

This does not mean minimising the harmfulness of any behaviours the child has exhibited in a St John setting, including minimising the harm experienced by the victim. There must be a balance between supporting the victim and providing support to the child (with sexually harmful behaviours) to ensure that the child is referred to an appropriate intervention. For example, the child (with sexually harmful behaviours) might be moved to another division. It is also essential that the child's (with sexually harmful behaviours) personal supports are communicated with around the seriousness of the sexually harmful behaviour being exhibited by them.[25,26]

Support for the child (with sexually harmful behaviours) might include being referred to specialist therapeutic services or treatment programs, or ensuring that the child is living in a safe environment where they are connected to family and/or community.[26]

At an institutional level, preventing abuse will include ensuring that opportunities for sexual abuse to occur are minimised, such as through thorough risk assessment, training of all staff and volunteer members (in both child safe environments and organisational policies and procedures) and ensuring adequate supervision, are essential.[25,26] Communication with parents or carers of the child (with sexually harmful behaviours), to ensure that the organisation can support the child's continuation in the program or service, must also occur. [25,26]

Language used in working with a child (with sexually harmful behaviour)

It is important to not label a child (with sexually harmful behaviour) as a 'perpetrator', 'offender' or as 'dangerous'.[26] This is because the child is still just that, a child. Children's ability to control their impulses and ability to make decisions are still developing during childhood and adolescence.[26] They are also likely to have experienced harm or trauma at some point in their life (as discussed above) and labels such as these can further isolate and alienate them.[26] This is why it is important to refer to the child as being a child (with sexually harmful behaviour).

Vulnerable groups

All children are vulnerable to abuse. However, there are some groups of children who are considered to be more vulnerable to experiencing abuse than others. Very young children (e.g. infants to preschool-aged children) due to their very young age and associated vulnerability are vulnerable to abuse. In particular however, children with a disability, Indigenous, culturally and linguistically diverse and migrant children are more vulnerable to abuse.[29,30,31,32]

It is therefore important that adult staff and volunteers are aware of these groups. These groups they need special care and attention, and an understanding of how to work in culturally safe ways to help ensure they are safe. It is the responsibility of all adult staff and volunteers to uphold the dignity and rights of all children.

Children with a disability

Every child is different and will experience their disability differently.[28] It is therefore important to avoid stereotypes or make assumptions in dealing with children with a disability. Children with a disability may have difficulty in communicating that they have been harmed, may be unaware of how to make a complaint, or the pathways for making a complaint are not easily accessible to them.[28] As a result, it is often harder for them to make themselves heard or understood.[28]

Children with a disability can be particularly vulnerable to harassment, bullying, humiliation, physical and sexual abuse.[28] According to the Commission for Children and Young People in Victoria, children with a disability are more vulnerable due to:

- social isolation
- limited provision developmentally appropriate sexual and relationship information
- low levels of expectation held about their capacity to identify and report concerns
- inaccessible pathways to raise issues, concerns of complaints
- communication difficulties
- personal care needs requiring the involvement of different people and various levels of supervision
- signs of abuse being viewed as being related to the child's disability.[28]

Indigenous children

One of the greatest sources of resilience for an Indigenous child is their connection to their kin, Country, community, cultural and spiritual practices and identity.[29,31]

The term 'cultural safety' means creating an environment where every person, regardless of their identity, feels safe and is free of abuse and challenge or denial of their cultural identity. Importantly, cultural safety is also about:

> shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.[33]

It is important for organisations to acknowledge and recognise the continuing negative impact that government policies and practices have had on Indigenous people. It is also important to embrace Indigenous culture by respecting the cultures, values and practices of Indigenous people.[29,31]

Like other highly vulnerable groups of children, Indigenous children may also experience challenges in reporting abuse or making a complaint. As a result, underreporting is common.[29,31] Barriers to disclosing abuse for Indigenous children may include:

- worries about coming into contact with the person that has abused them in the organisation
- fear of their family being isolated from their community as a result of the disclosure
- traumatic memories associated with fear or mistrust of the police or legal system (e.g. due to the effects of intergenerational trauma, past family experiences with the police or child protection authorities)
- the views of other people that child sexual abuse is 'normal' in Indigenous communities (this view is offensive and has been strongly refuted by many Indigenous communities)
- feelings of shame, fear of repercussions or punishment
- fear of consequences for the offender
- concerns about talking about sexual matters in some Indigenous communities (e.g. girls should not talk about sexual matters with male police officers).[29,31]

Children from CALD or migrant backgrounds

As for Indigenous children, it is important that organisations promote the cultural safety of children from culturally and linguistically diverse (CALD) and migrant backgrounds. Importantly, children from CALD and migrant backgrounds may experience discrimination in the community. St John must promote that it has a zero tolerance towards discrimination and support these young people to talk about any experience where they have felt unsafe.[30]

When working with children from CALD or migrant backgrounds, it is helpful to seek out children and their families and ask them about their culture. In particular, asking about any cultural support needs that the child may have while engaged with a St John program. Asking them how they would like to be involved is also helpful.[30]

These considerations may extend to dietary requirements, religious practices or clothing (where aspects are not necessarily in line with St John uniform).

Language may be a barrier for some children or families.[30] Exploring with the child and their family how St John can support them to understand information is an important part of empowering children and making them feel welcome and safe.

Accepting, welcoming and respecting differences is part of creating a supportive environment and equality in our treatment of all children and their families.[30]

Things adult staff and volunteers can do to keep all children safe

Adult staff and volunteers should:

- always be respectful and welcoming of children from diverse backgrounds
- pre-empt unsafe situations by conducting risk assessments in their work with vulnerable children
- make sure they are aware of your organisation's Code(s) of Conduct
- be aware of the complaints and reporting process for your organisation
- empower and support children to make a complaint if they have identified a problem
- help build self-esteem and confidence of vulnerable children
- teach children about their bodies and the importance of personal space
- help children to be cyber safe
- don't do things for a child that they can do for themselves
- ask children about their safety and wellbeing
- collaborate with children's families and carers
- help children know who they can talk to in the organisation if they feel unsafe
- believe the child and let them know it was okay to tell if a disclosure is made
- demonstrate a zero tolerance to discrimination
- be aware of the indicators of abuse.[28,29,31]

Risk of harm

The term 'risk of harm' refers to the likelihood that a child may suffer physical, sexual, psychological (or emotional) harm as a result of what is done (e.g. an act of abuse) or not done (e.g. neglect) by another person—this can often be the adult carer in the child's life, or someone else close to the child.

As a staff or volunteer member of St John, you may one day need to make a judgement about whether a child is at risk of harm. There are a number of factors that can assist you to make an informed decision. For example:

- the age, maturity, functioning and vulnerability of the child
- the behaviour of a child that might suggest they may have been, or are being, harmed
- unexplained or suspicious injuries, or injuries where the explanation is not plausible
- behaviour from another person that has had, or is having, a demonstrated negative impact on the healthy development, safety or wellbeing of the child (e.g. a carer who experiencing drug or alcohol addiction, mental illness or domestic violence is present in the home)
- contextual risk factors. For example, the recent abuse or neglect of a sibling, or a parent or carer recently experiencing significant problems in managing a child's behaviour or financial stress in the household
- indication that a child's emotional, physical or emotional wellbeing is significantly affected as a result of abuse or neglect.

Recognising abuse

Recognising abuse and neglect is about forming a reasonable concern or well-founded suspicion that harm:

- is occurring
- may occur
- harm has been threatened.[34]

To make a report, it is not necessary to prove to authorities that abuse has occurred or who is responsible for it. Collecting evidence to prove abuse is a matter for the authorities, and the courts will determine whether or not a criminal offence relating to abuse or neglect has occurred (or if a child is in need of care and protection).

It is important to know that both children and their parents or carers can also give indicators that abuse is occurring through their behaviours. In the next section, types of abuse and possible indicators are discussed. In reading through the rest of this Guide, it is important to remember that:

- abuse has many forms
- children may be harmed through another person's actions (abuse) or omissions (neglect)
- children often experience more than one form of abuse. For example, children who are physically or sexually abused may also be experiencing emotional abuse. Some children who are sexually abused are also being physically abused as part of the offender's tactics to maintain secrecy
- some children can be emotionally abused without other forms of abuse occurring
- exposure to domestic and family violence harms children and is a form of abuse. Other forms of abuse, including physical and sexual abuse, are more likely to happen when there is family violence in the home.[35]

If you are unsure if a child is experiencing harm, it is important to speak with your State or Territory CSO about your concerns.

You can also consider a range of issues, including:

- the extent and seriousness of the injuries
- the age and developmental stage or maturity of the child
- any previous injuries (e.g. is this part of a series of injuries)?
- the explanation for the injury by caregivers and the child (are they consistent or implausible?)
- the intention regarding the injury i.e. accidental or non-accidental (noting that child abuse can be non-accidental)
- any responsibility taken by a caregiver (regardless of accidental or non-accidental intention)
- the child's presentation (physical and emotional)
- the child/parent or carer interaction (including signs of secure attachment).

Remember... the most important thing to do if you are unsure is to speak with your State or Territory Child Safety Officer.

Indicators of abuse

Unfortunately, there is no magic checklist for identifying abuse. Making a judgment about if a child is being or has been harmed ultimately relies on an individual's knowledge, skills, level of awareness and experience—the answers are not often clear. This is why it is important for staff and volunteers to be aware of indicators that may help to identify a child who is at risk.

It is also important to look for patterns of indicators. One or two indicators alone may not necessarily mean that a child has been abused. It could however indicate that something is wrong.

Read on for some useful definitions of physical, emotional and sexual abuse, neglect and family violence, and the following tables for possible indicators.This is a guide only—it should not be regarded as exhaustive as each child and case of abuse is different.

A cautionary note for staff and volunteers

Many children may demonstrate one or more of the indicators at some stage of their development or in your interaction with them. If you notice one or more indicators in a child, and are unsure as to whether these indicate abuse, please call your State or Territory St John CSO, your state or territory child protection authority or police, for guidance.

The police should always be called if a child is at immediate risk of harm.

Don't hesitate. Don't wait.

Neglect

Neglect is characterised by the failure of a care-giver to provide for the child's basic physical and emotional or psychological needs (or the basic necessities of life). This can occur through a direct and deliberate act (things that are done to a child), or by omission (things that are not done to or for a child).[1] Neglect can also be emotional in nature. For example, where the parent or carer is unresponsive to a child.[1] Persistent or repeated neglect can result in serious impairment of achild's health and development.

Table 3. Indicators of neglect

Physical indicators in children	Behavioural signs in children	Indicators in parents or carers
The neglected child may: » be pale, listless, persistently tired, or falling asleep at inappropriate times » have poor hygiene (often leading to social isolation) » have untreated physical or medical problems » have untreated head lice » be in a low weight range » have inadequate clothing, particularly in winter » experience nonorganic failure to thrive (meaning there is no medical reason to explain why a child's development is delayed) » have poor hair texture » experience frequent illness.[1,53,54]	The neglected child may: » be indiscriminate in their affection or seek adult affection or attention including showing signs of extreme longing for adult affection » be constantly miserable or irritable » beg or steal food » be withdrawn » engage in acts of vandalism, drug and alcohol abuse » have poor social skills and be alienated from peers » exhibit aggressive behaviour » regress to an earlier developmental stage (such as thumb sucking) » experience delayed development » experience anxiety when left alone or without their parent or carer » be focused on basic survival » have extended stays at school, public places or other people's homes » have poor or inappropriate emotional responses (such as lack of expression or enthusiasm or being unresponsive to a distressing experience).[1,55,56]	The following indicators of neglect may be witnessed in parents or carers: » failure to provide adequate food, clothing, shelter, medical attention, adequate supervision (e.g. left alone for long periods) or unhygienic living conditions » abandonment of the child » inability to respond emotionally to the child » failure to provide or being unable to provide psychological nurturing » depriving or withholding physical contact or stimulation for long periods of time » keeping a child at home from school or other activities to care for others » avoiding contact with school or other activities to discuss attendance » having unrealistic expectations of the child » treating one child differently to others in the home/family (e.g. scape-goating, believing a child is evil) » absence of social supports from friends, relatives, other adults or social networks » has limited understanding of the child's needs » parent or carer have agreed to support or services but have not engaged those at all or within a reasonable timeframe.[5758]

Physical abuse

Physical abuse is commonly characterised by physical injury resulting from non-accidental, physically aggressive practices that cause physical harm. For example punching, shoving, hitting, beating, slapping, shaking, throwing, biting, kicking, burning, or otherwise harming a child.[1,36,37]

It's important to know that physical injuries to a child, however slight, may not necessarily be the result of an accident. The injury may have been deliberately inflicted or knowingly prevented. Some injuries may be the inadvertent result of physical punishment or discipline. Bruising may be found on areas of the body not generally publicly seen and may be noticed in activities such as swimming. Staff and volunteers need to consider whether the injury is expected for the child's age or life stage. For example, the injury may be from falling off a bike or other sporting injury and is easily explained.

Research into the effects of physical abuse of children tells us that there are not only physical consequences of abuse, but that physical acts of abuse may contribute to long term developmental problems and negative physical, cognitive, psychological, behavioural and social outcomes.[38]

See "Table 4. Indicators of physical abuse" for possible indicators of physical abuse.

Female Genital Mutilation

Female Genital Mutilation (FGM), sometimes called female circumcision, is a form of physical abuse and is illegal in all Australian states and territories.[39] It is a practice that has no health benefits (there is no medical justification for the procedure) and the practice poses a threat to the victim's health and wellbeing.[40] General indicators of FGM can include:

- being a female child or teenager who comes from a community that practices FGM
- having a special operation associated with celebrations
- referring to a special operation a child is about to undergo (often overseas in a country that practices FGM) or worries about an upcoming holiday overseas
- worries of siblings or other relatives visiting their country of origin
- reproductive and urinary tract infections
- reluctance to be involved in physical activities (e.g. sport) that the child previously enjoyed
- bleeding and pain
- long periods of sickness
- difficulties with toileting or menstruation.[47,41,57,58]

Table 4. Indicators of physical abuse

Physical indicators in children	Behavioural signs in children	Indicators in parents or carers
The physically abused child may: » show evidence of unexplained cuts, abrasions, bruising or swelling » have burns or scalds » have lacerations and welts from excessive discipline or physical restraint » have rope burns on arms, legs, neck or torso » experience multiple injuries or bruises » have unexplained fractures, strains, dislocations or sprains » have fractured bones, (especially in children under 3 years old) » have bite marks » experience facial, head and neck bruising » have multiple scars of different sizes or ages, and on different parts of the body » experience bruising or marks that show the shape of the object that caused it (e.g. belt buckle, hand mark, bite mark) » head injuries, where the child may have indicators of drowsiness, vomiting, fits or retinal haemorrhages, suggesting the possibility of the child being shaken. [1,59,60]	The physically abused child may: » be unusually wary or fearful of physical contact, including flinching when approached » be unduly frightened of a parent or a carer » express little or no emotion when hurt » be unduly compliant, shy, withdrawn, passive, compliant and uncommunicative » offer unlikely explanations of injuries » be unusually nervous or somewhat hyperactive, aggressive, disruptive and destructive (both to self and others) » wear extra or excessive clothing to cover marks or bruises » have explanations for injuries that are not consistent with the injury » have aggressive or violent behaviour, particularly towards other young children » ingest poisonous substances, alcohol or drugs (signs of trauma) » have an explosive temper that is out of proportion to the precipitating events » display crouching or physical withdrawal behaviours in response to sharp movements » be fearful of returning home to parents or carers. [1,61,62]	The following indicators of physical abuse may be witnessed in parents or carers: » disclosures by the parent or carer that they are worried they may harm a child in their care » family history of violence (including previous harm to children) » history of their own abuse or maltreatment as a child » repeated presentations of the child to health services with injuries, ingestions of non-food substances or minor complaints » significant delays between an injury occurring and presenting for medial attention » explanations offered for an injury that is inconsistent with physical presentation » explanations offered for an injury that are vague or bizarre, or the story changes » excessive discipline.[57,58]

Sexual abuse

Sexual abuse refers to any sexual act or threat by an adult, adolescent or older child. It occurs when someone in a position of power over a child uses that power to involve the child in non-contact and/or contact sexual activity for their own personal sexual gratification.[1,44,45] Examples of non-contact behaviours can include exposing a child to, or exploiting them through pornography or exposure of body parts (either the perpetrators or the child's body parts).[1] Contact behaviours may include inappropriate or invasive touching, intimate kissing or sexual assault.

All children are at risk of sexual abuse. This type of abuse frequently involves dependent or developmentally immature children in sexual activities they do not truly comprehend; to which they are unable to give informed consent; or that violate the social taboos or family rules. Offenders often manipulate a child either by threats of violence, gaining the child's (or their families) trust, shaming them, making them feel guilty, or making them feel special.

See "Table 5. Indicators of sexual abuse" for possible indicators of sexual abuse.

Grooming

Grooming is where someone with a sexual interest in a child makes friends and builds trust with them or their family. They establish an emotional connection with the child (and often, their family or others in a child's life) to lower the child's inhibitions, influence them and normalise sexual behaviours. Often, grooming involves manipulation that is subtle, calculated, occurs over a prolonged period, is planned, and uses techniques to control the victim.[42]

Groomers can spend a long time building these friendships and their grooming behaviours are often made up of many discreet behaviours. It is generally a slow process that can be difficult to distinguish from seemingly normal actions—that is, the behaviours on their own may seem unremarkable. Some of the behaviours are not sexual in their nature or directly abusive.[43] These incremental acts usually increase in their intensity and become more overt over time.[50]

Grooming can happen anywhere. It can be face-to-face or online (e.g. in chat rooms, social media sites and gaming platforms). It can involve a range of behaviours, although generally it will occur in three main stages:

1. gaining access and building trust
2. initiating and maintaining the abuse
3. hiding the abuse.[50]

People who groom children work hard at being liked and accepted by the child, and often by their family, organisation or community. In a large majority of reported incidents, the offender is someone known to the child—often someone they trust.

There are no hard and fast rules about how an offender grooms a child—it depends on the circumstances, the offender and the child. It is important to remember that grooming often continues to occur to both the child and their carer after the initial offence has been committed. This is often to maintain access to the child for further abuse and to ensure silence.

Research suggests that abuse is often perpetrated by opportunist or situational offenders, rather than a committed sex offender.[6] In addition, groups of more vulnerable children are often targets for offenders as they are seen as easier to manipulate.

Where a person grooming a child works or volunteers in an organisation, they will often try to manipulate the organisation, and exploit weakness or circumvent the organisation's policies, procedures and practices and people (e.g. gaining trust, or being in a position of power), in order to avoid detection or disclosure. This is sometimes known as 'grooming the institution'. Usually, the offender makes a positive impression on the organisation (e.g. that they are nurturing, professional and supportive), which leads to individuals in the organisation being slower to believe that the person is capable of harming a child. Often, initially their behaviours are within normal boundaries, although as time goes on, the offender's behaviours may become more obvious and constitute observable professional misconduct.

An organisation's culture has a big part to play in making the organisation vulnerable to people who wish to groom children (e.g. not implementing training, not performing all aspects of the recruitment process thoroughly, or leaders' position on appropriate/inappropriate behaviour etc.). An open and transparent culture with a zero-tolerance approach to child abuse is essential.[50]

People that groom children might:

- ask the child when their parents are not home and for their address
- blackmail or threaten the child with consequences if the child doesn't do what they want e.g. they might threaten to share the child's secrets such as inappropriate selfies with others if the child doesn't do what they say
- pretend to be someone they are not online e.g. tell them they are a kid but they are really an adult
- ask the child to keep what they are doing to them a secret
- tell the child that no one will believe them if they tell. This isn't true!
- build a child's reliance of dependence on the perpetrator
- isolate the child from their peers
- gain unsupervised contact with the child
- act in ways that make a child feel special or privileged.[50]

St John adult staff and volunteers should always believe a child if they tell you that someone is hurting them or

threatening to hurt them.

Children at higher risk of experiencing grooming include children:

- that have been bullied
- who are socially isolated
- who have a mental illness or behavioural problems
- with low self-esteem
- who have one parent who is continually absent
- that live in a domestic or family environment where violence is present
- who identify as non-heterosexual or are transgender or gender diverse
- have a history of abuse.[50]

Offenders often differ in their motivations and behaviour.[50] For example, situational offenders 'do not have a sexual preference towards children, but may, for example, sexually abuse a child in the absence of adult relationships and/or due a sense of inadequacy, often relating to social isolation' or the '...unexpected isolated access to a child ...'[50]

Predatory offenders are persistently and only sexually attracted to children. They will seek out and manipulate environments in order to sexually abuse children.[50]

Opportunistic offenders are not usually fixated on sexually abusing children but tend to have poor impulse control and are not usually concerned with social conformity or following rules. This group of offenders may take opportunities to perform sexual abuse where the situation arises, but they are less likely to create opportunities.[50]

Grooming legislation

It is highly challenging for the authorities to identify grooming behaviour. This is because grooming is generally made up of a number of discreet behaviours that, by themselves, are not considered to be criminal or abusive.[50] As already mentioned, it is often patterns of indicators that alert people to grooming.

All Australian jurisdictions have laws that make it an offense to groom children. While these differ across the states and territories, these offenses generally relate to: sexual intercourse; attempts to have sexual intercourse; acts of indecency; exposing a child to indecent material; providing a child with an intoxicating substance to make it easier to abuse a child; procuring or grooming a child for 'unlawful sexual activity'; and, abducting a child with the intention of engaging in unlawful sexual activity.

There are also offences for where the accused is in a position of trust or authority (e.g. they work in an organisation with a duty of care for the child) or if they are a family member.[44]

Today's laws make it easier for police to intervene and prosecute perpetrators in cases of online grooming through the *Commonwealth Criminal Code Act* (1995) due to the ability to gain evidence. Additionally, all states and territories have their own legislation relating to online grooming. For further information on grooming legislation, check your state or territory's Criminal Code.

Table 5. Indicators of sexual abuse

Physical indicators in children	Behavioural signs in children	Indicators in parents, carers, friends, relatives, acquaintences or strangers
The sexually abused child may: » experience pain, itching or bleeding in the genital or anal area » have a sexually transmitted infection » experience encopresis or enuresis for no reason (soiling of underwear) » show protective behaviours such as wearing additional clothes » have frequent complaints of headaches and/or stomach pains » have difficulty sleeping » have injuries such as tears or bruising to the genitalia, anus or perineal region » have trauma to the breasts, buttocks, lower abdomen or thighs » be pregnant (often where the father is not disclosed). [1,44,45]	The sexually abused child may: » describe sexual acts » use inappropriate language for the child's age or maturity » know more about the subject than is normal for the child's age or developmental maturity » display persistent, highly sexualised, age inappropriate behaviours or play (e.g. artwork, writing with sexual themes) » become withdrawn » have poor peer relationships » have poor self-esteem » express feelings of shame/guilt » experience poor or deteriorating academic performance » for younger children, regressing to an earlier developmental stage (e.g. thumb sucking) » exhibit aggressive or violent behaviours » engage in delinquent behaviour » overly compliant behaviours » show fear/negative reaction towards a particular gender » persistently run away from home » show signs of depression or anxiety related illnesses (including eating disorders) » have overly compliant behaviour » have unexpected accumulation of money or gifts » go to bed fully clothed » be in contact with a known offender of sexual assault » show de-sexualisation behaviours (e.g. wearing baggy clothes to disguise gender) » display self-injurious, self-destructive or risk-taking behaviour including, drug and alcohol abuse, self-mutilation, suicide attempts, prostitution/ promiscuity, sexually provocative behaviour, amongst other indicators.[1,44,45]	The following indicators of sexual abuse: » exposing the child to pornography or prostitution » using a child for pornographic purposes » intentional exposure of a child to sexual behaviour of others » past history of suspicion or conviction of child sexual abuse » coercion of the child to participate in sexual behaviour with other children » verbal threats of sexual abuse » denial of pregnancy by the child's family » the presence of domestic or family violence in the home or physical child abuse. » imposing inappropriate restrictions on or curtailing of a child, or jealousy regarding the appropriate development of independence within the family (particularly for adolescents).[57,58]

Emotional abuse

The foundations for good mental health are made in the emotional development that occurs in childhood. The outcome for a child appears to be dependent upon the quality and frequency of a parent or carer's response to a child.[45]

Emotional abuse occurs when the psychologically abusive behaviour of a parent, carer, older child or other person significantly damages the confidence and self-esteem of a child, resulting in serious emotional deprivation or trauma. This type of abuse (sometimes called psychological abuse), tends to be characterised by a chronic or repetitive behavioural pattern that causes harm, rather than a single incident. This type of harm is sometimes known as 'cumulative harm'.[46,53]

In children, emotional abuse can damage a child's ability to thrive, affecting their development physically, intellectually and emotionally.[53,54] The abuse directed at the child results in their self-esteem and social competence being undermined or eroded over time, and the potential development of psychological, social, emotional or cognitive problems.[53]

Emotional abuse is often considered a hidden form of abuse. It is however, considered to be the most common form of abuse experienced by children.[53] As a 'hidden' form of abuse, emotional abuse can often be difficult to distinguish from poor self-esteem. One-off incidents of violence or trauma can cause harm to a child, however it is often the frequency, persistence, severity and duration of the abuse that will determine the severity of psychological harm experienced.[47]

The term 'emotional abuse' refers to behaviours that affect a child's feelings, whereas psychological maltreatment refers to behaviours that impact on the child's mental abilities, such as memory or intelligence, that often occur through neglect.[53]

See "Table 6. Indicators of emotional abuse" for potential indicators of emotional abuse.

Domestic and family violence

A child can also experience harm by being exposed to a dysfunctional environment, which can include witnessing domestic or family violence.[53]

Domestic violence refers to acts of violence between people who are in, or have had, an intimate relationship. The perpetrator of the violence aims to exercise power and control over the partner through a range of tactics designed to create fear e.g. physical violence, domination, intimidation and threats.

Family violence is a broader term that encapsulates domestic violence as well as violence between family members.[48] It also captures violence perpetrated by broader family relationships.[55] The term is often used to identify the experiences of Indigenous people as it includes marital and kinship relationships.[55]

Domestic and family violence is now recognised as causing children significant harm and is considered a category of abuse on its own.

Women and children are most commonly the victims of domestic and family violence.[55] Children are at particular risk of experiencing this type of violence following a separation between parents or carers.[55]

Childhood exposure to family violence in Indigenous populations is higher than for non-Indigenous populations—Indigenous women and girls are 31 times more likely to be hospitalised following a domestic or family violence incident than non-Indigenous women and girls.[55] Women and children from CALD communities and women and children with disabilities are also at higher risk of this type of harm.[55] The effects are often compounded for these groups due to cultural, language and communication barriers, experiences of discrimination and racism.

Domestic or family violence could be present where:

- there is an escalation in frequency or severity of violence in the household
- alcohol or drug abuse exists in the home
- the family is experiencing low socio-economic status or entrenched poverty
- a child has been physically harmed
- at least one of the parties involved in domestic or family violence incident requires medical attention
- weapons have been used
- the police have attended the house, or where an apprehended violence order has been issued, and/or breached.[53,55]

Factors that mitigate the impact of domestic or family violence experiences include:

- the presence of other supportive adults
- peer and social support
- the strength of the relationships between the child and their primary caregiver
- the duration of the violence
- the strength of the child's community
- positive school experiences
- the age of the child when the violence occurred (older children tend to fare better than younger children)
- the child's personal characteristics (e.g. personal resilience)
- being able to spend time away from the family home (e.g. with peers or in activities)
- the response and support received following the disclosure or discovery of the violence.[55]

See "Table 7. Indicators of domestic and family violence" for potential indicators of domestic and family violence.

Table 6. Indicators of emotional abuse

Physical indicators in children	Behavioural signs in children	
The emotionaly abused child may: » experience speech disorders or inability to speak » have delayed physical development or a failure to thrive (non-organic) » have marks from self-mutilation » engage in self-destructive behaviours » engage in suicide attempts » experience anxiety attacks.[1,44,45]	The emotionaly abused child may: » have very low self-esteem, including feelings of worthlessness » be extremely demanding, aggressive and angry (they may also be a bully) » be unduly compliant, passive and undemanding » be anti-social and destructive; » be depressed and suicidal » be attention seeking » be withdrawn or isolated » engage in risk taking behaviour » be fearful of returning home to parents/carers » have poor peer relationships or lack of social skills » have a lack of interpersonal skills necessary for adequate functioning » display extreme attention seeking behaviour » be obsessively submissive to adults » have difficulty in maintaining long-term significant relationships » be highly self-critical » have an inability to value others » be indiscriminate with affection » exhibit lack trust with others.[1,44,45]	The following indicators of emotional abuse may be witnessed in parents or carers: » constant criticism, scapegoating, teasing, belittling of a child » rejection, ignoring the child or withholding praise and affection » excessive or unreasonable demands being placed on the child » persistent verbal abuse or hostility towards the child » belief the child is 'evil' or 'bad' » using inappropriate physical or social isolation as punishment » exposing the child to situations where an adults behaviour harms the child's safety, welfare or wellbeing » exposure to domestic or family violence.

Table 7. Indicators of domestic and family violence

Physical indicators	Behavioural indicators in children
Note: Domestic and family violence often overlaps with physical and sexual abuse of children.[53] This type of harm often occurs in the form of persistent: » watching or hearing a family member being assaulted or threatened » seeing the aftermath of the abuse (e.g. physical indicators or a change in mood of the affected person, such as experiences of depression) » verbal abuse » insults » ridiculing, humiliating or belittling » rejection (such as persistent coldness, ignoring, the absence or withholding of affection) » isolating » yelling » threats » terrorising » excessive discipline by the parent or carer.[53,6]	Some of the ways domestic violence adversely affects children are: » chronic or prolonged exposure to violence may affect brain development and function » behavioural problems » increased likelihood of experiencing violence in relationships » self-harming behaviours » poorer academic outcomes and learning difficulties » increased risk of serious emotional problems and mental illness » low self-esteem » bullying (both as a victim and perpetrator) » substance use » increased risk of involvement in juvenile offending and the justice system. [53,55]

Bullying and cyberbullying

What is bullying?

Bullying occurs when a person or group of people repeatedly and intentionally use harassing, violent and/or discriminating behaviours to cause harm to others, jeopardise their physical and emotional safety or deprive individuals or groups of their human rights.[49,50]

Every person is at risk of being bullied. Conversely, every person also has the potential to be a bully and cause harm to others.

At the very heart of bullying is 'power'. Power is a concept that goes hand-in-hand with bullying and is about the ability to control one's environment, including other people or resources.[51] Power can be very positive—it can help progress an important idea, be used to lobby government or an organisation, or create important change.[58]

When power is misused however, it can be very damaging. The misuse of power to create a power imbalance or power over others underpins every instance of bullying. [58]

Often, bullying is about 'difference', with people using difference as a reason for harassing, discriminating or being violent towards others. Examples of difference might be age, sex, race, religion, sexuality, appearance, economic status, ability, culture or ethnicity.[56]

Bullying can be physical, emotional or verbal and can happen anywhere, any time—at school, in the workplace, in online spaces, in the home and even in St John spaces. [56] It can be in a direct form (such as face-to-face), indirect (often known as 'covert' bullying and includes bullying that isn't easily seen by others, e.g. rumour spreading) and cyberbullying. Regardless of its form, bullying is considered to be violence.

St John has a zero-tolerance approach to bullying.

Bullying behaviours

Examples of bullying behaviours can include:

- threats
- excluding someone from an activity or group
- spreading rumours or things that are untrue
- harassing someone on the basis of their culture, race, sex, sexuality, economic status, ability etc.
- physical violence
- stalking
- teasing
- name calling
- intimidation.[52]

Why do people bully?

People become involved in bullying behaviours for many different reasons. For example:

- because of their own insecurities
- to elevate their social status
- because they were a victim of bullying
- because they like it
- because they don't see anything wrong with bullying.[59]

Effects of bullying

Every person reacts differently to bullying. For some, the effects are more serious than others. Serious cases of bullying can result in serious psychological harm, including complex mental health problems and self-harming behaviours.

The type of reaction a person has or level of distress they experience as a result of bullying can be affected by:

- the type of bullying experienced
- its intensity and severity
- duration
- the person's own ability to cope in adverse or difficult circumstances.

Managing bullying

Bullying is NEVER OK. At St John, all members have a responsibility for and role in ensuring that the St John environment is safe for all members, particularly for children. St John has a zero-tolerance approach to bullying. We all have a responsibility to protect the rights of others, avoid becoming involved in bullying behaviours and speaking up if we see someone is being treated badly.

Take a stand!

Here are some tips for managing bullying.

- It is important to never be an idle bystander. Take action and make a stand against bullying by using words or actions that communicate that the behaviour is *not ok*. If you don't think you can do this, or you feel that your safety would be threatened, talk to someone who can help (where safe to do so) (i.e. an organisational leader, your State or Territory CSO, your human resources department or in serious cases, the police).
- If you are experiencing bullying, talk to a trusted friend, relative, counsellor, senior St John staff or volunteer member or CSO. Serious cases of bullying can be reported to the police.
- If you feel comfortable, take the bully aside and talk to them about their behaviour. It is always helpful to communicate that their behaviour is unwanted, unacceptable and will not be tolerated by St John. Avoid labelling the person as 'bad' because they are bullying. Instead explain that it is their behaviour that is hurtful and not okay.
- Provide support to the person being bullied. You might suggest they talk to a teacher, counsellor or CSO, or simply offer them a shoulder to lean on.
- Communicate the message that you will not be involved in bullying.

For other resources on managing bullying visit:

- Headspace
- ReachOut
- Bullying No Way
- Kids Helpline.

It is also important to know and communicate to others that St John Ambulance Australia has Code(s) of Conduct, which apply in all circumstances and forums.

In some states and territories, bullying in any form is considered a criminal offence. For example, in Victoria, legislation called Brodie's Law ('*Crimes Act* 1954') was introduced in 2011. It aims to protect people from bullying and cyber bullying, and holds a penalty of up to 10 years imprisonment and heavy fines.

Cyberbullying

St John has created a great resource on the topic of cyberbullying. Have a read of the **Protect Ur Rep** resource before continuing to your course work. You can download it from the St John Australian Youth Advisory Network website.

Disclosure

This section aims to equip you to respond immediately and appropriately to a child who discloses abuse.

Disclosure is when a child reveals they have experienced abuse. It is important to know that disclosure is a process rather than an event—it is likely to take a significant amount of time.

Responding to children who have experienced abuse is an important skill to master. Adult staff and volunteers must remember that no two people are the same, and one child's response to the experience of abuse will be very different to another's response. See the **Tips for Responding to Disclosure**, but you will need to use your judgement in determining how and what is appropriate when conveying these messages. It's important to practice your techniques, as the way you respond to a child's disclosure is crucial. You can do this during face-to-face child safety training offered in your State or Territory.

It is also important to know that if a child chooses to disclose to you, generally it is because they have some type of rapport with you and they see you as someone they trust. While you may feel uncomfortable about the disclosure, remember that they have lived through a very difficult and traumatising experience.

When a child discloses abuse that they have been subjected to, it is important to know that an investigation by the police and/or the child protection authority in your state or territory may follow. Therefore, adult staff and volunteers must take all reasonable care to ensure that nothing that they do jeopardises the child's safety or the investigation when responding to the initial disclosure. The Tips below will help you avoid doing so. Please read them carefully.

Tips for responding to disclosure

The following points are appropriate responses to a child who discloses abuse. Children who disclose abuse are in an extremely vulnerable position and require adult staff and volunteers to respond in a caring and professional manner.

Listen and …

- remain calm
- use a calm reassuring tone and talk at the child's level (e.g. don't use big or adult words)
- believe the child
- respect the child's privacy. Move your conversation to a location that is private, but in the line of sight of other people. If other people approach, ask them for privacy
- do not make promises you cannot keep (such as keeping the disclosure a secret)
- comfort the child (avoid unnecessary touching)
- avoid your own emotional reactions to the child's story, such as expressing judgment, doubt or shock
- be honest and transparent with the child (e.g. tell them what will happen next, such as making a report to the police)
- be accepting
- let the child talk at their own pace. Your job is to listen and support. Avoid placing pressure on or pushing the child to tell you more and avoid asking intrusive questions (e.g. specific details about the abuse)
- if possible, take notes of what is said. If this is distracting, create your written report after the disclosure.

Convey the messages …

- It is not their fault.
- It was right to tell.
- It is not OK for adults to harm children or anyone—no matter what.

Be sure to do the following:

- have open body language
- explain what will happen next
- explain that part of your job is informing people who can help when a child has been harmed or is at risk of harm (e.g. the police or CSO)
- acknowledge the concerns of the child, what the next steps will be and what might happen to the alleged perpetrator.

Avoid …

- Questionning a child about the details of the abuse. The state or territory child protection authority and/or police are responsible for this. Minimising the need for the child to retell the details of the abuse is vital. Legal proceedings may be jeopardised if you ask investigative questions such as, 'Did he/she do it often?' or 'When was the first time?' It can also be psychologically traumatising for a child to retell the details of abuse.
- Making promises you cannot keep (e.g. that the offender will not go to jail, mum or dad won't be angry, or you won't have to go home). You can only guarantee what you can do personally. Don't fall into the trap of playing rescuer in an attempt to make the child feel better. The child needs you to be straight with them and support them. If you don't know something, be honest about it and offer to find the answer.
- Silencing the child. This can convey the message that they are wrong and that it wasn't okay to tell.

Remember, you can always call your State or Territory CSO for advice at any stage.

Be sure to document the disclosure in an objective, factual and thorough manner. Include any actions, decisions or outcomes in your report.

A full list of state and territory child protection authorities and their contact details is contained in "Appendix 4".

We recognise that remembering what to do in a situation where you are worried that a child is being abused can be challenging. As a result, we have developed a useful Action Plan that may help you respond to a disclosure of abuse. Check out the Action Plan on page 28.

The ADCAD Action Plan

In an emergency call **Triple Zero (000)**. Don't wait. Don't hesitate.

A — Assess

What has happened to cause you concern? This might be a behaviour by a child or an adult, or a possible physical indicator (e.g. bruising, burns or a laceration).

D — Danger

Check for danger. Is there a risk of immediate harm to the child or anyone else? If 'Yes', call police immediately on **Triple Zero (000). Don't' wait. Don't hesitate.**

Always think about your own safety. If it's unsafe, remove yourself and send for help.

C — Communicate

If a child is not acting as they usually do, is distressed or has possible indicators of abuse, ask 'Are you okay?' This shows the child that you care and are concerned. Communication can lead to a disclosure. If a disclosure is made:

DO:

- Reassure the child. Use statements like 'It's OK to tell', 'It's not your fault' and 'It's never okay for anyone to hurt you'.
- Convey that you will always listen and try to help.
- Use open body language.
- Be transparent about next steps (e.g. telling someone that can help).

DON'T:

- Ask probing or intrusive questions.
- Push for answers or intimate details of the abuse.
- Show anger or shock in your response.
- Make promises you can't keep (e.g. keeping it a secret).

A — Act

Contact your State or Territory St John Child Safety Officer (CSO) as soon as possible.

If you have made a report to police due to an immediate safety concern, inform your State or Territory CSO as soon as possible. Advise your CSO of any actions taken and follow-up actions required.

D — Document

Record the incident, suspicion or disclosure using your State or Territory reporting form. Ensure your notes are accurate, objective and factual—using the child's own words where possible.

IMPORTANT.

It's not your role to investigate or approach the alleged offender. This is the role of the police and/or state or territory child protection authority.

Creating a child safe environment

Child safe organisations safeguard children by providing an environment where children are respected, valued, genuinely listened to, and encouraged to reach their full potential. The organisation minimises the risk of physical, sexual, emotional abuse, neglect and psychological harm. The organisation creates a culture of child safety by adopting strategies to prevent harm occurring to children.

St John will always strive to act in children's best interests. This is embodied in organisational policies and procedures as well as organisational culture. St John across Australia promotes an organisational culture where adult staff and volunteers can talk openly about child safety and any concerns that they have.

Our staff and volunteers are well informed about child safety and understand the nature of child abuse through our annual training program—through which we aim to create conditions that increase the likelihood that abuse will be identified and reported, and that our people are trained to respond appropriately to allegations, suspicions and disclosures.

In creating a child safety organisation, St John entities across Australia:

- have in place robust child safety awareness training programs
- have in place thorough recruitment and selection practices to ensure that the people working with or around children are suitable and supported. This includes referee checks, conducting criminal history screening for all adult staff and volunteers and Youth Members aging into adulthood, sound interview techniques, and supervision frameworks
- use strong statements regarding a zero-tolerance approach to child abuse when advertising for roles
- adhere to the principles of equity and diversity
- has information about our child safety policies and procedures made easily accessible to children, parents and carers, families and communities. They are informed and involved in the organisation
- embed child safety in St John's leadership, governance and culture
- have processes to respond to allegations, suspicions, complaints and disclosures that are child focused
- encourage children to participate in the decisions that affect them and their views are taken seriously
- have policies in place to minimise the likelihood of abuse occurring in physical or online St John environments
- regularly review and improve on child safety policies and procedures.

It is also important to engage in practices that minimise any opportunities for misunderstandings. It should be clear from everything you have read in this guide that you should not engage in any behaviour that creates a risk of harm for any child. The practices adult staff and volunteers should adopt and avoid when working with or around children are given in *Appendix 2: Guidelines, C. Preventative supervisory practices* on page 36 .

Further information about child safety can be found at:

Child Wise
www.childwise.org.au

ACT Office for Children, Youth and Family Support
www.communityservices.act.gov.au

NSW Department of Family & Community Services
www.facs.nsw.gov.au

NT Department of Health and Community Services Family & Children's Services
www.nt.gov.au

Queensland Department of Child Safety, Youth and Women
www.csyw.qld.gov.au

South Australian Department for Child Protection
www.childprotection.sa.gov.au

Strong Families, Safe Kids Advice and Referral Line
strongfamiliessafekids.tas.gov.au

Victorian Department of Human Services, Office for Children
services.dhhs.vic.gov.au

Western Australia Department of Communities, Child Protection and Family Support
www.dcp.wa.gov.au

Australian Institute of Family Studies
aifs.gov.au

Australian Human Rights Commission, Child Safe Organisations
childsafe.humanrights.gov.au

APPENDICES

Appendix 1

United Nations Convention on the Rights of the Child

ARTICLE 1 (definition Of The Child)

Everyone under 18 years of age has all the rights in this Convention.

ARTICLE 2 (Non-discrimination)

The Convention applies to all children; whatever their race, religion, abilities, wherever they come from, or whether they are a boy or girl.

ARTICLE 3 (Best interests of the child)

The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children.

ARTICLE 4 (Protection of rights)

Governments should make sure these rights are respected, protected and fulfilled.

ARTICLE 5 (Parental guidance)

Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

ARTICLE 6 (Survival & development)

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

ARTICLE 7 (Identity & belonging)

Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

ARTICLE 8 (Preservation of identity)

Governments should respect a child's right to a name, a nationality and family ties.

ARTICLE 9 (Separation from parents)

Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

ARTICLE 10 (Family reunification)

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or reunify as a family.

ARTICLE 11 (Kidnapping)

Governments should take steps to stop children being taken out of their own country illegally.

ARTICLE 12 (Respect childs opinion)

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

ARTICLE 13 (Freedom of expression)

Children have the right to get and to share information, as long as the information is not damaging to them or to others.

ARTICLE 14 (Freedom of beliefs)

Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

ARTICLE 15 (Freedom of association)

Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

ARTICLE 16 (Privacy)

Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

ARTICLE 17 (Access to information)

Children have the right to information that is important to their development and wellbeing. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

ARTICLE 18 (Parental responsibilities)

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them.

ARTICLE 19 (Protection from violence)

Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who cares for them.

ARTICLE 20 (Out-of-home care)

Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

ARTICLE 21 (Adoption)

When children are adopted, the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

ARTICLE 22 (Refugee children)

Children who come into a country as refugees should have the same rights as children who are born in that country.

ARTICLE 23 (Children with disabilities)

Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

ARTICLE 24 (Health)

Children have the right to good quality health care, clean water, nutritious food and a clean environment.

ARTICLE 25 (Review of treatment in care)

Children who are looked after by local authorities rather than their parents should have their situation reviewed regularly.

ARTICLE 26 (Social security)

Children have the right to financial help from the government if they are poor or in need.

ARTICLE 27 (Adequate living standards)

Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

ARTICLE 28 (Education)

Children have the right to an education. Discipline in schools should respect children's dignity. Young people should be encouraged to reach the highest level of education of which they are capable.

ARTICLE 29 (Goals of education)

Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect the rights of others and their own.

ARTICLE 30 (Children of minorities)

Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as it does not harm others.

ARTICLE 31 (Leisure, play and culture)

Children have the right to relax, play and to join in a wide range of leisure activities.

ARTICLE 32 (Child labour)

Governments should protect children from work that is dangerous or that might harm their health, education or wellbeing.

ARTICLE 33 (Drug abuse)

Governments should use all means possible to protect children from dangerous drugs.

ARTICLE 34 (Sexual abuse)

Governments should protect children from all forms of sexual abuse and exploitation.

ARTICLE 35 (Abduction & trafficking)

Governments should make sure that children are not abducted or sold.

ARTICLE 36 (Exploitation)

Children should be protected from any activity that could harm their development.

ARTICLE 37 (Detention & punishment)

Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

ARTICLE 38 (War & armed conflict)

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

ARTICLE 39 (Rehabilitation of child victims)

Children who have been abused or neglected should receive special help to recover and restore their self-respect.

ARTICLE 40 (Juvenile justice)

Children who are accused of breaking the law should receive legal help. Governments are required to set a minimum age below which children cannot be held criminally responsible.

ARTICLE 41 (National laws)

If the laws of a country protect children better than the articles of the Convention, then those laws should override the Convention.

ARTICLE 42 (Knowledge of rights)

Governments should make the Convention known to all parents and children.

ARTICLES 43 TO 54 (Implementation measures)

Appendix 2

National Child Safety Rules, Standards and Guidelines

Purpose

St John Ambulance Australia Inc. (St John) is committed to the safety and wellbeing of children and young people (children) and has a zero-tolerance approach to child abuse.

St John recognises that it has a responsibility for ensuring that a safe and supportive environment for children engaged with St John services, activities or programs. Our members should always respect and foster the dignity and self-esteem of children and empower them to speak out when they are worried or feel unsafe. In turn, St John aims to foster a culture where all employees, volunteers and contractors can raise concerns about child safety.

As an organisation working with children, St John:

» recognises that children have the right to be treated with dignity and respect, free from emotional and physical danger, abuse, neglect and exploitation regardless of special needs, age, gender, religion or beliefs, cultural or socioeconomic status
» recognises that children may encounter difficulty in accessing or receiving appropriate, fair and equitable services
» places the highest priority on its responsibility to ensure that the children, for whom it has a duty of care, are protected against people and events which may cause them harm (whether deliberate or inadvertently), and
» respects the values, culture and heritage of Aboriginal people and those from culturally and linguistically diverse backgrounds
» acknowledges that it has a role in fostering a safe environment and in contributing towards the safety and protection of children engaged in St John services, programs or activities
» will work towards the National Principles for Child Safe Organisations (https://childsafe.humanrights.gov.au/national-principles.

It is essential to note that engagement in 'work with children' is not limited to St John's Youth Program and includes (but is not limited to) activities in any of the following service areas or programs:

» Event Health Services
» Ambulance
» First Aid in Schools
» Community Care initiatives and programs
» kit restocking
» training (volunteer and commercial).

St John Ambulance Australia's Child Safety Rules, Standards and Guidelines are intended to cover all service areas, programs and activities of St John in Australia that engage or provide services to children, regardless of the service area they are engaged.

Definitions

Adult member—any person engaged as a member of a St John entity in Australia, whether a paid employee or volunteer, who is eighteen (18) years of age or older.

Child Abuse—is an act or omission that endangers a child's physical or emotional health or development. It is an exploitation of the power that adults, and sometimes other children, have over children that causes harm, may cause harm, or threatens harm to a child—even if the harm is not intentional. Child abuse occurs in a context of a relationship of responsibility, trust or power.

Child abuse can be:

- through neglect. Neglect occurs when parents, carers or family members fail to provide children with the necessities for their development and wellbeing such as food, shelter, clothing, medical attention, going to school or safety. Neglect can include both isolated incidents as well as a pattern of failure over time.

- physical. Physical abuse is the intentional use of physical force against a child—such as hitting, kicking, biting, scratching, punching, strangling, burning, or any other type of physical force—that results in (or may result in) harm to a child's health, survival, development or dignity.

- emotional. Emotional or psychological abuse includes the failure of parents or carers to provide an appropriate or supportive environment for children. It can include acts (such as ridiculing a child, threats and intimidation, rejection, shaming and other forms of hostile treatment) or omissions (such as withholding affection or persistently ignoring the child).

- through exposure to domestic or family violence. Exposing a child to domestic or family violence includes seeing, hearing or experiencing violence in a number of ways. Family violence includes any behaviour by a person towards a family member that is:

» physical or sexually abusive
» emotionally abusive
» coercive or controls or dominates a family member in any way, or causes that family member to fear for their safety or wellbeing or for that of another family member
» causing a child to hear or witness or otherwise be exposed to the effects of the behaviour referred to above.

- sexual. Sexual abuse includes any act where an adult (or another child) uses a child for sexual gratification that the child is unable to comprehend, give informed consent to or is developmentally prepared for. The person uses power, force or authority in an unwanted or illegal sexual act. It may include an adult or another child showing or forcing a child to watch sexually-explicit photographs or videos, spying on a child, performing or forcing a child to perform sexual acts.
- grooming. Grooming is predatory behaviour designed to prepare a child for sexual abuse. Many perpetrators of sexual offences against children purposefully create relationships with children and young people, their families and carers in order to establish the conditions necessary for them to abuse the child. For example:
  - » spending special time with a child
  - » isolating the child or young person from family and peers
  - » giving gifts to a child
  - » showing favouritism
  - » allowing the child to step outside of boundaries or rules
  - » touching the child
  - » testing and/or breaking professional boundaries.
- through exploitation. Exploitation is where a child is used or manipulated by someone else to help them make money, gain power, work, to abuse them or for some other purpose for the persons own gain. Children who are exploited are treated unfairly and poorly. They're often made to do things that they don't want to do or aren't comfortable with.

Children or child—includes persons under the age of eighteen (18) years who are involved in the activities or programs of, or who are receiving services from, any St John Ambulance Australia entity. A child may or may not be a St John member.

Entity—means all St John entities, including state and territory organisations and the national organisation.

Junior member—any child aged 8–11 years engaged in the St John Junior Program.

Personal safety education—education delivered to children who are members of St John including, but not limited to, the modules from the St John Personal Safety Toolkit and Personal Safety Interest or Proficiency Courses.

Youth Member—includes any child aged 12–17 years engaged as a member in the St John Youth Program.

Rules

Child safety legislation as applies to each Australian state or territory.

Standards

1. All adult members are required to follow the National Child Safety Rules, Standards and Guidelines (Rules, Standards and Guidelines). All entities will develop mechanisms for making their members aware of the Rules, Standards and Guidelines.

2. In order to ensure that members are aware of their obligations and how to respond appropriately to abuse, all adult members must complete annual child safety awareness training. This includes young members turning 18 years of age. Completion must occur prior to any adult member commencing work with or around children (i.e. form part of induction).

3. All St John child safety training must be reviewed annually with a view to incorporating changes to legislation, addressing emerging trends in child safety and/or changes to organisational practices.

4. Any manager in a youth division must complete the unit of competency *Identify and Respond to Children and Young People at Risk* (CHCPRT001) or successor, prior to appointment.

5. Each entity will select and train suitable members to be appointed as Child Safety Officers. Child Safety Officers must complete the unit of competency *Identify and Respond to Children and Young People at Risk* (CHCPRT001), or successor, prior to appointment. Child Safety Officers will be able to recognise all forms of abuse and neglect, know the correct procedure for reporting to authorities in their state or territory, and be able to provide support and assistance to members dealing with matters of child abuse.

6. All members under 18 years of age will receive annual personal safety education.

7. 7. St John will recruit only those persons who are suited to work with children and will strictly apply safe recruitment practices, including (but not limited to); Criminal history screening and working with children clearances (as per the relevant state/territory legislative framework) will be undertaken for all prospective adult members, including members when they turn 18 years of age during their membership (or other age as stipulated by state/territory legislation), prior to appointment. A valid result for the working with children check must be obtained **prior to** commencing work with or around children.

8. Re-screening for criminal history and working with children checks will occur in line with the time-frames stipulated by state/territory legislation. A valid result for the working with children check must be obtained for members to continue work with or around children. A member without a current valid result for the working with children check must be excluded from work with or around children.

9. Each entity will develop and enforce procedures for non-compliance with child safety screening and training requirements. The procedures must state the consequences of requirements not being met.

10. Each entity will develop and implement child safety policy and procedures:
    a. framed around the safety of children
    b. prescribing the mandatory screening requirements for members and prospective members. This must include provision for international criminal history screening where a prospective member has lived internationally for more than 6 months in the last 10 years as well as the development of a register of members Working with Children Check (WCC) to ensure currency and detailing procedures should WCCs expire
    c. prescribing the responsive and timely management of all incidents, allegations and reporting of matters concerning the safety of children accessing St John services, programs or activities
    d. detailing a clear reporting procedure, including stating the entity's internal and external reporting obligations
    e. detailing the process for both internal and external investigations of child safety-related matters
    f. prescribing the annual review of all child safety policies and procedures and provision for review occurring sooner following any incident or near-miss occurring within the entity or following changes to relevant state/territory legislation or government guidelines.
    g. detailing a commitment to undertaking safe communications and use of images (whether photographic or still) of children. This commitment should include provisions for the use of social media involving children engaged with the organisation.

11. All entities will develop a policy regarding the management of allegations of historic abuse.

12. Each entity will develop, and make accessible, child safety codes of conduct for all service areas that engage or provide services, programs or activities to children including (but not limited to) Event Health Services, Ambulance, Youth Program, First Aid in Schools Program and Community Care programs (as applicable to each entity).

13. All entities will disseminate and make accessible information about organisational child safety policies (e.g. codes of conduct, statement of commitment, reporting procedures and complaints forms) to children, their families, members and the public.

14. Key child safety policy materials, including reporting and complaints processes, will appear on each entity's website.

15. Each entity will obtain accreditation with a reputable child safety organisation or practitioner regarding compliance with the Child Safe Principles identified by the Royal Commission into Institutional Responses to Child Sexual Abuse.

16. All activities, projects, operations and programs involving children, whether directly or indirectly, will be assessed for risk every 6 months. Assessment for risks to children, and how the organisations activities could place children ar risk of harm, should be built into the design process of all activities. Risk mitigations strategies will be developed to minimise risk of harm, and should be incorporated into the planning, delivery and evaluation of activities involving children.

Accountability

Chief Executive Officer of each St John entity.

Failure to comply with these Standards may be considered a breach of licensing agreement.

Guidelines

Child Safety Guidelines

Monitoring and review

This policy will be reviewed bi-annually or sooner should changes to legislative provisions change.

Guidelines

Child Safety Guidelines

A. AIM

1. The National Child Safety Guidelines ('Guidelines') aim to enable members of St John to carry out their responsibilities in ensuring safe environments for children engaging in St John services, programs and activities, for whom St John has a duty of care.

B. PRINCIPLES

2. Children have the right to be:

» free from emotional and physical danger, exploitation, abuse and neglect and feel safe in the activities and services that they access
» listened to and heard
» valued and treated as individuals
» involved in decisions (where appropriate)
» respected for their individuality, difference and identity.

C. PREVENTATIVE SUPERVISORY PRACTICES

3. All St John members must take all reasonable measures to avoid potentially risky situations or opportunities for allegations or misunderstandings to occur. Such situations can, for example, occur in training or the administration of first aid, working in the St John Youth Program or attending a division where members under the age of 18 years are present. There needs to be a balance between protecting children and guarding the reputation of the member.

4. It is recognised that members providing services as caregivers of persons with disabilities may be unable to meet aspects of St John's codes of conduct or these guidelines, by the very nature of this work. In these situations, members must be selected with particular care and their interaction with clients or members regularly reviewed by supervisors in a risk management framework.

5. Billeting of children in St John will not be practiced. It is St John's position that this practice could pose significant risk to the safety and wellbeing of children.

6. Practices to be avoided include:
   (a) being in one-to-one situations with a child in an enclosed space. Where such a situation is unavoidable, it is recommended that preventative practices be adopted (see 7 below)
   (b) transporting a child in a one-to-one situation. Where this is necessary, members should always ensure they tell someone of their intentions (i.e. the child's parent or carer, a supervisor or manager)
   (c) running a division that involves youth members single-handedly. Members responsible for running a division should always ensure an appropriate balance of male and female adult leaders or helpers
   (d) showing favouritism or singling out children
   (e) using inappropriate language and subject matter
   (f) using harmful techniques in managing the behaviour of children including (but not limited to):
      (i) dismissing or trivialising
      (ii) using bullying behaviour to manage children or maintain discipline
      (iii) verbal abuse, derogatory remarks or intimidation
      (iv) corporal punishment
      (v) use of excessive force (except in circumstances where doing so would protect the child or others from harm)
   (h) participating in any conduct that would constitute 'grooming' (the practice of building an emotional connection with a child to gain their, or their family members, trust for the purposes of sexual abuse, exploitation or trafficking. Grooming can occur face-to-face or in an online environment)
   (i) on-going familiarity with any one child. Such behaviour on the part of an adult member is questionable and requires immediate intervention and restraint. It is important that members understand the difference between 'friendliness' and 'familiarity'
   (j) on-going familiarity by a child toward an adult member. Such behaviour is cause for concern and should be discouraged by the adult concerned
   (k) taking a child to a member's home
   (l) doing things for a child of a personal nature that the child can do for themselves
   (m) engaging in sexually suggestive behaviour within a child's sight or hearing
   (n) sharing or giving anything to a child that may be construed as pornographic
   (o) allowing inappropriate or offensive language by a child to go unchallenged
   (p) allowing bullying behaviour by another member to go unchecked
   (q) unnecessary or inappropriate touching
   (r) entering into a sexual relationship with a child, to whom you are in a position of trust, even if they have given their consent
   (s) letting any allegation or suspicion of harm go unrecorded or unreported.

7. Practices to be adopted include:
   (a) ensuring that a teacher is present within a reasonable distance when working in a school environment
   (b) being aware of children's' sensitivities during first aid practical work, including:
      (i) giving prior notice so that children can wear suitable clothing
      (ii) avoiding touching the child where possible—demonstrate on a colleague with their pre-arranged permission or ask an experienced participant to demonstrate with a peer, preferably of the same sex
   (c) ensuring, for example, in first aid training where physical contact is unavoidable, that:

(i) another adult is present
(ii) the child's consent is gained
(iii) private areas (such as the breast, buttocks and groin) are never touched

(d) where a child is upset and is need of comfort, seeking ways to provide comfort and support without unnecessary physical contact
(e) giving thought to the arrival and departure of children at St John events, including:
(i) being present before children arrive
(ii) ensuring that all children have been collected before leaving the premises
(iii) seeking parental/carer permission should it be necessary to walk or drive a child home
(f) involving children in establishing their own list of group rules or understandings, including outlining what is and what is not acceptable conduct
(g) ensuring members conduct themselves in a manner consistent with their position, as a positive role model and in line with the St John Code of Conduct, Child Safety Code of Conduct and child safety policies and procedures
(h) ensuring, during camps or residential events, that a minimum of 2 supervisors (1 male and 1 female if a mixed group) are on duty at all times. Supervisors will only go to children's sleeping quarters when accompanied by another responsible adult
(i) cautioning members engaging in 'at risk' situations or behaviours, or acting outside St John's Codes of Conduct or child safety policies and procedures
(j) encouraging children to question things they don't understand, without fear of repercussions
(k) encourage children to 'NO, GO, TELL' in situations where they feel unsafe, worried or uncomfortable (see Appendix 1)
(l) ensuring that disciplinary methods are fair, consistent and unlikely to give rise to complaints of harassment or allegations of misuse of power/authority. It is recommended that responses to misbehaviour:
(i) address why the behaviour was unacceptable
(ii) stipulate the consequences of the unwanted behaviour, and
(iii) provide options for better behavioural choices in the future
(m) asking a child about their welfare. This is part of keeping children safe. It is important to:
(i) ensure you do not probe or question too deeply
(ii) minimise the need for the child to re-tell the details of any reported abuse. Re-telling may cause further psychological harm
(iii) use language the child understands
(n) where being in a one-to-one situation with a child in an enclosed space is unavoidable, ensure that a door is kept open and another adult is close by
(o) advising someone (e.g. Child Safety Officer) where a member:
» is concerned that a relationship is developing that may be an abuse of trust
» is concerned that a child is becoming attracted to a member who supervises or works with a child
» believes a child has misunderstood or misinterpreted something they have said or done
» has been required to physically restrain a child to prevent them from harming themselves or others
» suspects abuse or harm (e.g. a child tells a member they are being abused or harmed, or a third party makes a report to a member, or a abuse has been witnessed).

D. POLICIES AND PROCEDURES

8. All entities will develop a statement of commitment to child safety.

9. All organisational policies and procedures relating to child safety will include a statement of commitment to:
a. child safety
b. fostering a culture where all members feel able to raise concerns about child safety, and that reporting is supported and encouraged, and
c. equity and diversity.

10. All entities will develop a complaint handling policy that identifies procedures for handling a range of child safety-based complaints.

11. The concerns, complaints and feedback of children, their families, adult members and the public will be sought after by entities, and mechanisms are designed to ensure accessibility to complaints processes (including provision for anonymity).

12. Each entity will develop a policy around supervision of adult members working with children.

13. Each entity will develop communication and social media guidelines that include provisions for social media interactions with children.

E. EDUCATING CHILDREN

14. Education children about keeping safe is considered the primary means of promoting child safe environments.

15. St John has a responsibility to teach protective behaviours to children. The St John Personal Safety Toolkit, amongst a range of other resources, have been developed for this purpose. The aim of any personal safety education program should be for children to:
(a) recognise situations that may result in harm
(b) be able to assert the right to resist an offender
(c) set up a network of trusted adults
(d) feel confident that an adult will take action to prevent further abuse.

16. Without creating undue fear or alarm, children should be made aware:
    (a) of potential dangers and how to avoid them
    (b) that, if in trouble, they can seek assistance from a trusted adult
    (c) safe and unsafe touching, including body signals that indicate the child is feeling worried, uncomfortable or scared
    (d) that they should not have to accept behaviours by others that makes them feel uncomfortable
    (e) the difference between good and bad secrets
    (f) that adults will listen to them and believe them if they reveal a secret
    (g) of their right to 'NO, GO, TELL' if someone (even someone they know well) tries to touch them in a way that frightens, confuses or makes them feel uncomfortable (see Appendix 1).

F. EMPOWERING CHILDREN

17. Children and youth stakeholders (e.g. leaders, parents/carers) ideas and opinions will be sought after in the development and/or review of child safety policy materials, organisational strategy and change.

G. UNDERSTANDING THE NATURE OF ABUSE AND NEGLECT

18. Through comprehensive training, St John adult members will be made aware of:
    » the forms and indicators of abuse
    » the impact of abuse
    » sexually harmful behaviour in children
    » how to respond to disclosures
    » how to report abuse including reporting obligations.

19. Where an adult member has not participated in child safety training within a stipulated period, their membership will be suspended until this requirement has been completed. Where refusal to participate in training is ongoing, counselling and disciplinary proceedings should be imposed.

H. MANDATORY REPORTING

20. Regardless of whether a member is a mandatory reporter in their paid (or other voluntary) profession as per any legislative framework, all adult members are considered to be mandatory reporters in St John.

I. RESPONDING TO A DISCLOSURE OF ABUSE/NEGLECT

21. St John members will respond to all reports made regarding allegations, disclosures or suspicions of child abuse.

22. Where there is the possibility that a criminal offense has occurred, St John members will refer the matter to Police, or the relevant child safety authority in the jurisdiction in which the alleged offence occurred, regardless of any other considerations.

23. Members, through training, will familiarise themselves with methods of responding appropriately to a disclosure, allegation or suspicion of abuse.

24. Members will be made aware through training that responding inappropriately may cause further psychological harm to the child.

25. Where a disclosure has been made, members will be trained to understand the importance of not pressuring the child for additional information or asking intrusive questions.

26. Members will be made aware they must not approach the alleged offender.

27. St John will take appropriate action regarding the tenure of any member who has allegedly committed an offence relating to children while any internal enquiries or external investigation occurs, e.g. suspension.

28. Members will be made aware that in conducting any internal enquiries, nothing will be done by St John that may interfere or jeopardise any police (or other legislated authority) investigation. St John will seek advice from police or other authorities regarding any proposed course of action to ensure that any action(s) St John takes will not jeopardise or interfere with an investigation.

29. Members will be made aware that it is not the role of members to investigate allegations of abuse. Investigation is the role of either the police or the relevant state or territory child safety authority. Members will be made aware that conducting an investigation can jeopardise any formal investigation.

30. Members will maintain confidentiality, telling only those persons or agencies that have a compelling need to know (i.e. the Child Safety Officer, state or territory CEO [when the allegation is against a member], state or territory child safety authority or the police).

31. Members are required to document all suspicions or allegations of child abuse accurately and factually, and in line with their state or territory procedures.

J. RECRUITMENT AND SELECTION PRACTICES

32. Each entity will develop a recruitment and selection policy and procedures that include provision for the following:
    a. the featuring of feature the entity's statement of commitment to child safety in all job advertisements, position descriptions, key selection criteria, workplace contracts and web pages
    b. that child safety is a key responsibility in all position descriptions and contracts, regardless of role or service area
    c. that all new employees and volunteers, regardless of service area, will read, sign and date the entity's statement of commitment to child safety, child safety code(s) of conduct and all child safety policy and procedures upon engagement
    d. that all employees and volunteers will re-sign the entity's statement of commitment to child safety,

child safety code(s) of conduct and all child safety policy and procedures annually during performance appraisal processes

e. potential candidates for roles within St John (whether paid or volunteer), including the promotion of existing members, are subject to professional reference checks prior to appointment.

K. MEMBER RESPONSE TO ABUSIVE OR VIOLENT BEHAVIOUR

33. Where a child is abusive or violent towards another member or member(s) of the public, members will:
    - » call Triple Zero (000) in an emergency
    - » ensure the safety of all involved, including themselves and any children. This might involve removing themselves from the situation where practicable or calling Triple Zero (000) for assistance
    - » seek assistance from other adults
    - » avoid restraining a child where possible (although circumstances may arise where this is the only option to prevent the child from harming themselves or others)
    - » seek appropriate first aid or medical attention for anyone injured
    - » provide opportunity for the child to reflect on the incident once the child is calm (where appropriate)
    - » report the incident to a supervisor or the Child Safety Officer
    - » undertake appropriate de-briefing with all involved, as appropriate
    - » inform parents or carers of the incident
    - » document the incident in line with incident reporting procedures.

L. TRANSITION OF YOUTH MEMBERS TO ADULT MEMBERSHIP

34. Each entity that engages children as members will develop a transition strategy for youth members (15–17 years) ageing into adulthood around the expectations and requirements that St John has of adult members regarding child safety.

M. RISK MANAGEMENT

35. Each entity will develop and implement a centralised risk management strategy to address the ways in which St John identifies, mitigates and responds to working with children across all relevant service, program and activity areas. The strategy must include:
    a. the engagement of staff and volunteers across all service areas in the risk management process to ensure a broad understanding of risk across the organisation is generated
    b. processes for ensuring that management are made aware of all risks to child safety.

36. Each entity will implement incident review pathways following any claim, allegation or report made regarding child safety, with a view to ensuring that organisational policies and procedures are addressing key risk areas.

N. INFORMATION MANAGEMENT

37. Each entity will establish a centralised register for all child safety related complaints. This register should include:
    a. date and time of the complaint
    b. name of the complainant(s)
    c. other parties to the complaint
    d. service area the complaint relates to
    e. responsible manager
    f. details of the complaint
    g. internal actions taken
    h. external actions taken
    i. policy implications identified
    j. reference to the date, version and/or year of all relevant policies and procedures corresponding to the complaint (so that they may be easily produced if required by legal process).

38. A clear process for the storage of the information reflected in clause 37 is reflected in policy and procedures.

39. Records relevant to child safety and wellbeing, including child sexual abuse, must only be destroyed in accordance with records disposal schedules or published institutional policies. Records relevant to child sexual abuse should be subject to minimum retention periods that allow for delayed disclosure of abuse by victims and take account of limitation periods for civil actions for child sexual abuse. Records that pertain to minors (children under the age of 18 years) must be held for 100 years.

O. OBTAINING CONSENT

40. When working with children, it is important that valid consent is always obtained for participation in St John activities, programs and services. Consent includes from parents or carers of a child (for example to provide first aid treatment where a parent/carer is absent). Consent may also be signalled by a person's conduct. For example, where a person turns up to participate in an event voluntarily or a child tells a Leader it is ok to demonstrate a first aid practice on their person in a lesson.

41. Regardless of the method of obtaining consent, it is important that members ensure the consent given is valid. To determine if consent given is valid, members must consider:
    - » whether the individual providing consent has the capacity to give that consent (e.g. that person can understand and weigh up the information needed to make the decision)
    - » sufficient information has been provided to the individual to base their decision on, and the information is provided in an appropriate way
    - » the consent is given voluntarily and is free from coercion or repercussions.

42. Where a member is concerned that consent given is not valid, it is important to seek the advice of a supervisor or the Child Safety Officer.

Glossary

Adult Member refers to both voluntary and paid staff 18 years of age and over.

Allegation is an assertion made, yet to be proved in legal proceedings.

Billeting refers to the practice of lodging a child in a private home.

Child includes all people under the age of eighteen who are involved in the activities of St John or are receiving services from St John.

Child Abuse—is an act or omission that endangers a child's physical or emotional health or development. It is an exploitation of the power that adults, and sometimes other children, have over children that causes harm, may cause harm, or threatens harm to a child—even if the harm is not intentional. Child abuse occurs in a context of a relationship of responsibility, trust or power.

Child abuse can be:

- through neglect. Neglect occurs when parents, carers or family members fail to provide children with the necessities for their development and wellbeing such as food, shelter, clothing, medical attention, going to school or safety. Neglect can include both isolated incidents as well as a pattern of failure over time.
- physical. Physical abuse is the intentional use of physical force against a child—such as hitting, kicking, biting, scratching, punching, strangling, burning, or any other type of physical force—that results in (or may result in) harm to a child's health, survival, development or dignity.
- emotional. Emotional or psychological abuse includes the failure of parents or carers to provide an appropriate or supportive environment for children. It can include acts (such as ridiculing a child, threats and intimidation, rejection, shaming and other forms of hostile treatment) or omissions (such as withholding affection or persistently ignoring the child).
- through exposure to domestic or family violence. Exposing a child to domestic or family violence includes seeing, hearing or experiencing violence in a number of ways. Family violence includes any behaviour by a person towards a family member that is:
  - » physical or sexually abusive
  - » emotionally abusive
  - » coercive or controls or dominates a family member in any way, or causes that family member to fear for their safety or wellbeing or for that of another family member
  - » causing a child to hear or witness or otherwise be exposed to the effects of the behaviour referred to above.
- sexual. Sexual abuse includes any act where an adult (or another child) uses a child for sexual gratification that the child is unable to comprehend, give informed consent to or is developmentally prepared for. The person uses power, force or authority in an unwanted or illegal sexual act. It may include an adult or another child showing or forcing a child to watch sexually-explicit photographs or videos, spying on a child, performing or forcing a child to perform sexual acts.
- grooming. Grooming is predatory behaviour designed to prepare a child for sexual abuse. Many perpetrators of sexual offences against children purposefully create relationships with children and young people, their families and carers in order to establish the conditions necessary for them to abuse the child. For example:
  - » spending special time with a child
  - » isolating the child or young person from family and peers
  - » giving gifts to a child
  - » showing favouritism
  - » allowing the child to step outside of boundaries or rules
  - » touching the child
  - » testing and/or breaking professional boundaries.
- through exploitation. Exploitation is where a child is used or manipulated by someone else to help them make money, gain power, work, to abuse them or for some other purpose for the persons own gain. Children who are exploited are treated unfairly and poorly. They're often made to do things that they don't want to do or aren't comfortable with.

Child Safety Awareness Training refers to the completion of the eLearning course 'Child Safety Awareness Training'.

Child Safety Recertification Course refers to the annual completion of the eLearning course 'Child Safety Recertification Course'.

Criminal history screening is a process where a report is obtained from the Police or other prescribed source detailing the criminal history of a person for the purposes of determining whether that person is suitable to work with children.

Indicator of abuse refers to physical and/or behavioural signs in a child that may potentially provide evidence that abuse is/has been occurring.

Member refers to both voluntary and paid staff of St John Ambulance Australia entities.

Preventative practices describes any action that is designed to prevent or minimise the likelihood of harm occurring to children. For example, keeping the door open when in an enclosed space with a child, or ensuring another adult is close by.

Protective behaviours are skills designed to enable children to develop workable strategies to better help them deal with problems or difficult situations.

Unit of competency refers to achieving the qualification Identify and Respond to Children and Young People at

Risk (CHCPRT001). To achieve this qualification, members are required to complete the requirements of the eLearning course 'Child Safety Awareness Training' (see above) plus subsequent workbook learning (or equivalent qualification).

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Appendix 1

NO, GO, TELL Response Framework

Children need to be empowered to respond assertively in unsafe situations. The NO, GO, TELL Response Framework helps children to do this:

- No—Say 'No' or words that mean 'no', if you can
- Go—leave the unsafe situation
- Tell—get help from a trusted adult.

Appendix 3

Identifying sexually harmful behaviours in children

Normal vs concerning sexual development in children

TRAFFIC LIGHT MODEL

The following model can be used to help parents and carers to assess if a child is displaying normal or concerning sexual development behaviours.

Green: Sexual behaviours that are considered 'normal', healthy, spontaneous, curious, light-hearted, easily distracted, experimental, and that are in line with age and ability level. Action: opportunity to give the child or adolescent positive feedback and information.

Yellow: Sexual behaviours that are outside the norm in terms of persistence, frequency or disparity in age/development. Action: gather more information to assess the most appropriate action.

Red: Sexual behaviours outside the norm—behaviour that is excessive, secretive, compulsive, coercive or degrading. Action: requires immediate intervention and action.

When using the traffic light model it is important to remember the model is evidence based and outlines what research shows is normal and irregular sexual behaviours in children at various ages and stages of development.

CONSIDERATIONS

There are various influences on children's sexual behaviour and development, including:

- parents and family relationships
- media—television, internet, radio, magazines, etc.
- peer relationships
- how adults treat each other
- children's services, school environments, sporting groups and other activities
- cultural background and norms
- social overlays or judgments should be managed carefully in order to appropriately respond to the behaviours in the first instance.

When assessing a child's sexualised behaviour it is important to consider the following variables:

- Is the behaviour age appropriate or concerning?
- What is the context of the behaviour?
- What is the age difference and relationship between children?
- What is the vulnerability of the child? (age, cognitive ability, socio economic status)?

Situations of sexualised behaviour and peer sexual play which causes concern:

- The children engaged in the sexual play do not have an ongoing mutual relationship.
- The children engaged in the sexual play/behaviour are of different ages or development levels.
- Any sexual play/behaviour which continues in spite of consistent and clear requests to stop.
- Sexual behaviour which occurs in public or other places where the child has been told is not acceptable.

- Sexual play/behaviour which is eliciting complaints from other children or adversely affecting them.
- Sexual behaviour which progresses in frequency, intensity or intrusiveness over time.
- Sexual behaviour that is associated with fear, anxiety, deep shame or intense guilt.
- Children who manually stimulate or have oral or genital contact with an animal.
- Sexual behaviours which cause physical or emotional pain to self or others.
- Children who use sex to hurt others.
- When verbal and/or physical expressions of anger precede, follow or accompany the sexual behaviour.
- When coercion, force, bribery, manipulation or threats are associated with sexual behaviours.

0–5 YEARS	
Green	• Thumb-sucking, body-stroking, genital holding. • Curious—wants to touch others' private parts, e.g. when in bath. • Games, e.g. doctor/nurse, 'show me yours, I'll show you mine'. • Enjoyment being nude, using slang language for toilet functions.
Yellow	• Preoccupation with adult sexual behaviour. • Preoccupation with touching others' genitals. • Use of adult sexual language. • Peeping at others' private body parts, pulling others pants down/skirt up. • Sexualised play with dolls.
Red	• Simulation of foreplay/sexual behaviour in play. • Persistent masturbation, touching or attempting to touch others' genitals. • Sexual behaviour between children involving penetration with objects. • Forcing other children to engage in sexual play.
5–9 YEARS	
Green	• Self-touching, masturbation to self-soothe. • Increased curiosity about other children's genitals and adult sexuality (e.g. babies, gender differences). • Using 'toilet words', body parts as swear words to be silly, telling dirty jokes. • Increased sense of privacy about bodies.
Yellow	• Persistent/recurrent questions about sexual activity. • Writing sexually threatening notes. • Engaging in mutual masturbation. • Constant public touching of own genitals. • Use of adult language to discuss sex e.g., "do I look sexy?" • Persistent use of dirty words.
Red	• Persistent masturbation, especially in front of others. • Sexual behaviours engaging younger/less able children (e.g. sneaking into room of sleeping younger children to touch or engage in sexual play. • Simulation of sexual acts sophisticated for age e.g. oral sex. • Persistent sexual themes in talk, play, art, etc.

9– 12 YEARS	
Green	• Use of sexual language and dirty words/jokes with peers. • Having girlfriends/boyfriends; consensual kissing with known peers. • Some exhibitionism e.g. flashing/mooning to same age peers. • Increased need for privacy. • Occasional masturbation. • Use of internet to chat online.
Yellow	• Sudden change in behavior or dress. • Mixing with new and/or older people. • Bullying involving sexual aggression. • Pseudo maturity, inappropriate knowledge, discussion of sexuality. • Preoccupation with online chat or pornography. • Persistent expression of fear of pregnancy or STIs. • Mutual masturbation, preoccupation with masturbation.
Red	• Persistent masturbation, particularly in front of others. • Sexual activity, oral sex, intercourse, coercion of others into sexual acts. • Sending nude/sexually provocative images of self or others online. • Degradation/humiliation of self or others using sexual themes. • Presence of STI. • Penetration of children, animals, dolls or other objects.
12– 18 YEARS	
Green	• Sexually explicit conversations with peers; obscenities/jokes within norm. • Solitary masturbation. • Interest in erotica. • Use of internet to chat online. • Sexual activity: flirting, hugging, kissing, foreplay, hand-holding, consensual oral sex, intercourse with partner of similar age and development.
Yellow	• Sexual preoccupation. • Anxiety interferes with daily function. • Preoccupation with pornography, online chat, meeting online acquaintance. • Sexually aggressive themes/ obscenities/ graffiti. • Peeping, exposing, non-consensual sexual touch, violation of other's space. • Unsafe sexual behaviour i.e. unprotected, intoxicated, multiple partners .
Red	• Compulsive masturbation (especially chronic or public). • Degradation of self/others with sexual themes. • Preoccupation with sexually aggressive pornography. • Sexual harassment, attempt/force others to expose genitals. • Sexual contact or talk with others of a significantly different age developmental status. • Sending nude or sexually provocative images of self to others online. • Genital injury to self/others. • Sexual penetration or contact with animals.

Adapted from the Traffic Light Model developed by Queensland Family Planning, 2016.

Appendix 4

State and territory statutory child protection authorities

Jurisdiction	Responsible authority	Contact details
ACT	Office for Children, Youth and Family Support—Department of Disability, Housing and Community Services	Mandated reporters: 1300 556 728 General Public: 1300556 729 After Hours Crisis Service: 1300556 729
NSW	Department of Community Services	Child Protection Helpline (24 Hours/7 days a week): 132 111
NT	Children, Youth and Families—Department of Health and Families	Centralised Intake Service: 1800 700 250
QLD	Department of Communities (Child Safety Services)	Regional Intake Services: https://www.csyw.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres/regional-intake-services After hours and weekends: 1800 177 135
SA	Families SA—Department of Families and Communities	Child Abuse Report Line: 131 478
Tasmania	Strong Families, Safe Kids Advice and Referral Line	Contact number: 1800 000 123 Website: strongfamiliessafekids.tas.gov.au Afterhours: complete online reporting form.
Victoria	Child Protection and Family Services—Department of Human Services	Metropolitan Regions: Eastern—1300 360 391 Southern—1300 655 795 Northern & Western—1300 664 977 For rural regions refer to: http://www.cyf.vic.gov.au/child-protection-family-services/library/contacts Child Protection Emergency Service (after hours): 131 278
WA	Department for Child Protection and Family Support	Central Intake Team: 1800 273 889 Crisis Care Unit (out of business hours): 08 9223 1111 or 1800 199 008

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