

# **Facilitators and Inhibitors of Mandatory Reporting of Suspected Child Abuse**

**A research study undertaken by**

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## 1. Executive summary

This study surveyed and interviewed health and welfare professionals employed in seven different occupations about their knowledge of, training in, attitudes towards, and compliance with, child protection legislation. The professional groups surveyed included groups mandated to report suspected child abuse (doctors, nurses, teachers and psychiatrists) and others who are not mandated (psychologists, child care workers, and social workers). The study aimed to determine to what extent professionals comply with reporting requirements and to what extent professionals influence one another in their child abuse reporting behaviours. Based on survey and interview data, this study has found:

*Professionals often influence one another when forming a belief, or reporting, that a child is subject to abuse:*

- Most professionals (88%) discuss issues to do with the identification and reporting of child abuse with their colleagues. Professionals often relied on collegial support in developing a 'well founded belief' of suspected child abuse.
- Fifty-two per cent indicated that they had been persuasive in encouraging a colleague to report suspected child abuse.
- Sixteen per cent reported that colleagues had advised them not to make a report of suspected child abuse.
- Only 7% indicated that they had ever discouraged a colleague from making a notification of suspected child abuse.
- Collegial support, individually and in a team based approach was well utilised by professionals when considering whether or not to make a notification. This included discussing their observations, other evidence and concerns with other colleagues as well as seeking other evidence/opinions/advice from colleagues who had contact with that particular child or family.

*Insufficiency of training and lack of awareness of reporting responsibilities:*

- Only 60% of the professionals surveyed had received training in child protection issues. The professions with the highest rates of training were teachers (92%) and social workers (70%). Doctors (26%) and nurses (30%) reported the lowest rates of participation in training.
- Of those surveyed, 18% were incorrect or unsure of whether or not they were mandated to report child abuse. Uncertainty or error was highest amongst non-mandated professionals (43%). Of those in

mandated professions, 6% were unsure of or incorrect about their status.

- Only 9% of those surveyed were aware that 17 was the age at which the statutory responsibility of Child Protection Services ceases to apply to a child.
- When asked to suggest improvements to the child protection system, 82 (36%) respondents urged additional training opportunities.

*Variations in reporting behaviours for the different professional groups:*

- Psychiatrists and social workers displayed the highest rates of reporting behaviour (88% and 84% respectively); nurses displayed the lowest (27%). Non-mandated professionals had higher rates of experience in making a notification (71%) than mandated professionals (52%).

*One-tenth admitted to non-reporting:*

- Overall, 10% of the sample stated that there had been at least one occasion when they had not reported suspected abuse. In each of the professional groups surveyed, some respondents stated that they had not reported every case of child abuse which had come to their attention. Psychiatrists displayed the highest rate of non-reporting (23%). Nurses indicated the lowest non-reporting incidence of the professions surveyed (4%).
- The majority (87%) of those who had not reported every instance of child abuse stated that they had some concerns about Child Protection Services' inadequate response to notifications.
- Some professionals stated that their understanding of the priorities used by Child Protection Services influenced their reporting behaviours. Professionals have reported that they are disinclined to report abuse of adolescents after previous experience of doing so or obtaining knowledge from other colleagues that Child Protection Services are reluctant to intervene or take up notifications involving suspected abuse of adolescents. Professionals across various disciplines reported this as a factor that influenced their decision whether to report suspected abuse of an adolescent.
- Respondents reported feeling pressured to have an 'evidence-based' belief on the grounds that Child Protection Services may be unwilling to take up a case that was notified on a well founded belief that lacked what was considered hard evidence. Past experience of refusal to accept such notifications has acted to deter professionals from making reports and has tended to place the onus of 'proving' abuse on the notifier.
- Fear of disrupting the client/therapist relationship discouraged some professionals from reporting. Professionals, particularly those from the

'therapeutic' professions – psychiatry, general medicine, psychiatric nursing and psychology, and to some extent social work – report that there is a disincentive to them to notify where previous experience of Child Protection Services has been negative – this was especially apparent in therapeutic professions where a report was considered counter-productive to the client/therapist relationship on the basis it may lead to an irreversible breakdown in the therapeutic relationship. Moreover, some professionals reported that Child Protection Services failed to investigate a notification or responded in a way the professional perceived to be inappropriate and was more damaging to the child. This led to many professionals feeling they faced a dilemma in whether or not to notify.

- For some professionals, the rights of the child to protection were weighed up against the rights of the parent. For them, concern to safeguard links with the family provided a disincentive to report the abuse. As such, professional attitudes and theoretical frameworks about children and families, and types of abuses and supposed severity of abuse were factors taken into account by some professionals when considering whether or not a notification should be made.
- The majority (70%) of those who had not reported every instance of child abuse stated that they had some fear that in the event of notification there would be recrimination by the child's family members.

*Low levels of confidence in the child protection system:*

- The sample displayed a low level of confidence in the child protection system. Only 29% of the survey sample agreed that the child protection system was effective. Social workers, psychologists and nurses were least confident; teachers most confident.
- Prior negative outcomes with Child Protection Services or knowledge of other colleagues' experience of a negative outcome with Child Protection Services influenced many professionals when deciding whether or not to make a notification. Sixty-four per cent reported that they were concerned that Child Protection Services would offer an inadequate response to a report of child abuse.
- Only 51% of those who had made a notification had received any follow-up information from Child Protection Services.
- Many of those surveyed (42%) were concerned that Child Protection Services would reveal the identity of the notifier with resultant damage to the professional-client relationship, effectively undermining the professional's capacity to support the child.
- Many interviewees and several survey respondents offered comments critical of Child Protection Services approach to families.

*Generally positive attitudes towards mandatory reporting:*

- The sample displayed attitudes that were generally indicative of professionals' high level concern to protect children from abuse. Overall, 89% of the survey sample stated that they would report any suspected abuse they encountered to child protection authorities. Only 7 people or (2%) stated that they would not make a report. Others were unsure of their actions, amongst them many child care workers who are required to report to supervisors rather than directly to child protection authorities.
- Despite this high proportion (89%) of respondents stating that they would report abuse, 21% made comments elsewhere in the survey which indicated that they felt that there were legitimate professional or ethical reasons for a mandated professional not to notify suspected child abuse to authorities. Most of these who saw grounds for non-compliance had experience of having made a notification (71% of them had notified suspected abuse).
- Nine per cent of the sample recommended that mandatory reporting be extended to all professions. Four respondents, less than 2% of the sample, recommended the abolition of mandatory reporting.

*Most had some fear of recriminations resulting from notifications:*

- Of those who had made a notification, 57% reported some negative reaction from the child's family after having made the notification. Fifteen per cent reported experiencing some negative reaction from colleagues.
- Fifty-nine per cent of respondents reported that if they made a notification, they would fear a reprisal from the family or the alleged perpetrator.
- The majority of interviewees and many survey respondents provided comments indicating that they would make a notification regardless of the recriminations they expected from the child's family members as a result.

The 452 respondents to the survey were predominantly female (75%), with at least ten years professional experience (82%), and 55% were drawn from professions mandated to report, and 45% from non-mandated professions. Most of the sample was experienced in working with children who had experienced abuse. Of the sample, 69% stated that they had formed a belief that a child in their care was abused or at risk of abuse, and 60% had experience of having reported a belief on at least one occasion to Child Protection Services. Respondents were drawn from seven different professions with responsibility for the care of children. To supplement data from the survey, a total of thirty-one professionals drawn from the different professions were interviewed.

In addition to personal data detailing gender, occupational category, age range, qualifications, work location in terms of an urban-rural scale, extent of training in child protection and reporting experience, respondents were asked to indicate their willingness or reluctance to report child abuse, and were invited to comment on their responses. Respondents were also asked about a range of factors that might influence their decision to report, including the nature and extent of consultation with colleagues.

For a number of reasons, many professionals dread making a notification. Participants were asked to indicate the fears or concerns they considered in relation to making a notification. Foremost of concern was the perceived inadequacy of the response from Child Protection Services. Also of concern was threat to personal safety from the alleged perpetrator. Professionals with experience of making a notification to Child Protection Services are acutely aware that they may be confronted by a professional dilemma when they are required to notify Child Protection Services of their beliefs, but see it as not in the child's best interests to do so.

The study indicates that there is a propensity to report amongst those who could be considered naïve (in that they had no experience of making a notification but were convinced of the appropriateness of mandatory reporting). A more critical attitude towards Child Protection Services was evident amongst those who had experience of making a notification, for of the 271 survey participants (60% of respondents) who had experience of making a notification to Child Protection Services, 62 (or 22.8%) had been dissatisfied with the responses of child protection authorities. In addition, the majority of interviewees reported that they not been able to obtain immediate effective action to provide what they considered necessary protection for a child at risk.

A minority of professionals reported such reluctance from Child Protection Services to take a notification and held such a low opinion of the efficacy of Child Protection Services involvement that they believed that they had a responsibility to find alternate services to ensure the child's safety. Consequently, they assessed the severity of each case and used their discretion as to when to notify. They did not notify authorities of every instance of abuse.

It can be seen from the survey and interview comments that mandated professionals appreciate the need to balance mandatory reporting requirements with their subjective judgments of the child's best interests. For many mandated and non-mandated professionals, the child's best interests are not met by the Child Protection Services intervention post-notification, creating a significant disincentive to notification of abuse.

Despite a high level of concern to protect children from abuse, for a variety of reasons including lack of confidence in the child protection system, concern to protect confidentiality, fear of reprisal and concern at loss of trust of clients, professionals with responsibility for the care of children express reservations about reporting abuse. Several of those who are most experienced in dealing with cases of child abuse and with Child Protection Services are those who



are most reluctant to invoke assistance from child protection authorities. These professionals recommend additional training in child protection issues and an enhanced, expeditious, supportive and professional approach from Child Protection Services to reports concerning abused children. Many of those surveyed indicated that they would benefit from increased opportunities to consult with Child Protection Services when deliberating over whether or not to notify suspected child abuse.

## 2. Introduction

### Aims of the research

Mandatory reporting legislation was introduced in Victoria in 1994, under amendments made to the *Children and Young Persons Act 1989*. The legislation now mandates particular groups of professionals to report any cases where they suspect, on reasonable grounds, that a child is at risk of significant harm due to physical or sexual abuse.

The legislation has been met with a mixed reaction. Although the number of notifications increased after the introduction of the amendments mandating doctors, nurses and teachers, it is not clear that all professions which are mandated are fully compliant with the legislation. The legislation itself is unclear, as to what constitutes 'belief', 'reasonable grounds', 'significant harm' and even the term 'abuse' is subject to debate. Additionally, Child Protection Services request specific information when reports (notifications) are made (*Responding to Child Abuse*, 2002). This study is an initial attempt to discover how professionals form a belief that a child has been subject to abuse, and to determine what professionals construe as the significant factors in persuading or dissuading them from making a report, once they have formed that belief.

Many studies have examined professionals' behaviours in relation to reporting child abuse and neglect. Several studies have focused on the characteristics and experiences of the professional, and several have examined the case characteristics which trigger reporting. Variations have been noted between the reporting behaviours of different professional groups. Additionally, there have been studies which have looked at incentives and disincentives to report, although these have generally been based upon a sample from a single professional group.

One recent study in Victoria has examined how various community professionals responded to particular case scenarios, identifying patterns in reporting behaviours, and pointing to the obstacles confronting professionals when reporting to an over-stretched child protection service which sees itself as the last line of defence for protecting a child from abuse (Goddard, Saunders, Stanley & Tucci, 2002).

Building on these previous studies, this study surveyed participants from seven different professional groups about their past and projected reporting behaviours. The study seeks to establish what these professionals saw as reasons contributing to and militating against reporting to authorities when they had formed a belief on reasonable grounds that a child was at risk of being abused.

The survey was designed to establish the nature and extent of variations between the groups in relation to four main domains:

- Knowledge, including understanding of what constitutes abuse, contexts in which abuse most often occurs, ways children may indicate such abuse, and of legislative reporting responsibilities of professionals;
- Perceived roles of professionals in relation to suspected child abuse, including beliefs about boundaries of moral responsibility, legal responsibility, social responsibility and professional responsibility;
- Perceptions of the rights of children; and attitudes towards current arrangements to protect children; and
- Individual, societal, and work-related factors that are likely to facilitate or to inhibit reporting of suspected child abuse.

This study was intended to collect information in relation to reporting behaviours as well as prevalence and reasons for non-reporting. The survey was conducted so that participants could remain anonymous, in an effort to obtain as much material on non-reporting as possible, given the sensitive nature of the study. Accordingly, survey questions were framed in order to elicit anonymous responses from professionals who may have believed that they were in breach of the legislation by not reporting their suspicions to Child Protection Services. Questions were framed in a neutral language, designed to avoid a presumption that all instances of suspected abuse would be readily identifiable and reported. Given that many of the professionals surveyed were mandated to report any belief they formed that a child was at risk of abuse, questions were worded to indicate that there may be significant non-compliance with legislation and professionals were encouraged to offer their reasons for such non-compliance.

This study reports on the perceptions of these professionals. It has not sought to verify or debate the attitudes which the participants presented to the researchers, although it has sought to contextualise and interpret these responses.

An application for ethical approval to undertake the study was approved by the University of Ballarat Human Research Ethics Committee.

### **Pilot study**

Prior to distributing the questionnaire to the research sample, a small pilot study was undertaken in April-May 2002. A pilot sample consisting of four people from each of the professional categories of teachers, social workers, psychologist, nurses, child care workers and general practitioners. Four replies were received from teachers and social workers (response rate to pilot of 100%); three replies were received from psychologists and nurses (75% response); four general practitioners returned surveys but only one had completed the form (25%); however, the other three were of assistance in

commenting on the survey design. No child care workers returned surveys (0%). Of the total of 24 surveys distributed, 12 completed surveys were returned (50% response overall). Respondents were from predominantly regional/rural areas.

Given the small number of responses received (total 12), it was not possible to extrapolate general findings, but rather to identify any problems arising from the wording of the survey, to note any early trends among respondents, and where possible, to link these trends to issues raised in the literature and to the research questions underpinning our inquiry (e.g. fear of retaliation; problems with Department of Human Services personnel, etc.)

Questions asking whether professionals had ever experienced any negative behaviour or comments from their colleagues or from the family of the child who is the subject of a report, yielded an interesting trend. Every teacher, social worker and psychologist respondent who had made a report of child abuse responded that they had experienced negative behaviour, or had received critical comments, from family members or clients involved with each case. Nearly half of the respondents reported negative comments or behaviour directed at them from their colleagues, after making a notification of suspected child abuse. This trend was not reported by nurses or medical practitioners.

It could be that this trend mirrors the differential nature of practice engaged in by these various disciplines; the practice of teachers, social workers and psychologists contrasts with most medical or nursing practice in that these professionals may develop an understanding of the child within his or her social network. It may be that this social understanding facilitates the formation of judgements, and that contextual information may not be as readily accessible to specifically clinical practitioners. Conversely, family members or the child herself or himself may attribute notifications of abuse to those professionals who are more involved in ongoing relationships with the child.

The majority of these respondents were from rural towns and regional cities (rural) and those who reported negative comments and behaviour from colleagues were all from rural and regional areas. This is not surprising given that literature has identified problems associated with mandatory reporting in rural environments (Cheers, 1998; Dietrich *et al.* 1998; Ermacora, 1998; Crago, *et al.* 1996; La Nauze, *et al.* 1997 & Rosien, *et al.* 1993)

Generally those respondents who commented on the nature of the survey stated that the survey content was very good but that they considered it to be too long. One general practitioner commented that respondents should be advised that the survey only takes 5-10 minutes to complete. This suggestion was adopted for the survey proper.

## **Workshop trial**

The revisions to the survey were made and trialed with a group of professionals attending a session as part of the *Achieving Together Creating Connections: Family School Community Conference 2002* ( a joint initiative of Department of Education and Training, Catholic Education Office, Department of Human Services, University of Ballarat, School Focused Youth Support, and other agencies) held at the University of Ballarat, Thursday 18 July 2002. Twenty professionals, mainly involved in education and social work, attended the workshop, piloted the questionnaire and discussed issues arising from current mandatory reporting procedures. Amongst other issues raised in discussion, some participants commented that they considered that a minority of teaching professionals understood the mandatory obligation on them to report suspected child abuse.

The title of the project was discussed at the workshop. The project was then entitled *Facilitators and Inhibitors of Mandatory Reporting of Suspected Child Abuse and Neglect*; however, it was noted in the course of discussion at the workshop that child neglect is not an area specified as being subject to mandatory reporting legislation in Victoria. In recognition of this and in the interests of avoiding confusion, it was decided to revise the title of the project to *Facilitators and Inhibitors of Mandatory Reporting of Suspected Child Abuse*.

Some individual professionals who learnt of the research being undertaken as a result of the researchers' public comments approached the researchers to give them their personal experience. In order to enable the research project to benefit from the inclusion of such information, approval was sought and received from the University of Ballarat HREC to extend the interview data collection process to include information provided in this way. As a result, the study has been informed by discussions with a teacher who had experienced severe repercussions as a result of making a notification, and this material has been included as a case study.

As a result of all comments received from those participating in the pilot or workshop, and as a result of further deliberation by the researchers, the survey format was revised and questions were streamlined. This reduced the length of the survey to four pages, which were printed on one folded A3 size sheet of paper. It was also determined that psychiatrists would be included in the larger study, as this profession contained specialists who deal with issues relating to child abuse, and sending the survey only to general practitioners would not reach this group.

## **Survey distribution and sample**

The survey strategy aimed at distributing 250 surveys to members of six professional groups (child care, social work, psychology, medical practice, nursing and teaching), with an expected response rate of 40% providing 100 responses from each category. In addition, all practising psychiatrists (75 in all) in Victoria were included in the survey sample.

To facilitate survey distribution and to ensure the highest response rates possible, negotiations were conducted with relevant professional associations covering the professions of child care, social work, nursing, and psychiatry. This ensured that the survey was distributed with the endorsement of professional bodies (the Royal College of Nursing Australia; the Australian Association of Social Workers; the Community Child Care Association; the Association for Independent Schools of Victoria; and the Royal Australian and New Zealand College of Psychiatrists) and that distribution was in accordance with the new privacy legislation that came into effect in September 2002. As no public listings were available to offer a comprehensive listing of members of these professions, it was imperative to collaborate with the professional bodies concerned and privacy considerations necessitated that the mailing of the surveys was delegated to these bodies. Each of the professional bodies concerned devised its sampling frame. The Royal College of Nursing Australia excluded from its sample any nurses who had listed geriatric nursing as their particular interest, in order to increase the probability of the survey being received by nurses with responsibilities in relation to children and families.

In the case of medical practitioners and psychologists, whose contact details were publicly available, a systematic random sample was constructed for each stratum. After approval from the requisite ethics bodies and regional directors, teachers in government and Catholic schools were contacted via a letter to principals of schools using a stratified (according to region, secondary, primary, Government, Catholic strata) systematic approach to selection from the comprehensive public listings. Principals in independent schools were contacted by letter distributed by the Association for Independent Schools of Victoria.

Responses to several of the questions included in the survey indicate that many respondents believe themselves to have influenced, or been influenced by, professional colleagues in their reporting behaviours. Responses also indicate a significant confusion relating to the processes of mandatory reporting; for instance, a number of professionals believe that they are mandated to report suspected cases of child abuse although they belong to a profession which is not mandated.

### **Response rates**

A total of 1575 surveys were distributed in October and November 2002 with a covering letter requesting return of the surveys within a four week period.

A total of 452 surveys were returned by reply paid post. The number of surveys received from each of the seven professional groups is as follows:

Child Care Workers	91	(36% response rate)
Psychologists	66	(26%)
Psychiatrists	33	(44%)
Social Workers	64	(26%)
Nurses	77	(31%)

Teachers	72	(29%)
Medical Practitioners	49	(20%)

The gender breakdown for all respondents was 74% female, 26% male. Most respondents (55%) conducted the bulk of their work in Melbourne, but 25% worked in regional cities. The remaining 20% conducted the bulk of their work in rural locations. Sixty-nine per cent of respondents had some experience of working with a child whom they suspected to be at risk of, or subject to, abuse, where that abuse had not been reported to authorities. Sixty per cent of respondents had some experience of making a formal notification to Child Protection Services. Further detailed findings from the survey are presented in Section 4 below.

Although for most professions the level of responses was below the expected response rates of 40% for each professional category, the intensive negotiations and preparations prior to distribution suggest that low responses were due to factors other than the processes used for distribution.

It is probable that completion of a questionnaire on this sensitive topic and of this length was seen as a significant demand. Some interviewees advised that the completion of the questionnaire had taken them close to half an hour, rather than the 5 to 10 minutes suggested in the survey's introduction.

### **Survey analysis**

In consultation with a senior statistician, the survey responses were coded, entered and verified. The data was analysed using SPSS to prepare frequency tables and cross-tabulations for selected variables. Survey findings are presented in Section 4 below.

Frequency tables from surveys assisted in determining the sampling frame for interviewees.

### **Interviews**

A total of 108 survey respondents indicated by separate mail response that they agreed to be contacted in order to take part in a confidential interview with the researchers. In accordance with our methodology, five professionals from each group were selected for interview. From all but two of the professional groups (psychiatrists and medical practitioners), more than five respondents agreed to be interviewed. In these cases, respondents were selected according to gender and location, and where appropriate, nature of workplace, to ensure the profile of interviewees was reflective of the overall profile of survey respondents. Thirty-one people were interviewed using the semi-structured format (Appendix 2). General themes of interviews and responses for each professional group are discussed in Section 5. An additional case study of one teacher's experience of recriminations in a small community after making a notification is also presented in Section 5.

### **3. Background to the study**

There is a wide range of dynamics that influence the reporting behaviours of professionals who have responsibility for the care of children and young people. In Victoria, legislation to mandate specific professions has affected the rates of notifications. Societal factors are also extremely influential. Various studies from Australia and overseas have indicated that individual professions display different identification and reporting rates for reasons including those related to the nature of the abuse, the practices endorsed by the professional's workplace, the level of training of the professional, the anxiety of the professional and the nature of available evidence of abuse.

As societal beliefs about abuse and how it should be addressed are likely to shape the reporting behaviours of professionals, a brief overview of key background issues relating to the child protection system in Victoria, and to reporting behaviours of professionals in other locations, is presented here.

#### **1. The introduction of mandatory reporting in Victoria**

In Victoria, since November 1993 doctors, nurses and police have been mandated to report suspected child sexual and physical abuse. Teachers were mandated in July 1994. The *Children and Young Persons Act 1989*, amendment Section 64 (1A), is the legislation which mandated medical doctors (including psychiatrists), nurses, teachers, and police to report suspected cases of physical or sexual abuse of children. Suspected cases of child neglect or emotional abuse were not required to be reported, but any professional or member of the community forming a belief that a child was subject to one of these forms of abuse could notify authorities voluntarily.

At the time of introducing the legislation, there was a common understanding that all professions responsible for the care of children, and not just doctors, nurses, police and teachers would be progressively mandated. Others who are not mandated include psychologists, child care workers, youth workers, probation officers and social workers. Members of those professions which are not mandated may, like any community member, make a voluntary notification to Child Protection Services of their belief that a child is subject to abuse or at risk of abuse.

The impetus for this legislation was the community outrage expressed at the violent death of an infant child, Daniel Valerio, at the hands of his stepfather, who was later convicted for murder. What seemed to outrage members of the community and many professionals was that the shocking abuse suffered by this child did not go undetected – however it did go without serious intervention by social welfare, medical practitioners and police. In his short, brief and brutalised life, no less than twenty professionals examined Daniel Valerio and spoke to his mother, and at times, his stepfather. Despite the involvement of a large number of professionals from a variety of agencies – all



of them linked to the welfare of children – none of them was able to prevent the violent death of this child (see Goddard, 1996, ch.11 for an in-depth discussion about this case).

Daniel's death resulted from the brutal treatment metered out to him by his stepfather. But his death was also due, in part, to societal values, beliefs and attitudes which underpin concepts of parental rights and family privacy; the treatment of children and children's rights; the causes and extent of family violence in society and notions of victim and perpetrator. The impact of values and attitudes on how individuals, and indeed whole groups, conceptualise and respond to the multiple forms of child abuse and neglect, has been recognised and documented in research literature (Taylor, 2004; Taylor, 2001(a); Reyome & Gaeddert, 1998; Goddard, 1996; Beck, Ogloff & Corbishley 1994; Rush, 1980; Harper, 1980). Dominant values, beliefs and attitudes are shaped and mediated through the process of socialisation in which dominant social and cultural hegemonies influence and construct social knowledge.

Enacting mandatory reporting legislation demonstrated a cognizance that society as a whole has a moral obligation to protect its most vulnerable citizens, and that this obligation is a legal onus on those mandated professionals who come into contact with children. However, mandating professionals to report suspected abuse does not necessarily ensure appropriate protection and intervention on behalf of abused children or adolescents for a range of reasons. Socio-political factors along with prevailing attitudes around the abuse of children and young people and the availability of resources may all intercede in ways that impact on the intended efficacy of mandatory reporting.

A number of community based groups, non-government organisations and professional groups, such as the Australian Medical Association, opposed the introduction of mandatory reporting in Victoria, believing it to be counterproductive to the welfare of children (Beechey, 1992). Some argue that mandatory reporting acts as a powerful deterrent to abusive parents to seek treatment for a child who has been abused, and have opposed the mandatory requirements, believing the number of children able to obtain treatment is in effect reduced (*ibid*). Additionally, concerns have been raised by some policy analysts and social workers that a state response to child abuse pivoting on mandatory reporting selectively targets low-income families in society, downplaying the need for efforts to address the causes of poverty at a broad community level (Carter, Burston, Floyd & Stewart, 1988, p.2, p.31). Mendes has argued that because the introduction of mandatory reporting in Victoria occurred at a time of budget cuts to community support services, the effectiveness of the child protection system was compromised (Mendes, 1996). It has further been suggested that the narrow focus on certain abuses means that other forms of suspected maltreatment may not always receive the response that is needed to assist the child or family (Wise, 2001).

## **2. The effect of mandatory reporting on notification rates in Victoria**

Since the introduction of mandatory reporting in Victoria, notifications of suspected child abuse (physical and sexual) have increased across all mandated groups of professionals (Crime Prevention Committee, 1995, ch. 3). Child Abuse Reporting Statistics (Department of Human Services, Victoria, 2001) show a steady increase in notifications over the period 1992 to 2001. For example in the year 1992/1993 the Department of Human Services, Victoria, received 15,182 notifications. Figures for 1993/1994, the latter year being the introduction of mandatory reporting of suspected physical and sexual abuse, the department received 26,685 notifications (*ibid*). For the period 2000/2001 the Department received 36,966 notifications. Notification rates by abuse type reveal an overall increase in reports for each category of reported abuse: physical, neglect, emotional abuse and sexual abuse between the periods 1992 to 2001. Although neglect and emotional abuse are not subject to a mandatory notification, they have consistently been the highest category of notifications with physical abuse the next highest, followed by sexual abuse. Statistics of abuse types for notifications received in 2000/2001 released by the Department of Human Services, Victoria (*ibid*) indicate there were 12,224 notifications for neglect; 11,630 notifications for emotional abuse; 8,858 notifications for physical abuse and 4,254 notifications for sexual abuse.

Flowthrough of notification outcomes for the period 1999/2000 show that of 36,966 notifications 13,205 were investigated leading to 7,608 substantiations of notifications and of those, 2,333 protection applications were obtained (*ibid.*). Taking just these figures, just over a third of all notifications were investigated. Breaking down the notifications for the two mandated types of abuse, physical and sexual abuse, for the period 2000/2001 the Department of Human Services, Victoria, report that of 8,858 notifications for physical abuse; 3,963 were investigated and substantiated 1,988 cases. For the same period, of 4,254 notifications of sexual abuse 1,691 were investigated with 591 being substantiated (*ibid*). These statistics do not reveal the number of individual cases, as re-notifications and multiple notifications about one child or family are included in the statistics on notifications.

Goddard, Saunders, Stanley and Tucci have noted the overall increase in notifications since the introduction of mandatory reporting in Victoria, but have asserted that Child Protection Services have introduced a corresponding restriction in 'the criteria which trigger a protective investigation', effectively rationing the service provided to abused and at-risk children (Goddard, *et al.*, 2002, p. 13).

As stated earlier, a statutory requirement to report suspected abuse does not necessarily lead to compliance for a range of reasons. Not all professionals are aware of their status. Community professionals in Victoria with responsibility for the care of children display a lack of knowledge of mandatory reporting obligations, reducing the effectiveness of the legislation (Goddard, *et al.*, 2002; Davies, 2002; Stanley, Goddard, Saunders & Tucci, 2001; Goddard, 1996).

### **3. Child protection systems in other Australian states**

Although child abuse is acknowledged to be a major social problem, there is substantial diversity between Australian states and territories in policies and practices relating to mandatory reporting of suspected child abuse and/or neglect (AIHW, 2001, p. 3). For example, Western Australia is the only state which does not have mandatory reporting legislation, but it has protocols or guidelines that require certain types of professionals to report maltreatment of children. At the other end of the spectrum, in the Northern Territory 'all persons' have a reporting responsibility. In the other States and the ACT, specific categories of professionals have mandatory reporting requirements, but there is regional variation in the categories of professional that are specified (e.g., in Queensland only medical practitioners have a definite mandatory reporting responsibility, while in South Australia mandated professionals include medical practitioners, pharmacists, dentists, teachers, social workers, nurses, child care workers, police, psychologists and day care providers). Additionally, the different states invoke different levels of stringency when screening notifications for further investigation (AIHW, 2001, pp.4-7).

Despite these differences, the purpose and structure of each department is similar and each are affected by 'inter-related issues that have impacted on the provision of child protection' across Australia and internationally (Tomison, 2001, p. 51).

### **4. Issues relating to mandatory reporting legislation in Victoria**

It has been argued that Victorian legislation introducing mandatory reporting is fraught with difficulties that weaken the intention of the legislation. To some extent these outcomes reflect problems in the way the legislation is framed (e.g., what evidence constitutes the threshold of 'reasonable belief' or 'significant harm') and the legalistic framework that decides what evidence is admissible to determine a legal opinion that a child is at risk of, or has suffered, abuse (Tomison, 2001; Taylor, 2001 (a) ).

One Victorian legal academic has argued that the terms 'significant harm' and the formation of 'reasonable belief', both of which are prerequisites to reporting under Victorian legislation, are extremely problematic due to the wide scope for interpretation of these two concepts (Sandor, 1994). Sandor argues that deciding or interpreting the concept of what constitutes 'significant harm' requires a major degree of assessment on the part of the potential reporter, thus opening the concept to wide interpretation. Secondly, the notion of forming a 'belief on reasonable grounds' suggests that a certain subjective mental state of mind needs to occur in the potential reporter and that such a state of mind determines reporting or a failure to report (Sandor, 1994). Recent reports into the effectiveness of mandatory reporting suggest that difficulties with assessing risk and evaluating complex cases that would necessitate a mandatory notification create confusion for mandated professionals (Stanley, *et al.* 2001; Goddard, *et al.* 2002)

The subjective nature of how mandated professionals assess risk and reasonable belief is one critical weakness of the legislation which Sandor believes must be addressed. Ambiguous terminology not only weakens the intent of the legislation but makes difficult any attempt to promote consensus among mandated professionals regarding a workable concept around suspicion and reasonable belief.

While it has been suggested that, in Victoria at least, the failure to report a reasonable belief of suspected child abuse has rarely led to legal action against mandated professionals (Swain, 1998), the issue of non-reporting of suspected child abuse has made its way into the legal arena.

The concept of 'reasonable belief' as a prerequisite to mandatory reporting was legally scrutinised in 1997 when a school principal in Victoria was charged with failing to report a case of child-disclosed sexual abuse.

In this particular case, a young child gave explicit details of sexual abuse being perpetrated on him by his father. The teacher reported the disclosure to the Principal who decided against reporting suspected abuse because she did not form a 'belief' that suspected abuse had occurred. Several weeks later the child's teacher made a report after the child continued to complain that his father was sexually abusing him.

A subsequent investigation led to the father being convicted of more than forty charges of penetration of his child. The Principal was charged under mandatory reporting provisions of the *Children and Young Persons Act* for failing to report suspected and/or disclosed child sexual abuse. The Principal contested the charge on the grounds that she was not guilty of failing to report if she did not hold a 'belief' that child abuse had occurred (Naidoo, 1997). The Principal was not convicted. However the case does serve to highlight some of the difficulties of the legislation as outlined by Sandor and further highlighted the need for more comprehensive teacher education in the area of sexual abuse. Teachers themselves have reported that aside from too little education on mandatory reporting and child abuse, the legislation concerning the formation of 'reasonable belief' was inadequate as a basis for exercising professional judgment and intervention via reporting (Lord, 1997).

More recently, a study found teachers and medical practitioners in Victoria have reported three major concerns associated with mandatory reporting of suspected child physical or sexual abuse resulting in a reluctance by these professionals to report suspected abuse (Davies, 2002). They related to confusion about the legal obligations involved in mandatory reporting legislation; inadequate response by child protection services to whom a report is made, and the lack of adequate training for professionals around recognising and responding appropriately to suspected child abuse. Not surprisingly, teachers reported a lack of confidence in identifying and reporting suspected abuse, leading to a situation where only the most obvious indicators of physical abuse led to a notification to Child Protection Services. (*ibid*).

At around the same time that study was reported, another media report identified a case involving an adolescent girl who claimed that her school teachers failed to appropriately respond to her attempts to disclose what she alleges was long term sexual abuse by her biological father. The adolescent in this case was reported to be considering the possibility of initiating civil proceedings against her former school (Perkin, 2002).

## **5. Compliance with mandatory reporting**

Despite the introduction of mandatory reporting in most states of Australia and overseas, a number of studies document difficulties with compliance among mandated professionals (Delaronde, King & Bendel, 2000; Berson, Berson & Ralston, 1998; Hicks & Tite, 1998; Portwood, 1998; Goddard, 1996; Rosien & Helms, 1993; Randolph & Gold, 1994; Ford & Medway, 1994; Beck, Ogloff & Corbishlely, 1994; Zellman, 1992; Kean & Dukes, 1991; Kalichman, Craig & Follingstad, 1990; Besharov, 1990; Johnson, Owens, Dewey & Eisenberg, 1990; Broussard & Wagner, 1988; Goddard, *et al.* 2002). Reasons for failure to comply have been categorised around several points: lack of knowledge about child abuse, especially sexual abuse; negative attitudes and beliefs about child abuse; beliefs in parental autonomy to discipline children; beliefs in the privacy of the family; beliefs that welfare or legal intervention is harmful to the child and family or will not result in the protection of the child; and fear of retaliation for making a report (Skinner, 1999; O'Donohue & O'Hare, 1997; Manning & Cheers, 1995; Beck, *et al.* 1994; Abrahams, 1992; Besharov, 1990). Many professionals report considerable difficulty in deciding what constitutes sufficient evidence of abuse (Goddard, *et al.* 2002; Holland, 1999).

## **6. Societal attitudes to child abuse**

Goddard (1996), in commenting on practices in Australia, has suggested that the unwillingness of some professionals to report suspected child abuse is a product of entrenched 'social myths' around child abuse, particularly sexual abuse. As Taylor has reported, beliefs about child sexual abuse continue to influence professional and community responses to child sexual abuse at the level of law, welfare, medicine and the community (Taylor 2004; 2002; 2001 (a); 2001 (b); 1997)

Mandated professionals are not immune from attitudes and beliefs that negate the various forms of violence that are a reality in the lives of many children and adolescents. Discriminatory attitudes about child abuse have been shown to influence the response of medical practitioners, teachers, police, social workers, psychologists and psychiatrists, lawyers and the judiciary towards child victims as well as to reporting (Holland, 1999; Hicks & Tite, 1998; Taylor, 2001(a); 2000 & 1997; O'Donohue & O'Hare, 1997; Trute, Adkins & MacDonald, 1992; Kalichman, Craig & Follingstad, 1990; Saunders, 1988; Broussard & Wagner, 1988; Ringwalt & Earp, 1988).

Attitudes and beliefs towards child sexual abuse have been shown to adversely affect reporting behaviour among mandated professionals

(Randolph & Gold, 1994; Besharov, 1990). The intersection of personal and/or professional attitudes and how they may impact negatively on professionals who are in regular and close contact with children and are mandated to report suspected abuse, in this case sexual abuse, has been well documented (Holland, 1999; Hicks et al. 1998; Portwood, 1998; Ford & Medway, 1994; Beck et al. 1994; Kean et al. 1991; Johnson, Owens, Dewey & Eisenberg, 1990; Kalichman et al. 1990 Ringwalk & Earp, 1988; Broussard & Wagner, 1988). A number of studies report attitudes towards child abuse and a lack of specific knowledge around this type of abuse as being significant factors affecting teachers (Skinner, 1999; Berson et al. 1998; Hicks, et al., 1998; O'Donohue, et al., 1997 Beck et al. 1994; Randolph et al. 1994). An Australian report suggested that medical practitioners reported a lack of knowledge around identifying some forms of child abuse contributed to concerns about mandatory reporting (Davies, 2002). Training can be used to effectively counter inappropriate attitudes. A study by Randolph and Gold (1994) on teachers showed that an increase in knowledge around child abuse affected teachers' ability to feel more confident about reporting suspected abuse; able to lead discussions on the issue of child abuse with their peers and better able to respond to needs of children suspected of suffering abuse.

Several studies have focused on how dominant social stereotypes about child abuse influence decisions to report suspected abuse by mandated professionals. These studies found that stereotypical characteristics attributed to victims of abuse, perpetrators and 'family types' were factors that influenced decisions to report or not report suspected child abuse, particularly sexual abuse (Portwood, 1998; Kean & Dukes, 1991).

Moreover, some studies also found that a reluctance to report child sex abuse correlated with blame attribution whereby the child was deemed culpable to varying degrees for their own victimisation (Ford et al. 1994; Kalichman, et al. 1990). Adherence to beliefs about the culpability of sexually victimised children may well affect levels of empathy for the victim and therefore affect an adequate response. Such a view may create a theoretical and therapeutic blindness in identifying the child as a 'victim' and the parent as the 'offender' and may well affect the abuse being understood as a serious crime (Taylor, 2004 & 2001 (a)).

Another common belief ('the least unfavourable outcome') is that allowing a child to remain in a potentially abusive context avoids pervasive negative consequences, including legal action against family members and break-up of the family that might follow from reporting the case to protective authorities (Beck, et al., 1994). Reports of 'false positives' and of abuse occurring in state institutions and foster care may have served to warn professionals against reporting suspected cases of abuse. Further, since substantial diversity in practices such as discipline and punishment of children by parents is acceptable in societies such as Australia, what some will perceive as abuse is not seen as such by others (Carter, Burston, *et al.* 1988). Factors pertaining to cultural selectivity and diversity may help to explain the higher proportion of indigenous children notified and subject to protective services (AIHW, 2001).

## **7. Influence of the media on reporting behaviours**

The media play a prominent role in influencing as well as in reflecting societal values in relation to child abuse (Goddard and Saunders, 2001). Child abuse has received considerable prominence in the press in Victoria, and in Australia generally, as a result of child deaths (see, for example, Hannan and Murphy, 2003), and the heightened attention concerning Australia's past Governor-General, Peter Hollingworth, for his inaction over child abuse in his former position as Archbishop in the Anglican Church (see Blaskett & Taylor, 2002).

Such reportage may act to heighten awareness of child protection issues amongst the general public, including those who have responsibility for the care of children, and may therefore serve to assist professionals in being alert to abuse, potentially influencing professionals to report. However, the media may also play some role in reducing the level of confidence professionals may have in the capacity of the child protection system. Adverse publicity pertaining to the child protection system in Victoria may discourage professionals from reporting if the system is perceived as offering no protection to abused children, if not further traumatising them.

In 2003, when much of the data for this study was being obtained, several newspaper reports concerning the ineffectiveness of Victoria's Child Protection Services were published. In 2003, concerns raised in the media about the Victorian child protection system include the dearth of placements in foster care and lack of resources for community-based supports (Fogarty, 2003); the failure of the child protection system to communicate with agencies over child deaths (Hannan and Murphy, 2003); the failure of the child protection system to prevent chronic abuse (Nader, 2003); the subjection of abused children to systemic abuse and traumatisation as a result of the court process (Munro, 2003; Playne, 2003); the under-funding of early childhood services (Milburn, 2003); and the failure of the child protection system to act until cases reach critical stages (Nader, 2003).

These reports highlighted the inadequacy of the child protection system and portrayed Child Protection Services as acting only in cases of emergency. Publicity about the lack of out of home placements and about Child Protection Services' inadequate response to notifications may exert some influence on professionals' reporting behaviours.

## **8. Influence of child's age and mandatory reporting**

The tendency for 'child abuse' and 'child sexual abuse' to be dominant terms in literature and public discourse on sexual violence and other forms of violence means that older victims can be rendered either invisible or theoretically culpable for their own victimisation simply because of the confluence of their age, and professional and public discriminatory attitudes about sexual abuse of older children. Sandor (1994) has argued the current Victorian legislation on mandatory reporting does not adequately address the

need to ensure that adolescents are fully protected from sexual and physical abuse because the focus is on 'child abuse', thus rendering older victims almost invisible.

Some studies have found that adolescent victims of sexual abuse, especially intrafamilial, are less likely to be believed when they disclose abuse and are more likely to be blamed for the abuse by teachers, clinicians, the judiciary and the general public (Taylor, 2004; 2001 (a) 2001 (b); Hicks, et al., 1998; Reyome, et al. 1998; Wagner, Aucoin & Johnson, 1993; Reidy & Hochstadt, 1993; Zellman, 1992).

Reyome & Gaeddert (1998) have reported that a lack of awareness among mandated professionals, about the victimisation of adolescents, both sexually and physically impacts on professionals compliance to notify appropriate authorities of the suspected of abuse of adolescents.

## **9. Response by child protection authorities to notifications**

Harries and Clare (2002, p.34) have suggested that where notifications exceed capacity for the authority, in this case, Child Protection Services, to respond appropriately, this may affect a willingness among mandated notifiers to report suspected child abuse. Another recent study from Victoria, reported that a lack of confidence in Child Protection Services to adequately respond to notifications influenced the reporting behaviours of mandated notifiers (Goddard, *et al.* 2002) The same study also reported that mandated professionals found the decision of whether or not to report abuse was a difficult or complex task with regard to the evaluation of risk and these factors also influenced reporting behaviour (*ibid*).

## **10. Locale: the influence of small community on reporting behaviour**

Rural communities differ from urban communities on a range of social factors, including closeness of community links and maintenance of traditional values and attitudes (Cheers, 1998; Select Committee of the Legislative Council, 1991).

A number of studies in Australia and overseas demonstrate the impact of a rural context in reporting behaviours among mandated professionals as well as the lay community. Raising greater social awareness and response to the problem of child abuse and sexual violence in rural populations has been acknowledged as an ongoing difficulty (Dietrich & Mason, 1998; Ermacora, 1998; Rintoul, 1998; La Nauze & Rutherford, 1997; Crago, Sturmey & Monson, 1996). For example, research in the US by Rosien and Helms identified a reluctance and/or failure among teachers in rural communities to report suspected abuse, even though they were mandated to do so (Rosien *et al.* 1993). In an Australian context, it has been noted that individual beliefs among teachers compounded with community attitudes and relative intimacy (families being known to many in the community etc.) were considered barriers to reporting abuse in rural areas (Crime Prevention Committee, 1995, Part A).



In rural communities, even reasonably large ones, anonymity is difficult and people in occupations connected closely with families and the community, such as medical practitioners and teachers, may have a multiplicity of roles within the community (Cheers, 1998). Relationships among community members might create a situation in which a report of child abuse or family violence is difficult to follow up as community members inhibit proper investigation or stigmatise the professional reporting the abuse as well as the alleged victim (Green, Gregory and Mason, 2003; Cheers, 1998).

A study conducted in Ballarat in 1996 reported that traditional and conservative values and attitudes dominate rural communities, and lead to some children being fearful of disclosing sexual abuse perpetrated upon them for fear of being disbelieved or attracting stigma. The study also found that women whose children were sexually abused were also fearful of reporting the abuse, citing a fear of disbelief from professionals and fears of retaliation from the offender and those in the community supporting him/her. The study also highlighted difficulties faced by victims and their non-offending parents in accessing appropriate service and ensuring confidentiality within a rural community (Goodall, reported by Hodson, 1996). The Select Committee of the Legislative Council (1991) has also noted that the reporting of child abuse is often under-reported in rural areas as a result of domain specific problems such as those outlined above.

## **11. Duty of care v threats of reprisal**

Regardless of locale, it has been suggested that professional or social attitudes may promote a view that reporting parents of suspected abuse of their children is akin to whistleblowing (Taylor, 1998). As such, a professional or social ethos may inhibit an individual from fulfilling a legal obligation to report something unethical or illegal on the basis it violates an unwritten professional or social code (De Maria, 1999). Some professionals may consider a professional duty to maintain patient or client confidentiality is more binding than the duty imposed by the law to report suspected child abuse.

Alternatively, some professionals may have concerns about possible recriminations stemming from a notification. Fear of reprisal or perceptions of violating a family's privacy does not necessarily need to be domain specific, such as a rural context. Professionals whose work necessitates close contact with children and their families may experience additional concerns about reporting. The President of the Victorian Education Union has stated that teachers suffer enormous stress when making a notification of suspected child abuse because of the close interaction they have with the child and their family and suggested that teachers were uncomfortable to report anything but the most obvious physical abuse (Davies, 2002).

Recrimination as a result of making a mandatory notification is another factor that may influence the reporting behaviours of mandated professionals. This fear of retaliation may not be isolated to a specific domain, such as rural practitioners, but may be exacerbated in a rural community. A study involving

medical practitioners reported a barrier to medical practitioners notifying suspected child abuse was connected to a fear or reprisal (Holland, 1999).

Consequently, a fear of reprisal or a perception of violating a family's privacy may be a factor taken into consideration when a mandated professional is determining whether to make a notification to child protection services.

## **12. Differential reporting rates amongst occupational groups**

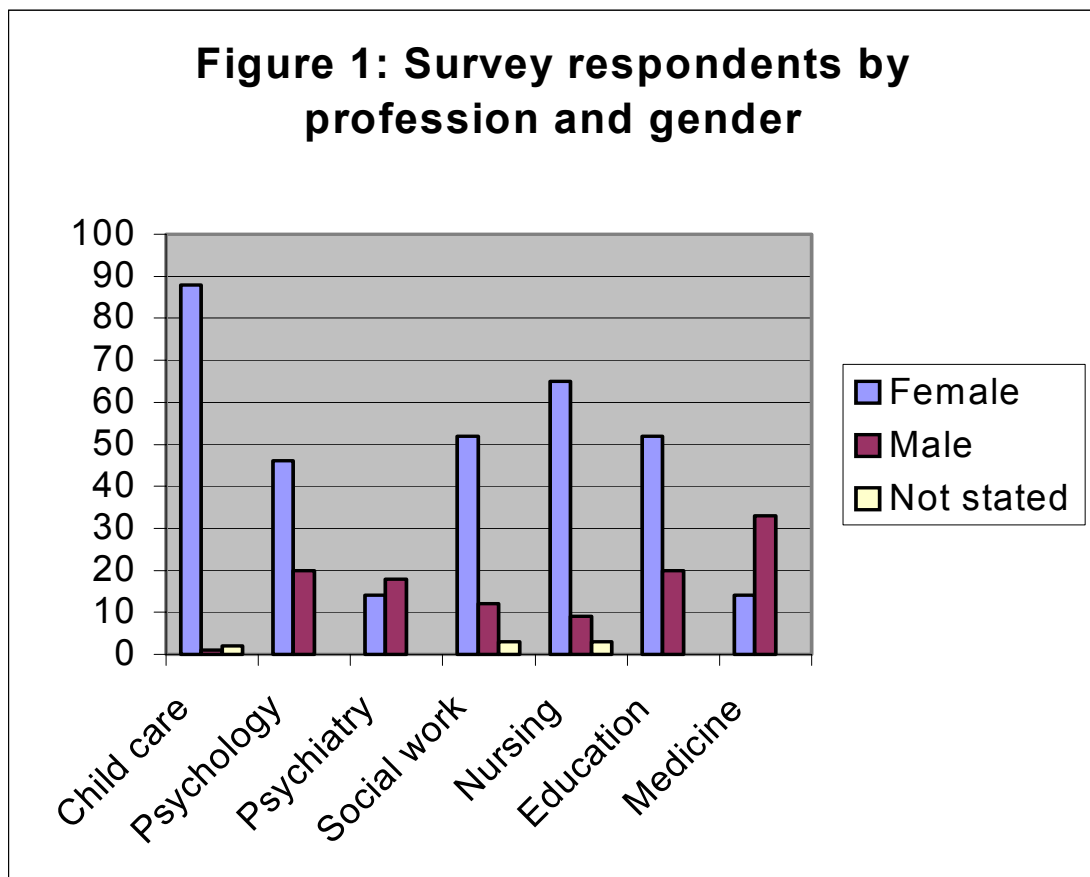
Implicit in the foregoing discussion is the fact that studies highlight the variation in compliance with mandatory reporting which occurs between different professional groups. The literature documenting this variation is extensive (see Goddard, *et al.* 2002, for a review of this literature) and longstanding. As Clark has pointed out, referring to Giovannoni and Becerra, 1979: 'What one professional group defines as more serious, another group does not' (Clark, 1995, p. 17).

Accordingly, one of the aims of the survey was to establish the attitudes held by different professional groups towards issues entailed in reporting suspected child abuse.

## 4. Survey results

### 1. Demographic characteristics of survey respondents

- *Profession and gender*

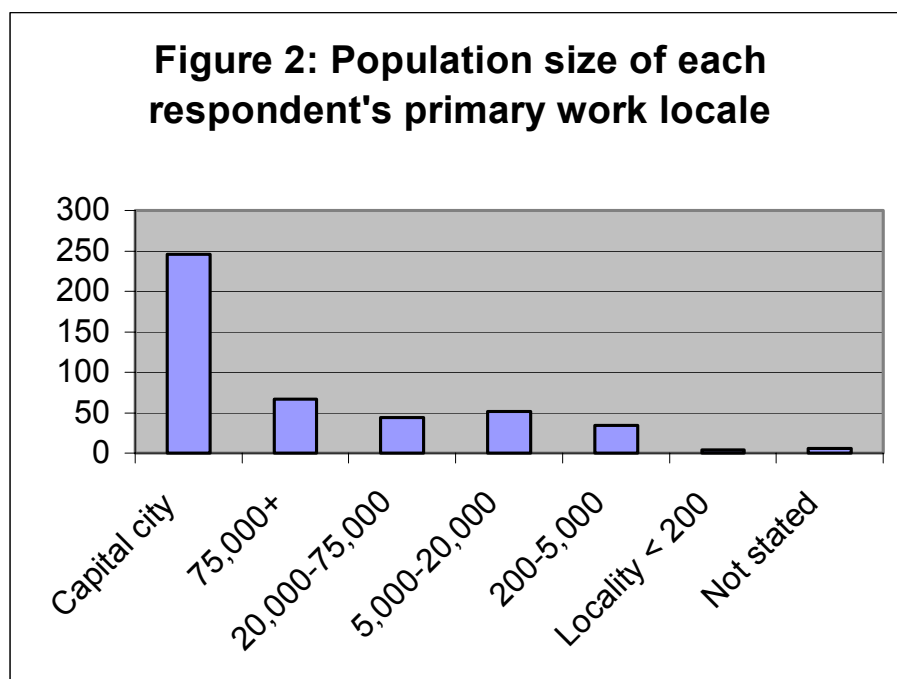


The survey used a stratified sampling technique aimed at providing a sample which would allow for comparison across occupational categories. Anticipating a response rate of 40%, the anonymous survey was distributed to 1575 potential participants, comprising 250 people in each of six professional categories (child care, psychology, social work, nursing, school teaching and general medicine), and the total population of practising psychiatrists in Victoria (75). A total of 452 completed surveys were returned to the researchers. As noted above, response rates varied across the professional categories, ranging from 20% for medical practitioners to 44% for psychiatrists.

Three quarters of the respondents were female and one quarter was male, and 8 respondents did not indicate their gender. Females outnumbered males overwhelmingly in the occupational categories of child care (88 female, 1 male, 2 gender not stated) and to a lesser extent in nursing (52 female, 9 male, 3 gender not stated). Social worker respondents were also

predominantly female (52 female, 12 male, 3 not stated). The respondents who were teachers were also mostly female (52 female, 20 male), as were psychologists (46 female, 20 male). Males outnumbered females only in the categories of medicine (33 male, 14 female) and psychiatry (18 male, 14 female).

- *Population size of respondents' primary work locations*



Most respondents (54%) worked primarily in Melbourne's metropolitan area. One quarter of the sample worked in regional cities. (Fifteen per cent worked in a regional city with a population over 75,000, and ten per cent worked in a smaller regional city with a population of between 20,000 and 75,000.) Twenty per cent of the sample worked in smaller locales, with 11.3 % in towns of between 5,000 and 20,000 people and 7.5% in small towns with populations of between 200 and 5,000. Four respondents (0.9%) worked in localities with fewer than 200 people.

Type of locality of each respondent's primary place of work, by their profession, is presented in Table 1. Occupational and location data were available for 446 respondents. The profession with the highest proportion of capital city-based members was psychiatry (78.1%). Social work (67.2%), nursing (64.5%) and child care (61.4%) also had higher proportions of members based in Melbourne than other professions. The two professions which had the highest proportions of members based in rural localities of fewer than 5,000 people were general medicine (12 people or 25.5% of all general practitioner respondents) and education (13 people or 16.3% of all education respondents).

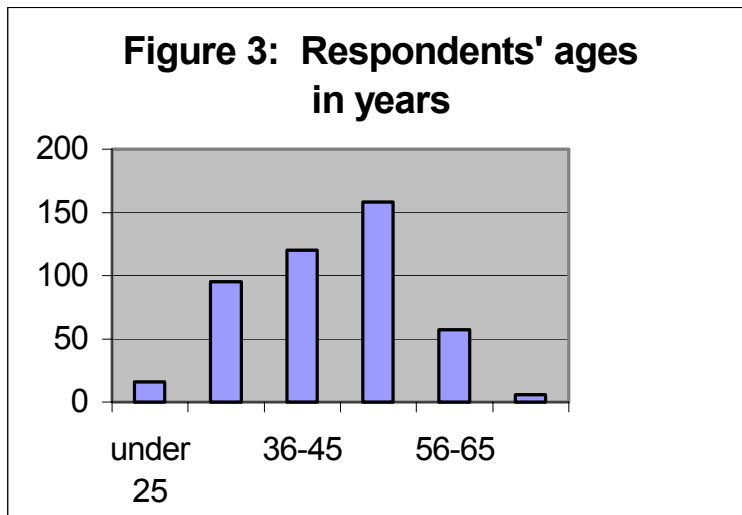
**Table 1: Respondents' primary workplace location, by profession**

Profession	Melbourne	Regional city over 75,000 pop	City 20,000 - 75,000 pop	Rural town 5,000-20,000 pop	Small town 200-5,000	Locality under 200 people	Total
Child care	54	17	8	6	3		88
%	<b>61.4%</b>	<b>19.3%</b>	<b>9.1%</b>	<b>6.8%</b>	<b>3.4%</b>		<b>100%</b>
Psychology	22	14	13	13	3		65
%	<b>33.8%</b>	<b>21.5%</b>	<b>20.0%</b>	<b>20.0%</b>	<b>4.6%</b>		<b>100.0%</b>
Psychiatry	25	2	2	2	1		32
%	<b>78.1%</b>	<b>6.3%</b>	<b>6.3%</b>	<b>6.3%</b>	<b>3.1%</b>		<b>100%</b>
Social work	45	12	4	5	1		67
%	<b>67.2%</b>	<b>17.9%</b>	<b>6.0%</b>	<b>7.5%</b>	<b>1.5%</b>		<b>100%</b>
Nursing	49	8	8	6	4	1	76
%	<b>64.5%</b>	<b>10.5%</b>	<b>10.5%</b>	<b>7.9%</b>	<b>5.3%</b>	<b>1.3%</b>	<b>100%</b>
Education	32	10	6	10	10	3	71
%	<b>45.1%</b>	<b>14.1%</b>	<b>8.5%</b>	<b>14.1%</b>	<b>14.1%</b>	<b>4.2%</b>	<b>100%</b>
Medicine	19	4	3	9	12		47
%	<b>40.4%</b>	<b>8.5%</b>	<b>6.4%</b>	<b>19.1%</b>	<b>25.5%</b>		<b>100%</b>
Total	246	67	44	51	34	4	446
	<b>55.2%</b>	<b>15.0%</b>	<b>9.9%</b>	<b>11.4%</b>	<b>7.6%</b>	<b>.9%</b>	<b>100%</b>

**N=446**

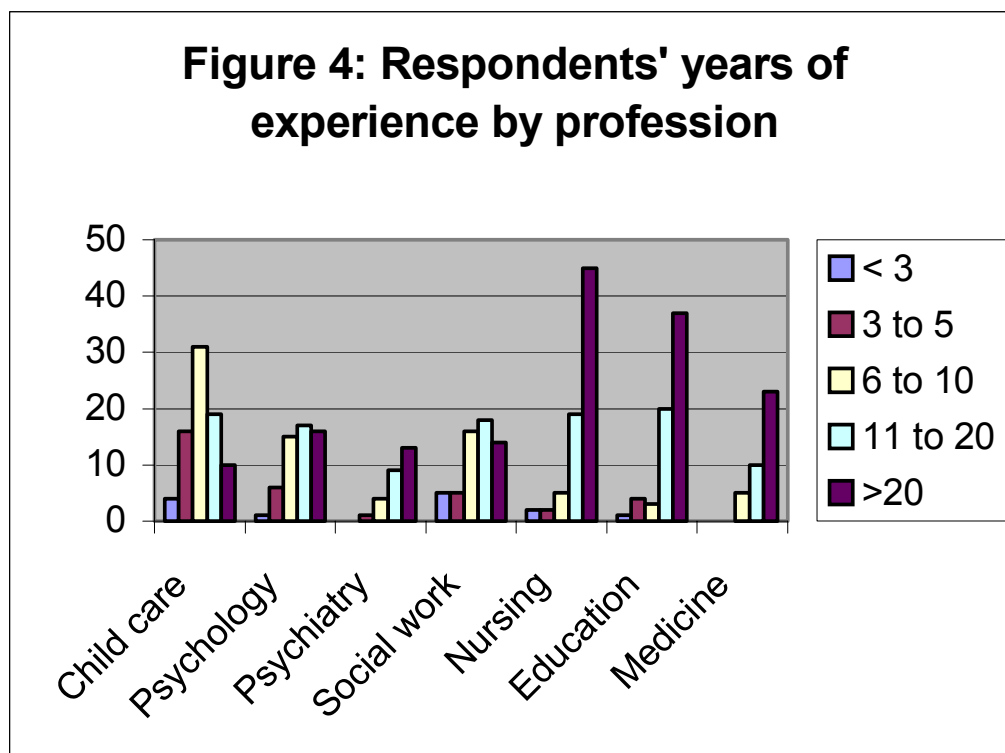
- Age of respondents*

Most of the respondents were between 36 and 55 years of age (see Fig. 3). Age ranges for respondents in each occupational category were wide, but child care workers were the youngest grouping, with 10 respondents aged under 25 years and no respondent aged over 55. All other categories had respondents aged over 55. The only other categories to have any respondents aged under 25 were social work and nursing, with 3 respondents in each category aged under 25. The psychiatry grouping had an older age range than any other category, with no respondent aged under 36.



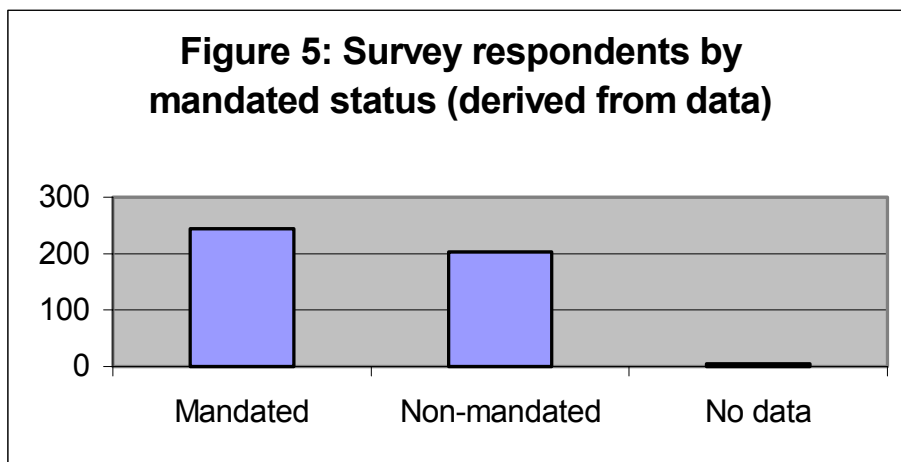
- *Duration of respondents' occupational experience*

As is to be expected from the different age ranges in the occupational groups, the number of years experience in working in each profession varied amongst respondents. Only 396 of the 452 respondents stated the number of years of their professional experience. Nursing, education and medicine were the categories with the highest proportions of respondents with over 20 years experience (see Fig. 4). Of the overall sample, 17.5% indicated they had been working for 10 years or less; 24.8% indicated they had worked from 11 to 20 years; and 35% stated that they had worked longer than 20 years in the job. A total of 12.4% did not respond to this question.



- *Mandated versus non-mandated respondents*

Mandatory reporting may exert a strong influence in persuading mandated professionals to report any well-founded belief they may form that a child is at risk of significant harm. To determine respondents' mandated status, the survey asked for the general field in which each respondent worked and for their educational qualifications. This data was used to assign respondents to either a mandated or non-mandated category. A total of 246 (55%) respondents were defined as mandated, and a total of 201 (45%) as not mandated. Five people (1%) did not provide sufficient data to determine their status. The mandated status of respondents is presented in Figure 5.



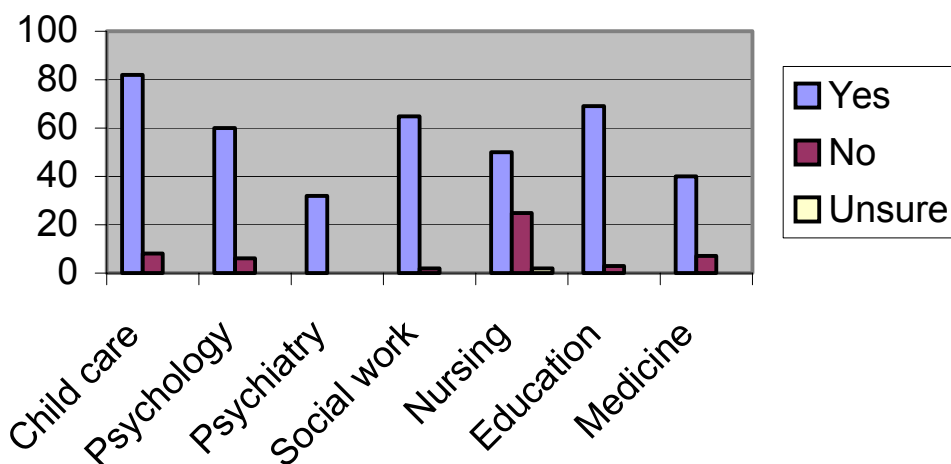
## **2. Workplace experience relating to child protection matters**

The survey sought to determine the extent to which professionals may influence one another in their child abuse reporting behaviours. Having established some personal characteristics of respondents, the survey asked about respondents' informal and formal experiences of considering the issue of child abuse.

- *Consultation with colleagues on identifying and reporting processes*

Respondents were asked if they had ever discussed with professional colleagues the processes involved in identifying and/or making a notification of suspected child abuse. All but one respondent answered this question: overall 398 respondents (88.2%) indicated they had discussed these processes with colleagues, and 51 (11.3%) had not. Two respondents were unsure. Responses are presented by occupational category in Figure 6.

**Figure 5: Respondents who have discussed with professional colleagues the processes involved in identifying or notifying child abuse, by profession**



Responses for all occupational groups other than nursing indicated a very high rate of collegial discussion on these matters. Only 64.9% of nurses indicated that they had engaged in such discussion. Compared to groups other than nursing, those involved in general medicine indicated a slightly lower than average level of collegial discussion of these matters, with 85.1% reporting they had had such discussion. As a result, it could be expected that most of this group of survey participants had the potential to be influenced by colleagues when deliberating over any suspected case of child abuse.

Respondents were asked if they had ever undertaken any training in relation to the processes involved in identifying or notifying suspected child abuse. Sixty per cent of the 451 who responded to this question indicated that they had undertaken some training. Those in the field of education comprised the profession with the highest proportion of respondents answering yes (91.7% or 66 of the 72 respondents from education); next were social workers (with 70.1% or 47 of the 67 social workers). Approximately two-thirds of psychiatry, psychology and child care respondents reported receiving training, but only 29.9% of nurses and 25.5% of doctors responding to the survey had received training in child protection.



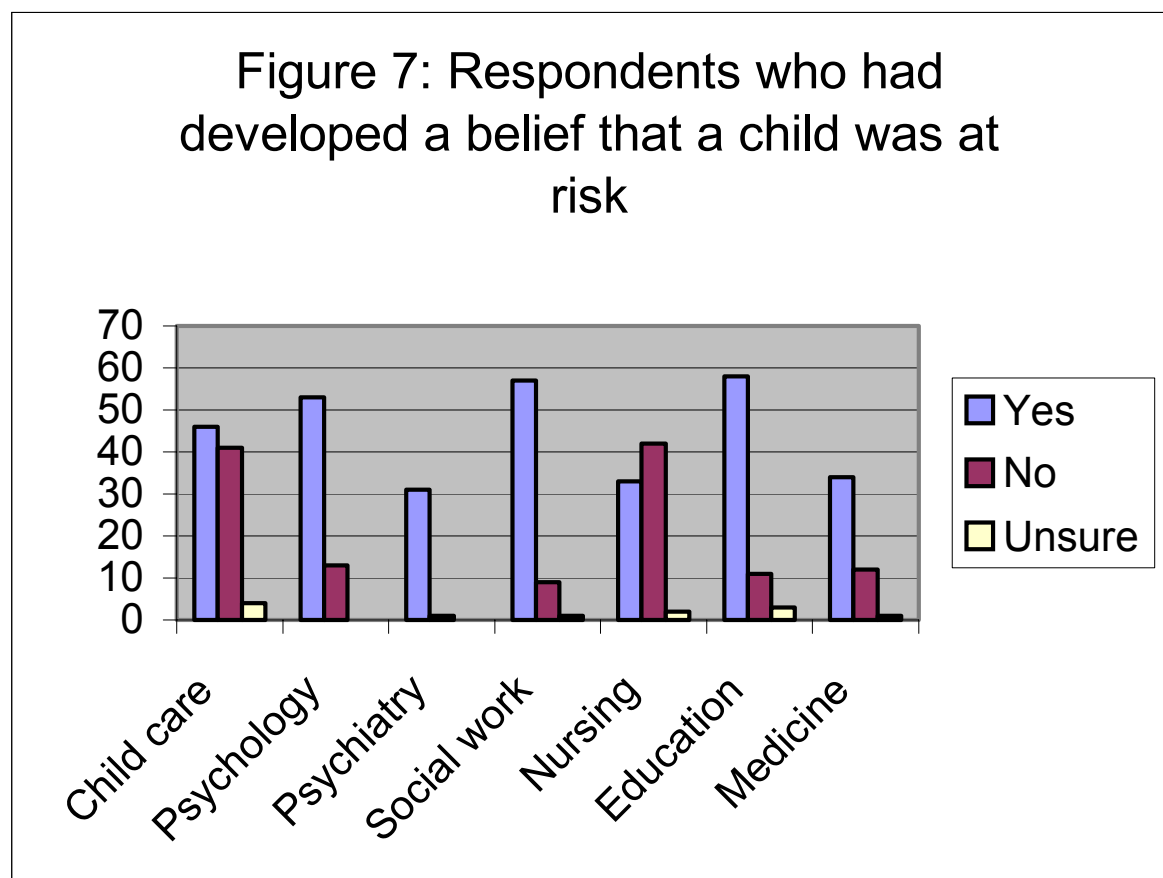
- *Experience in working with children at risk of abuse*

Respondents were also asked about whether they had formed a belief that a child in their professional care had been at risk of abuse, where this risk or abuse had not yet been reported to child protection authorities. This question sought to determine the number of respondents who had had to deliberate on whether or not to notify Child Protection Services of suspected abuse.

Figure 7 presents the responses of the 452 participants to Question 10 of the survey, which reads:

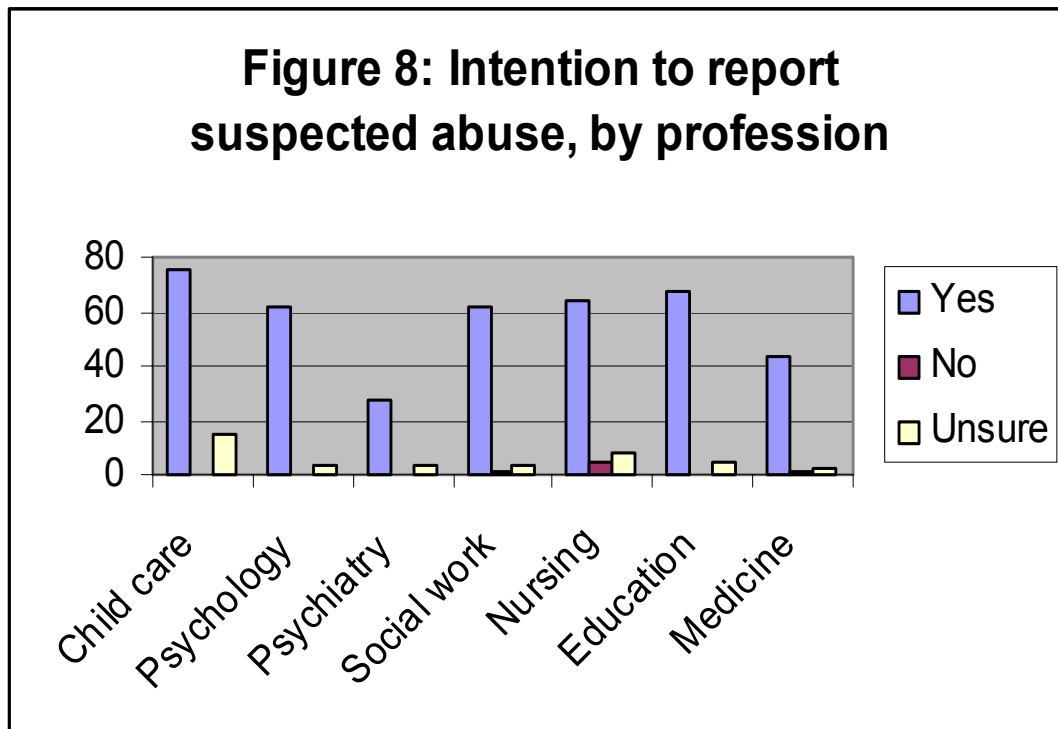
In the course of your professional work, have you ever formed a personal belief that a child or adolescent with whom you have dealt in the course of your profession has been at risk of abuse, or has been abused, where this risk or abuse had not already been reported to the child protection authorities?

A total of 312 or 69% of the overall sample answered that they had developed a belief that a child or adolescent had been or was at risk of abuse, and that the abuse or its risk were not known to authorities. There were marked variations between occupational categories in response to this question. Only 33 (42.9%) of nurses stated that they had formed such a belief, and the majority of nurses had not. Amongst respondents who were child care workers, half (46) had formed a belief, but the others had either not formed a belief (41 or 45.1%) or were unsure (4 or 4.4%). The vast majority of professionals in other categories had formed a belief.



- *Intention to notify authorities of belief that a child was at risk*

Respondents were asked if they would notify child protection authorities if they suspected that a child for whom they were professionally responsible was being abused. A total of 451 people responded to this question. Of these, 403 (89.4%) responded that they would report the suspected abuse, far outnumbering the 7 people (1.6%) who said they would not report, and the 41 people (9.1%) who said that they were unsure whether or not they would report.

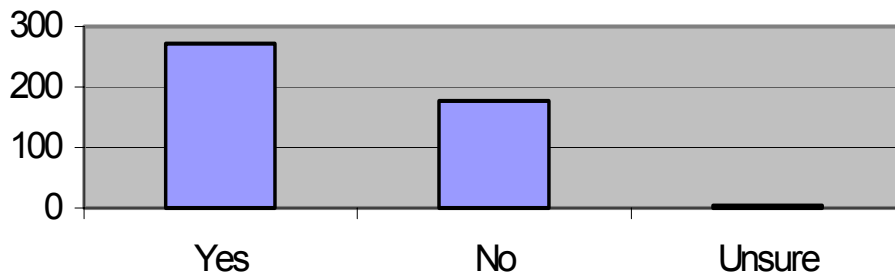


- *Experience of making a report to child protection authorities*

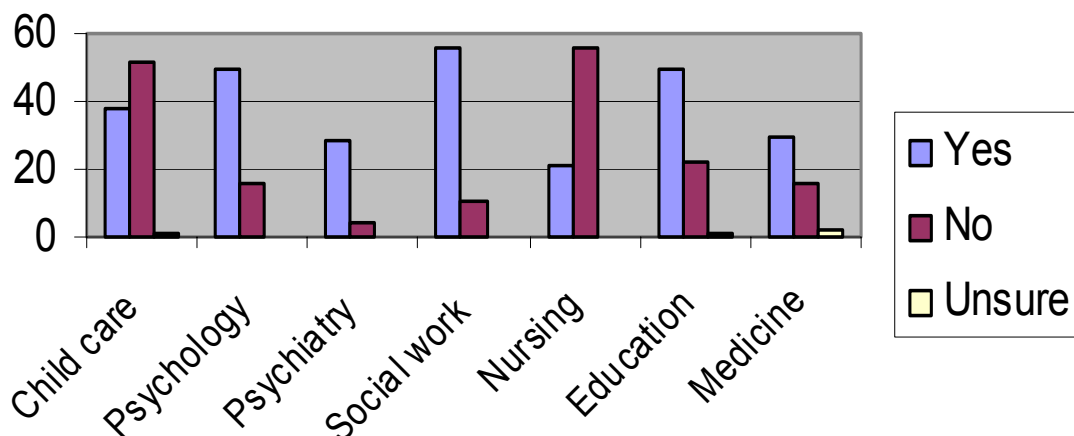
Question 14 of the survey asked respondents about whether they had ever reported to child protection authorities a belief that a child known to them through their professional duties had been abused or was at risk of abuse. This question was intended to determine the number of professionals in the sample who had personal experience of making a report (or notification) to Child Protection Services.

A total of 271 (60%) indicated that they had made at least one report to authorities of suspected child abuse or risk of abuse. The rest either responded no (177 or 39.2%), or that they were unsure if they had done so (4 or 0.9%). Figure 9 represents the reporting experience of the overall sample and Figure 10 presents these responses by professional category.

**Figure 9: Respondents who have made a notification of suspected abuse**



**Figure 10: Respondents who have made a notification, by profession**



Respondents who had indicated they had made a notification were asked to indicate the type of abuse which had been reported, whether sexual or physical abuse. Physical abuse was noted by 208 (46%) respondents; sexual abuse was noted by 147 (32.5%) respondents. Many of the respondents would have made more than one notification and dealt with a range of cases. Some may have dealt with children who were both sexually and physically abused. A total of 84 respondents had ticked both sexual abuse and physical abuse as the grounds on which their notifications had been based.

The occupational groups with the highest proportions of respondents who had reported to Child Protection Services were amongst the psychiatrists (87.5%) and social workers (83.6%).

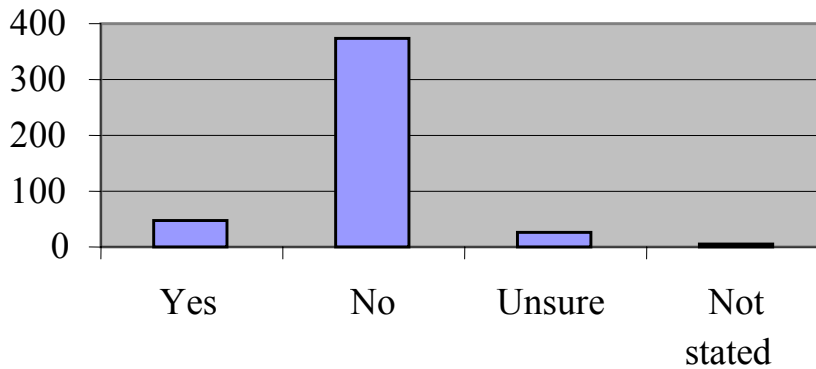
A lower percentage (27.3%) of nurses had made a report, although, as shown in Figure 6, 42.9% of nurses surveyed had formed a belief that a child in their care was at risk. The lower number of nurses who had notified Child Protection Services in comparison to the number who had grounds for suspecting abuse which had not yet been reported may be due to a number of factors. It could be that nurses were reluctant to make a personal report to Child Protection Services, despite being mandated to make such a report if they considered a child to be at risk of abuse. However, it may also reflect the team nature of many nurses' working environment, and that although the respondent may not have personally made a notification to Child Protection Services about a particular case, others in a team may have done. Alternatively, it could be that some nurses who had many years experience had formed a belief at some time prior to being mandated, and had not done so in the years since the introduction of mandatory reporting, and therefore had not had any occasion to make a notification. It is also possible that some of the nurses held a personal belief that a child was at risk of significant harm, but that this belief was not considered to be sufficiently well evidenced as to support a notification to Child Protection Services.

From the responses to Question 14, discussed above, which determined if respondents had made any report to child protection authorities, it can be observed that respondents in non-mandated professional categories included in the survey sample displayed high reporting levels. Out of the 203 non-mandated respondents, a total of 144 (70.9%) had reported their belief to authorities. Of the 244 mandated respondents, 127 (52%) had reported. However, caution must be exercised in interpreting any comparisons of respondents' stated reporting behaviours between the different occupational categories. Respondents in the occupational groups surveyed would differ in the extent to which they had children in their care. This can be best illustrated by comparing the situation of nurses and child care workers. Nurses are a mandated profession, whereas child care workers are not. A higher proportion of child care workers (41.8%) than nurses (27.3%) reported they had made a notification to child protection authorities. Comparisons between these professional categories are likely to reflect the fact that child care workers work exclusively with children, whereas it is probable that many of the nurses surveyed work in general or adult environments. These responses therefore should not be interpreted to mean that child care workers are necessarily more predisposed than nurses to making a notification to authorities.

- *Experience of not reporting to child protection authorities*

To further explore the reporting behaviours of the sample, and to determine the extent to which respondents were not referring suspected cases of abuse to child protection authorities, respondents were asked if they had ever formed a belief a child was at risk of abuse without reporting the belief. Only 47 people or 10.6% of the 445 who answered this question said that they had not reported the suspected abuse (see Figure 11). Of these 47, fifteen stated they had not reported sexual abuse; thirty-two said they had not reported physical abuse. A further 26 (5.8%) indicated that they were unsure.

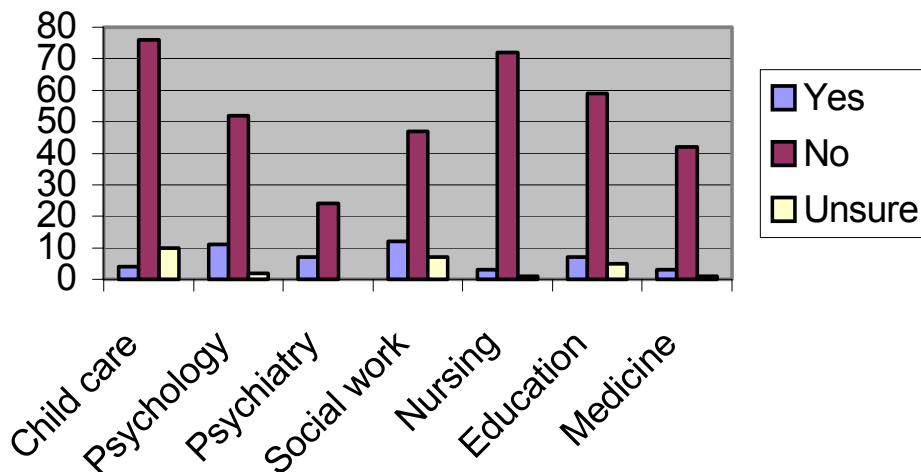
**Figure 11: Respondents who had ever NOT reported belief about abuse or risk of abuse**



The breakdown of how respondents answered, by occupational category, is set out in Figure 12.

The overwhelming majority for each group indicated that they had never not reported (i.e. they had always reported) any belief they may have formed that a child was at risk of abuse. However, some significant minorities in some occupational groups had not reported their beliefs. Psychiatry was the professional category with the highest proportion of respondents who

**Figure 12: Respondents who had not reported despite a belief a child was abused or at risk, by profession**



indicated that they had not reported their belief about a child's abuse to child protection authorities. However even this was only a small group, comprising 7 of the 31 psychiatrists (22.6% of psychiatrists in the sample). Of the others who stated they had not reported despite having formed a belief, there were 12 social workers (18.2% of the social work sample); 11 psychologists (16.0% of psychologists); 7 teachers (9.9% of teachers); 3 medical practitioners (6.5% of medical practitioners); 4 child care workers (4.4% of child care workers); and 3 nurses (3.9% of nurses).

### 3. Attitudes towards not reporting despite having formed a belief

Respondents were asked to indicate the circumstances under which they might decide not to report any belief they formed that a child was subject to abuse. A total of 326 respondents gave some response to this question. Up to three responses were analysed for each respondent. The responses are presented in Table 2. These responses were also analysed by profession, and results are presented in Table 3 below.

**Table 2: Respondents' views of the possible circumstances under which they would decide NOT to report their belief of a case of child abuse**

Possible circumstances for not reporting belief	Count	Percent of responses	Percent of cases
Never – would always report	127	33.1	39.0
Unsure	16	4.2	4.9
Would report only if evidence was available	56	14.6	17.2
Would refer case to someone else	27	7.0	8.3
Would not report if case already reported	22	5.7	6.7
Would not report if child would be harmed or if not in child's interests	20	5.2	6.1
If child requested not to report and continuing abuse was not likely	10	2.6	3.1
Would not necessarily report physical disciplining as a result of ethnic/cultural values	3	0.8	0.9
Would only report if severe abuse	8	2.1	2.5
Has no trust in Child Protection S	32	8.3	9.8
If family threatens reporter	12	3.1	3.7
If abuse was in the past	20	5.2	6.1
If parents are already protective	23	6.0	7.1
If effective community supports are in place	8	2.1	2.5
<b>TOTAL RESPONSES</b>	<b>384</b>	<b>100.0</b>	<b>117.8</b>

**Table 3: Respondents' views of the possible circumstances under which they would decide NOT to report their belief of a case of child abuse, by profession**

Possible circumstances for not reporting belief	Child care	Psychology	Psychiatry	Social work	Nursing	Education	Medicine	Count (Total responses = 384)
Never – would always report	22	18	6	13	21	24	23	127
%	36.7	38.3	25.0	24.1	43.8	42.1	63.9	39.0
Unsure	1	4	0	0	7	2	2	16
%	1.7	8.5	0.0	0.0	14.6	3.5	5.6	4.9
Would report only if evidence was available	22	8	2	6	8	7	3	56
%	36.7	17.0	8.3	11.1	16.7	12.3	8.3	17.2
Would refer case to someone else to report	8	0	0	3	9	5	2	27
%	13.3	0.0	0.0	5.6	18.8	8.8	5.6	8.3
Would not report if case already reported	5	1	3	6	3	3	1	22
%	8.3	2.1	12.5	11.1	6.3	5.3	2.8	6.7
Would not report if child would be harmed or if report is not in child's interests	1	7	1	3	2	5	1	20
%	1.7	14.9	4.2	5.6	4.2	8.8	2.8	6.1
If child requested not to report and continuing abuse was not likely	0	6	0	3	0	1	0	10
%	0.0	12.8	0.0	5.6	0.0	1.8	0.0	3.1

**Table 3, continued**

Would not necessarily report physical disciplining as a result of ethnic/cultural values %	2 3.3	0 0.0	0 0.0	0 0.0	0 0.0	1 1.8	0 0.0	3 .9
Would only report if severe abuse %	0 0.0	0 0.0	2 8.3	5 9.3	0 0.0	1 1.8	0 0.0	8 0.9
Has no confidence in Child Protection Service %	2 3.3	6 12.8	4 16.7	9 16.7	2 4.2	9 15.8	0 0.0	32 9.8
Threats from family, if they know the reporter's identity %	3 5.0	0 0.0	0 0.0	2 3.7	4 8.3	3 5.3	0 0.0	12 3.7
If abuse was in the past and young person no longer in danger %	0 0.0	5 10.6	5 20.8	4 7.4	0 0.0	4 7.0	2 5.6	20 6.1
If parents are already protective and further abuse not likely %	0 0.0	3 6.4	3 12.5	11 20.4	1 2.1	3 5.3	2 5.6	23 7.1
If effective community supports are in place %	1 1.7	1 2.1	0 0.0	4 7.4	1 2.1	0 0.0	1 2.8	8 2.5
VALID CASES (n=326) %	<b>60</b> <b>18.4</b>	<b>47</b> <b>14.4</b>	<b>24</b> <b>7.4</b>	<b>54</b> <b>16.6</b>	<b>48</b> <b>14.7</b>	<b>57</b> <b>17.5</b>	<b>36</b> <b>11.0</b>	



In order to establish some internal validity regarding not reporting belief, the next question on the survey, Question 16, asked those respondents who had not reported a belief they had formed that a child was being abused, or at risk of abuse, to give an estimate the cases of child abuse they had not reported as a percentage out of all the cases where they believed that a child in their care was being abused or at risk of abuse. A total of 124 responded to this question and of these, 68 people responded 0% (suggesting that they had always reported any belief). However, 56 respondents provided some estimate on a range of from 1% to 100%. As such, more people (56 or 12.4% of the total number completing the survey) responded to Question 16 that they had not reported every time they had formed a belief a child was subject to abuse, than the 47 (or 10.4% of the overall sample) who had indicated in response to Question 15 that they had not made a notification to child protection authorities, despite having formed a belief that a child was subject to abuse.

The discrepancy in the numbers responding positively to these two questions may have arisen for a number of reasons. It may have arisen because of the slightly different wording used (Question 15 refers specifically to making a notification to child protection authorities and Question 16 refers to reporting a belief); it may have been the result of some confusion (the concept of not reporting a belief did not lend itself to a simple, straightforward question); or it could be that more than one question about non-reporting behaviour may have acted to reduce 'question threat', for repeated questioning on non-reporting could have suggested an acceptance of this behaviour, notwithstanding mandatory reporting obligations. Follow up questioning on the same topic also allowed respondents to engage in additional reflection on past events.

In addition, both of the questions asked respondents if they had *ever* not reported their belief. As over half the sample indicated that they had been working in their field since before mandatory reporting was introduced, many of the respondents who answered that they had on at least one occasion not reported their beliefs may have done so when reporting had not been required by authorities. Indeed, some of the responses to open-ended questions dated some incidents of non-reporting as occurring years ago; one stated 'twenty years ago'.

#### **4. Respondents' awareness of their mandated status**

As noted above, the survey data was analysed in order to determine each respondent's mandated status. This determination can only be an approximation, as some respondents had dual qualifications – including qualifications which mandated status when coupled with employment in that area - yet may have been employed in an area or under a contract that is not recognized as mandated under the current legislation. However, qualifications and field of work are predominant characteristics which determine whether a professional is mandated. Taking into account qualifications and general field of work, 246 respondents were defined as mandated, a total of 201 as not mandated, and five people did not provide

sufficient data to determine their status. These data were presented in Figure 5 above.

At Question 17 in the survey, respondents were asked to indicate whether their profession was a mandated or non-mandated category. In reply, 71.2% (322 survey respondents) indicated that they were mandated; 22.1% (100 respondents) indicated they were not mandated; and 6.2% (28 people) were not sure of their status. Two respondents did not reply to this question. The responses to Question 17 were compared to the results of the generated mandated status categories by profession for the 447 people who had provided sufficient data, and are presented in Table 4 below.

**Table 4: Comparison of respondents' responses of mandated status (Q.17) against status indicated by work and qualifications**

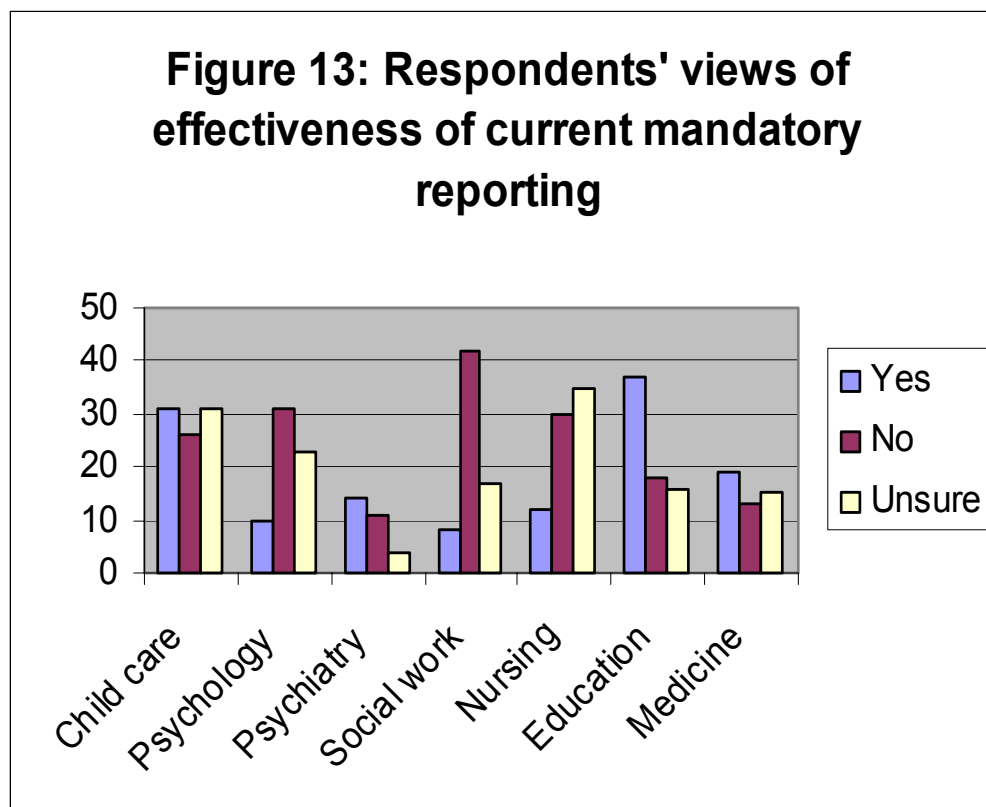
Professional Field		Q17: Is your profession mandated to report any suspicion that a child is at risk of abuse?			Total
	Status as indicated by qualifications and field of employment	Yes	No	Unsure	
<b>Child Care</b>	Mandated	13	3	1	17
	Not mandated	47	20	6	73
	Total	60	23	7	<b>90</b>
<b>Psychology</b>	Mandated	1	1	0	2
	Not mandated	29	28	5	62
	Total	30	29	5	<b>64</b>
<b>Psychiatry</b>	Mandated	31	0	0	<b>31</b>
<b>Social work</b>	Mandated	2	1	0	3
	Not mandated	16	44	4	64
	Total	18	45	4	<b>67</b>
<b>Nursing</b>	Mandated	66	1	10	<b>77</b>
<b>Education</b>	Mandated	69	1		70
	Not mandated	2	0		2
	Total	71	1	0	<b>72</b>
<b>Medicine - other</b>	Mandated	45	0	1	<b>46</b>
<b>Total</b>		<b>321</b>	<b>99</b>	<b>27</b>	<b>447</b>

Of the 447 respondents who supplied data regarding field of work and qualifications, 246 (55%) were assigned to the mandated category. However, 321 (72%) considered themselves to be members of a mandated profession.

Although it may be that at 246 the number assigned mandated status was an underestimate, due to the more complex categories applying under legislation, it is likely that there is some considerable discrepancy between the mandated status as reported by respondents, and their actual status. The majority of all Victorian child care workers, for example, would not be mandated, yet 64% of this sample believed themselves to be mandated. In addition, a total of 27 respondents (6% of the sample) stated that they were unsure if their status was mandated or not mandated. It is of some concern that 11 of these (10 nurses, 1 medical professional) reported that they were unsure of their status, despite their profession being mandated under the legislation.

## 5. Attitudes towards current child protection system

The survey asked respondents if they considered that current arrangements to ensure legally mandated professionals notify all instances of well-founded suspicion of child abuse were effective. In response, 131 (or 29%) agreed that arrangements were effective; 171 (28%) disagreed; and 141 (31%) were unsure. Nine people did not respond to the question. Responses to this question with a breakdown by profession are presented in Figure 13 below. A high proportion of social workers, psychologists and nurses expressed a lack of confidence in the effectiveness of current arrangements, and uncertainty was expressed by many nurses and child care workers. As a group, teachers expressed the most confidence in the effectiveness of the current legal arrangements.



- *Respondents' suggestions for improving the child protection system*

The survey asked if respondents had any suggestions on how the current system could be improved. A total of 227 people provided some comment and comments were very wide-ranging in their scope.

In order to discern if there were patterns apparent in the comments, remarks were grouped and sixteen separate categories were generated. Categories consisted of comments grouped on issues to do with increased public education; suggestions for the Department of Human Services to provide information on its processes; calls for additional training for professionals; calls to mandate all professions; calls to abolish mandatory reporting; calls for more resources to be provided to Child Protection Services; calls for more resources to be provided to community support agencies; recommendations that emotional abuse be included as a type of abuse calling for protective intervention, in addition to the current physical and sexual abuse; recommendations to improve case management post-notification; comments relating to changes to the court system; calls for longer term intervention in cases by Child Protection Services; calls for additional protective measures to be instituted for children aged over 12 years; calls for better service coordination; calls for additional protections for those making notifications; calls for professional associations to follow up any child abuse complaints against members; and criticisms of the approach to protection adopted by the Department of Human Services.

Training, resourcing of Child Protection Services, and additional information from the Department of Human Services were issues which were most often raised by respondents. For purposes of analysis, up to three responses were allowed for each survey respondent, although most made comments that related to only one issue category, with total comments numbering 297.

Comments from the surveys in response to this question included:

- 'More training should be available and I believe that ALL persons working with children should be mandated to report' (*child care worker*)
- 'My major problem with reporting has been with DHS. They are very overworked, I know, but they seem to have a "blood on the floor" requirement which is insulting and frustrating. Those of use who work with these kids want them helped NOW!' (*psychologist*)
- 'There is frequently a delay between reporting the suspected abuse and the child being interviewed. This is very difficult for the child or young person. Often all appropriate people are not interviewed e.g. alleged perpetrator given interview over the phone' (*social worker*)

The numbers of responses for each broad topic category, tabulated against the profession of the respondent, are presented in Table 5 below.

**Table 5: Survey respondents' comments on how current child protection system might be improved**  
(n=217; up to 3 responses allowed per respondent)

Comments	Child care	Psychology	Psychiatry	Social work	Nursing	Education	Medicine	Total
Public Education	1	3	1	5	3	1	0	14
%	2.8	7.9	4.5	10.9	10.7	2.5	.0	6.2
DHS to provide more Information	11	6	5	10	6	6	3	47
%	30.6	15.8	22.7	21.7	21.4	5.0	17.6	20.7
More training	16	9	5	16	15	17	4	82
%	44.4	23.7	22.7	34.8	53.6	42.5	23.5	36.1
Mandate all professions	6	4	2	6	1	2	0	21
%	16.7	10.5	9.1	13.0	3.6	5.0	.0	9.3
Abolish mandatory reporting	0	1	1	0	0	0	2	4
%	.0	2.6	4.5	.0	.0	.0	11.8	1.8
More resources for CPS	2	17	13	16	6	14	7	75
%	5.6	44.7	59.1	34.8	21.4	35.0	41.2	33.0
More resources to community supports	1	0	2	5	0	2	3	13
%	2.8	.0	9.1	10.9	.0	5.0	17.6	5.7
Include emotional abuse	0	1	0	1	0	0	0	2
%	.0	2.6	.0	2.2	.0	.0	.0	.9

**Table 5, continued:**

	Child care	Psychology	Psychiatry	Social work	Nursing	Education	Medicine	Total responses
Improve case management	0	1	0	0	0	0	0	1
%	.0	2.6	.0	.0	.0	.0	.0	.4
Changes to court system	1	2	0	3	1	0	0	7
%	2.8	5.3	.0	6.5	3.6	.0	.0	3.1
Longer term intervention	0	0	1	1	0	2	0	4
%	.0	.0	4.5	2.2	.0	5.0	.0	1.8
Protect those aged over 12	0	0	0	1	0	0	0	1
%	.0	.0	.0	2.2	.0	.0	.0	.4
Better service coordination	1	2	1	5	3	1	0	13
%	2.8	5.3	4.5	10.9	10.7	2.5	.0	5.7
Protect those making notifications	1	1	0	0	0	6	1	9
%	2.8	2.6	.0	.0	.0	15.0	5.9	4.0
Prof'l associations to pursue complaints	1	1		0	0	0	0	3
%	2.8	2.6	4.5	.0	.0	.0	.0	1.3
Criticisms of approach taken by DHS	0	0	0	0	0	0	1	1
%	.0	.0	.0	.0	.0	.0	5.9	.4
<b>VALID CASES = 227</b>	36	38	22	46	28	40	17	
<b>% 100.0</b>	15.9	16.7	9.7	20.3	12.3	17.6	7.5	

- *Respondents' views of the statutory age limit for children in need of protection*

To test respondents' knowledge of the legislation and to obtain information about respondents' beliefs of what age applies to children, the survey asked two questions about the age definition of a child. Question 20 asked:

20. Based on your current knowledge, what is your understanding of the age at which the child protection legislation ceases to apply to a young person? \_\_\_\_\_years

The following question asked:

21. In your opinion, at what age would it be appropriate for the child protection legislation to no longer apply to a young person? \_\_\_\_\_years

There were a total of 386 valid responses to Question 20 and 399 responses to Question 21. Under the current legislation, a child is regarded as being under 17 years of age. Therefore, only those who responded to Question 20 by indicating 17 were correct. Only 41 people, or 9.1% of the 452 survey respondents, answered this question correctly. However, most people who responded to this question answered within the range 16 to 18 (a total of 357, or 79% of all survey respondents). Only 1.8% of respondents thought that the legislation covered those aged over 18.

A total of 399 people gave a reply to Question 21, indicating at which age they thought the child protection legislation should cease to apply to children. The majority of respondents (232 or 51.3%) answered 18 years. A further 100 or 22% responded 16 years, and another 23 or 5.1% answered 17 years. Thus, 78.5% answered in the range from 16 to 18, largely mirroring responses to the previous question. However, 7.5% believed that the laws should apply to those aged over 18, and overall responses indicated that respondents thought a somewhat older age limit should apply than that which they believed to be currently in place.

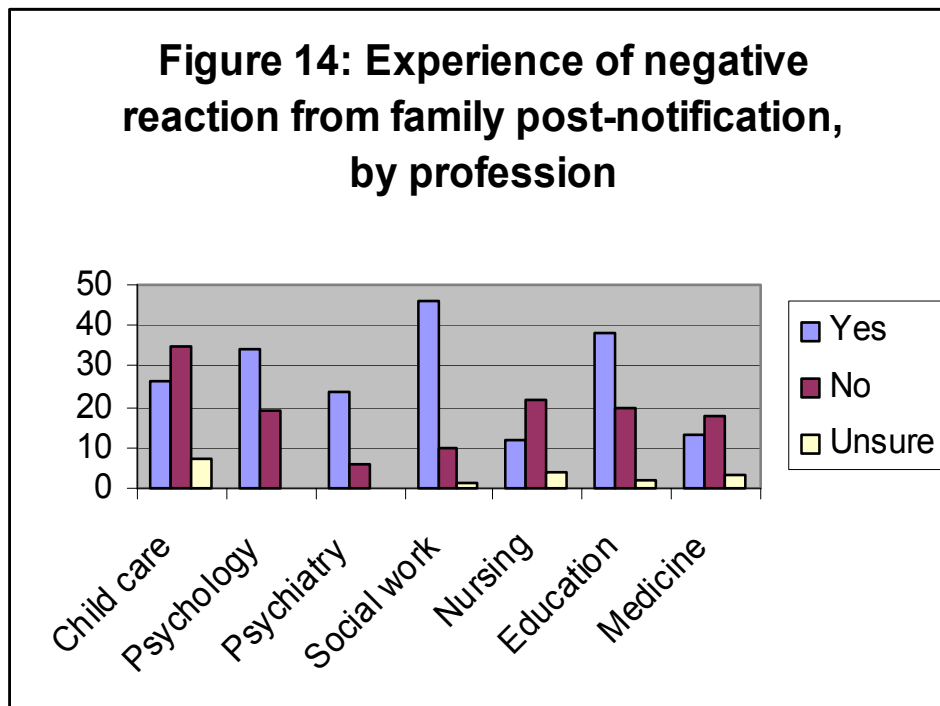
## **6. Post-notification experience**

Three questions asked those respondents who had made a notification about their experience after the notification had been lodged.

- *Negative reactions from family members*

Question 22 asked if those who had notified had experienced any negative comments or behaviour from the family or client concerned. A total of 340 responses were received to this question, 193 (56.8%) indicating that there had been a negative reaction from the family concerned. A total of 130 (38.2%) reported no negative reaction. Seventeen (5%) were unsure.

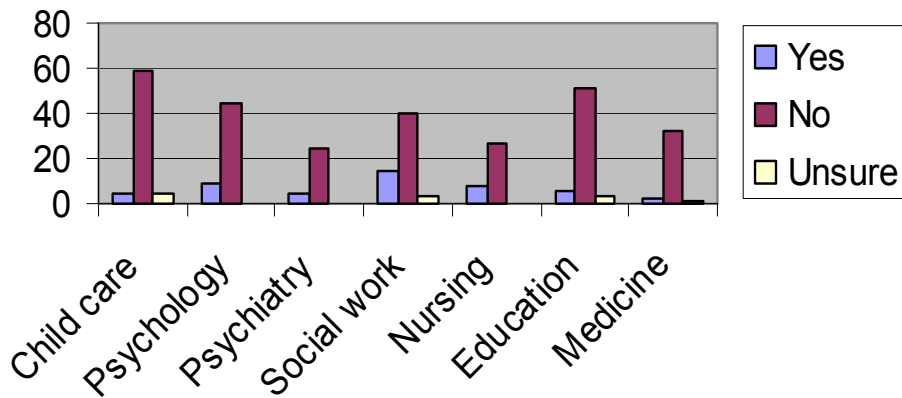
However, the responses to this question are doubtful, as at Question 14 only a total of 271 respondents indicated that they had made a notification. It could be that some respondents who indicated no to Question 22 had not actually notified; it could also be that some respondents who had reported to supervisors (rather than Child Protection Services) responded to Question 22 although they had not responded to Question 14. Responses for Question 22 are presented in Figure 14. Amongst the professional groups, high proportions of negative reactions from family members after having made a notification were reported by social workers (80.7%), psychiatrists (80%), psychologists (64.2%) and teachers (63.3%).



Question 23 asked respondents who had ever made a notification if they had afterwards experienced negative comments or behaviour from colleagues. A total of 339 participants responded to this question, with 49 or 14.5% responding that yes, they had experienced negative reactions from colleagues. A total of 278 or 82% reported no negativity from colleagues, and a further 12 or 3.5% were unsure. Again, as noted above in relation to Question 22, the number of respondents was greater than the number who had earlier stated that they had made a notification. However, the number of responses was lower than for the previous question. It may be that fewer of the respondents completed this question because they were more aware that it applied only to those with experience of making a notification. The professional groups with the highest proportion of respondents indicating that they had received negative reactions from colleagues were social work (24.6%); nursing (22.9%), psychiatry (17.2%) and psychology (16.7%). The results of Question 23 are presented in Figure 15 below.

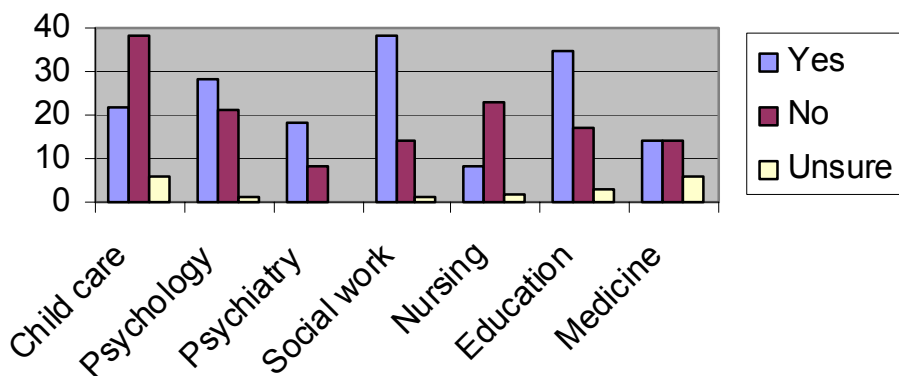


**Figure 15: Experience of negative reaction from colleagues post-notification, by profession**



At Question 24 of the survey, respondents were asked about whether they had received any information or feedback from Child Protection Services after lodging a notification. A total of 317 people responded to this question, constituting a larger number of respondents than those who had earlier indicated that they had experience of making a notification. Of the 317 respondents, 163 (51.4%) indicated that they had received some information from Child Protection Services. A further 135 (42.6%) had not received information or feedback, and 19 (6%) were unsure. Responses by profession are presented in graph form in Figure 16.

**Figure 16: Respondents who received information or feedback from Child Protection Services after making a notification, by profession**



Respondents to this question were then invited to comment on the nature of the feedback they had received from Child Protection Services (CPS). A total of 173 respondents provided some comment. In analysing this data, up to three responses were allowed for each respondent, yielding a total of 196 comments. These responses were grouped into ten broad topic categories, and frequencies of responses for these categories are presented in Table 6.

**Table 6: Nature of the response received from Child Protection Services after making a notification**

<b>Nature of feedback or information received by notifier</b>	<b>Number of responses</b>
A phone call was received informing the notifier of the nature of CPS response	74
Phone feedback was unsuccessfully sought by notifier	7
Phone feedback was sought by notifier, with eventual success	4
Written feedback was received of a satisfactory nature	12
Written feedback was received but unsatisfactory to notifier	1
Personal contact was made, such as case conferences, visits	19
The notifier had to obtain information from the family	2
The notifier considered that CPS was inappropriately inactive, the case mismanaged, or revealed the notifier's identity	44
Long delay in any feedback	8
Feedback was variable across various cases, different workers	25

Not all of the respondents indicated whether the response they received was satisfactory or unsatisfactory to them. Of the comments received, 134 (68%) indicated that a response had been obtained without adding any negative comments about the experience, and 62 (32%) were either critical of the response, or of the way in which the information was provided to the notifier.

## **7. Fears or concerns regarding notification**

The study was concerned to examine the various influences on professionals' reporting behaviours and sought to determine if respondents were anxious in relation to making a notification in relation to a range of factors. Question 25 asked participants to indicate whether they had fears or concerns stemming from nominated factors. These nominated factors comprised: fear of reprisal from family/alleged perpetrator; fear of reprisal from colleagues; fear of reprisal from people in your locale or community; concern about pressure from child protection authorities; concern about being a witness in court; concern about inadequate response from child protection authorities; and concern about difficulty of maintaining confidentiality. In addition, participants were invited to comment on any additional factors which may concern them when reporting child abuse, and up to two additional responses were allowed for each respondent. Additional factors creating fear or concern which were nominated by respondents comprised:

fear for own family; fear child protection involvement will escalate harm or fear of other system abuse or inappropriate assessment by child protection authorities; fear that notification is not sufficiently evidenced, and will cause unnecessary distress; fear that family/child will lose trust with the centre, agency or notifying professional, causing a loss of therapeutic relationship with family; fear for safety of staff and other children in a child care centre or school setting; and concern at causing heart ache to family by involving Child Protection Services.

The question was asked of all participants, not only those who had experience of making a notification. The question was not posed to suggest that the fear or concern had necessarily prevented – or facilitated – notification. Rather, all respondents were asked if they had held or considered such issues. As one respondent remarked, after having nominated various specified fears and concerns, ‘None of these have stopped me though.’ (*psychologist*). Responses were received from 392 people. Responses to Question 25 are presented below.

**Table 7: Respondents’ fears or concerns about reporting abuse**

Fear or concern about reporting child abuse	Count	% of Responses	% of Cases
Fear of reprisal from family/alleged perpetrator	267	22.8	68.1
Fear of reprisal from colleagues	34	2.9	8.7
Fear of reprisal from people in your locale or community	39	3.3	9.9
Concern about pressure from child protection authorities	109	9.3	27.8
Concern about being a witness in court	185	15.8	47.2
Concern about inadequate response from child protection authorities	288	24.6	73.5
Concern about difficulty of maintaining confidentiality of notifier	188	16.1	48.0
Fear for own family	3	.3	.8
Fear that Child Protection Services would do more harm to the child	31	2.7	7.9
Fear that notification was incorrect	9	.8	2.3
Loss of trust of child or family	12	1.0	3.1
Fear for safety of others in the notifier’s agency or workplace	3	.3	.8
Upset to the family subject to the notification	1	.1	.3
Total responses	1169	100.0	298.2

60 missing cases; 392 valid cases

Responses to this question revealed that many respondents were concerned about the response of Child Protection Services in the event of making a notification, in relation to the inadequacy of the Services’ response, the possibility of revealing the notifier’s identity, applying pressure to the notifier or doing more harm to the child. Fear of reprisal was also a concern to respondents, with fear of reprisal from perpetrator or perpetrator’s family most

frequently noted, and some concerns of reprisal from community and from colleagues. Concern at being a witness in court was noted, as was concern at the potential for loss of confidentiality. Loss of trust and relationship with the family was also noted as a concern.

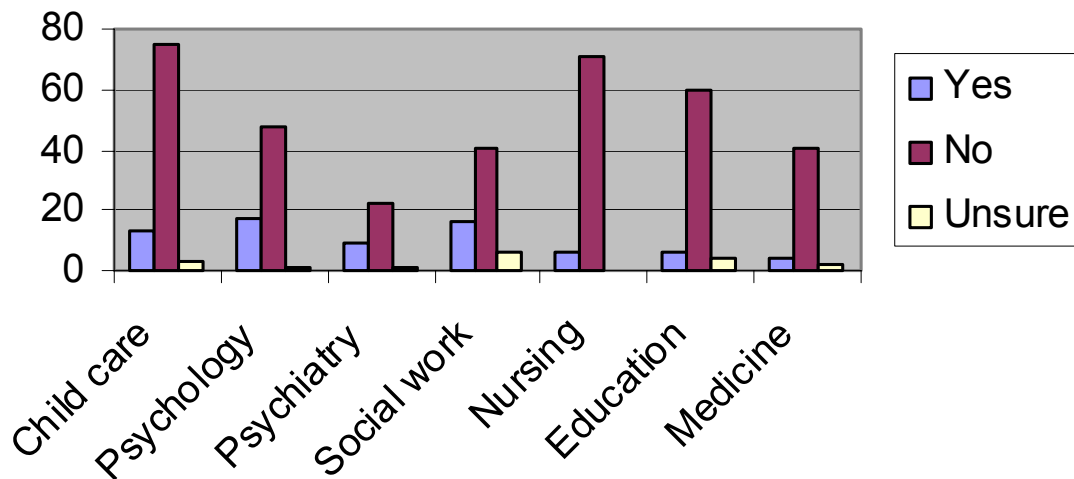
## **8. Collegial influence pertaining to a potential notification**

The survey included several questions pertaining to the extent to which professional colleagues may influence one another in determining whether or not to make a notification. The survey asked respondents at Question 7 whether they had ever discussed with colleagues the processes involved in identifying abuse or making a notification of suspected abuse, and responses indicated that there was a high level of consultation on these matters with other colleagues. As already noted, 398 respondents (88.2%) indicated they had discussed these processes with colleagues, and 51 (11.3%) had not. Two respondents were unsure. Responses were presented at Figure 6 above.

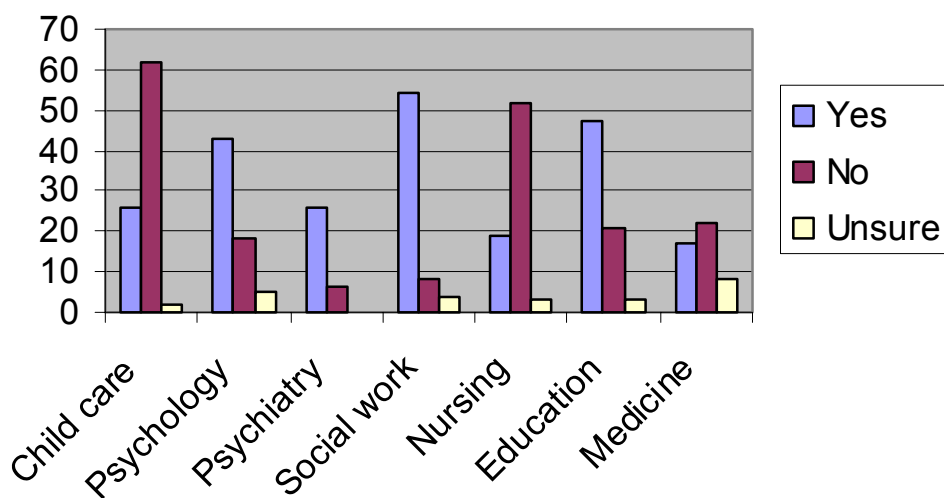
Additional questions relating to collegial influence were posed in Questions 26 to 28 of the survey. Question 26 asked if colleagues had ever advised the respondent not to report to authorities a belief the respondent had formed that a child was at risk. Responses were provided by 446 people and results by profession are presented in Figure 17. Overall, 71 respondents or 15.9% indicated that they had been advised by colleagues not to make a notification. The professions indicating the highest rates of advice from colleagues against making reports were psychiatry (28.1%), psychology (25.8%) and social work (25.4%). The highest incidence was in psychology with 17 responding that they had been advised against reporting by colleagues.

Question 27 asked if respondents had ever themselves influenced a colleague to make a notification of a belief the colleague had formed that a child was at risk of abuse. A total of 446 people responded to this question, of whom 232 (52%) stated that they had played such a role, 189 (42.4%) stated they had not, and a further 25 (5.6%) were unsure if they had had any influence on colleagues. Results by profession are presented in Figure 18. Professions with the highest reported incidence of consultation over the notification process were social work (81.8%), psychiatry (81.3%), education (66.2%) and psychology (65.2%).

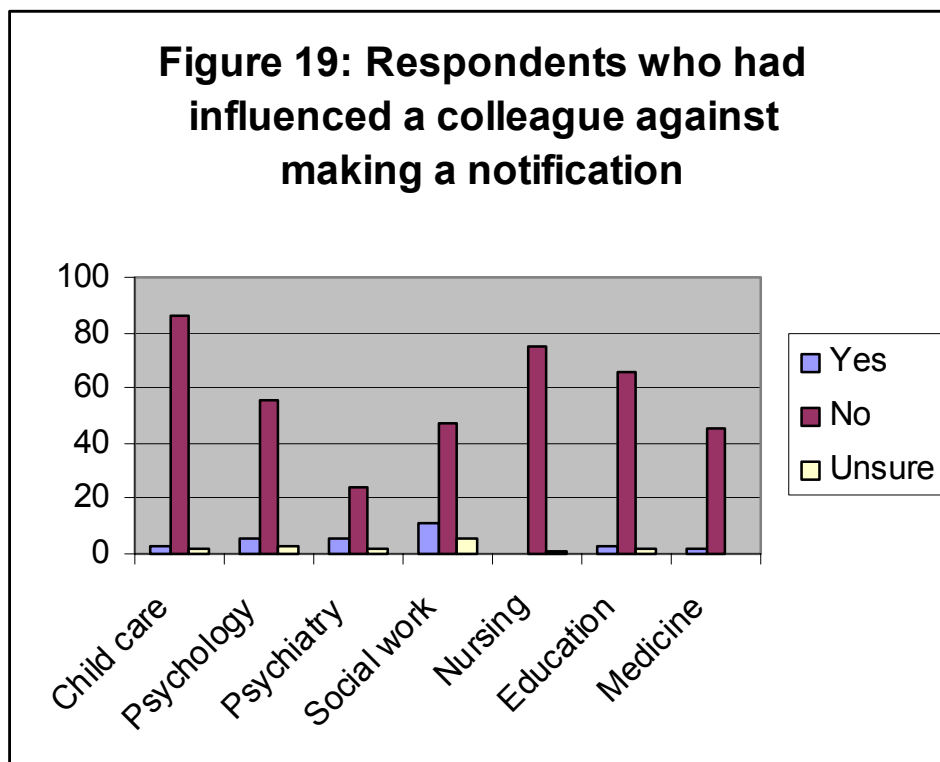
**Figure 17: Respondents who had been advised by colleagues not to report a belief of child abuse**



**Figure 18: Respondents who had played a role in influencing a colleague to make a notification of suspected child abuse**



Respondents were asked at Question 28 about whether they had ever influenced a colleague not to report suspected child abuse. A total of 446 responded to this question, and only 31 or 7% indicated that they had discouraged a colleague not to make a notification. Psychiatry (18.8%) and social work (17.2%) were the professions with the highest proportion of respondents reporting that they had dissuaded colleagues from making a notification. None of the nurses indicated that they had influenced colleagues not to report. Results by profession are presented in Figure 19 below.



On the basis of survey responses, consultation is high between colleagues in relation to discussion of matters pertaining to child protection issues and suspected cases of abuse. However, respondents reported an overwhelming tendency to influence colleagues in favour of reporting, rather than dissuading colleagues from reporting if they had formed a belief that a child was at risk of abuse.

## 9. Attitudes regarding legitimacy of non-reporting by mandated professions

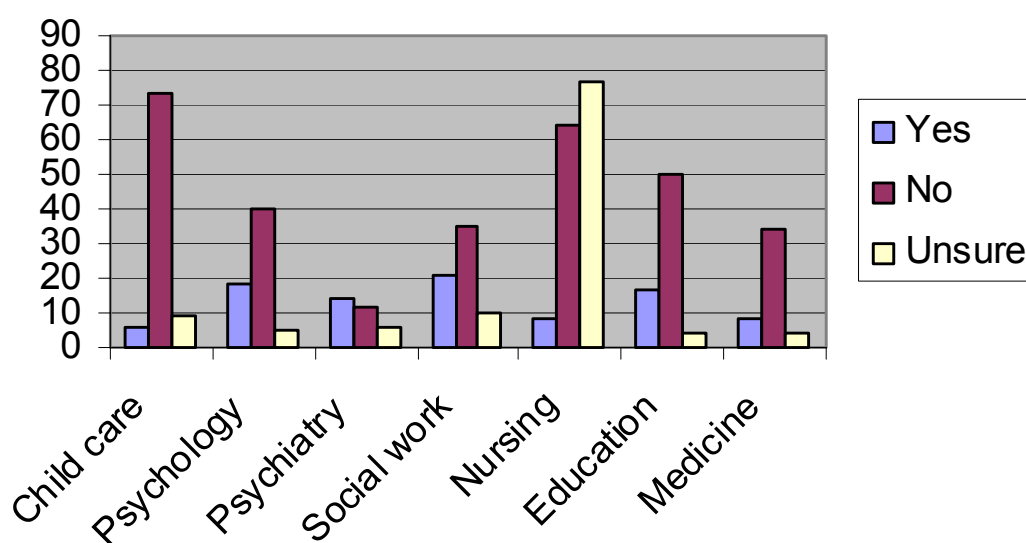
Respondents were asked if they considered there ever to be any legitimate professional or ethical reason for mandated professionals not to report to authorities a belief that they had formed that a child was at risk of abuse. A total of 443 respondents provided an answer (yes, no or unsure) to this question, and a total of 90 provided some comment on this response. Responses to the closed question, by profession, are presented in Figure 20.

Overall, 92 people, or 20.8% of respondents, indicated that they felt that there could be legitimate or ethical reasons for not making a notification. Psychiatry

(43.8%), social work (31.8%), psychology (28.6%) and education (23.9%) had higher proportions than the sample average of respondents who thought that non-compliance by mandated professionals could be justified.

This question drew a mixed response from the 90 people who provided some written additional comments. These comments fell into thirteen broad categories. These comprised: 'Always report'; 'CPS incompetent'; 'Emotional abuse'; 'Parents struggling to cope'; 'Supervisor does not agree'; 'If other means can be used to protect the child'; 'Family already known to CPS'; 'A professional should assess the situation'; 'Not in child's interests'; 'Age of victim'; 'If perpetrator is now under control or in therapy'; 'fear for reporter's safety'; and more 'general comments' which suggest that the respondent accepts there are difficulties inherent in identifying and reporting child abuse.

**Figure 20: Respondents' views on if there can be legitimate reasons to not report a belief a child is at risk, by profession**



Some of the respondents' comments which are illustrative of these categories are presented in the list below. The total number of respondents who offered a comment in each category is presented in bold.

**Comment categories for open responses relating to legitimate or ethical reasons for mandated professionals not to notify authorities of their belief:**

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1. 'If you suspect a child is in danger you should always report this.' (*child care worker*) or 'Suspected child abuse does not ever in my view, should never intrude on professional/ethical responsibility to report.' (*nurse*) **(19)**
2. 'It is hard to encourage people to notify when often Child Protection Services do not respond or don't give feedback' (*psychologist*) and all other similar comments indicating a lack of confidence in Child Protection Services' response **(16)**
3. 'Emotional abuse should be included but impossible to quantify and inadequate staffing.' (*psychiatrist*) **(2)**
4. 'Many parents struggle with parenting-the borderlands of defining abuse are difficult.' (*psychiatrist*) **(2)**
5. 'When I regard that belief is not well-founded. This only occurs in my role as clinical supervisor.' (*psychiatrist*) **(1)**
6. 'If child can be made safe immediately by alternate means' (*social worker*) **(3)**
7. 'Where the professional is sure that protective services are aware of the abuse already and by supporting family members can mitigate the risk to children' (*social worker*) **(1)**
8. 'Suspicion is not enough. The mandated professional should be supported as much as possible to make appropriate assessments first.' (*social worker*) **(7)**
9. 'Sometimes it may not be in the child's best interests to report abuse' (*teacher*) **(20)**
10. 'Age of victim' (*teacher*) **(2)**
11. 'If the perpetrator needs professional help of a higher order [than that offered by Child Protection Services]' (*general practitioner*) or 'If potential for abuse and this potential is being controlled in some way' (*general practitioner*) **(6)**
12. 'If they believe the safety of them or their families will be placed at risk.' (*nurse*) **(1)**
13. 'There will never be a perfect arrangement or protocol.' (*psychiatrist*) or 'The law cannot perfectly anticipate all possible situations of conflict between profession, ethical & legal duties & obligations'. (*psychiatrist*) **(11)**



As can be observed from these categories, comments were very wide-ranging. Many respondents who had replied 'yes', i.e. that they do think there could be a legitimate reason for not reporting, offered a situation which they considered would morally absolve the professional from not reporting. Twenty indicated that if it was not in the child's best interests to report, there would be reason for a mandated professional not to do so (category 9). These comments may be related to the comments pertaining to the inadequacy of Child Protection Services to offer necessary protection to safeguard the child (category 2), which drew sixteen comments, as the reasons reporting may not be in the child's best interests may be seen to relate to the inadequacy of current arrangements to offer the needed response. Eleven of the respondents also offered a general comment which indicated that they were aware of the dilemmas posed by the current arrangements, suggesting that they may have been sympathetic to mandated professionals who did not report for various reasons which they considered to be ethical (category 13). Only one respondent raised issues to do with personal safety – or safety of their family – as a legitimate reason for a professional not notifying a belief a child was being abused.

Several of those who offered a comment responded with some indignation to the question's implicit suggestion that there might be some legitimate reason for mandated professionals not to make a notification. For example, one respondent, a general practitioner, commented: 'I can't believe this question is being asked'. Such responses were grouped into the first category (nineteen comments received).

#### **10. Respondents' assessments of whether or not colleagues share their views**

Near the conclusion of the survey, at Question 30, respondents were asked the extent to which they thought their views might be representative of their profession. This question was intended to ascertain some additional overall understanding of the extent to which respondents discussed these issues with their colleagues, and whether the respondents felt confident that they knew of their colleagues' opinions in relation to child protection matters. A total of 409 respondents, or 90.5% of the sample, responded to this question.

The majority of those who responded to this question (240 or 58.7% of the 409 total responses), answered that their views were likely to be representative of most in their profession. Only one person, a teacher, expressed the view that no one else in the teaching profession would share the same views. However, 43 people or 10.5% of those responding to the question were unsure about what others in their profession thought on these matters. This indicates that these respondents may have felt there to be a lack of communication on these issues with colleagues. Survey responses to this question, by profession, are presented in Table 8 below. The professional groups most confident that their colleagues shared their views were psychiatrists (75.9%) and medical practitioners (78.7%). Those with the least confidence that their views were shared by their colleagues were

psychologists (38.8%), who were also most uncertain of what their colleagues thought (20.0%).

**Table 8: Respondents' assessments of the degree to which their views on this matter are, by profession**

Profession	Q 30: How representative do you think your views are?					Total
	Likely to be held by the majority of members	Likely to be held by a significant minority of members	Likely to be shared by some members	Not likely to be shared by any other member	I don't know what others in my profession think	
Child care %	47 60.3%	7 9.0%	18 23.1%		6 7.7%	78 100%
Psychology %	23 38.3%	4 6.7%	21 35.0%		12 20.0%	60 100%
Psychiatry %	22 75.9%	5 17.2%	2 6.9%			29 100%
Social work %	30 53.6%	6 10.7%	14 25.0%		6 10.7%	56 100%
Nursing %	39 54.2%	8 11.1%	17 23.6%		8 11.1%	72 100%
Education %	42 62.7%	4 6.0%	14 20.9%	1 1.5%	6 9.0%	67 100%
Medicine %	37 78.7%	2 4.3%	3 6.4%		5 10.6%	100%
<b>Total %</b>	<b>240 58.7%</b>	<b>36 8.8%</b>	<b>89 21.8%</b>	<b>1 .2%</b>	<b>43 10.5%</b>	<b>409 100%</b>

N = 409

## 11. Additional comments

The final question invited respondents to provide any other comments which they considered relevant to the pros and cons of existing requirements to notify child abuse. A total of 88 respondents provided some additional comments at the conclusion of the survey. These remarks were quite disparate in their content. Even within the same profession, comments ranged from support of the procedures adopted by Child Protection Services to extreme criticism of the current system. Some examples are:

'DOCS staff handled the only case I reported with ultimate professionalism and sensitivity.' (*teacher*)

'Over stretched resources mean responses are often less than satisfactory. I have helped colleagues clarify whether the feelings they have amount to "reasonable belief".' (*teacher*)

'Outcomes of involvement of child protection don't always help situation- this is a factor in hesitating to report' (*social worker*)

'The biggest problem is the well known incompetency of DHS CP-they usually make things worse-all workers are aware of this(community sector),sometimes people don't notify because they fear CP will make matters worse and usually do. Either no action or bumbling action, not a lot of thought.'

*(psychologist)*

'There HAS to be a better way'

*(teacher)*

Some of the respondents made a comment which indicated their support for mandatory reporting but asserted the need for additional resources to enable the child protection system to operate effectively:

'I agree with mandatory reporting. I think more education for teachers needs to happen for it to be effective and the procedures of CP need to be looked at to prevent the situation becoming worse for the child'

*(teacher)*

'I think mandatory reporting is essential but should include a greater range of professions.'

*(social worker)*

'I and my colleagues fully support mandatory reporting but are not confident that appropriate intervention will occur.'

*(teacher)*

Some respondents raised issues pertaining to their area of specialty:

'DHS appear reluctant to take notification. Issues surrounding how babies are removed from some mothers at birth- I work in area where we are reporting potential for abuse and dealing with families that have previously been reported and under care of authorities. Makes midwifery care difficult as some women will hide info about drugs for fear of being reported.'

*(nurse)*

Three respondents noted that they knew of cases where the notifier's confidentiality had been breached, indicating that this would discourage notification:

'I am aware of a resignation due to lack of confidentiality by authorities.'

*(teacher)*

Several survey respondents took this opportunity to offer their recommendations.

'All staff need to be in-serviced on mandatory reporting! Regularly.'

*(teacher)*

'I don't believe that the laws on mandatory reporting are strict enough. Pro-most people I know and work with would report.'

*(child care worker)*

‘Training re: recognition of signs, process of reporting should be frequent and compulsory.’  
(*child care worker*)

Further discussion of the comments offered by respondents to open-ended questions is presented in the discussion (section 6) below.

## **12. Relationship between negative post-reporting experiences and attitudes towards reporting**

As noted above, some respondents indicated in their free text comments on the survey that a poor response from child protection authorities to notifications may have discouraged professionals from further reports. After initial analysis of the survey response frequencies, it was postulated that a negative reaction from Child Protection Services in the event of a notification may have acted as an influence on subsequent decisions made by professionals about whether or not to lodge a notification. To test this hypothesis, data about the nature of feedback from authorities, given in response to Question 24, were compared to the responses to other survey questions about non-reporting. To do this, a new variable was generated by assigning comments about feedback to two broad categories: that of ‘adequate response’ or ‘inadequate response’.

Using the variable derived from respondents’ ostensible assessments of the adequacy of child protection authorities’ response to their notification from Question 24 responses, a comparison was made with stated non-reporting behaviour (using responses to Question 15: ‘Have you ever decided NOT to make a notification to child protection authorities despite your belief a child in your professional care had been abused or was at risk of abuse?’). Results are presented in Table 9.

**Table 9: Adequacy of response from child protection authorities by stated non-reporting behaviour**

	Have you ever NOT notified despite having formed a belief that a child was at risk of abuse?		
Adequacy of response	Yes	No	Unsure
Adequate response	18 (64.3%)	104 (80.6%)	10 (76.9%)
Inadequate response	13 (46.4%)	40 (31.0%)	6 (46.2%)
Column total	28 (16.5%)	129 (75.9%)	13 (7.6%)

Valid cases = 170; Percents and totals based on respondents

This comparison makes clear that only a minority of those deciding not to report to authorities despite having formed a belief that a child was at risk of abuse had received what could be seen as an inadequate response from child protection authorities. The response from child protection authorities may have had some influence on 13 respondents in not reporting their belief, but this constitutes only 46% of those who had ever decided not to make a report. Thus, the responses of child protection authorities cannot be seen to be a determining factor for the majority of those who had decided not to report despite having formed a belief.

To further test the relationship between the nature of the response received from child protection authorities and respondents' views of the value and legitimacy of not reporting their beliefs, the generated variable relating to adequacy of feedback was compared to participants' responses to Question 29, concerning respondents' views of the legitimacy of not reporting. Results of this comparison are presented in Table 10.

**Table 10: Adequacy of response from child protection authorities by respondents' views of the legitimacy of non-reporting behaviour by mandated professionals**

	Do you think that there is ever a legitimate reason for a mandated professional to not notify authorities of a belief of child abuse?		
Adequacy of response	Yes	No	Unsure
Adequate response	41 (78.8%)	81 (81.8%)	12 (66.7%)
Inadequate response	18 (34.6 %)	33 (33.3%)	7 (38.9%)
Column total	52 (30.8%)	99 (58.6%)	18 (10.7%)

Valid cases = 169; Percentages and totals based on number of respondents

The responses set out in Table 10 indicate that the majority of those who considered non-reporting by mandated professionals to be legitimate under certain circumstances had not reported an inadequate response from child protection authorities to a notification. Of those who had received what could be considered an inadequate response, the majority did not believe that there is ever a reason for mandated professionals not to notify a belief of child abuse. For a minority, the negative response received from child protection authorities when they made a previous notification may have had some influence on their response (15 respondents or 16.3% of the 92 respondents who in response to Question 29 indicated that they felt that there were circumstances which legitimated non-reporting by mandated professionals).

Stated non-reporting behaviour was also compared to the respondents' stated experience of fear or concern in relation to reporting abuse. A total of 392 respondents provided data for the two questions (Q15 and Q25) which allowed this comparison. When cross-tabulated, it could be observed that of the 47 respondents who had stated that they had NOT reported all cases to authorities, the majority (41 or 87.2%) experienced some concern in relation to inadequate response from child protection authorities. Also, 16 (34% of those who had NOT reported on every occasion) stated they were concerned about pressure from child protection authorities. A high proportion (33 people or 70.2%) of those who had not reported on every occasion also experienced some fear of reprisal from the family or alleged perpetrator. Concern about being a court witness and concern about loss of confidentiality also were prominent concerns (each of these concerns held by 27 or 57.4% of those who had not always reported). These responses are presented in Table 11 below.

**Table 11: Fears or concerns about reporting abuse by experience of ever NOT reporting to authorities a belief of child abuse**

	Q. 15 Have you ever NOT reported a belief of abuse?			Row Total
	YES	NO	UNSURE	
Fear of reprisal from family/alleged perpetrator	33 70.2%	215 66.8%	15 65.2%	263 67.1%
Fear of reprisal from colleagues	4 8.5%	26 8.1%	4 17.4%	34 8.7%
Fear of reprisal from people in your locale or community	4 8.5%	32 9.9%	2 8.7%	38 9.7%
Concern about pressure from child protection authorities	16 34.0%	82 25.5%	10 43.5%	108 27.6%
Concern about being a witness in court	27 57.4%	149 46.3%	7 30.4%	183 46.7%
Concern about inadequate response from child protection authorities	41 87.2%	226 70.2%	19 82.6%	286 73.0%
Concern about difficulty of maintaining confidentiality	27 57.4%	148 46.0%	10 43.5%	185 47.2%
Other concerns	11 34.0%	49 15.2	6 26.1%	66 16.8%
<b>Total</b>	<b>47 12.0%</b>	<b>322 82.1%</b>	<b>23 5.9%</b>	<b>392 100%</b>

Percents and totals based on respondents  
N=392; 60 missing cases

As an additional measure to test whether experience of having made a notification might be an influence on attitudes towards mandatory reporting and therefore reporting behaviour, respondents' experience of having reported to authorities was tabled against views about the legitimacy of mandated professions not reporting all cases. From this comparison, it was apparent that those who believed that there might be legitimate or ethical reasons for not reporting were more likely to have had experience of having made a notification (71.7%). Twenty-six people or 28.3% of those who thought there were grounds for mandated professionals not to report had no experience of having made a notification. However, of those who had made a notification, only one quarter (24.8%) viewed non-compliance with mandatory reporting as justifiable. Results are presented in Table 12.

**Table 12: Respondents who had made a notification to authorities by those who considered there might be legitimate or ethical reasons for mandated professions not to report suspected abuse**

		Q. 29 Is there ever any legitimate professional or ethical reason for a person who is required (mandated) to report suspected child abuse NOT to do so?			Total
		YES	NO	UNSURE	
Q14 Have you ever reported to child protection authorities your belief about abuse or risk of abuse?	<b>YES</b>	66	172	28	266
	% within Q14	24.8%	64.7%	10.5%	100%
	% within Q29	71.7%	55.8%	65.1%	60.0%
	<b>NO</b>	26	133	15	174
	% within Q14	14.9%	76.4%	8.6%	100%
	% within Q29	28.3%	43.2%	34.9%	39.3%
	<b>UN-SURE</b>	0	3	0	3
	% within Q14	0%	100%	0%	100%
	% within Q29	0%	1.0%	0%	.7%
<b>Total</b>		<b>92</b>	<b>308</b>	<b>43</b>	<b>443</b>
	% within Q14	<b>20.8%</b>	<b>69.5%</b>	<b>9.7%</b>	<b>100%</b>
	% within Q29	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Percents and totals based on respondents  
N=443; 9 missing cases

## 5. Interview results

### 5.1 Interview design

- *Sampling procedure*

Interviewees were selected from amongst those respondents who had indicated their willingness to participate in an interview by returning a mailed response sheet separate to their survey. Respondents who were willing to be interviewed were asked to provide name, telephone contact details, profession and postcode of workplace.

Five interviewees were sought from each professional group. More than five potential interviewees were obtained from the child care, nursing, psychology, social work and teaching professions. Selection of those to be interviewed from each of these groups was based on interviewees' availability and the desirability of constructing each group sample to include metropolitan, provincial and rural practitioners, to have a mix of specialties and a range of different types of work sites (e.g. primary and secondary, government and private schools), and to achieve a gender balance where possible.

Fewer than five responses were received from psychiatrists and from other doctors. Other studies have noted that it is extremely difficult to recruit doctors to participate in research due to various factors, including time constraints associated with heavy demand and work structured on an appointment basis. The low number of psychiatrists who made themselves available for interview reflects the small number of practitioners.

- *Interview procedure and confidentiality*

All interviewees were recruited after they had returned part of the survey indicating they were prepared to be interviewed; each person interviewed was telephoned and asked if they still agreed to interview. Those who were available nominated the time of interview. At each interview, the full nature of the research project was discussed, the interviewee was assured of the protection of his or her confidentiality and informed consent forms were signed.

Five interviewees were unavailable for a face to face meeting but agreed to either a phone or e-mail interview. The research project was discussed and informed consent forms were posted and signed consent forms were received back from the interviewees before the commencement of the interviews. Three interviews were conducted by phone and two interviewees responded to the interview questions via e-mail.

Pseudonyms have been used for each interviewee, using first names indicative of the gender of each interviewee. Locations referred to by interviewees have been de-identified.



### **5.2.1 Interviews with child care workers**

#### ***Mandated status***

Many child care workers are not currently mandated to notify. Although under the *Children and Young Persons Act 1989* child care workers with post-secondary qualifications are listed amongst the specified professionals required to notify to protective interveners any well-founded belief they may form that a child is at risk of significant harm, this provision has not yet come into force. However, the legislation requires qualified nurses and teachers to report suspected abuse, and some child care workers may hold these qualifications and thereby they may be mandated. Many child care centres employ kindergarten teachers. Kindergarten teachers employed under the *Education Act 1958* or the *Teaching Service Act 1981* to a teaching position are mandated. However, kindergarten teachers employed under the *Children's Services Act 1996* are not mandated (Department of Human Services, *Protecting Children*, 2001: p. 10).

#### ***Demographic characteristics of the sample***

All of the five child care workers interviewed were female. *Lisa* is 24 years old, has five years experience and works in a child care centre in a rural town of approximately 8,000 people. Previously she worked in family day care. Three interviewees are aged between 25 and 35 years and each have approximately 10 years experience in child care work. *Natalie* works in a child care centre in a regional city of approximately 80,000 people. *Olivia* works as a co-ordinator in a child care centre in a Melbourne suburb. *Pamela* is a co-ordinator in a child care centre close to central Melbourne. *Miranda* is aged between 36 and 45 years. She works in a child care centre in a large regional city and has had 20 years experience in child care. Early in her career she had been employed in a live-in situation with an agency providing accommodation for children who were wards of the state. This had alerted her to many issues relating to child abuse.

Both *Pamela* (who held qualifications as a mothercraft nurse) and *Olivia* (who held a Bachelor of Education) are mandated to report if they form any belief that a child was at risk of significant harm from abuse.

#### ***Experience of working with children at risk***

All of the child care workers interviewed had had some experience in working with children who had been abused or were at risk of abuse.

#### ***Extent of knowledge of the processes involved in making a notification:***

##### ***a. Experience of making a notification***

The child care workers follow protocols which require them to report any concerns to their supervisor or director in the child care centre. Each of the

workers had had occasion to do this. *Lisa* had not initiated any reports herself but had worked on monitoring children's care and progress post-notification. Only the two interviewees who were centre co-ordinators had personal experience of making a formal notification to Child Protection Services. *Olivia* had made three notifications on behalf of others in her centre. *Pamela* had made two notifications. One of these had been made in the week prior to the interview.

*b. Extent of training in child protection*

- Pre-service training

*Lisa*, the youngest and most recently trained worker, who held a Certificate 3 in child care, stated that she had attended a workshop on mandatory reporting, which had been a pre-requisite for undertaking the Certificate 3. None of the other child care workers interviewed had done any pre-service training in child protection issues.

- In-service training

*Natalie* had attended one in-service session on child protection matters that went for three hours. The two co-ordinators had also attended in-service sessions. Neither *Lisa* nor *Miranda* had attended any in-service sessions. *Natalie* stated that the major difficulty entailed in attending in-service sessions related to provision of time release and cover – someone always had to be available to care for the children. Often in-service sessions were held in the evening. This posed some difficulty for workers based outside of the metropolitan area.

*c. What interviewees regarded as evidence that a child was at risk*

All of the interviewees were alert to a range of evidence, including behavioural changes and physical signs, which may indicate a child had suffered abuse. *Miranda* felt that child care workers were in a particularly good position to do this:

Quite often a lot of the abuse is emotional and there aren't any marks or anything like that. Knowing the child and what the child is really like and how they actually think, and then using play therapy and dolls or whatever else have you to allow the children to – just an avenue where they can speak – just to give them a voice.

*(Miranda, child care worker)*

Some other types of evidence were also noted. *Olivia* stated that there was one case involving a 2 year old who was displaying explicit sexual knowledge and re-enacting sexual acts with other children. In *Pamela's* centre, if there is some concern raised about a child's behaviour, the staff will question the child:

We will also ask the child if they have been hurt there – try not to implicate anyone in it, but just try and ask them how the bruise got there and we will record what is said. And try and ascertain whether it is because they are clumsy or whether there is anything else going on. And generally it is pretty benign, but we certainly keep track of records in the individual records, if the staff seem concerned we follow it up.

*(Pamela, child care centre co-ordinator)*

In relation to one recent notification, *Pamela* had also made use of video camera surveillance at the centre, which provided evidence of a mother physically abusing her child.

All of the child care workers interviewed were aware of cases of serious neglect. The two co-ordinators had responded to these concerns in their centres by discussing issues with the parents and providing them with parenting skills. In this way, families may have been threatened with the prospect of a notification, but in the event the notification had been circumvented by parents increasing their level of care.

### ***Perceptions of responsibility to identify and notify child abuse***

#### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

Every interviewee indicated that centre-based protocols were in place which required any concern to be reported to the centre director/co-ordinator. Those centres which had been accredited had a written policy; those centres yet to be accredited had a verbal policy but followed the same practice. Workers discussed their concerns in the first instance with co-workers from the same room, or with immediate superiors. *Lisa* reported that her director encouraged all staff to bring concerns directly to her (the director). In addition to reporting any concern to directors, workers are required to keep a written record of any signs which concern them.

*Pamela* and *Olivia* are both mandated to report cases of child abuse. *Pamela* did not consult with anyone else when determining whether or not to report cases; she merely used the information provided to her by her staff or by her own observations. She felt that on the two occasions she had made notifications, she had been assisted in the decision-making processes because she was mandated:

I put myself in the position that if I don't do it, then it's on my shoulders. I am responsible and I haven't fulfilled my duties. And if it was to happen again and there are so many witnesses, they will be asking questions about why I haven't done what I was meant to do when I'm mandated. And I don't know what the ramifications are then on me, whether I could then – you know if it went to court or whatever, what would happen to me, so I just prefer to do it. I feel it helps me, in the knowledge that if I don't have a choice, then it's my excuse. I have to do it. So I am quite happy that I am mandated. It makes my decision

just that much easier. And I would have notified then, whether I was mandated or not, regarding those two issues anyway, but it just puts your mind at ease anyway, that you have done the right thing.

*(Pamela, child care centre co-ordinator)*

*Olivia* like *Pamela* stated that she took on sole responsibility to notify cases in her centre but she indicated that prior to making a notification she first consulted the local maternal and child health nurse and with other professionals as need arose:

Those decisions when I have notified have not just been on my own belief; they would certainly come from as much evidence as I could gather and we include in that a developmental profile and anecdotal evidence, so discussions with the staff concerned with the child...

After consulting to do it, I base my decision to notify on that. If there is enough in front of me, then I would choose to make that notification, because I feel it comes back to me – if I am the person in charge, and I haven't had the situation where someone above me has decided not to make a notification – so, I am one of those mandated people; and I take it quite seriously, it is not something that is done frivolously, by any stretch. So if there is enough concern for me to be gathering information, I would present them with that.

*(Olivia, child care centre co-ordinator)*

On one occasion, prior to making a notification, *Olivia* reported that:

I had an off the record, off the cuff, no names discussion with the maternal and child health nurse, and said this is what I am seeing and we just needed something else. *(Olivia, child care centre co-ordinator)*

*Olivia* had access to a range of professionals who could be consulted should issues arise. In addition to the maternal and child health nurse, the centre also had visits from other professionals:

The preschool field officer is state funded in the region and will come in and do assessments for children firstly if the child is eligible for a second year of kinder funding, but they will also be a support and also have access to all of the child psychologists and child psychiatrists and paediatricians and all of those people to refer to should we have an issue with a child of preschool age. Other than that, we have what is called the CSRDO, the local one who we use for the other children.

*(Olivia, child care centre co-ordinator)*

Both *Olivia* and *Pamela* referred to the fact that there was a network of child care co-ordinators which they could consult if the need arose.

*b. Knowledge of mandated status*

The child care workers interviewed believed it was simply illogical that child care workers were not mandated when doctors, nurses and teachers were.

Four of the interviewees believed that there is considerable confusion on the part of most child care workers as to whether or not child care workers are mandated. *Olivia* and *Pamela* were certain that they were mandated, and *Natalie* was sure that she was not, but *Lisa* and *Miranda* were not so clear about their status, and whether or not they were mandated. (In fact, *Lisa*, *Miranda* and *Natalie* were not mandated.) All were aware that protocols were in place to ensure that directors of centres were alerted to protective concerns of staff; which may explain some of the confusion over the meaning of 'mandated'. Child care staff were required by their centre to report to the director, but it could be that they did not distinguish between this and the mandatory reporting to Child Protection Services. *Miranda*, for example, referred to centre policy consisting of raising any concerns with other staff, monitoring a child's progress and open communication, when she had been asked to give her views on the effectiveness of child protection legislation.

When asked if she considered child care workers would be aware of what the child protection legislation requires of them, *Olivia* responded:

I think most of the co-ordinators would. I think a lot of child care workers wouldn't. There is a lot of confusion about the whole mandated thing, because really here, there is only two of us – another kindergarten teacher, because it doesn't cover child care workers, and it doesn't cover any of my staff and they all have diplomas in early child care. But it doesn't cover them. They are not mandated. We have a fairly comprehensive child abuse policy that we have got here and they are fully aware of that and we have a handbook and all of those types of things.  
(*Olivia, child care centre co-ordinator*)

At *Pamela's* centre, staff had been confused about the meaning of mandatory reporting but going through the process of accreditation enabled them to update their information. As *Pamela* explained:

It was only until the last 3 years that staff here were made aware that they weren't mandated. It was in our policy that everyone was mandated, but then we found out that in fact, no, they weren't, so then we had to fix our policy. Because you just presume that child care workers are mandated.  
(*Pamela, child care centre co-ordinator*)

Indeed, *Pamela* spoke of being 'shocked' that child care workers were not legally mandated to report child abuse:

The fact that child care workers are not mandated shocks me, because between birth and kindergarten, there is only their pre-school, 3 year old kinder, but between those ages there is maybe the maternal and child health nurse, they don't visit very often, and by the time they get to the stage of being abused, you know they are 2 or 3, I feel that most children these days are attending some form of child care that those ages, from 0 to 6, before they go to school are just the most important years of development, they are not covered in mandating... whether they don't see that the qualifications of a child care worker is important

enough to believe that what they are saying is correct, I don't know. But it shocks me that that is the case, and in fact a lot of people are under the assumption that child care workers are mandated, and people are shocked when you tell them, 'no, they are not'.

*(Pamela, child care centre co-ordinator)*

*Natalie* spoke of her anger at the current arrangements:

The fact that we are not mandated is ridiculous. Especially full time children – we have them 8 hours a day, 5 days a week. So why aren't we? We are trained – our training is to observe and record children's development and behaviour and things like that – it angers me sometimes.

*(Natalie, child care worker)*

In her interview, *Lisa* expressed her surprise that child care workers are not mandated:

It's not legislation that all professions have to report? Oh, I didn't know that – then I wouldn't say it is so satisfactory because I consider it should be everyone has to report.

*(Lisa, child care worker)*

*c. Views of how other child care workers regard reporting requirements*

*Lisa* believed that few child care workers would know about the legislation pertaining to child protection, but that they would always act out of a regard to protect the child by reporting to a supervisor:

They don't know what is exactly in the legislation, no, I don't think they do. But to respond if they think something is happening, yes. We know who we are meant to contact and we will do it. But in relation to what the legislation is, no. ... I'd say that they do rely on the supervisor, I know that if the supervisor isn't there, that we would still be reporting. I know we always go to her because we want to – I know we don't have to; but we always feel that she's there for us, but I know that if we didn't have a supervisor there, I think 95% of us would still carry on and contact people that we think we need to contact.

*(Lisa, child care worker)*

*Natalie* was better informed about whether or not she was legally mandated, and felt that other child care workers would similarly be aware that they were not mandated. When *Natalie* was asked if she thought other child care workers knew of their responsibilities in relation to child protection, she responded that they would know:

Most do. It is through the course, touched on; everybody's aware that they are not mandated; everybody is aware that if there are any sorts of suspicion or anything like that that the Centre has procedures in place. Everyone knows where the photocopies of children's bodies are to mark on bruises – they know where they are and where I work we

have no hesitation – I know nobody else would have any hesitation in going straight to the Director and she'd certainly follow them.

*(Natalie, child care worker)*

*Miranda* touched on several factors that might come into play when workers consider whether or not to report concerns that a child might be abused:

I definitely think they want to report it and do the best for the child and the family and they don't mind putting themselves out on a limb to find that, and at the same time, I guess there is still that element of fear that there might be a repercussion on them that also, will that make it worse for that family by exposing them to the authorities, will that make it worse for the family, or can they handle it. Is the situation something that can be handled within the realm of the people they have there, or do they need something else?

*(Miranda, child care worker)*

*d. Extent of support for mandatory reporting*

The child care workers interviewed were asked if they thought that child care workers should be mandated to report child abuse. Both *Pamela* and *Olivia* expressed the view that qualified child care workers should be mandated. *Pamela* thought that the legislation should clearly specify which levels of qualifications are required before a child care worker is mandated, so that the legislation stipulates if those with certificates as well as those with diplomas are mandated - as currently those with Bachelors degrees are.

*Olivia* also believed that it was anomalous that child care workers – especially those who hold diplomas - are not mandated, given the level of involvement they may have with a child:

I think the girls who do the Diploma level, it is a significant level of study to enable them to manage a group of children; and I think they should be – yeah – covered by the same. I suspect the difficulty is that there are a lot of child care centres out there who do not run funded pre-school programs, and if that is the case, then they don't have the people with the qualifications who are mandated. And I think it should be for every service. There are thousands and thousands of children in child care centres that don't get to attend a session of kinder. Like the children in kinder here don't go off to a kinder because we have a funded place, so these children would never see that sort of kinder, you know, local kinder. We have 125 families here, just in our one service – 75 children a day. There is an awful lot of kids out there – and they are with us for such lengths of time. ... So when you equate that with how many children we have here, we would have quite a great proportion of those children's waking hours are with us, so I think because of that, we really do need to be a lot more – it should really extend to the qualified staff. They are doing university courses, TAFE courses, they've got their diplomas, I think they should.

The [mandated] graduate kindergarten teacher goes into her group, runs it and has the same authority, you know; and I think the staff here

in child care have a better – much more rapport than her, than the sessional kinder teachers do. (*Olivia, child care centre co-ordinator*)

*Natalie* believed that only experienced child care workers should be mandated:

I know myself when you are first out there first in centres, you jump to so many conclusions. Until you do get to know the children and the families and things like that, you can't... you'd just be like, ringing up left, right and centre. Someone who has had the time and the experience so that they can make that sort of decision...

(*Natalie, child care worker*)

*Lisa* believed that it is inappropriate that child care workers not be mandated, and asserted that all professionals with responsibilities for children, including child care workers and social workers, should be legally obligated to report cases of abuse. *Miranda* argued that it should not be necessary to impose legal penalties for not reporting, but that child care workers should report out of a duty of care: 'I would rather have it that if we didn't do it, things can get a lot worse for the family...'

#### e. *Professional ethos*

As discussed above, all of the child care workers interviewed stated their commitment to the welfare of the children in their care. Some of the child care workers interviewed insisted that there should be recognition of the important role child care workers play in supporting children and families, and considered that the extended involvement child care workers have with children warrants them being mandated. As *Natalie* put it, 'A lot of child care workers do feel that they should be mandated.'

The child care workers interviewed took very seriously the responsibility of all child care staff to discuss, document and report any concern they might have about the welfare and development of a child. *Miranda* stated that she was very involved in thinking about the welfare of children in her care:

I'm always thinking about it – at night and during the day; you're thinking about it at night and during the day. Thinking what can I do to enhance this child's development, and that's what it should be. It shouldn't be '9 to 5 and then I don't care what happens.' When you are working with people aged or young you can't have that attitude I think.

(*Miranda, child care worker*)

- Knowledge of anyone of the same profession not making a report, despite well founded suspicion of abuse

All of the child care workers were asked if they knew of any occasion when a belief had been formed that a child was being abused and no report had been made. Three of the interviewees each mentioned one case where they reported to the director concerned who refused to act on the information: two



cases were to do with a violent father and one case was around signs of neglect in a child. The reasons given for each case varied:

- 'I just felt that she didn't want to rock the boat. I don't feel that she had the guts to do it, to follow through. Because then it involves the police, the Department, having to face the family, especially when we did have a good relationship with the family.' (*Pamela*)
- she said the abuse didn't happen in the centre [the child had been dragged along and 'belted' in the car park outside the centre]... sometimes... I think it is just too hard for people to get involved...It's going to be more work and all that sort of stuff. Indifference, sometimes. (*Natalie*)
- 'her insight, her caring, wasn't adequate...The Director just felt that she put in her hours in the job, and the rest was none of her business', and it was a private centre and the Director did not want to lose clients (*Miranda*)

*Natalie* believed that discretion and good communication skills were essential in working with parents who might need additional information on how to parent. She felt that child care workers could deal with many cases of neglect themselves, thereby obviating any necessity for reporting. She believed that violence and sexual abuse were appropriate forms of abuse to report. As she put it:

I think violence and sexual belief... The child is in danger. I know there is danger with neglect, but it is not so urgent. With neglect you can help with healthy eating, you can approach it in different ways, say, 'The clothes are a bit scratchy today – have you changed your washing powder recently?' And stuff like that. With that it is easier. My personal opinion is definitely with sexual abuse – it is going to do more harm than good leaving them there so, yes. (*Natalie, child care worker*)

Three of the child care workers interviewed, *Lisa*, *Miranda* and *Pamela*, referred to the importance of child care workers assessing evidence relating to child abuse in the light of an informed and impartial judgement about the family. Using different illustrative examples, *Lisa* and *Pamela* pointed to the importance of the child care worker making use of knowledge of the family while maintaining a duty of care to the child. The child care worker needs to consider the child's interests while exercising a sound judgement about the motives and capacities of individual family members, for without this balance the child care worker might easily be manipulated to not report abuse, or else to make a false report against an innocent parent.

*Lisa* indicated that the nature of the relationship between a child care worker and the child's parent or parents may be a potential influence on the way child care workers identify and report child abuse. She pointed out that many child care workers develop a strong relationship with a family and may strive to help skill or otherwise support the family and then be reluctant to identify and report signs of abuse. *Lisa* felt that if a report was indicated it would be made,

but it might not be made in the first instance if there was a bond between worker and family:

I still think that the majority – it would take longer, probably to report, but I still think that they would. I know that can come into it, but I think as a professional role that they would. I do think that that comes into it, though, because if you have a full time child, you see those parents every day, and you are with that family every day; so ...

*[Interviewer: Are you saying that they might feel a bit intimidated, and that they wouldn't want to damage that relationship?]*

Yes, I think they would feel intimidated at the start, but that they would still report, but I think it would take them longer to report than of a case that they see like once a week, that they are not as close to that family. The thinking processes are dragged out longer... before they think, I should report that.

Harder for the trust to be broken. Some reluctance to believe it, someone that you think you might know fairly well. It would be a shock, it would take longer to believe and report.

*(Lisa, child care worker)*

*Miranda* briefly noted somewhat similar concerns to those voiced by *Lisa*:

Sometimes I think they have that fear of taking it just that bit further [i.e. making a notification] in case it is dealt with too harshly on the family or they don't get the help that they need, or they become more in trouble than more helped.

*(Miranda, child care worker)*

*Pamela* provided a final comment in her interview about her concern to ensure that any notification is based on accurate evidence. She pointed out that acrimony between parents can mean that a child is manipulated by one parent against the other, and that she is wary of testimony under these circumstances:

The hardest time is when you just get through the fear and that's when it is when you start really weighing up what is happening and whether if we do make a notification and it is not grounded, and in fact it is very innocent, we can destroy the family. And I think that is also a very important thing to be aware of, you know, destroying families – especially if it is against one parent. The other parent might believe their spouse, their partner, or they might not; and depending what the relationship is like at the moment, you might tip it over the edge one way or the other. So I think we've covered the most important thing of how it falls on you when you have to decide - and I think that is the hardest when you still have doubts in your head, when to do it. I think that is the biggest issue – when there's a doubt. And do you believe what the child says? Because there have been instances where a child has been told to say by one parent that another parent did it,

when it turns out to be a cat; and the child ends up saying well my mum told me to say it – so there is just so much that you have to take into consideration. (Pamela, child care centre co-ordinator)

***Other factors which may influence child care workers' decisions to notify a belief of child abuse***

***a. Nature and extent of any fear or concern stemming from a notification***

Interviewees were all aware of personal safety issues arising from working with children. Security entrances with video camera surveillance are becoming standard practice in centres. Child care workers may deal with irate parents for a range of reasons. Family disputes and substance abuse issues were often the cause of volatility in interactions between parents and child care workers. Notifications are not the only trigger for intimidation of workers or for other forms of recrimination from families. Abusive language may be used and other acts of violence may occur.

Lisa stated that notifications had resulted in some increased fear for child care workers at her centre:

Yes – I have been concerned about that, because we did care for a child whose mother was mentally ill, and who was removed, and we did feel that we could get some – she could be negative towards us, but she wasn't. There was a fear there that would happen – that she would come in and be nasty... It hasn't happened, but that fear is there; I know there are a lot of people I work with who have got that fear that families will – any family we report – will come in and get pretty upset, emotionally, sometimes we think they could do it physically, but emotionally... distressing. And that concerns us because if that happened, that would be in front of the children, parents and staff. But more emotionally than physically we are concerned about. (Lisa, child care worker)

When asked if she had ever been concerned about intimidation or recrimination arising from notifications, Natalie responded:

I have. Most of the centres I have worked in have been in areas where there are a lot of social abuse problems occur. There was a case where the place I was working, we didn't actually make the report, but someone had, and the father came in, screaming abuse, physical threatening, that sort of thing. Your own physical safety – you need to think about it – your number one priority is yourself. It is at the back of your mind. Even just talking to parents at the end of the day, you ask 'How has your day been?' that sort of thing, some people you take a step backwards because you feel if you say one thing wrong, they'll take a step and hit me. There are recriminations.

(Natalie, child care worker)

However, she felt that such recriminations would never prevent reports being made:

There's not been an occasion where anyone has said: 'it's going to be more trouble than it's worth', no. Not in the places where I've worked so far.  
(*Natalie, child care worker*)

*b. Other factors arising from current legislation which may influence reporting decisions*

*Miranda* and *Pamela* were both adamant that child care workers should be obligated to report any child abuse they witness, whether in the workplace or outside the workplace. *Pamela* believed that it should be seen as part of a child care worker's responsibility to report any abuse of a child, wherever it may occur:

And I also understand that if it is happening outside of work or outside of their professional situation, then they are not mandated to report, so if it is happening in one of their families, or friends' groups or whatever, they are not mandated to report at all, because it is personal. It is more professional. And I think that that's wrong too, because if they are not having any form of care, then they are going to slip through the cracks there as well. If you do have some sort of qualification I think it should just follow through that wherever you are, whatever you are doing, you are mandated, not just in your profession.

(*Pamela, child care centre co-ordinator*)

The fact that it is not necessary for even mandated professionals to report incidents they witness occurring outside of the workplace may exert some influence in discouraging any voluntary notifications relating to incidents away from the work site.

*c. Factors relating to the Child Protection Services which may influence reporting behaviour*

Only two of the interviewees (*Natalie* and *Lisa*) were prepared to offer any opinion of the Child Protection Service; others felt they had had insufficient involvement to form any opinion.

*Natalie* expressed annoyance at the judgement of child protection officers:

Honestly I just wish you could just shove these people and say, 'Wake up to yourself'. It sounds really awful. It would be a really really hard job to do; but sometimes I just think, you just really misjudged – have you seen the ones that are 22 and just trained and the whole thing is reuniting with the parent and the parents just belting the absolute blazes out of the kid, and – they just want them to reunite and reunite - then you see some kids who are told they are under investigation, and the bruises and the fact that their clothes don't fit, they are cold, they are filthy, - and they were working with them and just leave them there! I have had quite a bit to do with this...  
(*Natalie, child care worker*)

*Lisa* supported children who were placed with foster families and worked with some other children whose circumstances had been the subject of notifications, and so had some dealings with Child Protection Services, although she had never initiated a report. Her view was that the Child Protection Services workers were always prompt in responding to any contact from the centre, but that intervention came too late in some cases:

In some cases I think they are slow; sometimes we report something and sometimes it is taking – they will have a lot of information, not just from us, but from a whole lot of sources, and I think they wait too long. They do – I know they do have to take all the information into account, but I think sometimes that child could have been out of that situation a lot earlier if they had taken information on board from everyone and acted more quickly. I know they have to be careful to protect themselves and protect everyone else, but I think the process is a bit long sometimes. So the child could have been removed earlier. When they have had doubts for so long. *(Lisa, child care worker)*

She felt this delay may lead some child care workers to adopt the attitude of 'What's the point?' and not make a report.

*d. Media influence on child care workers*

Only two of the five child care workers interviewed made any reference to media commentary in relation to child abuse. *Pamela* indicated that she was aware of negative media commentary on the Child Protection Service but that she did not accept the reports uncritically:

I think all that I know of [the Child Protection Services is] what I have seen in the media and you don't know what they are saying in the media whether it is true or not, so you sort of have to reserve your judgement when you come to reading the newspaper and watching the news. *(Pamela, child care centre co-ordinator)*

*Natalie* made one passing reference to media reports which suggested that the media may have exerted some influence on the way in which she regarded the Child Protection Services, as she was critical of reported delays in providing service post-notification. She made it clear that because workers' mistakes could be exposed to public scrutiny if a child's death was interpreted as a failure to intervene, there was added incentive to report any suspicion without delay:

I think there is too much caution. In the cases where it is said, oh, we need to handle it a certain way – the child has ended up dying. You know, it's in the papers and on the news all the time. I know that the fact that you are making these reports and then DHS comes in and it's all innocent, but rather someone's feelings be hurt than someone dying. In a lot of cases it's just too much caution. *(Natalie, child care worker)*

*Natalie* was the only child care worker interviewed who expressed any criticism of the Child Protection Services; it could be that this view is partly attributable to the information she had gained from media reports. In any case, only one child care worker interviewed made any overt link between media reportage and her overall assessment of the operations of the Child Protection Service.

### ***Child care workers' suggestions or recommendations for better protecting children from abuse***

Four of the child care workers interviewed (*Lisa, Miranda, Natalie* and *Olivia*) stressed the necessity of additional training in child protection issues for child care workers. *Olivia* suggested that training should be required along the same lines as First Aid, food safety and asthma training, which must be updated regularly. She pointed out that general accreditation of centres occurs every two and a half years and food safety training is every 12 months, with an audit, and she believed that 'child protection should have at least the same amount of importance'.

As noted above, four of the five child care workers interviewed were adamant in their recommendations that qualified child care workers should be mandated.

*Lisa*, who had worked in the family day care situation, observed that there might be added difficulties in reporting abuse confronting family day care workers, compared to centre-based workers. She stated what she saw might be the problems for a sole worker considering evidence of abuse:

Definitely you have more support in a Centre than in FDC – at home, you have only yourself. You have only got your supervisor to ring. The supervisor can come around and see this child, but you haven't got that physical person all the time.

*[Interviewer: And that person who you would bring in wouldn't know the child.]*

No. They wouldn't know what they are like, their routine. I think the more people you've got around when you work with children, the more supportive it is, and also the more likely they are to report. When you are in a FDC situation, you are at home by yourself, and you are closer to that parent. There's no-one else saying 'Hey, I think we should report this.' Or – it is just you. I think with that support around you, you are more likely to and you are more likely to question them as well.

*(Lisa, child care worker)*

### ***Summary: influences on child care workers' reporting behaviours***

The child care workers interviewed made clear that in their experience, child care workers employed in child care centres generally work in teams and observe protocols in reporting any evidence of child abuse to their

supervisors. Two of the five workers interviewed were not certain of whether or not they were legally mandated to report to child protection authorities, but they were observant of child care centre protocols. All were aware that making a report had to be based on telling evidence. Although three instances were provided of centre directors not notifying abuse to authorities, all five of the child care workers interviewed stated they were confident that workers would report all cases of abuse. Only the two co-ordinators had made a notification. All interviewees were aware that they worked in a setting which may involve them in abusive altercations with families, but asserted that threats of violence would be unlikely to dissuade them or other workers from making reports. The interviewees had very limited dealings with child protection authorities. Only one worker was critical of Child Protection Services.

The child care workers interviewed expressed pride in their occupation. They believed that the long hours of care and their experience with children of the same age equipped them with important skills to identify child abuse and to work with families to remedy issues of neglect that might otherwise escalate to physical abuse. However, all admitted that child care workers needed additional training in child protection issues. Three of the interviewees indicated that child care workers had to be vigilant to avoid being manipulated by family members, to report in a timely manner, and to do so only when necessary.

## **5.2.2 Interviews with Psychologists**

### ***Mandated status***

Psychologists are listed in the *Children and Young Persons Act (1989)*, but have not yet been gazetted as mandated notifiers. Currently they are not mandated to report suspected child abuse.

### ***Characteristics of sample***

Five psychologists were interviewed, of whom three were male and two female. They have professional experience which ranges from 2.5 years to 20 years. *Evan* works as a forensic psychologist in private practice in a capital city; *Diana* works in private practice with a partner in an urban setting (metropolitan suburb); *Catrina* works for a welfare organisation in a semi-rural setting just outside a metropolitan area; *Bruce* works in private practice in a regional city and *Darren* works in a hospital setting in a small rural town in Victoria with a population of 2,000-3,000.

### ***Experience of working with children at risk***

All five participants had experience working with children at risk and most had worked in various settings dealing with family and child welfare.

### ***Extent of knowledge of the processes involved in making a notification***

#### ***a. Experience of making a notification***

Three participants reported previous experience in making notifications. *Diana* reported 'extensive' experience in making notifications, across a range of settings while working for government departments and community organisations as well as in her private practice. *Evan* reported a very limited experience in making notifications as most of his therapeutic work stemmed from post-notifications. However, he had been involved with a panel of 'experts' who made assessments on cases of suspected abuse.

*Catrina* said that she was 'terrified' when she had to make her first notification because she had no idea of the procedure and what to expect. An experienced colleague 'talked' her through the notification process, a fact she said helped her to gain confidence in making future notifications. *Darren* and *Bruce* reported some experience with making notifications.

#### ***b. Extent of training in child protection:***

All participants reported that they had had no formal training during their course and reported little in-service training aside from sporadic workshops organised either by their employer or other workers. Most participants reported they had gathered their 'knowledge' about child protection on the job and this usually entailed getting information from other more senior workers or



from reading material. *Catrina* belonged to a family welfare committee that was external to her employer, and gathered a good deal of information about child protection issues from her contact with this committee.

*Evan* was surprised that in the master's program he recently completed:

I can't remember once ever having a whole session on either physical or sexual abuse, and by the time I got out within two or three months of course clients were talking about it and I had to go back to my supervisor and say look where do I start? So I mean it's like anything, if you get trained to do something, you do it without worrying about it. . . I mean of course you're worried about it, but it's more routine, it's like writing a report to the court, the first time you do it, it's terrible and the fiftieth time it's simple. I think that in order for professionals to report effectively, to use the legislation effectively, they need to be trained effectively around the reality of child abuse and the issues around abuse and around the legislation and what is required of them.

*(Evan, forensic psychologist)*

On the point of training for psychologists, *Evan* suggested that if you asked a group of psychologists who work in the field, whether they:

know everything you need to know about child abuse and they'd all say yes, but of course we could go off to a training seminar and actually discover just how much more we need to know or find evidence that might challenge personal perspectives . . . so training needs to be a more regular thing.

*(Evan, forensic psychologist)*

c. *Nature of evidence that would be used to form a belief that a child was at risk*

*Catrina* spoke of direct disclosure from a child or offending or non-offending parent as evidence that would lead immediately to a notification. Other evidence used to form a belief included direct observations of the child and their interaction with one or both parents and any physical signs of abuse or neglect of the child. If she observed any physical signs of bruising or marks on the child or if the child appeared fearful around the parent or parents, *Catrina* said she would never ignore this observation and would always make a point of asking the parent/s how the child came to have those marks or bruises and, where necessary, would gently question the child.

*Catrina* spoke of a 'gut' feeling, a 'bad' feeling about a situation or explanation given to her and said that she felt she had developed 'professional intuition' that she relied upon when dealing with difficult cases of suspected abuse and felt professionals:

should give more credence that we give it, after working in this field you develop ways of listening that make you think . . . well what are you [parent] really saying or not saying or that something just doesn't sit

right or seem right and you find yourself thinking about it or worrying about it and it raises concerns about the welfare of the child.

*(Catrina, psychologist)*

*Bruce* relied heavily on physical signs for any reports of physical abuse as well as information from the parent or parents and the child in question. He also took note of signs of acting out behaviour in children and young people and signs of distress and behaviour change that may indicate possible abuse. He found sexual abuse a very difficult area to determine because of a lack of physical evidence so he relied on disclosure or information from a non-offending parent. In those circumstances he asked questions of the parent giving this information before assessing whether it required him to make a notification.

Another area of evidence *Bruce* relied upon was a knowledge of previous reports against the family – even if it was in relation to a different child. This knowledge helped *Bruce* to weigh up the information he had already gathered. A previous report of the same child did not dissuade *Bruce* from making another report to Child Protection Services. A major difficulty for *Bruce* related to determining ‘emotional abuse and neglect’ saying he had come across cases where he felt the child was being emotionally mistreated and neglected but found it difficult to quantify this as a form of abuse and to have it taken up seriously as a report to Child Protection. Moreover, *Bruce* believed that evidence in very complex cases made it difficult for him or his colleagues to feel they could make a notification with any ‘confidence’. An example was a case where a parent suffered a psychiatric illness or where allegations were raised while a custody dispute or other family court matter was also being dealt with.

*Diana’s* extensive experience in child protection was revealed in her assessment of the kind of evidence she would use to form a belief that would lead to a notification. She said that when it came to factors that lead her to form a belief that a child was at risk of abuse she said:

Well I could write a book about those things. . . there’s physical factors, you know, any signs of bruising and those kinds of things, and emotional, if the child is withdrawn or if they are acting out, if their behaviour has regressed, say the five year old starts bed wetting again. . .how extensive do you want me this to be, because I could rattle this off for ages . . .

*(Diana, psychologist)*

*Diana* said she took a keen interest in observing the child with their parents and other adults or children. With regards to evidence of possible physical abuse, she looked for evidence of:

Of course bruising and broken bones are obvious factors to take into account. . .but also a wariness of strangers, if I stood up and there was a startled reaction or if the child was responding in a particular way to the presence of a particular adult that was around, withdrawn and doesn’t have the ability to trust, which can be found in other forms of

abuse of course. . . acting out is very often a feature of childhood trauma so I take note of those kinds of things. . . the antenna goes up.  
(*Diana, psychologist*)

With regards to sexual abuse, *Diana* expressed an awareness of multiple forms of abuse being present and the similarity and cross-over of symptoms and evidence, but with regard to sexual abuse took note:

again where the child's behaviour has regressed or very much changed from what you would expect to be their normal behaviour . . . that would be the guideline. . . how does this child normally behave and has that changed radically, has there been some sort of bedroom behaviour that has happened, is their evidence of isolation, withdrawn behaviour.

(*Diana, psychologist*)

While *Diana* expressed awareness that direct disclosure in child sexual abuse was infrequent due to delayed disclosure, she had experienced children directly making a disclosure to her. She had also experienced admissions by the offending parent and spoke of comments or disclosures made by non-offending parents expressing concerns about their husband's conduct towards their child. In these instances, *Diana* made an immediate report. In the majority of cases where an offending or non-offending parent disclosed, *Diana* made a point of involving that parent in the notification process because she felt that doing this led to a more positive outcome from the perspective of the parent, the child and Child Protection Services. In cases where the disclosure of physical or sexual abuse came from the non-offending parent, *Diana* believed that involving the non-offending parent, who was most often the mother, helped to ensure that she was responding appropriately to the child in her presence: 'I guess it enables me to monitor the parent's response to the child so that I can feel that the child is going to be supported when I make the notification.' She also felt that where evidence was conflicting, she 'erred on the side of caution' and always made a report.

*Diana* considered neglect and emotional abuse a 'hard one' and like *Bruce* suggested that notification of this type of abuse was difficult as Child Protection appeared reluctant to act on these types of notifications.

*Evan* also demonstrated knowledge of extensive criteria for determining evidence to make a notification. He relied heavily on direct observations and verbal information:

Firstly, the consistency of the evidence, that there are lots of different areas of evidence we'd be looking for, with the child themselves, the parents, information from the parents, information from other sources [such as] medical practitioners, teachers, other people connected with the child . . . but it's the consistency of the evidence that's the most important thing. [Observations] include the parenting style, how parents speak of children, their attitudes towards physical punishment, their attitudes towards the child, the level of attachment, bonding, the

parents' personalities, style and whether there's personality, whether there's health problems, drug problems, cognitive difficulties, intellectual problems, then obviously, with the child, is there behavioural signs, emotional neglect, physical signs in terms of how the child appears, and then there's lots of other evidence that you get hold of that is often important evidence which adds weight to the hypothesis that there's either abuse or neglect going on. . . [other evidence] such as verbal admissions – it's not something you would rely on exclusively, but it remains incredibly important in that most parents, most kids, somewhere along the line you would be getting some verbal information. . . so it's not just making inferences from behavioural signs because there are a lot of behavioural signs that are confusing or culture bound . . . you can't make decisions on them alone.

*(Evan, forensic psychologist)*

Darren reported that the most obvious evidence for him was a direct disclosure from the child or young person, though he conceded such disclosures were 'uncommon'. Physical signs such as bruising, especially on limbs or face, cuts and broken bones were signs that aroused considerable suspicion that would lead him to follow this up with the child and their parent and would most likely lead to a notification. Darren also considered that when children seemed unusually fearful or defensive when asked about their injuries, their anxiety was also evidence that may well lead to a notification.

With regards to sexual abuse, Darren spoke of 'sexualised behaviour' being an indicator that had been relied on previously to make a notification to Child Protection Services. Another area of evidence Darren relied upon when determining if a notification should be made had to do with community networks involved with the child or their family:

As often happens in a small town . . . talking with teachers who may have concerns and other professionals. . . and I know that child protection see that as part of their role to seek out that sort of stuff, so, for example, if I knew another worker here was dealing with that family, then I would probably seek that worker out and see if they had anything to add to what I had observed or been told.

*(Darren, psychologist)*

### ***Perceptions of the responsibility to identify and notify child abuse***

While each participant was aware they were not legally mandated to report suspected child abuse, each believed they had a professional, if not a moral, obligation to make such a report out of a professional duty of care to the child.

While aware his profession was not mandated, *Evan* felt that:

a legal obligation to report takes the decision making out of it which can be of benefit [to the professional]. It's so much simpler, and it's a much more effective way of doing things. . . it takes the dynamic for you and the client out so that you're able to say up front to clients, here is our

mandatory reporting status, for example I worked in the USA for three years and we had a spiel that we would tell every client that walked in the door about child abuse, neglect, suicide, homicide and we would tell everybody that if you got information that causes you to suspect or believe that abuse has occurred you would have to report it.

*(Evan, forensic psychologist)*

*Evan* also felt that some psychologists adopted a pragmatic approach along the lines that:

I think very often what people say is the pragmatic thing, that [the client] needs to get help rather than get reported, so that excuses the professional for not making a report. The problem with that is not only do you need to do the right thing but you also need to be seen to do the right thing and you need to be giving people involved the message that it's not appropriate stuff to happen and that it has an enormous impact on kids because they go, 'oh, so what I've told you is okay, it is appropriate that I can tell you, [and] it isn't appropriate what's happening to me.

*(Evan, forensic psychologist)*

*a. Influence of workplace setting and colleagues on identifying and notifying abuse:*

Two participants reported pressure from employers to *not* notify Child Protection Services of their belief of suspected child abuse. Both participants reported being pressured from senior staff who had direct authority over them. Another participant reported that while working previously for an organisation, there were times when staff felt pressured not to report certain cases of suspected abuse. Two of the participants are based in rural and semi-rural locations. Generally, reasons had to do with a fear that reporting would result in the loss of that client from the service; that Child Protection Services would not adequately respond; the person in a position of authority over the professional felt their 'belief' was not adequate for a report; and in one case, the manager of the particular service knew the family in question and felt they were under great 'stress' and that a report would exacerbate that stress.

One participant felt that an organisation she worked for helped to:

perpetuate a real view of DHS being, of child protection being these horrible people that fuck up people's lives and all this kind of thing because a client has consistently complained about that and . . . sometimes staff start to believe that yeah, child protection is the big bad, you know. . .

*(Catrina, psychologist)*

One participant spoke of a professional in a private school setting feeling unable to report a well founded belief of suspected abuse because of the social status of the school and families whose children attended that institution.

Each participant spoke of the ability to be able to discuss concerns about a case with their peers and the value they placed on being able to do this. *Diana* and *Evan* felt that this opportunity was often more difficult for professionals in private practice where they may well work alone and not have the opportunity to seek advice or collegial support. Both *Evan* and *Darren* spoke of the positive role of supervision models which provided opportunities for professionals to seek out advice from more senior colleagues.

*Evan* believed the ability to discuss case issues with colleagues, whether within a supervision arrangement or with colleagues generally, was a positive approach:

from my point of view most of these cases are so complex and you need to be very aware of your own biases and so on and you need to really bounce them off someone else and say, 'Look I don't know if I'm over responding or under responding or whatever,' and I actually think it's the thing that makes all the difference.

(*Evan, forensic psychologist*)

While two participants spoke of being pressured by supervisors against reporting, participants generally had positive experiences of being influenced in their reporting behaviour through discussions with colleagues. For most, this influence was towards reporting and three participants said they had been involved in influencing colleagues to report a well-founded belief. In *Catrina's* case, she has become a central person for colleagues to approach and seek advice and she has assisted other workers through the process of reporting.

*Darren* reported that several of his colleagues had previously worked in Child Protection and found them to be a valuable source when seeking advice in relation to cases that may require notification.

*b. knowledge of mandated status:*

As noted previously, participants were aware they are not mandated to report as *Bruce* commented, professional rumours about extending the mandated group had led to differing opinions at times as to whether psychologists had been mandated or not. *Evan* believes his professional peers have a 'pretty low' knowledge of child protection legislation and service.

One participant suggested that among his peers there was 'quite a bit of confusion about whether we are mandated or not.' He recalled a particular instance where his duty of care around confidentiality and reporting was raised with regard to a case he was involved:

I actually asked for clarification from my boss and she wasn't able to give it to me. . . so she asked her boss who did know either, so they got the solicitors involved, and the solicitors wrote a five page letter which cost something like a few thousand dollars which in the end said it was up to your professional interpretation.

(*Darren, psychologist*)

*Diana* believed that psychologists in private practice were not as well aware of issues around Child Protection Services and reporting processes because they tended to be more isolated from their peers and from training opportunities than those who worked in agencies and organisations.

*Catrina* felt it was a strange situation to have some professionals who have close contact with children and families mandated, and another lot of professionals who have similar contact, not mandated. She believed it gave mixed messages about a clear duty of care among professionals towards children and young people.

c. *extent of support for mandatory reporting*

As psychologists are not mandated to notify, few participants commented on the support for mandatory reporting among their profession though *Evan* believed that support for notifying a belief of suspected abuse 'varied' among psychologists, adding:

I think that also psychologists would often have seen the child protection issues within the domain of social work to some degree.

*(Evan, forensic psychologist)*

He further believed that reasons for psychologists choosing not to report included 'pragmatic' reasons such as not wanting to lose a client; feeling that a report would not benefit the child and not wanting the responsibility of ascertaining whether a child was at risk of abuse and therefore requiring a notification. Some professionals, he said, were afraid, fearing that involvement would lead to court appearance and court reports which can be very complicated and the professional may not be adequately recompensed for the time involved. As such, a professional may avoid reporting a belief of suspected abuse, preferring to deal with it within a therapeutic setting.

*Evan* also felt that sometimes the professional's own 'personal issues' with child abuse could interfere with their ability to notify:

There are some areas where there is clear abuse going on, professionals know about it, they've mandated reporting and if they don't report, is it because of the legislation or is it because of lack of training, or is it some personal issue that the professional won't take that on, I mean there is all those variables.

*(Evan, forensic psychologist)*

Several participants also commented that mandatory reporting created 'grey' areas and 'ambiguity' with regards to when confidentiality is breached, how that breach is dealt with professionally and in a way that does not do further harm to their client. Losing a client as a result of making a report and concern that Child Protection Services may not intervene appropriately anyway, were concerns that participants had and believed that many of their peers had also.

d. *Professional ethos*

Several participants discussed their belief that their professional ethos at times clearly conflicted with the ethos of the organisation they worked for.

*Catrina* expressed a strong professional ethos and moral obligation around the protection of children and the need to alert Child Protection Services:

in my formal training in psychology, it's been made very clear to me that I have a duty of care about professional and therapeutic responsibility and that really influences my practice. . . and even though I am not mandated I feel I have a duty of care to the child if there's an instance where I feel that a notification needs to be made.  
(*Catrina, psychologist*)

Similarly, *Diana* felt she had a 'moral' obligation as well as a 'professional' obligation to report and while she was aware that some professionals argued that reporting impacted on the therapeutic relationship she felt it was important for a therapist to be able to tell a client 'look are you aware that there are limitations on what I can keep confidential.' *Diana* felt it was particularly important to be honest about limits on confidentiality when dealing with children and young people who may want to disclose victimisation:

children come in with this too, where they say I don't want you to tell anyone anything I say at all, and that happens to kids who have been to see a school counsellor and the school counsellor has blabbed to someone, and they just don't want to go back there . . . so there's this whole issue about confidentiality and I'll say to them, you know I just want to make sure that this is in your best interests if you tell me something and that you don't harm yourself with someone else and I really need to do something about that and what do you think about that? I've had a child as young as five telling me that they hated the fact that someone else broke their confidentiality. . . I would just try and bring out that there are limits to that, if I suspected there was going to be anything happen.  
(*Diana, psychologist*)

Four participants made clear that while notification was kept anonymous, they made a point of informing the parent or parents that they were going to make a notification. In essence the reason for doing so had to do with a view that open and honest communication benefited the client, even if they expressed anger and resentment towards the professional:

I just think it let's them know straight up and I can tell them why I am doing this. I think it just keeps all the communication lines open so they aren't guessing about who reported if there is a follow up and then if they want to stop seeing me they can and go somewhere else or to another colleague.  
(*Darren, psychologist*)

Similarly, *Catrina* believed open communication with a client about her intention to report was important:



I've never had a thing for making anonymous notifications, I've always given my name and where I am from. I've always told my clients when I've made a notification, or if I am going to, because I think out of respect for them, they have a right to know, and not only that, it sends a clear message that what is happening is not okay and I don't think it's okay, and society and the law don't think it's okay, so I don't want to hide behind anonymity because I think that keeps that secret stuff going. . .in some ways it's colluding with the violence, with the abuse, with the perpetrator, and all that secret keeping and not talking about these things. When I make a notification I make clear it is for this and this and this reason, and this is the process that's involved . . .

*(Catrina, psychologist)*

- Knowledge of anyone of the same profession not making a report, despite well founded suspicion of abuse

While two participants had directly experienced being pressured against making a notification, most participants were able to recall one or more cases they knew of, where a psychologist or other professional who did not notify a well founded belief of suspected child abuse.

In four instances the failure to report had to do with the professional holding the view that the interests of the child and parents were best served within a therapeutic environment, and therefore, decided not to report their belief to Child Protection Services. Within this ethos of a therapeutic environment best meeting the needs of the child and parents, were also beliefs that reporting would breach confidentiality and would almost certainly result in the family withdrawing from counselling and either going elsewhere or refusing any sort of therapeutic intervention. The four instances involved one case of physical abuse and three cases of sexual abuse.

Notwithstanding this point, two participants discussed instances where psychologists had failed to report suspected abuse for the reasons stated above. However, they reported this decision for ongoing therapeutic contact had disastrous results for the child as the professionals focussed on the 'family' and not the needs or rights of the abused child. As such, the child continued to suffer abuse as a result of the professional focussing on therapy as opposed to securing intervention and support for the child.

One participant became aware of a case of physical abuse involving a school-based psychologist. In a professional meeting, the psychologist told the participant that the adolescent child was reporting physical abuse by one of his parents, and the parents themselves admitted physical assaults had occurred. The psychologist in this case had told the participant he did not want to report for a number of reasons:

he worked as a school counsellor, he defined his role specifically as being there to speak with the kids and counsel them, and provide them with ongoing counselling, he didn't necessarily see his role as being a

counsellor to the families, and to some extent that was true in terms of the. . . from the school's point of view; from my understanding of it his conflict was that firstly, if school counsellors report physical abuse, there's a possibility other kids won't come to him in the future, that'll get around the school and rather than being confidential, other kids will not use the service. . . another issue was that there's a dynamic going on in terms of the school not necessarily wanting parents reported, particularly in private schools where they're paying for a service so the school understands the position of the counsellor. . .the school doesn't want parents reported to the department of human services despite the fact that there's ongoing abuse; and I guess the third one is that the counsellor knew the family was getting ongoing help, and so to some degree, was in the position of saying 'well look, they're getting help already and if they are reported then probably help will stop . . . so that in itself would be counter-productive. But my view was that there was enough evidence to suggest that it was well beyond what would normally be considered 'reasonable', within the boundaries. . . it was pretty clear to me that there was in fact physical abuse going on. . . I felt that the lack of reporting was actually having a significant effect [on the child] and [so] when I was then working with the family. . . I felt obliged to report because the abuse was continuing . . . but I also know it's hard to get appropriate action from the department on reports of adolescent abuse.

*(Evan, forensic psychologist)*

*Diana* discussed two cases of suspected child sexual abuse which the professionals involved did not report. The first case involved a psychologist failing to report. The second case occurred while *Diana* was working as part of a multi-disciplinary team and involved a social worker failing to make a report:

In one case where there was sexual abuse; and the professional involved said to the family, as long as the perpetrator comes to see me for counselling we won't report this and the reason for doing that was, I think, that the person wasn't adequately trained to know what professional ethical behaviour was. Now her actual reason for doing this was a belief that she was adequate as a counsellor, but I don't believe she was, she had no training in dealing with perpetrators and didn't use the programs the professionals do use when they're working with these perpetrators. . . and I also felt there was something that she was going to gain from that financially and that was something that made me feel extremely angry towards her and she was also ignoring the child's rights by simply saying, 'Well, if the perpetrator comes to me I won't report this', and she was in no position to make this decision, but she did. There was no attempt made to remove the child from the situation and those kinds of things so her ethics were terrible and so was her professionalism. . . [there are] programs designed to address the shit they [offender] come up with in excuses you know and this counsellor had no idea at all of the ways to interact with an offender in therapy so she was not only having no impact she was not providing

any ways the child could be protected from further harm . . . like I said, it made me very angry and I spoke to her about this and warned her that this type of conduct was not on.

(*Diana, psychologist*)

This particular case is with an older child, this girl would have been sixteen, which again is that sort of grey range, you know, is the child going to have [child protection] happen or not, is she going to be [supported]. This particular girl told the social worker that she was being abused and the social worker thought that this family was too fragile to withstand the impact of the father being taken out of the family; now this girl indicated the father hadn't sexually abused her for the past couple of years but she was still dealing with its impact and there seemed to be continuing emotional abuse from the father, but there was no checking it back [to see] whether or not the sexual abuse had really stopped, no checking to see if the father had any other victims because there were younger sisters . . . the social worker had simply made up their mind that the sixteen year old was not in danger and that no report needed to be made because it might upset the father, can you believe that!. . . Then . . . my colleague starting working with the bloke somehow, I can't remember, and he reported to DHS that the father was still in the family . . . then there was this big war going on about it . . . whether the social worker would report or allow the [father] to self-report . . . it was amazing. . . it was the most incredible thing and then she reluctantly allowed the adolescent to make a report but only if a parent was present which [the girl] didn't want because she said she had no support from her mother and was in a real crisis state . . . it's extremely inappropriate and the failure to report and then much later simply suggest the father might go to counselling without ever bothering to find out whether other children in the family were safe, let alone the adolescent, it just shows the lack of education many welfare workers have about sexual abuse and the behaviour of offenders. Also, it's an obstruction of justice I think. . . it's really good that it came out into the open later because [the girl had been] discouraged from reporting and [she] felt she couldn't get any help because the person [she] thought she could trust, she couldn't.

(*Diana, psychologist*)

*Diana* also recounted a case of suspected abuse she had been involved in some years ago and did not make a report on the basis she was were unsure whether the child was acting out previous abuse that had occurred some years previously and which *Diana* has been made aware of when she began working with the child. In this case, *Diana* said felt she could not distinguish whether the child was exhibiting trauma from 'old' abuse or any possible current abuse and made the decision not to report. In retrospect, *Diana* reported that she worried a great deal about this case because at the time she was not confident in her observations. Only much later did she become aware of other information about the family that made her believe the child was more than likely the victim of recurrent sexual abuse. *Diana* reported

feeling upset about this experience and as a consequence, she has decided to err on the side of caution in future cases and always make a notification.

Four participants reported cases they were aware of where psychologists failed to notify Child Protection Services of suspected physical abuse of adolescents on the basis that previous experience in reporting suspected abuse of adolescents had not resulted in action by the Department:

I've come across cases a number of times particularly with old adolescents, sixteen, seventeen . . . they might have been a victim of physical abuse and notifications haven't been made because you've seen in the past that child protection will not actively get involved with that because of the age of the child. I think the issue of autonomy of the adolescent, or perceived autonomy of the adolescent is one thing that may make DHS think that the adolescent can work it out for themselves or get help [from other services] if they really need it.

*(Darren, psychologist)*

I know how hard it is to get appropriate action from the Department on reports of adolescent abuse. . . I think partly because older adolescents can be more difficult themselves and so it becomes an issue of . . . it is a grey area.

*(Evan, forensic psychologist)*

One participant reported that the particular organisation that employed her sometimes pressured her peers not to report, mainly because of fears that the organisation would lose clients and that those clients would let other potential clients know that the organisation may report suspected child abuse. The participant felt this particular organisation ethos was detrimental not just to her colleagues, but also to children at risk of abuse:

the staff here sometimes perpetuate the wrong side of [mandatory reporting] in terms of having a culture of not reporting and workers believing they can handle any family violence issues and there is no need to inform child protection . . . and this kind of thing happens all the time. People do come in for crisis [care] and they continually come back to [organisation] whether it be for food vouchers, housing, get me into a refuge, whatever, I think a lot of workers have the feeling that if they made that notification these people wouldn't come back, they'll go find another [organisation] instead of ours. . . but I mean if child protection become involved and then link them with other services and it's not our service then oh well that's just how it turns out but to use this as a reason to avoid notifying abuse is just appalling but it happens and can be a real problem.

*(Catrina, psychologist)*

This same participant said in the beginning she had experienced pressure from a more senior worker not to report a well founded belief she had of suspected child abuse, but she made clear her own beliefs in her moral and professional obligations and went ahead.

### ***Other factors which may influence psychologists' decisions to notify a belief of child abuse***

#### ***a. Nature and extent of any fear or concern stemming from a notification***

As with the previous section, one participant suggested a fear of the possible legal implications should a report proceed to court, can arouse considerable fear among professionals and may influence their reporting behaviours. This same participant had experienced 'flak' from making a notification and although it never influenced him to not report, he was aware that some of his peers were concerned about possible recrimination from making a notification:

Others in my profession have spoken to me about this and certainly I've had the occasional time where there is flak that comes back because of reports. . . I think if you had ongoing contact, say for example a teacher working with a child in a school and you reported, I think the potential for recrimination could be high, and you're very exposed. There's lots of situations where people, I am sure, wouldn't report because they felt afraid about [recrimination].

*(Evan, forensic psychologist)*

Three participants who worked in rural and semi-rural locales were aware that professionals in these settings may face particular barriers in relation to possible repercussions from a notification, though they each indicated it did not affect their reporting of suspected abuse. *Darren* and *Bruce* had not experienced direct problems as a result of a notification, but they were aware of other colleagues who had experienced threats and intimidation from clients they had reported to Child Protection Services. *Darren* reported an instance where the hospital in which he worked had to limit a client's access to his department after he made threats to a professional who made a notification against him. The professional in question instigated several measures for her own safety.

*Bruce* commented that he had seen the effects from both sides as he had worked therapeutically with professionals and child protection workers around issues to do with child protection. His colleagues had endured threats and intimidation by a client who had been reported to Child Protection Services and while *Bruce* did not let this dissuade him from making notifications himself, he was aware of the difficulties professionals dealing with child abuse may face in their work. *Bruce* included both his colleagues and child protection workers in his comments about possible recriminations stemming from a notification:

Distance and isolation are things. . . like the worker going out to an isolated farm or something like that and there's the problem of anonymity in a rural place . . . it's an ongoing issue and I've seen workers and they find it really hard when they run into families they have had to [report, or] investigate when they are out shopping or [at] other venues and they have come to see me and my colleagues about

it because they try to find ways to guard against that. . . sometimes they cop abuse and threats and they just hate it. . . it's terrible for them. They feel very isolated when they try to have their supervisors understand how distressing this is for them and I guess they need to find strategies to help them deal with this.

*(Bruce, psychologist)*

Personally *Bruce* believed that many clients lack the necessary social skills to deal effectively with their anger and resentment at being reported and so they sometimes over-reacted, but it nonetheless had a terrible impact on professionals from both sides.

*Diana* had no fears about making a notification but was aware that some professionals had experienced threats and intimidation, and in particular, cases where a person had been held at gunpoint by a client. Like other participants, she indicated that fears of intimidation or threats would not stop her from making a notification.

*Catrina* had experienced clients threatening her when she had made a notification and that some of her colleagues had endured abusive phone calls. She expressed concern that a few of her colleagues had been exposed to an aggressive client who attended the premises and threatened staff. They were fearful for their safety but the 'open door' policy of the organisation she was working for at the time meant that the workers could not have the client stopped from entering the building. *Catrina* felt this kind of approach ignored the safety aspect of workers who sometimes had to work with intimidating and threatening clients and recalled an incident where a worker was continually harassed and stalked by a client and was unable to have him removed from the premises. She felt that while she would not be intimidated into not making a notification, she felt that organisations should be better aware of the difficulties workers may face when making a notification.

*b. Views of current child protection legislation which may influence reporting behaviours*

As an experienced professional, and one with extensive experience in giving legal evidence, *Evan* discussed the fear some professionals had about notifying a belief of suspected abuse because of the possible legal implications:

. . . they don't want to go to court and get hammered by barristers, I mean I've spoken to psychologists who said they went to court and at the end of it, they ended up crying for half a day because they were so humiliated in the courtroom, and that's of course, a very real concern and I think one that adds to the fear of reporting and the fear of how the courts will treat your evidence.

*(Evan, forensic psychologist)*

*Evan* believed it was important that professionals be provided with training to assist them to be more 'savvy' to some of the methods used by lawyers to 'guide your evidence' in a particular way.

Two participants felt that the legislation should be extended to include the professions originally proclaimed in the legislation and two participants felt that mandatory reporting made clear the legal obligations of the professional and may reduce ambiguities around responsibility for reporting a well-founded suspicion of child abuse.

Two participants believed the legislation had not been not properly implemented and felt this had to do with the fact that not all professions originally proclaimed had been mandated; ambiguous wording of the legislation around a 'reasonable belief' and that appropriate training had not been instigated to ensure the legislation filtrated into solid practice among professionals.

One participant expressed a view that the legislation:

has decreased the effectiveness of Human Services; in the past you could say look I think there might be some abuse going on here and you could talk about it and you weren't making a notification right? You were just able to consult with the DHS and it was marvellous; it was a sense of camaraderie, I could ring up and say 'Well this has happened' or . . . it actually created a connection, and as soon as this mandatory legislation came in it was 'Well, too bad, we're now it, if you say anything to us it's a notification.' . . That was a move in the wrong direction. There was a sense of isolation . . . and no possibility of consultation and I think that is unfortunate. How are new people going to learn this stuff?

*(Diana, psychologist)*

Two participants admitted they had not read the legislation so they felt unable to comment on it.

*c. Views of current Child Protection Services which may influence reporting behaviours*

Several participants commented that a lack of appropriate response by Department of Human Services Child Protection Services to notifications in the past was sometimes considered an excuse by professionals not to notify a well founded belief of suspected abuse:

I think that's another reason why people have not reported. . . they go, 'Well what happens, I'm going to report, DHS is not going to have enough resources to do anything, they' re going to say [to me] well you keep working with the family'. Now that I've reported the family is not going to work with me so what am I going to do in helping this child? So that really comes down to an issue where I think many practitioners say well my main aim is that I'll try to help the child. . . there's no one else going to help this kid, the family will pull out of services if they [reported] ... so what do you do?

*(Evan, forensic psychologist)*

Similarly, *Darren* and *Diana* spoke of their role as 'de facto child protection workers' saying that when they had contacted Child Protection Services to make a notification they were told that since they were now 'involved' with the family, there was no need for Child Protection Services to become involved. They believed this stemmed from the overwhelming notifications made to Child Protection Services and in *Darren's* case, the geographical distances of notifications in small and sometimes isolated rural areas. In commenting about this, *Darren* said that as a consequence of unwillingly taking on the role of 'de facto child protection worker' the image being erroneously cultivated was that notifications in his region were lowering which was not correct – it was simply that Child Protection Services were not actively taking up the notification because welfare professionals were being forced to do it on their behalf.

All participants stated their belief that the Department of Human Services Child Protection Services was severely under-resourced both financially and in terms of staff.

Three participants believed child protection workers were often dedicated to their task and worked in an 'extremely difficult area' with a 'high turnover rate' of workers and with problems of 'burn out' among workers.

Four participants commented on the problem of inexperienced workers who were often straight from a university or TAFE course and were ill-prepared for the reality of the work involved:

They are sometimes interventionist, rather than trying to support the family. Occasionally I've seen them work really superbly . . . and it was clear that [workers] were absolutely dedicated and wanting to do something for the family and kids. You get pockets of people who are working really well in that service; but then other times you get young kids, say just out of uni and they don't know, don't have any experience, or life experience to go on, and they intervene and meddle in cases and you think, 'oh you know, it makes the situation worse'. . . the usual perception of DHS is that they meddle [and are] incompetent.  
(*Diana, psychologist*)

Some days I think they work really well and then on other days you're quite frustrated and flabbergasted at some of the things. . . even though you have to make a notification, by getting them involved it actually won't improve the situation. . . the child protection system is, well my way of looking at it is that it's in a state of crisis itself because of a lack of workers and lack of worker's experience. . . [peers] view it negatively, but at the same time they're like myself, very, admiration is not the word, but it's certainly not a job that I would want to do . . . I think it requires a certain type of person, and maybe child protection need to look at that a bit more as far as the type of person [is concerned]. I think a lot of [workers] burn out because they're not suited to it. . . the level of experience that is needed in that kind of work



is very high and yet they are getting people often with minimum training and experience. . . they're doing if not the hardest, one of the hardest jobs in the human services field yet a lot of the time they're employing new graduates, fresh out of uni with very little experience.

*(Darren, psychologist)*

*Bruce* who has worked professionally with child protection workers across various regions felt confident to comment on his observations of the service:

I think regions do vary a little bit and the competencies of individual workers can vary a lot and you see people who really have no idea they are learning as they go along and doing things as best they can but whether they are the right way or the wrong way to do something but by then it is too late and the experience is bad for the worker, the family and the professional who made the report. The [Department] is under-resourced often, or the workers are inexperienced, young and they tend to burn them out in my view, exploit them, and I think the nature of the work can be very stressful so there are quite a few stressed at various times and can't handle it and eventually leave so that another lot come in and the same thing happens. . . The workers are not adequately protected with supervision and that sort of thing.

*(Bruce, psychologist)*

One participant who was often involved in cases of domestic violence where children were also being physically assaulted said she found it very frustrating to deal with child protection workers who had little if any proper training or education around the dynamics of domestic violence, leading to enormous difficulties when the worker tried to have child protection intervene in such cases:

I think that if we are serious about child protection we need to have services coordinate an approach that meets the demands to properly help children and DHS workers do need to be more educated around things like domestic violence and child abuse so they respond more appropriately.

*(Catrina, psychologist)*

The earlier comment by *Darren* and another worker that they had become unwilling 'de facto child protection workers' meant that Child Protection Services responded inappropriately to notifications:

For about four or five years, the workers here within the community health service have basically acted almost as de facto child protection workers. . . Now that child protection is stationed a fair distance away so they have to travel they are saying there aren't as many notifications here but that is because the workers often know they won't get a response so they have taken up the role of working with the child and their family so it looks like there are less notifications but it's just that we are handling the cases within our own workloads . . . the only families I'm working with are the ones that are really in extreme crisis, so the ones that need preventative care or are actually living with

abuse are not getting the response they should from DHS. . . I worked with a young boy, he was around eight, he was incredibly high risk. . . I think he was starting to develop a criminal record. . . when we tried to get him assistance from child protection, they didn't respond, so we, my boss at the time, we called a meeting with child protection workers [and they said] because at the time we were providing counselling for the boy and his mother and child protection worker said, well there is no need for us to become involved, you are working with the child . . . you don't need us and we said to them . . . does this mean we have to withdraw services so that you will then act to assist the boy who really needs better intervention services than we can offer. And that's happened in other places I've known and it's happened here as well on a number of occasions so it looks like reports are down or at least stable but that is because we are taking on the de facto child protection role.  
*(Darren, psychologist)*

I've had [cases] sometimes where neglect was severe and needed to be reported and they're the ones where I have worked with colleagues. . . you know what are we going to do, and probably taken on a de facto human services role by putting other services in place with that family, because sometimes it's a voice in the wilderness trying to get DHS to act.  
*(Diana, psychologist)*

Similarly, another participant expressed frustration at trying to get Child Protection Services to act for adolescents who she considered to be in a high risk category:

They'll say well at the moment they are not at risk as you are working with them and that's good, and I say, well do I have to wait until a person is homeless and has no support and they say well yes, more or less, so that's just an example. . . I rang up about a case and they said yes, we do know about that case, it was closed a while ago, so I'm left saying okay, but I am telling you that this is what is happening now and then because a crisis centre [is involved with child] well you know, end of story.  
*(Catrina, psychologist)*

Several participants reflected on the need for Child Protection Services to cultivate a closer relationship with mandated professionals to improve the efficacy of their response to notifications:

they need to build the relationship up with professionals to create mutual respect and trust, and I've had horrible conversations, they've been quite rude and I'm thinking well you need to develop a relationship, I don't want to work against you, I want to work with you, but at the same time, this is my client. . . I think that some of the reasons that not all professionals are supportive of child protection workers is that some of the workers do help to perpetuate the myth that they're there to steal the child and all this sort of thing, because often they will ring me and get information about that client and as you talk to them you hear them tying into their system and getting all this

information because they have to write a report for court because they want to apply for custody ... or whatever it is they're doing and it's almost like they just want what they need from you and don't really listen to your concerns or ideas, whereas in my ideal world I think well, if I am working with that family, I am a great link to help prevent further notifications and to provide support for this family and they should be nurturing that . . . [whereas] the notification may result in the person being plucked away from the support structures that can also work positively with [Child Protection Services] to reduce the risk of re-notifications.  
(Catrina, psychologist)

We need to work together rather than see [notification] as a report we make and then we are tossed to the sidelines while they then take over and sometimes the results can be just terrible. . . Generally DHS are perceived in a very negative light and part of that, I believe is the lack of contact they have with those services and professionals that make the reports to them because it becomes a kind of them and us and we make a report and then are isolated from it and most often don't know what is going on or how it's progressing and most of the time we get no feedback about the outcome so if you want to know you have to chase the case worker around all over the place to try and get a response. That makes it very hard and people get frustrated about having to put up with this when they make a report.  
(Diana, psychologist)

*Diana* considered re-notifications were a real worry and indicated the service is not responding 'effectively with families where there is repeat abuses' and again felt that a closer relationship between professionals and Child Protection Services could be a positive move to reduce re-notifications.

*d. Influence of the media on psychologists' reporting behaviours*

In the course of the interviews, two psychologists made reference to media reports which highlighted problems with the competency of Department of Human Services staff in responding to notifications. Although the psychologists concerned did not attribute their misgivings about Child Protection Services to these negative media reports alone, the reports may have had some bearing on further reducing the level of confidence the two psychologists had in the Child Protection Services' ability to deal effectively with notifications.

*e. Issues relating to geographic location of practice*

Locale was raised by two participants who worked in a rural and semi-rural setting. *Darren* discussed the worry some professionals had about notifying since anonymity and confidentiality were difficult to maintain in small communities:

for example. . . places like [town] all they have is a school basically and that's it and I often think in those towns that it would be impossible for a teacher to make a notification anonymously, it would absolutely be

bloody obvious where it came from, because they're the only people who would do it, they're the only professional in town who is going to make a notification. . .so I often think how difficult the position would be for them. It's difficult here because it's small, but it's so much smaller in places like that.  
(Darren, psychologist)

Another participant felt that a rural locale may pose additional problems for professionals dealing with child abuse and family violence:

What I think can be difficult is that . . .some live in rural or semi-rural type areas and most clients get to know where you live in the area and you tend to be known as a professional [in welfare] so anonymity is hard and I guess that can make a difference and I don't think my [organisation] thinks of that. In our work place we often get abused like verbally and physically sometimes and I think that creates a lot of fear that if someone makes a notification, even though they can do an anonymous one, that person might come back and abuse them or assault them, stalk them whatever.  
(Catrina, psychologist)

*Catrina* went on to describe two particular incidents involving attendance at an isolated community safety house and attendance at an isolated farm house where the male was known to be violent and frequented both places. On one occasion police were seeking his whereabouts after a report of him perpetrating violence and *Catrina* had been sent to one of the houses and was not warned the man was armed and being sought by police.

*Bruce* commented that rural communities were not always as quick to adopt practices such as mandatory reporting of suspected child abuse because of differing socio-cultural values and felt this might mean that:

there might not be a culture of necessarily reporting that sort of behaviour and also there are distance and isolation.  
(Bruce, psychologist)

### ***Psychologists' suggestions for better protecting children from abuse***

Three participants suggested that the legislation should be broadened to ensure that psychologists were mandated and two believed that professions that brought people into close contact with children and families, should be mandated.

*Evan* suggested that good assessment work around child abuse and neglect was essential to ensure appropriate and timely prevention and intervention:

One of the difficulties that I see is that there are often clinicians doing assessments for, within the child abuse area who really have limited training or experience in that area and really it's highly specialised, it's something I think you come to experience, you do better with a lot clinical experience and forensic experience, you are able to see through issues . . . for example there are other kinds of things like Work

Cover and TAC and so on, and what they're about is that people have specific expertise in certain areas and they're able to do those kinds of assessments as well, I think those kinds of things need to be coordinated at the child protection level and I think the other issue [to be improved] is the court system around child protection. . . I've had situations where I've been cross examined for two days in court on cases that from my point of view were such obvious cases of neglect and abuse, that by the end of two days what do you say, there's this massive evidence that this happened to multiple kids through the family but because of the adversarial system it's all got lost, the child goes back home, the child continues to get abuse, now I mean that's not only a waste of public money, but it's soul destroying.

*(Evan, forensic psychologist)*

*Evan* went on to state the courts:

often treat DHS as the nasty Rottweiler and from my point of view that's completely inappropriate, particularly those who've had an independent assessment done where people will say 'I'm concerned about this issue,' and I'll say 'I'm concerned too' but it's not one that go on to legal. . . I'm sure there must be other models and I think that would make a difference [because] there's often legal practitioners who will say [to the parent] now you must fight in this manner etcetera, etcetera instead of cooperate, you know, let's work with the DHS, because often that's the point, that then DHS says well we can't work with the family court, partly because the law is saying [to the parent] you shouldn't cooperate with them, it's kind of, you know, you wonder whose feeding who and why they are doing it.

*(Evan, forensic psychologist)*

Three participants suggested a more coordinated approach between Child Protection Services and professionals and agencies to ensure more appropriate responses to notifications. To accomplish this, *Catrina* felt that Child Protection Services needed to 'cultivate' a closer professional relationship with professionals and services to promote mutual trust and respect and a coordinated response to a notification.

One participant suggested the establishment of an inquiry line:

if they had something like an inquiry line, it would help. It just allows the professional to get advice about a case that they are still not sure if it is reportable or not or they have got other difficulties they are dealing with so instead of feeling confused or isolated they can ring an inquiry line and, you know, I think that sort of thing is really important. . . I could get on the line and know someone on the other end and I could just say, 'look I have this info, what do you think?' I think it's a consultative thing, and I think it [would be] marvellous. . . it means [Child Protection Services] begins to have this permeable membrane, this inter-connectedness which I think is good. *(Diana, psychologist)*

Two participants believed that the Department of Human Services needed to put in place strategies and criteria that reduced the high staff turn over among child protection workers and the difficulties encountered with inexperienced workers:

child protection should be a job that people work towards rather than the first job they come across. It should be the job at the end when they are more experienced and more capable. It should be a thing of 'Oh one day I want to be a child protection worker because I really want to help kids'.

(Darren, psychologist)

I think it would be really useful if they were both resourced and trained to do more and if the department looked at ways of supporting and training their staff and got more experienced [workers].

(Bruce, psychologist)

Better training of both child protection workers and more training for professionals was also raised by many participants. Training for professionals should cover the complexities of child abuse as well as the processes involved in making a notification. *Catrina* believed that demystifying Child Protection Services, such as the processes around notification could improve professional confidence and respect between professionals and child protection workers.

### ***Summary: influences on psychologists' reporting behaviours***

Though not a mandated profession, it was clear that psychologists felt a professional, and at times moral, obligation to notify Child Protection Services of a well-founded belief that a child was at risk of abuse or neglect.

Variables that influenced reporting behaviour included concerns about breaching client confidentiality, a belief that a notification would adversely affect the therapeutic relationship, concern that a notification would not necessarily lead to appropriate intervention, and, on occasions, a belief that while a client is seeking counselling, there is no need for a report.

It was also suggested that the legal implications of notifications may inhibit some professionals from reporting and in some instances, the work place adversely influenced the professionals' willingness to report or created barriers to reporting. Interviewees were aware of added pressures on psychologists working in rural areas. They were all familiar with instances of psychologists who had made notifications being threatened with violence from alleged perpetrators, but all maintained that such threats would not be a factor in dissuading them from making a notification.

### **5.2.3 Interviews with Psychiatrists**

#### ***Mandated status***

Psychiatrists are mandated to report if they form a belief on reasonable grounds that a child is at risk of significant harm as a result of physical injury or sexual abuse.

#### ***Characteristics of sample***

Three psychiatrists consented to be interviewed for the study, two of whom were male (*Alan* and *Brian*), and one female (*Belinda*). They each had from 21 to 28 years experience. All three are attached to a hospital. *Brian* works in a hospital specialising in children, *Belinda* works in a general hospital and *Alan* works in a child/adolescent centre. Two reported they also had private practices. All three are based in Melbourne.

#### ***Experience of working with children at risk***

Two reported extensive experience with children at risk and one participant reported that most of their contact with 'at risk' children occurred in their private practice. *Alan* had extensive experience working with children in NSW where mandatory reporting has been introduced since 1977 and worked in Victoria pre and post the introduction of mandatory reporting.

#### ***Extent of knowledge of the processes involved in making a notification***

##### ***a. Experience of making a notification***

While each psychiatrist had experience in making a notification, they each were more often involved with children and their families post-notification. That is, the child and their parent/s became their clients once a notification had been made. Two psychiatrists reported that they had made few notifications, adding that even then, the notifications often formed part of a team approach to notification. An exception was *Alan* who had worked in the NSW health system where mandatory reporting was introduced in 1977. As a result of his early career work in this system *Alan* had a good deal more experience of making mandated notifications.

Both *Brian* and *Alan* reported that if a situation arose where a notification was required, it was often made by another party or they were consulted for their professional opinion as part of a team approach to the child considered at risk.

##### ***b. Extent of training in child protection***

All three reported in-service training with *Belinda* reporting specialist training on the issue of child protection while undertaking a course in child psychiatry. *Alan's* extensive experience and practice in child abuse reporting has led to

him being involved in conducting training workshops for psychiatrists and other professionals on the issue of child protection. One participant felt that while there was an emphasis on training when the legislation was first introduced, it has not been followed through in a way that encourages confidence among mandated notifiers:

There was a flurry of activity when it came in, in term of making sure everyone knew about it and followed it and was educated about it, but now I don't think the training has been very good, it just sort of follows the legislation itself [and] I am sure there are. . . the interpretation...the ambiguities in it to do with mandatory reporting.

*(Brian, psychiatrist)*

c. *Nature of evidence that would be used to form a belief that a child was at risk*

*Brian* and *Alan* had individually reiterated that the bulk of their cases were post-notifications so they had not had to form a belief for notification purposes. However they reported that on those occasions where they did make a notification it was connected with physical abuse or neglect. Indicators included physical evidence on the child such as bruising or obvious signs of neglect; a previous history of abuse by the parents towards that child or another child from the same family. *Belinda* reported that she relied on personal observations of the child and/or the parent, reports by others of possible abuse of the child or a disclosure by the child. Two participants reported that sexual abuse was a more difficult matter on which to notify given the lack of clear physical evidence. One participant said he found it useful to question the child and observe their responses as well as to refer to evidence documented by other professionals.

While each participant relied heavily on children presenting with physical symptoms, information or disclosures by the parent, other caregiver or the child themselves, both *Brian* and *Alan* noted the difficulty of determining a reasonable belief in cases where the evidence was minimal or complex in nature.

*Alan* spoke of cases involving parents with a known previous history of having a child or children taken from their care and how this might affect a professional dealing with another child from that same family who may not appear to be at risk of abuse but, given the previous history, how this might be read and monitored by a professional. He suggested that a good deal of forming a belief came down to 'professional judgement':

It's an essential part of this, your professional judgement, given that there aren't watertight guidelines. I think it's relatively easy if you have a child with a broken leg and the history doesn't make sense in terms of the injury then I think that's very straightforward. . . although it's not straightforward when you are confronted by a client and there are all sorts of more or less reasons for what might or might not be abuse and the issues can be complex and require a complex judgement and often



it's a lay person who is saying 'does it reach the threshold, does it get over the bar so to speak, so that it requires a report.

*(Alan, child/adolescent psychiatrist)*

In a similar vein, *Brian* suggested that complex cases of suspected child abuse, for example, those cases in which a child presents with complex injuries or illnesses or where a parent in a 'marital dispute' alleges child abuse, create difficulties for the professional who may be trying to weigh up these factors and decide whether it necessitates a mandatory notification. *(Brian, psychiatrist)*

### ***Perceptions of their responsibility to identify and notify child abuse***

All three participants expressed difficulties associated with being mandated to report suspected child abuse, although *Alan* identified clearly that the rights of children to protection from abuse were paramount and for those reasons he agreed with mandatory reporting. Specifically, while each participant accepted they were legally mandated to report suspected child abuse, two believed their obligation to report did not necessarily ensure appropriate intervention or prevention.

*Brian* believed that mandating psychiatrists removed the legal ambiguity around whether to notify suspected child abuse but expressed concern that it was driven by a legal requirement and questioned whether this was helpful:

I mean, how effective is it to mandate us to report when protective services don't seem to be coping all that well with those reports?

*(Brian, psychiatrist)*

Although *Alan* understood the philosophy underpinning mandatory reporting, he discussed the other side of this, saying he believed the difficulty with mandating psychiatrists related to the ethical dilemmas it presented for therapists and medical professionals, suggesting there was an argument that could be mounted to exclude all therapists in order to protect the privacy of the client/therapist or client/medical doctor relationship.

#### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

All participants reported opportunities to discuss issues around notifications with colleagues and found this area of professional support helpful. Two psychiatrists reported that they relied heavily on discussing case issues with other colleagues in team meetings. They found this a valuable exercise both for obtaining information from other colleagues about a particular case as well as being able to discuss their concerns or observations about the case in question in order that each professional was up to date with information about that particular child. *Belinda* found that colleagues who had experience working previously in Child Protection were a good source of support when considering a potential notification.

*b. Knowledge of mandated status*

Each participant was aware of their mandated status and believed that their peers would also be reasonably well informed, especially those who worked with children. Two participants felt the legislation was ambiguous and while *Alan* felt this ambiguity was necessary, as definitions may serve to hamper professionals' views of 'abuse', *Brian* felt the legislation was 'too ambiguous and written more for lawyers.'

*c. Extent of support for mandatory reporting*

*Alan* expressed support for mandatory reporting:

For me, I support the rights of the child in the sense that I think the International Convention on the Rights of the Child identifies children's very specific rights and needs, and our society has a duty to protect those rights. . . as a child psychiatrist, and I don't say I always achieve this, but my primary obligation is to the child.

*(Alan, child/adolescent psychiatrist)*

However, he expressed awareness that others in his profession were far less supportive of mandatory reporting:

I think a lot have serious reservations about [mandatory reporting]. They have seen DHS respond badly or not at all and worry about confidentiality so they avoid making a notification.

*(Alan, child/adolescent psychiatrist)*

*Belinda* expressed the view that while mandatory reporting was understood as a legal requirement to 'be adhered to', it was complied to 'without enthusiasm' because of concerns about the quality of intervention or even lack of intervention by Child Protection Services.

*Belinda* also felt that mandating psychiatrists to report suspected abuse did not necessarily ensure effective protection of children:

I don't think [the legislation] improves the likelihood of making appropriate reports or reports that will result in appropriate prevention.

*(Belinda, psychiatrist)*

*Brian* believed mandatory reporting was a reasonable way to ensure the protection of children but also felt that the legalities of it were poorly understood by others in his profession and created a layer of fear around reporting that should be addressed.

*d. Professional ethos*

*Alan* was keenly aware that others in his profession, who had an adult client base unlike him who had child clients, may well regard their professional responsibility as one that conflicts with mandatory reporting:

There are potential conflicts without a doubt . . . I do accept that if you are in a different capacity then that can be tricky and involve a much greater conflict. For me the more difficult area, and I'm sure that many clinicians struggle with this, is that once you get to know somebody, even if they're doing awful things, you often can understand their perspective and you are somewhat blinded to what might be going on because of your wish to help or to understand, empathise etc. And I think you can be swayed away from what is your legal obligation on the basis of all those factors. I suppose that's one of the reasons I am in favour of mandatory notification. (*Alan, child/adolescent psychiatrist*)

This last point aside, *Alan* commented that mandatory reporting in itself created dilemmas for psychiatrists around the issue of breaching confidentiality and trust:

There is an argument which could be mounted, particularly by therapists . . . that there ought to be an exemption [from mandatory reporting] for therapists. . . I think it is difficult. . . where someone is seeing someone for ongoing treatment over a period of time on a fairly regular basis, then the core of that treatment has got to be around trust; then I think there is a really serious conflict of interest if you try to be a therapist and then you become a mandatory notifier and that debate has been had in the literature . . . I think it poses an ethical dilemma for all doctors whether it's in terms of your betrayal of the trust of your responsibility for the well being of the child, it's a complex issue. (*Alan, child/adolescent psychiatrist*)

Both *Alan* and *Brian* discussed the issue of breaching confidentiality when making a report and the potential conflict with the parents as a result of having to make a notification. *Brian* noted that this may lead to the parent or parents deciding to terminate their contact with the therapist out of anger that a report has been made and said that he felt it was possible to have the client/s 'take the anger elsewhere and still be able to work with them' to ensure a best outcome for the child and their parents.

- Knowledge of anyone of the same profession not making a report despite well founded suspicion of abuse

Two participants discussed instances where a psychiatrist did not report a well founded suspicion of abuse. Both concerned child sexual abuse. *Belinda* outlined several examples where a psychiatrist had originally made repeated reports to Child Protection Services about the suspected abuse of more than one child from the same family. After what the psychiatrist believed were repeated failed interventions in which the children were repeatedly returned to the family, which the psychiatrist believed was 'harmful' to the children's welfare, fresh concerns by the psychiatrist were no longer reported. *Belinda* also reported a failure by a psychiatrist to report suspected sexual abuse of an adolescent because the psychiatrist had reported previous

experiences with Child Protection Services whereby they 'seemed much less inclined to intervene, despite statutory validity of [the abuse]'.

*Brian* suggested there were a number of cases in which a well founded belief went unreported, for a range of reasons but did discuss one particular case involving a mother who disclosed a belief that her very young daughter was being sexually abused. In this particular case, the professional felt

a lack of hard evidence; also it was going to complicate the [client/professional] relationship, and also create a lot of work for the [professional] and [they] didn't feel able to manage with that . . . it was going to take a bit of time and in the end the [professional] didn't report the matter because it was just all too hard and [they] felt it was best not to take any further action.

***Other factors which may influence psychiatrists' decisions to notify a belief of child abuse***

Each participant reported that collegial support influenced them when making a decision about notification. *Belinda* believed that contact with colleagues who had experience working in child protection or working closely with a particular type of case influenced her decision making as to whether to notify a case. *Alan* reported that he most often played a role in influencing others, rather than being influenced by others. In particular, he found that colleagues sought his advice with regards to concerns they had about the processes involved in making a report and whether or not their 'hunch' about suspected abuse met the 'threshold' of reasonable belief requiring a mandatory report. *Alan* also noted the role of team discussions as a useful forum to assist professionals, who may be seeking further case information from other workers, or seeking to clarify their own observations about a particular case, with a view to deciding whether it should be reported or not. Similarly, *Brian* noted that team conferencing, where cases were discussed and information shared, provided a forum where decisions about notifications may be made. *Brian* reported that he had played a role in influencing other colleagues in their decision making on notifying and had also been influenced by others in his own decisions. In most cases he had been influenced in ways that led him to make a report although he had sometimes been influenced by colleagues against making a report on the grounds that he lacked evidence and that the risk to the child was considered 'low'.

***a. Nature and extent of any fear or concern stemming from a notification***

All three participants acknowledged the possibility of recrimination for making a report though each suggested that open communication with the alleged perpetrator was important.

One participant discussed a fear of possible legal repercussions as a result of making notifications and suggested this may dissuade notifiers from reporting:

It's often around the very difficult area of forming a belief that there's problems. Deciding whether to report a belief and worried that it might be wrong and the consequences of that. This is based on talk among some colleagues of a fear of a legal backlash where there's threats of legal actions and things [when you make a report] and it can get very bitter and nasty...it's usually the threat of legal action that worries colleagues the most.  
(*Brian, psychiatrist*)

Another participant, Alan, reported that while he had experienced forms of intimidating behaviour from adults he had made a report against he felt it was very important that professionals 'should not be intimidated out of doing something we believe is right', adding that it may well be necessary to 'find ways of protecting the notifiers rather than have them being bullied out of notifying.' He further reported that several years ago, after being involved with a number of child abuse cases that resulted in court proceedings, he decided to de-list his phone number as a security measure. (*Alan, child/adolescent psychiatrist*) Building on this scenario, *Alan* expressed concern for possible recriminations faced by child protection workers as well as notifiers. He was aware of instances where protection workers had encountered dangerous situations as a consequence of investigating mandatory reports adding there was a difference for a professional 'sitting in the comfort of a consulting room' as opposed to a child protection worker visiting a house where they may encounter an 'aggressive' individual or couple.

*b. Views of current legislation which may influence reporting behaviour*

Each participant felt the legislation had done little to advance the protection of children and that the legislation was difficult to implement for a range of reasons, mostly connected to services being under-resourced and under-funded. *Brian* believed the legislation was 'too ambiguous and written more for lawyers' than professionals, claiming the legislation posed legal worries for some professionals. He further noted the lack of training and education around what the legislation actually means in practice, as opposed to what it states, created difficulties for some professionals with regard to interpreting the wording of the legislation.

*Brian* also believed the legislation was not efficacious to meeting the needs and rights of the child in as far as protecting them from abuse:

I think one of the reasons [peers] are resistant to reporting is that they feel the legislation won't address the child's needs anyway. It's like a position of parents' rights . . . it is perceived to be that the parents' rights have greater sway. . . so it doesn't seem to be effective. . . [the legislation is] inadequate.  
(*Brian, psychiatrist*)

*Alan* believed that while the legislation working around 'reasonable belief' was necessarily ambiguous, as too clear a definition would not encapsulate the complexity of child abuse cases, the concept of 'reasonable belief' was very subjective and open to excessively wide interpretation. Most importantly,

*Alan* felt the legislation created unbalances by mandating a number of professions but only gazetted some of those professions as mandated notifiers. He argued that at times this had created confusion among some professionals who believed they were mandated to report when in fact they were not:

There are numerous professions. . .who have been proclaimed and others who aren't . . . when they have a range of professions who are regularly in contact with children who are not mandated to notify while others are mandated it makes it more complex and really all professions that come into contact with children and young people should be mandated. *(Alan, child/adolescent psychiatrist)*

*Belinda* expressed concern that the impact of the legislation had been limited:

I doubt there has been an increase in serious reportage. If anything I feel there has been a decline [as a result of the legislation] in the sense that a genuinely useful outcome occurs. *(Belinda, psychiatrist)*

*c. Views of current service which may influence reporting behaviour*

Previous negative experiences with Child Protection Services, or contact or knowledge about negative experiences and outcomes by other professionals, with Child Protection Services had the potential to influence notifications. One participant stated that knowledge of unsatisfactory outcomes stemming from mandated reports to Child Protection Services and concerns about the implications of breaching confidentiality meant that some professionals were 'not persuaded that mandatory reporting leads to better outcomes'. *(Alan, child/adolescent psychiatrist)*

Two participants spoke of the resistance they and other professionals had encountered when seeking to make a notification of suspected abuse of an older child or adolescent. As a consequence, they were aware of some cases of suspected abuse involving older children and adolescents were not reported because of the professional's belief that Child Protection Services would not respond anyway.

Two participants (*Brian* and *Belinda*) expressed concern about the efficiency and effectiveness of Child Protection Services and while the third participant (*Alan*) was aware that professionals had 'serious reservations' about the efficiency of protective services, he was aware that it was an extremely difficult area to work in.

*Alan* expressed a view that Child Protection Services needed to better prioritise cases in order that serious cases were dealt with expediently. He was well aware of the extremely high number of notifications reported in Victoria alone and the logistics of working through these cases with the resources and funding made available. For these reasons he felt the Department, as well as professionals, needed to be able to prioritise cases of suspected abuse to ensure the maximum protection of children at risk.

*Brian* believed that a significant 'deficiency' within Child Protection Services was the lack of information and feedback to professionals who made a notification. In some cases he never heard back from Child Protection Services after making a notification and he found it incredibly difficult to know who to ring to obtain feedback and found the 'control of information' from the Department created barriers between child protection workers and the professionals who made the notification.

*Brian* also felt the response of Child Protection Services was:

inadequate. . . there seems to be a lack of appropriate backups and supports or producing support from the courts which basically decides the outcome. . . the child is often left with the parents and child protection workers are under resourced and stretched so it doesn't seem to be effective.

*(Brian, psychiatrist)*

*Belinda* reported that others in her profession viewed Child Protection Services as having workers who were 'over taxed, anxious and often under-experienced and therefore, very inefficient'. She felt the effectiveness and efficiency of Child Protection Services was:

very limited. . . far too much emphasis on short term interactions whatever the context happens to be, and far too little emphasis on continuity and genuinely long term planning. It recently took three days for me to be able to speak with a child care worker at a major metropolitan DHS office.

Two participants expressed considerable concern at the reluctance of Child Protection Services to respond appropriately, or at all, to notifications of suspected abuse of older children or adolescents:

It seems that there's a big dilemma when it comes to reporting suspected abuse of an adolescent. The older teenager may need special care but how best do you deliver that care...often protective services don't respond well to reports for adolescents. The focus is more on very young children so it creates problems about what types of care and intervention you can get for them as they tend to fall into a gap area.

*(Brian, psychiatrist)*

One participant expressed a concern that this reluctance to respond to these types of reports affected reporting behaviours among those from her profession as the 'experiences led [professionals] to give up.' *(Belinda, psychiatrist)*

d. *Influence of the media on reporting behaviours*

*Alan* noted that some of the reservations among his colleagues about mandatory reporting may well be influenced by what he described as the 'waves of quite substantial criticising the way the service operated, and I think many of those criticisms are justified' (*Alan, child/adolescent psychiatrist*). However he found it difficult when others then made what he described as simple solutions to fix a very complex problem, adding that child abuse was an issue that needed to be owned by all of society and not just a department or some professionals.

***Psychiatrists' suggestions for better protecting children from abuse***

*Brian* believed that Child Protection Services should develop stronger relationships between mandated professionals and others who work in family and child welfare services, to better respond to the needs of at risk children. He suggested the need for Child Protection Services to:

show that there was a system that worked with professionals and not just on its own, you know, you give us a notification and we take it from there. . . there should be a closer relationship between protective services and professionals [so that] you can ring up to clarify information and see how a case is progressing . . . you should be able to understand what happens when a report is made and how you can access the progress of that case and not just notify and then never hear back from the department again.

(*Brian, psychiatrist*)

*Brian* also suggested the need for ongoing and improved training of professionals and the importance of updating training and education programs, especially the need to share new information and research.

*Alan* had previously mentioned the need to better prioritise cases of suspected abuse. As difficult as it was, he believed that being able to find consensus to identify 'serious' cases from those that could be considered 'relatively trivial' was important if Child Protection Services were to create effective and early prevention.

***Summary: influences on psychiatrists' reporting behaviours***

Participants in this case very often became involved in case post-notification, however they each had experience with making a mandatory notification. While each participant understood the legal requirement to report suspected abuse and took this responsibility seriously, there was an awareness either by direct experience or through collegial contact, that reports did not necessarily lead to efficacious outcomes for the child.

Participants relied predominantly on evidence including their observations, physical signs of injury, disclosures, or information from parents, caregivers or



other professionals involved with the child and/or family when deciding on notification. A lack of clear evidence was considered a reason for choosing not to make a notification. Two participants either had experience of, or were aware of, cases in which Child Protection appeared reluctant to act on notifications involving adolescents and this was considered to influence a willingness to report suspected abuse of adolescents. One participant believed that some professionals had fears about a legal backlash if a notification was not substantiated, especially around complex cases, and felt that this may influence professionals not to report.

Participants made good use of collegial support and information sharing through team meetings and case conferencing to help them clarify issues around whether a case met the threshold for reporting.

One participant felt that some professionals worry that making a notification breaches confidentiality and therefore may avoid making a notification.

The strongest influence discouraging psychiatrists from reporting stemmed from their opinions about the effectiveness of Child Protection Services. Previous experience or knowledge of inappropriate intervention, poor outcomes or no intervention at all, were cited as reasons that may lead to some professionals choosing not to report suspected abuse.

## **5.2.4 Interviews with social workers**

### ***Mandated status***

Social workers are not currently mandated to notify. Although under the *Children and Young Persons Act (1989)* social workers are listed amongst the specified professionals required to notify to protective interveners of any well-founded belief they may form that a child is at risk of significant harm, like psychologists, this provision has not yet come into force.

### ***Demographic characteristics of the sample***

There were five social workers interviewed; three were female and two were male. Two are based in Melbourne, one works in the outer metropolitan area, and two work in hospitals - one in a regional city and one in a rural town. *Isabel* works in a community health service in suburban Melbourne and has had 10 years practice. *Kate* is a student welfare co-ordinator at a large private school in Melbourne, with twenty years of experience as a social worker, including some years as a social worker in a pediatric hospital, and some years as a child protection worker overseas. *Jack* works in an outer metropolitan agency as a case manager for people with disabilities, and has 16 years experience. *Ian* is a hospital social worker with 20 years experience, based in a rural town of about 10,000. He has had experience in working as a child protection officer. *Jenny* is a member of a hospital management team in a provincial city. She has had 20 years experience in a variety of social work settings, including local government and community agencies, mostly at a senior level.

### ***Experience of working with children at risk***

All social workers interviewed had had experience in working with children who may have been at risk of abuse. Two had worked for a time in Child Protection Services.

### ***Extent of knowledge of the processes involved in making a notification***

#### ***a. Experience of making a notification***

All of the social workers interviewed had made notifications. The number of notifications they had made varied. *Ian* indicated that he had made 'heaps' of notifications; *Jack* said he had only been involved in two cases.

#### ***b. Extent of training in child protection***

Each of the five social workers was asked about the extent of training they had received in child protection, and how they had built up their own knowledge. Quite divergent views and experiences came to light.

- Pre-service training

Four of the social workers stated that they had had some training in child protection matters in the course of their pre-service social work qualification. *Kate* said that she had had no training at all, and described her first job in a children's hospital as 'a birth by fire'. As she put it:

In retrospect, I was just a baby social worker; I had to learn it all too fast. There was the head nurse at Casualty, the sister in charge of Casualty, and the Deputy Director of the Hospital, at that time, they were really the only two people who had any understanding of child abuse. The three of us really became a team. We actually worked very well together. But I still remember being marched out of the orthopaedic ward because I suggested a kid needed a skeletal survey. The kid had injuries going back a long time. There was a very obvious pattern. Anyway, this kid was taken to the next hospital; ...and fortunately they treated it for child abuse.

*(Kate, child welfare co-ordinator)*

Thus, despite any introductory training in child protection, very early on in her career *Kate* had developed an appreciation of the need to identify and act on any suspicion of child abuse, and had been prepared to report in the face of opposition.

*Ian's* experience had been different. He completed his initial degree ten years after *Kate*, and in Victoria rather than in Queensland, and in his opinion all social workers receive some training in child protection. .

Well, certainly in the social work degree you get something on child protection – training on duty of care, welfare issues, legal issues, responsibilities to the child and so on, so I think training for social workers – you would have to be inept to come out of social work without appreciating the complexity of it all. If you come out inept you shouldn't be a social worker. *(Ian, rural hospital social worker)*

Although *Ian* was adamant that training in child protection was part and parcel of the basic degree, *Jack* felt that more needed to be available to skill social workers in these matters. He was asked if he felt the training on child protection he had received in his first degree in social work would be sufficient to skill social workers and in his response he discussed how training could be delivered responded through supervision, and not merely in formal education settings:

No. To be quite honest with you, it wasn't until I did a second degree that I got better training and more knowledge about child protection. On the basis of my first degree, I would think no, it's not sufficient, really. And I would believe people are coming into the field under-trained and under-skilled.

I believe the supports for staff in the organisation should be able to pick that up.

*[Interviewer: Do you think there has been enough in-service training in child protection available to social workers?]*

I think they've got a lot of in-service available to them. In the context of this agency, and I might generalise this a little bit further, too, with the exception of the specialist children's services and the specialist counselling services, like Relationships Australia or Berry St or even places like Life Youth Services or Court Family Services, who really really target younger people, by and large, child abuse and the need to know about it, is a rarity. And because it is so rare and it is rarely practised, people don't have those skills. And I am looking more at systems that support social workers or counsellors in general but workers in general when they come across suspected child abuse, looking more at the hierarchy of the organisation, and looking really at supervision, professional supervision, should be able to go through a process, and albeit not completely failsafe, should be able to go through a process that almost, by and large, should be able to ratify a decision that says, yes, you should report, or no, you don't report. So I think you can have basic new graduate social workers with new look qualifications who still process a protective services issue competently if they have the correct supervisor supports. Maybe I'm being too clinical, but I believe protective concerns should be able to be treated in the same clinical process as a clinical illness almost; the emotion should be taken out. You should be looking at parameters; there should be evidence that can be analysed; you come to a conclusion.

*[Interviewer: Any social work assessment, really.]*

Exactly. The problem is we don't take the emotion away from the protective services. We keep the emotion in and that becomes problematic. We need to remove the emotion and look at the evidence and then critically analyse it. And that becomes good supervisory practice.  
*(Jack, disability case manager)*

- In-service training

All interviewees had undertaken additional formal study which included some training in child abuse and child protection matters. Two had been involved in tutoring in social work courses at universities in Victoria, and another had supervised many students and was active in the professional association.

c. *What interviewees regarded as evidence that a child was at risk*

All of the social workers interviewed had awareness of a range of factors which could indicate a child had been abused. However, four of the interviewees stated that they would often be alerted by a disclosure of abuse by the child, by the family or by a friend, and that this would often be the first

point of departure. One of these four, Jenny, referred to her awareness gained through observation of children's behaviour, especially in the presence of a perpetrator, and to the fact that she had dealt with two cases of Munchausen's by proxy. However, despite Jenny's experience in identifying abuse, she was aware that her judgment was not viewed as constituting evidence. She explained:

One of the Munchausen's by proxy I reported when I thought there was enough evidence. And there wasn't. The case went against me, and the child ended up dying. I've learnt from bitter hard experience, and if I can, I will always go for a disclosure.

And, for example, if I am going to have a disclosure, I will ask for somebody else to be in the room, so it is not a "my word against theirs". The case is closed. *(Jenny, hospital manager)*

*Ian* specifically mentioned the difficulty he experienced in dealing with cases of neglect which could be construed as so severe as to constitute physical and emotional abuse. *Kate* gave various instances of the difficulties she had in determining whether cases were of such a severe nature as to require them to be reported to child protection authorities or whether her service should continue to work with the family.

### ***Perceptions of responsibility to identify and notify child abuse***

All of the interviewees took very seriously their responsibility to report established cases of notifiable abuse to child protection authorities. *Kate* put a position that was similar to that of all the other social work interviewees:

We have never not reported that we formed a belief; and I don't think we ever would because I think it is like a slippery slide – you are being much more vulnerable to I suppose the colluding with perhaps the most dangerous. *(Kate, child welfare co-ordinator)*

The various factors which worked together to instil and reinforce this responsibility can be seen as relating to the workplace environment and protocols, collegial support and professional ethos. These aspects are discussed in conjunction with comments indicative of the interviewees' views of their responsibilities and their judgements of how other professionals may have failed in their duty of care. Clearly, the social workers interviewed saw their profession as one which does not shy away from the complexities entailed in the task of protecting children.

#### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

The social workers interviewed worked within multi-disciplinary teams and generally consulted with colleagues if they suspected that any child was at risk of abuse.

*Ian* explained that he discussed issues with colleagues, not to form a belief, but to determine the most appropriate next steps. As he put it:

Well, I think it is important to talk things through. I think it is essential with your immediate colleagues in the office or with anybody of your own professional background.

*[Interviewer: Is this to help you form your belief?]*

Not to form the belief but to talk about the themes associated with it all. It gives you a sense of how you will go about doing it.

*(Ian, rural hospital social worker)*

Clear-cut cases might be notified without the social worker seeking any affirmation of their actions from colleagues, but when confronted by a borderline case of suspected child abuse, *Isabel*, *Jack* and *Kate* all relied heavily on consultation with colleagues before taking the final decision to notify authorities. As *Jack* put it:

I rely on the team. I would always get advice. Sometimes there is no doubt about it – it is black and white. And I take it through without any second consultation. Usually they are pretty straightforward – this has happened; this is the process.

We've got the critical incident categories now, and that helps. It may be more paperwork, but actually it does clarify it. There's the interim reporting guide up there. Sometimes it is just straightforward. Tick off the criteria. But in these emotional, cultural concerns where the child needs protection, usually you need some consultation with others who have another viewpoint.

*(Jack, disability case manager)*

*Kate* used similar words to *Jack* in her response to this question:

I've very much relied on our team. We have supervision; we have a supervisor who is very skilled in sexual abuse – that's been a help. Very helpful. And one of our workers worked in child protection.

*(Kate, child welfare co-ordinator)*

*Isabel* was asked if she had ever been influenced by others in making notifications and responded:

I guess so, yeah. There have been a few tricky ones where we have sat down with other workers. And it might have been their notifications or ones I had wanted to do, and I've sat down and said can I just get your opinion on this. And they'd be ones where you know there is abuse going on in the home and it might be quite awful emotional abuse and you know parents coming in and all boundaries being broken and whatever, kids being very unhappy. And you know if you make a notification (1) you know it's not going to go anywhere; or (2) if it does, it's one of those ones where the child protection workers will

turn up at the house and interview the parents and then go and nothing will be done and the child's left in the situation that you know it may be worse for the child than better. Some of those cases, so it's the borderline ones that I guess I've spoken to people about. Ones where if the system worked tickety-boo and I knew they, child protection, had all the resources to put some family support in there, I'd be more happy to go ahead with it, but because there's not really that family support flavour, there's more a surveillance flavour, if you like, some of them are borderline and you don't know if it's going to help at all.

*(Isabel, community-based social worker)*

In his response to the same question, *Ian* referred to the support he receives from supervision and colleagues beyond the workplace: 'Where I get my support from... I have my own network of social workers outside the system.'

*Jenny* indicated that she consulted with others, but she acted on her own decisions, no matter what the advice she received from them:

It has never prevented me from reporting, but the people I listen to are police, paediatricians and other social workers.

*(Jenny, hospital manager)*

*b. Knowledge of mandated status*

Four social workers were aware that they were not mandated to notify suspected child abuse. *Isabel*, however, stated that she had informally heard that the amendments to the *Children and Young Persons Act* which had listed social workers as mandated had been proclaimed and that social workers were newly mandated. (This, however, was not confirmed by the researcher's inquiry to the executive officer to the *Government Gazette*). Although she had not confirmed this news, which she referred to as possibly a rumour, *Isabel* said that as a result of it she had reviewed the legislation with her tertiary social work students. Referring to social workers being mandated to report abuse, she also noted that 'I don't think too many people know about the fact that they have to now'.

*Jack* also noted some confusion in relation to whether mandatory reporting applied to social workers:

I think there is still some mystery about what mandatory reporting is, and I quite honestly, could not tell you exactly who's mandated to report and who is not. And I was surprised to find that a qualified social worker is not mandated to report, yet if I am operating as a case manager with a social work qualification, where does that place me under the legislation?

It's a rhetorical question, but you see what I mean. I have a qualification as a social worker so I'm not required to report, but hang on, I take that qualification and another job and my qualification has got me that job, i.e. I'm here as a case manager; where do I stand under

the legislation? It is a somewhat nebulous definition. That's a problem.

*(Jack, disability case manager)*

*c. Extent of support for mandatory reporting*

*Isabel* was supportive of mandatory reporting for social workers and considered it appropriate. Jack felt it to be inappropriate that some professions were mandated but that social workers were not:

And I think it is all or nothing. My greatest criticism of the legislation would be if anyone can be mandated to report, everyone should be mandated to report.

*(Jack, disability case manager)*

*Ian* was aware that social workers are not mandated and stated: 'I've always been disappointed that they are not.' *Jenny* expressed similar views, stating she believed that social workers should be mandated:

Why is a school teacher mandated and a nurse mandated when they are dealing with non-behavioural or symptomatic – or their awareness of symptoms that identify potential abuse or actual abuse – and yet somebody like the social worker whose whole role and function is to identify and analyse and intervene, and isn't? I just find that really odd.

*(Jenny, hospital manager)*

*Kate* was aware that social workers were not mandated, but she thought that there was no need for social workers to be mandated as they were more likely than other professions to notify child protection authorities of any suspect child abuse. She therefore considered current arrangements appropriate for social workers, noting:

but I don't know what I am basing it on – I think I am basing it on that belief that I have that they report – we are more likely to recognise a child at risk situation and report.

*(Kate, child welfare co-ordinator)*

*d. Professional ethos*

Like *Jenny* who saw the social worker's 'whole role and function is to identify and analyse and intervene', the other interviewees' responses suggested that they all considered that social workers have a responsibility to collate information with a view to making an assessment, monitoring a situation and providing appropriate intervention in order to achieve the best outcomes for families. They all gave instances of the difficulties involved in determining when to work with a family as a complete unit, and when to take action to challenge or remove a violent perpetrator and to secure the safety of victims in the absence of the perpetrator. The interviewees all noted that social workers needed to be constantly alert to a complex range of factors that could indicate child abuse when working with families under stress. All of the social workers interviewed indicated that they considered it part of the social



worker's role to be able to readily identify whether a child was at risk of significant harm, and to make an appropriate assessment of what future action was required. They also considered that evidence of a nature that would meet criteria necessary for notification was potentially more difficult to obtain than evidence that would persuade them that a child was at risk. As *Ian* pointed out, much of the social work degree involved considering just such dilemmas, and exercising professional judgment.

In their responses to questioning, interviewees indicated under what circumstances they would make a notification. *Kate's* view was that social workers operate in compliance with a duty of care that compels them to make a notification when confronted with situations of evidenced child abuse, regardless of their non-mandated status. *Ian*, too, considered that social workers were more concerned about child protection than many other professionals: 'Overall, they are probably more committed than others,' and his response suggested that social workers were more likely to make a notification than other professionals.

*Jenny* was aware that social workers needed to balance their responsibility and duty of care to work with the family with the protection of the community and of the child. She touched on the role of social workers when she was asked the question 'Do you think the legal obligations on your profession to report cases of suspected abuse are appropriate?' and responded:

Yes I do. One of the things I think that while I am sympathetic that doctors and nurses sometimes have to breach client-worker relationship due to duty of care, I think that also they have a responsibility to the community in terms of that social workers also have to be accountable and there has to be a stand, if you like, that actually holds the profession in high regard. If it becomes too subjective then the credibility of the social work profession will be damaged.

*[Interviewer: So you mean the general community expectation that a social worker will make a notification and report?]*

Absolutely. And I think if you look at the papers all the time that's what you hear – the welfare workers knew; why didn't they act? Absolutely there is a clear and undeniable... it is about professional credibility and responsibility.

*[Interviewer: And a view that social workers can't go it alone in providing the necessary care or case managing that?]*

Absolutely. And probably while you might want to work with the family in a pro-active sense, you are also to be a guardian of the community and of at risk people.

*(Jenny, hospital manager)*

*Isabel's* view was that the social worker should make every effort to support the family as a complete unit, and failing this, that the perpetrator should be excluded from the family. She was critical of the approach often adopted by Child Protection Services of removing children in the first instance. As she put it:

I've had this discussion with some child protection workers about a year ago about a family in that scenario with a man beating up on a woman and the kids are witnessing the violence and occasionally being slapped around as well, but it was very rare that that happened, but I said to the child protection workers, 'Don't go in and remove those kids. Work with the woman to get a sole occupancy order to get the bloke out of the house. Can we try that?' And she said 'No, our clients are the child. If the mother is not protecting the child then it's our business to go in and protect the child. Our clients are the child. We'll be going in and removing those children.' I've heard that a couple of times from child protection workers. 'The child's the client.' [They] don't look at the bigger picture.

*[Interviewer: So, 'Isolate the child, and that's ok'?]*

That's it! And I thought 'Oh my God!' And it was all down to the fact that the mother had failed to protect these kids. And yes, she was failing to protect these kids, but for very good reasons, a complex multitude of reasons. You know something else could be done. This kids and mum could recover together almost. It almost makes you want to say 'look, I'm not going to give you the name until you guarantee me that this is what you are going to do.' But they don't do that, you know it's not working.

*(Isabel, community-based social worker)*

*Kate* voiced some of these concerns, although she saw her role as a school counselor as different to that of a community social worker. As she put it:

Once we form a belief we would always report it. However, increasingly it's been hard to, and we would see it as the Department's response – we increasingly fear that it would make the situation worse. The new approach they are taking, I think it's a new approach anyway, where they are talking about the effect on the child, the harm which is generated, rather than the action of the perpetrator, from my perspective, we haven't reported so quickly or immediately when we are worried, because when we are looking at the harm caused we have been able to take in the impact of the Department coming in and doing nothing when there is no injury, a blurry sort of situation – you know not such a deeply worrying situation – I know that there is a problem there which is that we are not the expert. We're not digging for it all the time, but I think that was a shift I had to make soon after I came here, that we might have been experienced social workers – experienced in child abuse and its impact – but our role is school counsellors, and it is for the Department to make the judgement about whether further action needs to happen or not.

It is hard sometimes.

*(Kate, child welfare co-ordinator)*

*Jack* summed up the range of dilemmas entailed in the social worker's decision making:

Yes, you weigh it up: Notifications benefit the client. There is greater benefit to the client in not notifying. Where does the greater risk come from? Leaving the child or removing the child? Which is more damaging to the child? Sometimes the child is left with a degree of risk. Sadly, we have to realise that there is a degree of risk in life. We all take risks as soon as we get out of bed in the morning, and I think there is an acceptable risk, whether it be a child or whether it be an adult. You can acknowledge an acceptable risk.

You monitor it.

You slip one way or the other. It is not that easy. Children have a right to live in their own home.

*(Jack, disability case manager)*

All of the interviewees saw the complexity entailed in social work with families. They noted the importance of developing a full understanding of the family's predicament in order to make an informed and accurate assessment of the child's safety, and all were mindful of the necessity to protect the child.

- Knowledge of anyone of the same profession not making a report, despite well founded suspicion of abuse:

When *Isabel* was asked if she thought social workers were well informed and acted to protect children, she responded:

I think everyone is pretty aware and act on it pretty appropriately... I think they are aware of the limitations, but they all ask themselves the question 'Can I leave this child in?' you know, I mean that's only the real borderline cases. They are not the one where you know what's going on. I've never known someone not to report under those circumstances.

*Isabel* felt that her team was well versed in when to make a notification, and that they worked effectively as a team to do so:

I think the team here is very well educated about the legislation and like, they all philosophically and ideologically I think we are all pretty much in tune. There's not too many situations where – we do case presentations once a month and there would very rarely be a time when someone would go 'Oh my God, how come you haven't made a notification on that, or have you considered making a notification?' It would usually come up in supervision, or informally, you know, in the corridors – 'Can I talk to you for a sec, I've got a situation', and that's what happened with the youth worker last week. She had this situation

in the group, she rang me; I was out at a meeting and I asked her to come and talk to [a child protection worker]; I rang [the child protection worker] and said she is going to come in and talk to you about this situation and they talked and made the notification from here. So I think most of the team is pretty good.

*(Isabel, community-based social worker)*

As discussed above, *Kate* indicated that her team would always report clear cases of abuse to the authorities. She gave the example of how thirty years previously she had been in one hospital where she was one of only three professionals who knew how to identify and deal with child abuse. However, unlike the other social workers interviewed, she gave no recent examples of any professional not reporting abuse.

Two interviewees noted that social workers may not report all cases, either due to lack of sufficient evidence, or because of no immediate harm. *Jenny* noted that there were many cases of abuse not reported, but her response made clear that this was because of the difficulty involved in proving the case:

It was around the area of 'I can't prove it, and if I report, then mum will never bring the child back to me and mum will never seek medical help or assistance.'

*(Jenny, hospital manager)*

*Jack* reported similar cases, touching on the role of the social worker to support the family, rather than to hand over cases to child protection authorities:

we have had cases where people we believe, there has been abuse and they are still at risk. When we haven't reported and we have had that evidence the main issue has been the immediacy of the risk, the closeness of the actual perpetrator – because that is an important factor, if the perpetrator is still present obviously that raised the degree of risk. If the perpetrator has done it, and been removed, then we are working with the family. I think the main reason we have decided not to report it at the time – and look I still have some ethical dilemmas about this, ok? – I'm not saying I actually approve of this, but it has been deployed for fear that we would lose a contact or a trusting relationship with the custodial parent and with the family and the child, so we see there's a greater risk to the child posed by us reporting than if we don't report and maintain our therapeutic relationship, if you like. We maintain the cover, and also let's be mindful of the fact that by having us involved we have certain contingency plans put in place – we maintain a good relationship with – we build on that relationship so there's the hope that in the future that person who's the victim can be in a position of strength where they can actually take some action over it. And I think it's important they can have some power over their own lives, but also in that process you have to be fairly open and honest with them and say that this is not acceptable. If we have found this to happen again, we would be obliged to put in certain things to ensure

the person's safety, and we would expect that the perpetrator would have proceedings taken against them.

*(Jack, disability case manager)*

Thus, for *Jack's* agency, an important determinant in the decision of whether to report the case to child protection authorities is whether or not the harm is ongoing.

Two of the social workers gave instances of where teachers had not reported known abuse to child protection authorities. *Isabel* drew attention to the problems posed by cases where different cultural norms were in play, when she referred to a situation where a student welfare co-ordinator had not reported to authorities because she had somehow felt it was appropriate for violence to occur in other cultural contexts:

I can think of one case, with a student welfare co-ordinator in high school where she rang me up and said to me I need to get the name of a good Moslem worker, I don't need you to do anything I just need the name of a good Moslem worker. When I asked her why, she didn't want to tell me. I said you have to tell me what's going in and I found out a young 16 year old student had come to school and she was married and living with her husband and his family and she was being beaten by the husband and the father and she was beaten the night before with bicycle chains and apparently it was quite severe and she had come for help and this student welfare co-ordinator didn't want to make a notification to DHS because it was a cultural thing. And I just destroyed our relationship really, because I just did not go with her wishes; and I did report the case. I mean I did get a Moslem worker in to go around to the school and talk to the girl at the same time as I got the police to come in, but it was such a responsibility and I couldn't get... that point across to her. You know sometimes I do have that conversation with people about human rights before cultural rights, but I couldn't get that point across, it just wasn't going to go there. So I just thought no – and she's mandated she's a teacher. I haven't had any referrals from her for the last year. I wonder why!!

...And the cultural thing was the thing that blinded her. If it had been an Anglo kid who had walked in with that, I don't think she would have thought twice.

*(Isabel, community-based social worker)*

*Ian* stated that he could think of 'heaps' of cases where abuse had not been reported. He gave one specific example where he had acted as the whistle-blower, exposing the abuse by one teacher, when others in the Education Department did not act:

Lots of cases where e.g. a case which ultimately cost me promotion because I went against the whole system; the whole system knew about it; a pedophile teacher who moved around, who had been abusing kids left right and centre for many many years, wrecked the community, the school principal knew about it, the zone manager knew

about it, everybody knew about it, and because I was prepared to push it to court...

This principal went to prison. Mandatory reporting was in. It was a two-teacher school. Everyone knew about it, and I paid the penalty. A huge penalty.

*[Interviewer: So did you have to leave the town?]*

Yeah because my career path was destroyed. I was hugely punished by the system.

*[Interviewer: The community?]*

No.

*[Interviewer: The community was supportive?]*

Yeah. Because no one else stood up. This community was very poor. The community was huge. They still today talk about it.

*(Ian, rural hospital social worker)*

*Ian* also briefly referred to other cases where abuse has not been reported, suggesting that the complexity of the issues and processes involved acts to deter professionals from making notifications. He was not specific as to the professions concerned. He also touched on the problems posed by dwindling resources:

There's people who don't want to get involved. If they don't want to get involved they say, well, there's not enough evidence or don't want to go there because it's too difficult. There's a failure of people wanting to revisit it because they know it's going to be involved. I think probably now, the organisation here – there's red hot issues, like duty of care issues and insurance issues and no activity issues and so on. The hospital is different with the welfare cuts.

*(Ian, rural hospital social worker)*

### ***Other factors which may influence workers' decisions to notify a belief of child abuse***

All social work interviewees indicated that factors relating to workplace, training and role of social workers served to encourage notifications, once sufficient evidence had been assembled. However, they were aware that making a notification was seldom a straightforward matter. Some concerns were raised.

#### ***a. Nature and extent of any fear or concern stemming from a notification***

All interviewees were aware that by making a notification they could provoke undesirable responses. Kate referred to the difficulty of students being

removed from the school if the family was unhappy with the action taken by the school:

We have a high rate of withdrawal; I don't know the figures – withdrawal of students from the school. Which is quite worrying; because a school like [ours] can give enormous support. That is something you think about... It is something I would put into my calculation, if I was doubting. It certainly wouldn't be the first thing I would think of. It wouldn't determine the way I thought. If I was thinking, 'look, I'm not sure', it might.

*(Kate, child welfare co-ordinator)*

She did not refer to any threat of violence. The other four interviewees had experienced threats of violence or justifiably feared a violent response as a result of making a notification. For the most part, *Isabel* had been able to avoid potentially violent situations by working with families, making notifications with their knowledge, but in one case she had more reason to be fearful:

A notification I had to do from around the corner I was quite – I know everyone sees this 8 year old out on the streets, so it could have come from anyone, if it had just been me that the woman had seen, and she could have traced it back here I might have been a bit concerned about my safety because the bloke has just got out of jail for aggravated assault of a worker at some stage, so, you know that would have been – it wouldn't have stopped the notification but it would have been a concern. It might have made me take my name off the board - the movement board - for a couple of weeks and make sure I was only driving the work car around you know just a few precautions just in case.

*(Isabel, community-based social worker)*

Thus she had been able to reduce the likelihood of any violent attack on her. In any case, it did not dissuade her from what she saw as her duty.

*Jack* stated that he was concerned about threats and recriminations arising from notifications 'all the time'. He had been only been involved in making two notifications, but his agency may have been seen by clients as making other unpopular decisions. He suggested that threats of aggression might influence his decisions to notify:

I would like to think not, but I'm only human. I would hope that I would be able to work through that; I would hope to be able to objectify what we do. If I was that good a practitioner, I would say, yes, I'm always objective; I can always be clinical; I can analyse things within so many degrees of accuracy – and that's just not me. Other people might be able to do that; no, I'm afraid I'm human, I have foibles. And what I do do is I take it to another source, to make sure my process is right. I haven't been threatened with violence for a long long time. It has happened, but not for a long time.

*(Jack, disability case manager)*

Jenny, too, has had reason to be cautious. When asked if she had ever been threatened as a result of her reports to child protection authorities, she said that she had; when asked if she had been influenced in her actions as a result, she stated that it has never stopped her from reporting, but:

It has made me be very careful. And there's been a couple of real nasties. We've got a prison somewhere near us, and we've got some of those families living in town, and the prison has some pretty unsavoury types and there have been threats. It is something I am always careful of anyway. I've had the occasional knife put in my face.

*(Jenny, hospital manager)*

The social workers interviewed had all had occasion to put themselves on the line against 'the system' in bringing to attention cases of abuse and all were mindful of the need to be able to substantiate claims of abuse before making any notification. Four of the five had experienced, and therefore were alert to, threats to their personal safety from irate clients, and they took steps to ensure that such threats did not hinder them from doing what they considered the right thing by making a notification.

*b. Views of current legislation which may influence reporting behaviour*

None of the social workers interviewed offered any detailed comment on the nature of the legislation pertaining to child protection. As noted above, *Isabel* thought that social workers' mandated status had already been enacted, and she considered it appropriate that this was so. *Ian* felt that social workers should be mandated. *Jenny* felt it was odd that teachers and nurses and doctors were mandated, but not social workers, and believed that social workers should be mandated. *Jack* stated he was basically unfamiliar with the legislation, and when he was asked about whether he thought it was appropriate that social workers were not mandated, replied:

It's curious. Personally I'm glad I'm not mandated, because I would see it as more work. It's selfish, and it doesn't go with the spirit of protecting children; look, I actually do believe that if one's mandated, they are all mandated. I think that. I'm interested to see though, my information is that the number of notifications since the legislation has increased, but that the number of substantiations has stayed the same. So one would argue that all we've done is increase people's consciousness of reports, but there is no increase in the level of abuse. In fact some of those are going down. *(Jack, disability case manager)*

*Kate* believed that all social workers acted to protect children by notifying authorities whenever appropriate.



c. *Views of current Child Protection Service which may influence reporting behaviour*

Each social worker interviewed referred to some key difficulties they had encountered when working with Child Protection Services. Each was to some degree sympathetic to the difficulties confronting child protection officers. Two interviewees – *Kate* and *Ian* – had previously worked in the area of child protection and all five were aware of the intensive nature of the work, the dilemmas involved in determining whether children should or should not be removed from the family home, and all five noted that under resourcing, high turnover and inexperienced staff bedeviled the child protection authorities. As *Jack* put it:

I've been around a long time ... and I am probably well qualified for child protection; but why is it that I'm not? I'm not stupid. I'm not going to go into a field that's going to see my effective professional life shortened substantially, to carry the stress to my own family, the associated health concerns that would shorten my life - and males don't live long enough as it is - appreciably; to do basically a thankless task. The pressure on my colleagues in protective services is horrendous. And they cop it from both sides. They have - the client the service protects - is often ungrateful and abusive, and they have the threat of physical violence to them every day; and from above, from their masters - they have the threat of being chastised quite severely from their superiors. And they seem to be - this is only an impression, but whenever I see in the news - and ok the media have to take the responsibility here - when a child protection case goes awry, there seems to be a fairly active scapegoating of the child protection workers - not of the system; not of the perpetrators, not of how society sometimes lets things fall between the gaps, but often, unfortunately, there are ministers running to protect their political careers, there are clients and potential perpetrators, who - and this is very emotive stuff - who have been fairly abusive, and often there is a worker that's dragged out, and said the social worker failed in this respect - they didn't report at all, the child died, and stuff like that.

(Jack, disability case manager)

Each of the social workers was critical of the limited ability or options available to child care officers to work with families once a notification had been made. When *Isabel* was asked if she saw a discrepancy between her professional duty to clients and her obligation to make a notification and replied:

Yes, sometimes that happens. To me the biggest discrepancy occurs when knowing I have to notify, and knowing that when I do the child prevention action may completely destroy this family rather than support this family to get through this.

*[Interviewer: Because they wouldn't go about it in the way that you would wish them to?]*

Yeah. And I think that that is not just that there is not enough resources in child protection. I think again the whole attitude that seems to go through that organisation, it's all towards, you know 'Well we are the professionals', and I've seen child protection workers work fantastic and I've thought 'What's your name? What office do you work from?' and then I've seen some that have just been atrocious. You know, families are in pieces afterwards. That's the discrepancy for me – you know it is with a heavy heart that I ring up and notify, because I know they are going to come in and bludgeon the family to bits, but you know you can't leave a family like that. You know you can't leave a child in a situation like that.

*(Isabel, community-based social worker)*

*Isabel* also stated her frustration when she had notified cases to Child Protection Services and 'they wouldn't pick it up'.

*Jenny* believed that overall social workers respected the Child Protection Services, but with some reservations.

What people do is they try to avoid the Department and that is not because they don't respect the Department, it's just the face of the Department is bureaucracy. And I think social workers are always on about empowering people, and I don't know that child protection is something which responds to that intervention – it is a very different type of intervention. I mean that's after you've got awareness in sight and whatever.

When asked for her opinion of the Child Protection Services, *Jenny* replied:

In terms of efficiency – mostly I hear social workers saying that the constraints of the Department is that there is a lack of matching between resourcing and need and therefore they can't respond quickly.

In terms of effectiveness – I think there has been an improvement; in the past the Department used to act like a law unto itself and it wouldn't take any notice of what – because often these families have what I call co-morbidity – in that it is not just abuse, invariably there is a multiplicity of agencies involved and it really requires case management whereby there is a care co-ordinator, but all of the agencies are involved in developing a service plan for the family unit. And that has been lacking in the past, and I think the single approach of only protecting the child doesn't recognise the complexities of issues affecting the family unit, and I think that's because the Department has swung a couple of ways; firstly it was about we've got to be sure before we can act; then it was well, even a bad home is better than not being home. And now I think we have gone back to we'll protect the child, but we will engage with other agencies to help the family function better...

Social workers do what they can, but we have to be absolutely sure that when we get desperate the Department will respond. In some ways, they are our last line of defence for the child and the family.

*(Jenny, hospital manager)*

*Jack* discussed some of his concerns about working with child protection authorities:

Curiously enough, one case – a very recent one – springs to mind, where we have actually had numerous notifications, where the DHS haven't acted. And I hate to say it, but I feel somewhat disheartened by that in that when you threaten so much, you risk so much by doing a report and then there's nothing come of it, you feel pretty disheartened. And the risk hasn't stopped – the child hasn't been protected; and you may have irreversibly damaged the working relationship you've got with the family. That's the reality of it. So, that taints our judgement. That's what we grapple with every day. This has happened in other cases.

*(Jack, disability case manager)*

This view was similar to those held by the other interviewees. As *Kate* stated when discussing differential rates of notifications made by social workers, GPs and teachers:

I think it is a real issue of trust in the Department and what happens afterward – that is in a way, the most likely obstacle [to professionals notifying authorities].

*Kate* stated that she always consults with one of her team members before making a notification. She was then asked if she had been able to consult with child protection officers when making a notification and replied:

Well it is very tricky. It is very hard to get them to consult when you are going to make a notification – you can't get past the switch unless you give them a name. That really slows me down. As far as I know, there was never a professional line you could ring up, not with any names, and talk through – and I reckon that would be the best thing. I've never known there was a number you could ring and talk through a position.

*(Kate, child welfare co-ordinator)*

*Jack's* experience was somewhat different to *Kate's*. *Jack* agreed that the Child Protection Services was in various ways unresponsive – he referred to a siege mentality which was evident in the formidable nature of the building housing the Service in his region:

we've got a DHS that's basically held up in a castle – all that is missing is the moat and the drawbridge... it's not a very friendly place...It's about putting the rubber on the road. When it comes to practical assistance, it's not there.

However, *Jack* had recently heard that the Child Protection Services in his region had introduced a new aspect of service consisting of agency liaison. He was very supportive of this initiative:

I'm probably being a little unfair in some respects, because they have got some good agency liaison officers now. There is cause for some optimism. The agency liaison – the newly appointed agency liaison officers – it gives me great cause for hope. ... There was a consultant who came out and did a series of workshops, brainstorm sessions. We asked some other case management agencies, and that was good. This is good. Now we know it's there. We can use the agency liaison officer - when we'd got a client who was threatening relinquishment of the child, I was able to ring; I discussed it and we were able to prepare, and they could look at other plans, contingency plans, which is great, because it is a far more pro-active response. In this work, threatening relinquishment is probably our greatest protective concern.

*(Jack, disability case manager)*

*Kate* had no experience of agency liaison officers, and indicated that she found the Child Protection Services' refusal to accept suggestions and the lack of flexibility in child protection procedures very frustrating:

You know, often families where abuse occurs, it happens not out of the blue; it is in the context of other problems and other worries, so we actually have something to give them about what might work with this family; what they might need, what's been tried in the past, you know, background sort of stuff. So we try to be understanding, not patronising; but when you go in to offer a plan which you know might work; but the other thing – you might convince the worker, but they go back to the supervisor and because it sounds a bit unusual or ... it doesn't happen. That's very frustrating...

Basically, it's a bit hard; some terms we might have none, some terms we have one, sometimes three: it's a very small level of casework. We are not dealing with the Department every day. Basically we come across people who are very competent and we come across others.

...often the Department isn't interested to really look at the complexity of a situation; do the necessary follow up and resource whatever has to happen that might make a difference to a family.

*(Kate, child welfare co-ordinator)*

*Ian's* experience of making a notification was similar, in that he was unable to influence the Child Protection Service to take his advice in how to approach families, although he used his experience to advantage and maintained a good relationship with child protection workers:

they basically become the inquirer and they take all the information from you and they then decide... In cases, in this area here, the [regional] office rely on me to do their work for them. With pnd [post natal depression] cases, where there is a history of child protection

issues previously or the child has been a ward before and DETYAs no longer involved, but there are issues around potential risk to the child, through pnd or whatever it may be, then DHS will alone rely on me to do the assessment. In that context, in this area, I have a good relationship between the crisis unit in [provincial city]. A very good relationship... I guess... invariably the person on the other end of the line is 15 years your junior...and you are the guy who that guides the person who asks the questions through it – you become their supervisor in a de facto way. They wouldn't think that, but you know very well you are doing it. You know very well they have only been out there for 2 years or 18 months or some 6 months.

*(Ian, rural hospital social worker)*

Jenny was concerned at the lack of feedback from Child Protection Services, commenting:

sometimes we can go into a conference where the only info is from non-child protection, and we are not getting any feedback from the Department. It has to be a 2 way street – our workers are still in there and they are still watching it all going on. And I think there is a lot of heartache by them, because they have made the report and then it is in nowhere land.

*(Jenny, hospital manager)*

Similar views were expressed by Isabel:

I guess when you are trying to explain the process to a family or a parent and you are saying 'Look, I am going to make a notification and this is what will happen', and then it doesn't!! So I suppose when child protection doesn't follow their own process... 'and there'll be a case conference within 28 days' – well, what a joke! And then if there is a case conference, when it finally does happen, most of the time, you know, you are not even called in, even when you are working with the family and you might find... it's very disjointed, the whole process.

*(Isabel, community-based social worker)*

Isabel was also critical of the way in which Child Protection Service staff failed to follow up on promises that had been made to children:

if there is a notification, like once or twice we've made a notification they've come out – it's been so severe they've come out to talk to the mother and the child here; and I hear the child protection worker say things to the child like, 'It's not ok if this happens to you.' And that 'Now this will stop.' And I hate it when people make false promises; ... but then they don't go and follow up... Leading families to believe that something will happen or something will change when it might not or it might even get worse.

*(Isabel, community-based social worker)*

d. *The influence of the media on social workers reporting behaviour*

The way in which the media reported issues to do with child abuse and the actions and responsibilities of Child Protection Services did not appear to play a dominant role in shaping social workers' attitudes. Only two of the social workers interviewed touched on media reports in the course of the interview. *Jenny* was aware that social workers were accountable to the community and subject to media criticism if they did not report child abuse when it came to their attention. *Jack* made reference to media 'beat ups' which scapegoated child protection workers and which failed to attack the failure to resource the child protection system. When asked to explain their views in relation to child protection issues, the interviewees all discussed cases in which they themselves had played a role: it is unlikely that the social workers were reliant on media reports when forming their attitudes in relation to how to best protect children.

***Social workers' suggestions or recommendations for better protecting children from abuse***

All interviewees were asked to offer suggestions about how they thought the current child protection system and procedures might be improved. Several suggestions were made with a view to addressing the concerns raised in the previous section.

*Jenny* suggested that training in child protection matters be conducted for social workers by child protection staff, in order to both inform social workers and to encourage collaborative networking between the Child Protection Service and social workers. She also suggested that there be a documented policy requirement for provision of information where there is ongoing work with the family by both an agency and child protection authorities:

It think it needs to be documented in the mandatory reporting. Currently it is you report or you don't report. But we are reporting informally. We are phoning and saying there's this, this and this, but it's not enough to go on. But we need you to know and sometimes they'll come back and say, oh my God, this happened with this family 2 years ago. And you can have earlier intervention. Because often we pick up, I guess, symptoms, and not necessarily evidence of child abuse and it is not until ... informally, once you know the network, like I can go and ask, tell me, who's on orders? Is this name, does this show up in your register? Now they'll tell me, but before, it was 'I can't reveal that'. When you are on the coal face and dealing with something that just doesn't smell right, the kids take turns or mum is always exhausted... it needs to be understood that the health system and the child protection system need to work together, not in isolation.

I think it is because the Department sees itself as the only agency that has responsibility for any form of protection. I disagree with that.

*(Jenny, hospital manager)*

*Kate* raised an issue in relation to notifications made by schools and whether it was appropriate for principals to be the person making a notification. She saw a value in school counsellors being designated in school-Child Protection Service protocols, so that principals could be somewhat insulated from, and not influenced by, pressure from families:

about the relationship with Principals to be the designated person: I inherited a system where it was handed over to us. And we do inform the Principal when we have made a notification; not before though, and in fact recently I've thought about that quite carefully. And I think it is important that we don't necessarily discuss it with the Principal before we make it, because that helps the Principal be more neutral and then if the parents kick up a fuss, she is then in the position where she says, 'Yes, I was informed; no I had nothing to do with the decision that our counsellors made.'

Principals get very anxious and if it is in a school like this, with powerful families, she can be put under a fair bit of pressure; if not at the time, well subsequently. *(Kate, child welfare co-ordinator)*

Both *Jack* and *Ian* were highly critical of the current political system which to them was starving the child protection system of necessary resources. *Jack* commented:

how serious is the government about child protection, and if they are going to be serious about it, we have to recognise what resources need to go into it, to deliver an adequate – not a minimum, but an adequate service – I use my words very carefully here – to deliver adequate protection. We often work on minimal standards, and I challenge that view of minimal standards and I think the Department should be looking at adequate standards. *(Jack, disability case manager)*

*Ian* made several suggestions for improvements to child protection arrangements: more in-service seminars for hospital staff and 'medicos'; protective staff to attend conferences; reinstate funding for staff in non-government organisations; develop further regional supervision groups; and train staff in cultural issues, especially issues relating to Africa, the Middle East and Aboriginal health and society. He deplored the situation of 'DHS as only having the crisis work and whizzing off the rest to Strengthening Families', when they 'should be doing the clinical, therapeutic work in conjunction with say, combined agencies where the worker is able to practice in the clinical context and the skilling is required from DHS'. He criticised the DHS for discouraging child protection staff from attending conferences, and the state government for claiming a commitment to 'building Victoria but at the same time running down the structure of it all'.

### ***Summary: influences on social workers' reporting behaviour***

The five social workers interviewed worked in a spectrum of settings but had many views in common in relation to the role and responsibilities of the social worker in protecting children. In summary, it can be seen that these social workers were familiar with the complex issues confronting child protection workers, and sought to meet the needs of children and families independently wherever possible. They were reluctant to invoke child protection authorities if there was any possibility of securing a child's safety within the family home, or through the support of other services, for fear of unnecessary major disruption to the family. Yet they appealed to child protection authorities when they felt that a situation called for a crisis response. *Kate* referred to child protection workers as 'experts' in responding to child abuse, and indicated that she felt it appropriate to notify and let these experts deliberate over what to do in cases where the child was at risk of significant harm.

These social workers were aware that child protection authorities could act – if evidence and resources were available – to ensure the removal of children from an environment where they would suffer significant harm were they to remain. However, social workers were somewhat sceptical that appropriate action would always be taken by child protection officers. They spoke of their dismay when after much deliberation they had made notifications which were not followed up.

In order to ensure that notifications were taken seriously, they had each developed a clear appreciation of when to make a report to Child Protection Services. They each were careful to provide indisputable evidence when making a notification, rather than offering merely their 'well-founded belief' that a child was at risk of 'significant harm' from abuse. Indeed, of the social workers interviewed, only *Kate* stated that she considered the term 'significant harm' when determining if a notification should be made. Others were more guided by their experience of what had been previously accepted as notifiable by Child Protection Services. *Jenny*, who had once made a report based only on her beliefs and observations, and had consequently failed to persuade others to intervene to prevent a child's death, now makes sure that her suspicions based on observations are confirmed by a witnessed disclosure before she makes a notification.



## **5.2.5 Interviews with Nurses**

### ***Mandated status***

Under the *Children and Young Persons Act 1989*, registered, qualified nurses are a professional group mandated to notify any well-founded belief that a child is at risk of significant harm.

### ***Demographic characteristics of the sample***

Four of the interviewees were female and one was male. They had between 5 and 36 years experience of nursing. Two nurses were based in hospitals; one was employed within a community health service; one was a psychiatric nurse in a regional multidisciplinary team; one was a district nurse. Two were based in rural areas; two were based in Melbourne and one worked in a provincial city. Only one of the nurses (*Catherine*) was specifically employed in working with children (she managed a hospital unit with pediatric, obstetric, neonates and gynecology patients); others were either generalist nurses or employed in adult specialties (*Andrew, renal; Deborah, psychiatric*).

### ***Experience of working with children at risk***

All five nurses who were interviewed had some experience in working with children who were at risk of abuse. However, each nurse made clear that only one or two cases of abuse of a child where the abuse was unreported had come to their attention.

### ***Extent of knowledge of the processes involved in making a notification***

#### ***a. Experience of making a notification***

Two of the nurses (*Angela, district nurse; Deborah, psychiatric nurse*) had personally made a notification to Child Protection Services. Another nurse (*Beatrice, community nurse*) had made a notification in conjunction with a community support agency. One other nurse (*Catherine, obstetric unit manager*) had referred a case to the hospital social worker to notify to authorities. One nurse (*Andrew, renal ward nurse*) had neither made a notification nor referred any case to another party to notify, but had worked within a team which had made such referrals to the hospital social worker.

#### ***b. Extent of training in child protection:***

Information about nurses' duties and obligations in relation to child protection was provided through initial degree studies, in-service training and in discussions and lectures held during staff meetings. The nurses who were interviewed differed in the extent to which they had undergone training in child protection issues. Three of the five nurses had attended some in-service training on child abuse identification and the reporting process. One had received no training in child protection but had attended a staff meeting discussion concerning mandatory reporting at the time of the introduction of

the legislation. One (*Andrew*) had neither undertaken any in-service training nor received any information about child protection in staff meetings, but had attended one lecture on the subject in the course of his degree eight years previously.

- Pre-service training:

Three of the five nurses had undertaken their degree in the years since mandatory reporting for nurses had been introduced. They reported that their pre-service study had included minimal mention of child protection issues. This consisted of a lecture outlining the principles of mandatory reporting of child abuse or 'the odd lecture mentioning it'.

- In-service training:

Three nurses had attended specific in-service sessions on child protection. Three nurses stated that mandatory reporting had been discussed in staff meetings.

Four nurses had experienced some formal training relating to child protection and mandatory reporting requirements, whether pre-service or in-service. One nurse had no training but had attended a discussion on mandatory reporting which was part of a staff meeting.

c. *What interviewees regarded as evidence that a child was at risk:*

All of the nurses reported that they would take into account physical and behavioural factors when determining a belief that a child was at risk of significant harm of abuse. One referred to intuitive processes:

[the child's or parent's] psychological behaviour as well [as physical evidence]; and that might be indicative of if there's something wrong here; just an inkling, I suppose, that nurse's insight, that you get that there's something wrong here.

*(Andrew, renal ward nurse)*

One nurse stressed that unless there was manifest violence which she witnessed, she would make a series of observations in the course of her routine home visits before determining a belief a child was being abused:

It would never be one single thing, it would be a whole lot of things together that would indicate this is not right. Unless it was so glaringly obvious, like an actual in front of me attack on a child – I mean I couldn't just go to say one single thing means a child's abused.

*(Angela, district nurse)*

## ***Perceptions of responsibility to identify and notify child abuse***

### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

The nature of the workplace largely determines the extent to which nurses are required to work in a team or develop independent decision-making skills in isolation. Nursing is often focused on responding to a need for treatment, rather than as a preventive procedure involving familiarity with the patient's home environment. Treatment is often carried out within a routine hierarchy in a hospital or other service setting, to ensure appropriate hand over and adequate information flows between team members, and between ward/unit nurse and manager. Where visits are made to the patient's home, there is the potential for more interaction with the patient, and more opportunity to assess familial relationships.

Two of the nurses (*Angela* and *Beatrice*) work in positions where they are relatively autonomous in that they each has to work independently as a sole nurse, with little opportunity to consult with other nurses at their work site. This is particularly true of *Angela*, who as a district nurse conducts home visits on her own. *Beatrice* is an experienced community nurse who also conducts home visits as necessary, but who generally works at a health centre as the sole nurse in the facility. *Beatrice* could however consult with workers from other disciplines at the facility.

Although *Angela* is relatively autonomous in the day to day aspects of performing her work, on the one occasion she made a notification it was only after consulting her immediate superior. Similarly, in relation to the one notification she had made, *Beatrice* did not act alone in notifying authorities; she worked in conjunction with a community support agency. For these nurses, the process of notification was unusual and not undertaken lightly; support and confirmation was sought before this action was taken.

The three other nurses interviewed (*Andrew*, *Catherine* and *Deborah*) work in team settings which require a more direct adherence to protocol and hierarchy to ensure others are informed of significant matters in relation to patients, and major decisions, such as the decision to make a notification, are made in conjunction with other team members.

### ***b. Knowledge of mandated status:***

All of the five nurses interviewed were aware that nurses were mandated to report any belief that a child was at risk of abuse. As one interviewee responded when asked if she was aware of the child protection legislation:

I couldn't pretend to be able to quote it to you, but what I am aware of is that if I suspect as a registered nurse that a child is being abused, I am obliged to report it.  
*(Angela, district nurse)*

When asked whether nurses would generally be aware that their profession was mandated to notify, four interviewees indicated that nurses do know that they are mandated, and one that most nurses would know and that nurses working in pediatrics would definitely be aware of their mandated requirements.

c. *Assessments of nurses' acceptance of mandatory reporting*

When the interviewees were asked if they thought that nurses are generally supportive of nurses being subject to mandatory reporting, they responded that nurses are supportive. As one nurse put it,

Yes, nurses do go along with it. We are considered caring – it is part of your role; it is not something you want to do, but the end result is protecting the child.  
(*Beatrice, community nurse*)

Another nurse, when asked if she thought most nurses would be compliant with the child protection legislation responded:

Well, it would only be a guess and I'd say probably yes, I mean it is legislated, that's the law and I think most nurses are pretty honest and law-abiding. ...I know the staff here fairly well and I know that they wouldn't try to cover up or not report something that was reportable.  
(*Catherine, obstetric unit manager*)

However, *Deborah*, the psychiatric nurse, felt that some of her colleagues would have reservations about making a notification. She saw that there were some strong disincentives to report:

It is easier if you don't have to see that person [who you are reporting] again. And then there is always the fear that you are going to be called up for a court case. And nurses overall hate court cases, hate coroner's court and the last thing they want is to report some act of child abuse and to be called up to coroner's court because they hadn't done it sooner.  
(*Deborah, psychiatric nurse*)

She was asked if she felt nurses were compliant with the legislation requiring them to report, she replied:

Of the group of nurses that I work with – I would say 85% would be. The other 15% or whatever it is would hum and hah about it; and take direction from other sources, i.e. they would handball it off to a social worker and often the social worker would make the report or get them in as a second reporter.  
(*Deborah, psychiatric nurse*)

Elsewhere in the interview, Deborah had been asked if she thought the current child protection legislation was effective and responded in a way which indicated that she felt that while nurses wanted to invoke Child

Protection Services, many would prefer not to make the notification themselves:

No – half of my colleagues would not report. They would see it as dobbing on a mate. It would be the same as a nurse dobbing on a nurse. And also they would fob it off – you know, page the social worker or whoever.  
(Deborah, psychiatric nurse)

Another response she gave to a different question indicated her caution in relation to making a notification:

I am not saying that I wouldn't do it, but I'm saying when you are not quite sure...you want to be absolutely sure because afterwards there are case conferences and they label the child and you've got hospital emergency departments and mental health services and other services involved...  
(Deborah, psychiatric nurse)

- Knowledge of anyone of the same profession not making a report, despite well founded suspicion of abuse

The interviewees were asked if they knew of any nurse who had suspected abuse but who had not reported it. Four of the five nurses interviewed stated that they had never personally known any nurse not to report suspected abuse. As Andrew saw it, it was not the reporting which posed a difficulty, but the need for certainty before making such a report:

As I said, I would be very surprised if any nurse, if they had hard evidence would not report. But it is getting that hard evidence.  
(Andrew, renal nurse)

Catherine was insistent that no nurse would not report abuse if it came to their attention:

Everyone is pretty well aware that reporting is mandatory; if someone is reluctant to do it, somebody else would do it.  
(Catherine, obstetric unit manager)

Deborah was the only nurse interviewed who indicated that she knew of situations where abuse had not been reported and she cited two cases where professionals did not report. The first case was known to her through her personal contacts; the second was a case which she later reported herself: where the worker did not act:

Actually, I have an acquaintance, she suspected her grandson as being physically abused by her daughter's partner. She rang me and I said I can't get involved, I know you personally, but I put her in touch with somebody here, actually ... and they chose not to follow it up, because they considered it more emotional abuse and emotional abuse didn't count. And although she could produce photos of a welt across the child's back, and stuff like that.

But yeah, in that particular case some staff members who had had dealings with child protection and they didn't want to go back down that road.

(Deborah, psychiatric nurse)

d. *Extent of support for mandatory reporting*

All of the five nurses interviewed considered it appropriate that nurses be mandated to report suspected cases of child abuse. Nonetheless, they had reservations about the way in which the system operated. *Deborah* considered that most nurses preferred not to make a notification:

I guess working in multidisciplinary teams, discussions often come up in clinical reviews and stuff like that; and as often as not it is fobbed off to the social worker, or the psychologist, to make the notification or to investigate; it's not that we don't acknowledge that it's happening, it's just that you might not be in the best position to actually do that – in relation to your rapport and therapeutic relationship to your client.

(Deborah, psychiatric nurse)

She, however, like the other nurses interviewed, considered it appropriate that nurses were mandated.

e. *Professional ethos*

The nurses were asked about any professional dilemmas arising from discharging their nursing responsibilities while also being mindful of their mandated status. Responses to this and other interview questions indicated that nurses have strongly held views of their obligations to care for patients, and of the necessity to ascertain abuse before making a notification. *Beatrice* interpreted this obligation as posing a dilemma for her, referring to the notion of 'dobbing people in', in terms similar to those used by *Deborah*:

the nursing role is a caring role, isn't it, so you don't want to be actually dobbing people in, unless you are really really sure. ...There is a dilemma, which must be weighed up, but I am also sure that if a person is sure in their own mind, it would be followed through. Once the belief has been established, they would report. (*Beatrice, community nurse*)

*Angela* made similar comments about the need to establish evidence before making any notification.

I think to really form an opinion, you need to base your observation on more than a one-off event. Say, for example, if a kid came into casualty with a broken arm. Kids break their arms – they fall out of trees, they ride horses and all this sort of thing. To actually think 'here's a child at risk and to put a question 'CAR?' ['child at risk?'] on the admission form, I think that creates a negative atmosphere, where

it could be a perfectly innocent, hey, the kid's fallen over. Which is why I think if you are going to suspect child abuse, you really need to have a good overall assessment of how is the child living? What are the conditions in which they are living? How do the parents or the people looking after them care for them on a daily basis? Just, you know, even if a child is coming into Cas regularly with breaks and bones and whatever, there are sort of medical conditions that can cause this, and I think if you only assessing a child in the medical emergency or in the ward, you've got to be incredibly cautious about putting a label of is it a child at risk.  
(Angela, district nurse)

*Deborah* noted some additional features of the nursing role which may make mean that nurses are not predisposed to query patients or readily identify abuse:

As nurses, we are more inclined to not be as assertive as other disciplines. We are more about hearing, if it is not happening in front of us, it is not happening. So it is not until you get out of that hospital environment, you see it is this happening. As nurses, we are not aware of...\_as a nurse you focus on the problem, and you don't need to know what caused it. In psychiatry - and probably what I find the most confronting - when you are dealing with a person in the family the whole thing has to come into play.

(Deborah, psychiatric nurse)

Another nurse, when asked if she thought there might be a discrepancy between her professional duties to clients and her legal obligation to notify, responded that no dilemma was posed for her personally, although she acknowledged 'I guess in some circumstances there could be a bit of a dilemma' (*Catherine, obstetric unit manager*).

### ***Other factors which may influence nurses' decisions to notify a belief of child abuse***

In addition to these matters concerning their knowledge of mandatory obligations, their experience of reporting and perceptions of their duties, interviewees were questioned in relation to a number of factors that may encourage or discourage them from reporting.

#### ***a. Nature and extent of any fear or concern stemming from a notification***

When asked if they had ever been concerned about personal safety as a result of making a notification, the four nurses who had formed a belief and initiated a notification indicated that they were more cautious in their dealings with the patients concerned, but that safety concerns did not dissuade them from making a notification.

Two nurses (*Angela* and *Catherine*) stated that anonymity provisions in the legislation are important to ensure the safety of nurses who make a notification. *Angela* stated that she was not the sort of person who would be

intimidated, but went on to say that she would want to be careful of making reports against short-tempered males:

So if it was reported, it would almost have to be in a way that I would have to know that when child protection came around there was no way known that it could be proven that it was me who'd made a report.  
(*Angela, district nurse*)

When asked if there were ever concerns about recriminations from families against workers as a result of a notification being made, *Catherine* responded:

That always is a concern, but if it is handled properly, it needn't be such a concern.

[*Q. So what sort of things need to be done to make sure it is handled properly?*]

For the staff reporting to be given the option to remain anonymous is probably the greatest thing.  
(*Catherine, obstetric unit manager*)

*Deborah* noted that a case of child abuse which she had reported to authorities had resulted in intimidation for her: 'The father made loads of threats.' She exercised caution in her visits:

I always made sure the mobile phone was automatically – like you only had to press a button and it would go straight through to the police – and that was actually a trick we picked up from child protection – that is apparently what they do.

She went on to state that staff members providing support to one another was very important in such situations, and added, 'And knowing deep down you are doing the absolute right thing.' When asked if the fact of threats would dissuade her from making a notification, *Deborah* replied:

Possibly not, because I guess as a team we are supported by a larger support network than what the individual has. We've got the chance of having the police or other services support us, where this person hasn't; they've only got the support of killing us off one by one.

(*Deborah, psychiatric nurse*).

*Beatrice* stated that in relation to the case she reported to child protection authorities the male abuser was very intimidating – 'he was very nasty'. She said that she was still very cautious if she ever encountered the family.

Each of the four nurses who had been involved in reporting to authorities was aware that recrimination might occur, but it did not deter them from notifying the cases of abuse they had identified.



*b. Views of current legislation which may influence nurses' reporting behaviour*

As already discussed, all nurses interviewed agreed that it was appropriate that nurses should be mandated to report any belief they may form concerning cases of child abuse. Of the five nurses interviewed, only *Deborah* made any further comment relating to the efficacy of the legislation. She referred to it as 'too fuzzy'. She went on:

If you tighten up the legislation it means all nurses must report – but what constitutes child abuse? Do they have to be black and blue; do they have to be...? That's what's not clear. What is child abuse? And often even there's this focus a lot on sexual abuse and physical beatings...It needs to be clearly stated what constitutes child abuse; what constitutes domestic violence; what constitutes elder abuse.  
(*Deborah, psychiatric nurse*)

*Andrew's* comments touched on the need for better definitions in the legislation, too:

It is about that grey area, as you say. We should have better guidelines. This is a lot harder to define. It is not exactly easy to get it right.  
(*Andrew, renal ward nurse*)

However, *Andrew* was not able to give specific comments about how the legislation might be improved. Generally, the nurses interviewed were not familiar with the legislation, other than that they knew that they were mandated to report any belief they formed that a child was at risk.

*c. Views of current Child Protection Services which may influence nurses' reporting behaviour*

Nurses were asked to discuss their view of the current child protection service and about whether or not they had established a relationship with child protection officers. A positive collegial relationship could be influential in encouraging professionals to report cases of suspected abuse. The processes adopted by the Child Protection Service after a notification has been received and investigated may also affect the attitudes of professionals towards making an initial notification.

One nurse, *Catherine*, was very appreciative of the response she had received from Child Protection Services. As she put it:

To my experience, they are fairly efficient and they provide whatever means we need, and are certainly willing to have open discussions with staff and people involved. They are quite reasonable, and I haven't had any problems with them... From the experience I've had, it's been a worthwhile one, and I haven't had any difficulties with them. We don't regularly talk to them, it's only if we have an issue.  
(*Catherine, obstetric unit manager*)

Two nurses were highly critical of the Child Protection Services' response after making a notification.

Angela recalled her dismay when after deliberating over a case of neglect – involving a 16 year old blind boy who was routinely required to look after his two pre-school aged brothers in the absence of his mother - she notified authorities of her concern:

So I rang child protection – this is what upset me – I rang child protection ... cause I thought that you know, this is not right, and the response I got, I mean the man I spoke to was very polite, quite reasonable in terms of his manner; but he did say, look, we have got this family on file from previously, but I think he said the file was inactive at the moment or some such meaning, he said, look, something along the lines of 'This is really the thin edge of abuse, he said, it's only just a mild bit of neglect and we just don't have the resources to follow up on every case like this.' He said, 'Thank you for your call and we'll make a note of it.' And that was it!!! You know, I'm thinking, Great! 'Cause as far as I was concerned, surely, ok, fine, I know no one's actually getting bashed, and you know, starved or anything like that, but to me if you wait until it gets really serious, then someone's going to get hurt. Why can't you do something before it gets too serious, and nip it in the bud rather than just wait – sorry, we've only got staff to respond to serious bashing.

*(Angela, district nurse)*

She made clear that this negative experience may discourage her from reporting in the future:

But I must admit that that didn't inspire me to report any case. If I ever came across another case where I had a little bit of doubt, where I wasn't really sure, I must admit, I would hesitate, even though it is mandatory that you've got to report something, I would hesitate, simply because I think that they would say, 'Unless you've got something concrete to show, we just haven't got the resources to follow it up.' And I think, well why bother reporting it then??

*(Angela, district nurse)*

*Beatrice* had made a complaint to Child Protection Services after a lengthy wait for a response in relation the case she had notified to authorities. As she put it in relation to the evidence required before she could report the case to Child Protection Services:

It's difficult, isn't it, to try and prove; you're putting yourself on the line, so you have to be very cautious; I know in our scenario with the two girls, that took a long long time, and even though there was lots of evidence there, it was a long process before things actually went into play.

*(Beatrice, community nurse)*

It didn't seem to *Beatrice* that there was any reason for the delay:

and that's why I was frustrated. It seemed to be a very lengthy drawn out ordeal, and they [the girls who had suffered abuse] went through a lot more as a result of that. *(Beatrice, community nurse)*

*Deborah*, who was working in psychiatry, suggested that she felt some reluctance to work with Child Protection Services because the 'child-centred' model used by child protection authorities ran counter to the therapeutic, 'family-centred' approaches common to psychiatry. She expressed particular concern at the lack of coordination between the Child Protection Service and her own service involving psychiatric assessment and treatment:

As you can imagine, child protection and psychiatry don't work very well hand in hand; we seem to be driven by different agendas; like it is not always therapeutic to take children away from a mentally unwell parent; and then, what do you do in these situations; it's just awful and it's awful to case manage – it's just awful.

*(Deborah, psychiatric nurse)*

When prompted for further explanation, she elaborated by saying:

As you can imagine, when you are case managing people with a mental illness, the therapeutic relationship and rapport you build with that person needs to continue in the community, so the last thing you need is to be mucking up the role for whatever reason and upsetting the whole dynamic – the mistrust is just devastating for both the person involved and the professionals, I think.

*(Deborah, psychiatric nurse)*

Some of the remarks made by the nurses interviewed indicate that they considered many Child Protection Services staff members to be inexperienced and badly resourced, and that this produced negative outcomes. *Deborah* stated:

Some of the workers, and I can understand why, the workers don't stay very long in child protection. Often the family are given workers, they might have a worker for 6 months – and the workers – well, I have found a lot of times, they are absolute babies themselves. They are fresh – fresh out of a 4 year social work degree - and I think it is sometimes really mean that they are thrown in the deep end with all these complex type issues to deal with. And then other professionals to deal with, and they might have been protected from that.

Like I said, it is quite disturbing when you see a lot of young people; they want to change the world like we all did when we finished our degrees; but I think as a service, I guess, the funding and recruitment and retention that they have, I think they are probably doing the best they can under what legislation we have.

*(Deborah, psychiatric nurse)*

In summary, three of the nurses interviewed had some criticisms of the workers in the Child Protection Service, one was very supportive of the workers' professionalism, and one had no grounds on which to form any personal judgement of the capacity of the Child Protection Service officers.

*d. Media influence on nurses*

Two of the nurses made passing reference to media coverage of child protection issues in the course of the interview. These references were in relation to incidents where the Child Protection Service had been criticized for inappropriate action. Although the two nurses were aware of negative media reportage concerning the actions of the Child Protection Service, they were somewhat skeptical about the reports. If anything, the comments they offered suggested that the media reportage made quite clear to them that nurses needed to be cautious and aware of their responsibilities. As *Andrew* noted:

I think a lot to do with that [lack of hard evidence] is the reports that you actually read, whether rightly or wrongly, about where child protection got it wrong; so you don't want to, if you think that there's a possibility that you are mistaken, you don't want to break up the family unit just for being a possibility.  
(*Andrew, renal ward nurse*)

When *Angela* was asked if she knew of any professional suspecting abuse but not reporting it, she responded 'Apart from what you hear in the newspaper, nothing specific springs to mind.'

These comments indicate that although media reports were known to these two nurses, they were not central to their own deliberations. The three other nurses referred only to their own experience and made no reference to media reportage.

***Nurses' suggestions or recommendations for better protecting children from abuse***

Each interviewee was asked if they would like to raise any additional matters for discussion, or make any recommendation in relation to improving the current system of reporting suspected abuse. *Beatrice* took the opportunity to stress that the key difficulty for her in making a notification was 'making a clear case – being sure.' *Deborah* offered some broad suggestions. As she put it, in concluding discussion with the interviewer:

And as much as I would like to banter about that there needs to be destigmatisation of mental illness, there needs to be destigmatisation about sexual abuse.

[*interviewer: So that people can say that 'This does happen, and I need help with it'? Instead of 'it doesn't happen in Australia.'*?]

Yes, instead of this doesn't happen in the Eastern suburbs, or doctors and lawyers don't abuse their children. It is not all low ses families that abuse their children.

*[interviewer: I guess so that it is no less reprehensible, but it is more common and the approach can be worked through?]*

Yes, that's right. And I guess providing the support and the counselling for the adults involved, instead of just removing the adult, because then we get into psychological problems and other problems of loss and grief. It is more than just taking someone away – it is what we do with them later.  
(Deborah, psychiatric nurse)

### **Summary: factors influencing nurses' reporting behaviour**

All but one of the five nurses interviewed had some experience of making a notification of their belief that a child was at risk of abuse. Factors which encouraged notification were the legal and moral obligations on nurses to report, the availability of other staff to discuss any cases of suspected abuse, and for *Catherine*, a positive, professional response from Child Protection Services.

Key factors which were seen as potentially discouraging notification related to the reluctance to 'dob in' patients, the difficulties in ascertaining sufficient indisputable evidence to warrant lodging a notification, thereby triggering action on the part of Child Protection Services, and then in working co-operatively with them.

Some interviewees commented that although nurses often sought to avoid making a notification themselves, they would refer cases to staff in another discipline, such as social work or psychology, and ensure that a report was made. Despite acknowledging that there could be some reluctance to personally make a notification, all interviewees considered that nurses would report any case where there was clear evidence of child abuse.

## **5.2.6 Interviews with Teachers**

### ***Mandated status***

Under the *Children and Young Persons Act 1989*, qualified teachers are a professional group mandated to notify any well-founded belief that a child is at risk of significant harm. Some staff who are without teaching degree qualifications, such as teachers' aides, or school counselors without classroom duties, are not mandated. Two survey respondents who nominated their professional field as education did not hold these formal teaching qualifications. However, all teachers interviewed were mandated, qualified teachers.

### ***Demographic characteristics of the sample***

The five interviewees drawn from the field of education consisted of four women and one man. Three women (*Elizabeth*, *Fiona* and *Grace*) were employed in primary school settings and one woman (*Hilary*) and a man (*Euan*) were based in secondary colleges. Two of those in primary schools were principals of government schools – *Elizabeth* was a principal of a primary school of about 300 in a regional city of over 75,000 people and *Grace* was a principal of a school of less than 40 children in a small rural area of less than 200 people. *Fiona* was employed primarily as a classroom teacher with some additional student welfare duties. She is designated student welfare co-ordinator and is entitled to 1.5 hours a week of teaching relief. She works in a Catholic primary school of around 300 children in a regional city of over 75,000 people. *Euan* was employed as an assistant principal in a secondary college in outer suburban Melbourne. *Hilary* was a student welfare co-ordinator in a secondary college in outer suburban Melbourne. All interviewees held teaching qualifications. *Hilary*, the student welfare co-ordinator, was therefore mandated to report child abuse and in this respect differed from *Kate*, her counterpart with social work qualifications (discussed in section 5.2.4 above).

The interviewees' experience in working in the field of education ranged from ten to thirty years. Two interviewees (*Fiona* and *Grace*) were aged between 35 and 46; two (*Elizabeth* and *Euan*) were aged between 45 and 55; and *Hilary* was between 56 and 65 years of age.

### ***Experience of working with children at risk***

All five interviewees had some experience in working with children who were at risk of abuse.

### ***Extent of knowledge of the processes involved in making a notification***

#### ***a. Experience of making a notification***

Four of the interviewees (*Elizabeth, Euan, Grace* and *Hilary*) had experience in making notifications. *Grace* had made one notification, *Elizabeth* had made 'quite a few' and both *Euan* and *Hilary* had made many notifications. *Fiona* had not made any notifications but brought two cases of abuse to the attention of the principal, and the principal had made the notifications in these cases.

*b. Extent of training in child protection*

- Pre-service training

None of the teachers interviewed had received any training in child protection issues as part of their initial teacher training. All had undertaken their initial training prior to the introduction of legislation which mandated teachers to report any well-founded belief that a child was at risk of abuse.

- In-service training

All of these interviewees had undertaken some in-service training specifically relating to child protection issues. *Elizabeth* had attended two separate day length in-service sessions offered by the Department of Education. *Hilary* had attended one two day seminar held at Monash University, involving Department of Human Services (DHS) staff. *Grace* had undertaken a two-hour session run by DHS when mandatory reporting was introduced, in around 1994-95, and in 2003 she had attended a *Safe From Harm* session updating that information. This session had been a combined presentation by DHS/Guidance Officers associated with the Department of Education and welfare personnel from one of the regional secondary colleges. *Euan* had attended a staff meeting when mandatory reporting was introduced, and had made use of what he called an 'excellent little grey booklet' produced jointly by The Departments of Education and Human Services. He is responsible for training staff in his school, and every couple of years runs a session for staff advising them of their responsibilities, and alerting them to the school's protocols for making notifications. *Fiona*, as a student welfare co-ordinator, had attended a regional 'welfare day' a couple of years previously, where Child Protection Services staff had provided information about child abuse and departmental reporting processes.

*c. Evidence considered by interviewees as indicative that a child was at risk*

Each of the interviewees indicated that they considered disclosure central to forming a belief that a child had been abused. Each also detailed other evidence that they would use to form a belief. *Euan* considered the elements entailed in this process, commenting:

It depends on the situation, but bruising; obvious neglect; disclosure in the form of student reports; parent reports at times; reports from other parents; behaviour.

*(Euan, assistant principal, secondary college)*

*Euan* often had to use disparate elements to develop a belief that a child was abused:

Sometimes you may have a firmly held belief based on a range of fairly unrelated indicators, that you have put together, but to someone who didn't know the student or know the situation it would not make any sense whatever. Especially if there is a reluctance on the student's behalf to become involved or disclose or any discussion of what might have happened. (*Euan, assistant principal, secondary college*)

Other interviewees also indicated how they had 'pieced together' sufficient information to warrant either notifying or referring the matter to another to notify. *Elizabeth* referred to her use of 'an intuitive sense' in addition to observations of behaviour and disclosure, and said 'with some children, you become aware of the fact that they are trying to pretend something is not happening, because initially they get very defensive about it...' Physical evidence, for example bruising, would not of itself necessarily trigger 'the alarm bells', but 'you'd just acknowledge it and just store it away', to take into consideration in conjunction with the child's behaviour and teacher's observations. She stated 'I know myself if I've formed the belief, the belief has been formed not by one incident.'

*Grace's* experience in the one notification she had personally made was similar to the process explained by *Elizabeth*. *Grace* had shared her concerns relating to the children of one family with another staff member and together they had had built up sufficient information to alert Child Protection Services.

*Fiona* was observant of physical signs as well as behaviour, and whether students performed at their peak academic ability. She might then question the child and placed importance on the documentation of any detail that might be disclosed. She had been told by her principal, as well as by child protection staff in the in-service session, to document any such detail.

*d. Knowledge of mandated status*

All of the interviewees were aware of their mandated status and of the responsibilities on teachers to notify Child Protection Services of instances of child abuse, where sufficient incontestable evidence was available. Two referred to the penalties associated with not notifying authorities. *Hilary* stated:

We are mandated to report. I think we are all running scared that there might be court cases and we might end up in court. It's not beneficial to either party to keep things to ourselves.  
(*Hilary, student welfare co-ordinator*)



## ***Perceptions of responsibility to identify and notify child abuse***

### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

Three of the interviewees (*Euan, Fiona and Hilary*) referred to protocols or procedures which had been developed by the school to deal with any suspected cases of abuse. *Euan* had developed the protocols for his school and was responsible for training teachers in their use. He explained the essential elements of the school's procedure in relation to notifications:

In the session it is emphasised that teachers are professionals and if they wish to notify themselves they should, but there is a process for notification within the school. All notifications go through one person who knows what's happening. The Principal or the Assistant Principal know what's happening; we don't want people from Human Services turning up on your doorstep and the Principal saying 'What's all this about? I've no idea why you're here.'

Not often teachers might want to notify directly. Most teachers are quite happy to handball it – they don't want to take responsibility for it, but we made it really clear that if they feel that a notification needs to be made and we don't, it is well and truly their right to say 'No, I want to make a notification.' And go ahead.

*(Euan, assistant principal, secondary college)*

He believed that 'every notification needs to be a team issue', so teachers need to be invited to comment to help 'build up a picture'. 'You need to think not just about making a notification, but about helping the student, and verifying the validity of information, the seriousness of it.'

*Elizabeth*, as principal in her primary school, encouraged staff not to handball the issue to her:

I think there is a difficulty because all teachers are mandated and I think there is a difficulty where they don't want to take on that responsibility, so they pass it over to the principal and they think they are relieved. They think they have done what they should do, but in actual fact, I think the report should come from both the teacher and the principal. The way I say to my staff, 'You are a professional, you form the belief, you make the complaint. I am not taking on that responsibility.' Do you see the difference? Like they have the responsibility, they are mandated just like I am. So they have to be aware of the fact that they follow through their responsibility. By just telling me, it doesn't stop their responsibility. And I think that's really critical.

*(Elizabeth, primary school principal)*

She felt this was critical because instead of passing on the issue to the principal, teacher involvement in the notification ensured that they had a sense of ongoing responsibility to the child: 'all teachers in schools need to

know that they have a shared responsibility and commitment to ensure that the children are safe.'

When deliberating over whether to notify a case of abuse to authorities, *Hilary* was able to consult with Child Protection Services. She was also able to make use of one of the visiting staff attending her school when she wanted to think through whether or not to make a notification. She explained:

I talk about it sometimes with the guidance officer/psychologist who is here one day a week. And sometimes we discuss cases, if I've referred a student on to her, as well, perhaps they may not have disclosed to me, perhaps someone else disclosed to her. Then we may discuss with staff, taking into account the Privacy Act. We may discuss the situation and work out whether it is reportable – whether we think there may be a case to report. But when we are in doubt, we always ring.

*[Interviewer: Have you been advised that you can ring DHS to consult?]*

Yes, we have. To ring the person on duty, to find out whether it is a reportable incident. With areas where it is questionable, we would always ring. It must be annoying to them! When we notify, I document it down.  
(*Hilary, student welfare co-ordinator*)

Like *Hilary*, *Elizabeth* also found talking the evidence of a case through with the guidance officer was helpful when deliberating over whether or not to notify the authorities of suspected abuse:

Also in our clusters – the schools are all linked in clusters – and each cluster has a guidance officer, a student support person, and sometimes we would work with those on issues as well. There have also been cases where things have happened and you feel in a bit of a dilemma, and that is where you'd ring and you'd just say... [*Elizabeth* then detailed a case where she had witnessed abuse against a child] I didn't know what to do about it, so I just had to ring [a guidance officer] and he said 'You are mandated, it is physical abuse, you have to report that.'  
(*Elizabeth, primary school principal*)

*Elizabeth* also occasionally conferred with other principals over particular cases, but generally they were too busy to give her the necessary time.

*b. Assessments of teachers' acceptance of mandatory reporting*

*Elizabeth* believed that teachers were not conversant with their responsibilities as mandated professionals, and she sought to ensure staff members at her school were better informed:

I don't think the teachers are informed. I don't think they want to be. I find that sometimes they don't want to really know about it, and the fact

that they are mandated, they genuinely feel that if they tell the principal that's enough. So that's why I like to promote accountability. And I would say that they are probably not really clear on the process. And you know it is probably an area within schools that we have to constantly revisit. *(Elizabeth, primary school principal)*

The other interviewees felt that the majority of teachers would know that they are mandated, but that they may not be fully aware of their responsibilities. This was *Fiona's* view:

I am not sure they really, really realise that it is actually mandated. I mean on both those two occasions that it has happened with me, neither of those teachers had... *(Fiona, student welfare co-ordinator)*

*Grace* believed that more training should be offered to teachers:

I'm a little sorry for those people who have been teaching in the short time since the first lot of training came out to the second – there is a big gap of people that really didn't know what legislation applied to them, other than what their principal might have told them, and that would have been the principal's interpretation of it anyway, so I think the training should be offered much more regularly than every nine years or however long it's been. *(Grace, primary school principal)*

She pointed out that until the 2003 in-service training was offered, not all of the school's staff had been fully aware of their status:

I think teachers knew that they were mandated, but integration aides didn't know whether they were or they weren't; after school care people didn't know if they were or they weren't. Like they are not – it's only teachers; but I think it is a little bit grey. Some of the teachers here weren't sure. I actually took everybody to the Safe From Harm training just so that everybody knew the integration aides, the after school care staff, bursar, everybody knew that the teachers were mandated and they weren't – but the sorts of things to look for. *(Grace, primary school principal)*

*Fiona* felt that teachers were not fully aware of the importance of notifying authorities, and referred to a session she had attended as part of her current postgraduate Education Studies in Welfare course:

we were told by someone coming from Child Protection and they said that more and more it is the classroom teacher that will be held accountable; and a lot of us were really taken aback by that, because we are there doing a welfare course, so we've all got that interest anyway, but for your normal, everyday, classroom teacher, they would not be aware of that; they would not be aware that that is the attitude that Child Protection take... *(Fiona, student welfare co-ordinator)*

*Euan* took on the responsibility of ensuring that the staff at his school were aware of their responsibilities. *Hilary* believed that 'we are all really vigilant on mandatory reporting', and like *Euan* ensured that staff at her school had some training:

Every year or so, probably about every 18 months, we invite Protective Services in to pd staff. So that they are aware here in the school. So they are aware of mandatory reporting.

*(Hilary, student welfare co-ordinator)*

Some interviewees commented that even those teachers who are aware of their mandated status to notify authorities of child abuse might be reluctant to make a notification. As *Elizabeth* suggested, teachers would prefer the principal to take on the full responsibility of making a notification. *Euan's* experience was much the same: 'I think that the vast majority would see it as their responsibility to notify someone else in the school who plays that sort of role, rather than take it on themselves.' *Fiona's* comments were similar: 'they haven't thought it all through'. *Grace's* comments explained this in some detail:

I think they would prefer that it was the principal's responsibility. I think they would comply if they have to; but they would rather not have their – and I know it can be anonymous anyway – but there is always that fear: what if I'm wrong? Or what if somebody finds out it was me that made the phone call and comes around and starts carrying on or threatening? So I think they'd prefer not to have their name on it, like we all would.

*(Grace, primary school principal)*

*Euan's* view was somewhat different to the other interviewees, as he had fifteen years of experience in student welfare issues prior to becoming an assistant principal, and he had a strong view that Child Protection Services were not always able to provide an intervention that would be in the best interests of the child: 'There certainly are times when you don't make a notification because you don't believe it will lead to a positive outcome.' He avoided making a notification to Child Protection Services if there was any alternative support or advice to the family which the school could offer. He was concerned that invoking Child Protection Services could lead to the removal of the child from the school, and consequently the loss of any support to the family. *Euan* had grave doubts that notifying Child Protection Services was always in the child's best interests:

There certainly are times when you don't make a notification because you don't believe it will lead to a positive outcome. The reality is, Human Services workers are critically overworked and their case load is enormous. I find myself making judgements at times as to 'No, I think we can get round this another way and achieve an outcome another way, without involving Human Services and if we do involve Human Services it's likely to be negative.'

*(Euan, assistant principal, secondary college)*

He gave some further explanation of his views. He considered the mandatory reporting part of the legislation was excellent:

I think the theory was fantastic. The reality is that however hard the government try to justify it, they weren't willing to resource the system to allow for the inevitable increase in notifications and here they are expressing surprise and shock – 'Gee, we brought in mandatory reporting and notifications increased. How could that have happened?'

I must admit, my only surprise is that notifications haven't continued to increase and I my suspicion is that they haven't continued to increase because people in my position have decided I am only going to notify when I am really sure it is a critical issue to notify because the outcomes are often not in the child's best interests. They may be in the legal system's best interests, not necessarily in the child's best interests.  
(*Euan, assistant principal, secondary college*)

Euan considered that the involvement of Child Protection Services often negated the school's ability to support the child.

If Human Services become involved, the whole temperature of the situation escalates. You might be up against a family that used to come up and have a talk about the issues, whereas if you notify Human Services all of a sudden, it's going to be an us versus them situation, we're in trouble. Whereas if you can get them in to talk about the child's education, you can get a lot of parenting stuff involved as well, because the whole situation comes out when you ask them about – to tell you about what the child's like at home, or what's been happening with the child and so forth, and all of a sudden you find a whole lot of other stuff.  
(*Euan, assistant principal, secondary college*)

*Hilary* was aware of similar negative outcomes arising on the involvement of Child Protection Services, but interpreted her role as requiring her to report regardless, and flatly stated that teachers did report because they were mandated to report:

It has to be done, but it breaks down in the area, if I disclose sometimes, I've lost the rapport with that family, that child. So there's the breakdown.

*[Interviewer: So the relationship suffers?]*

Yes. Not only with me, but it might suffer with the system. And that is the worst scenario.  
(*Hilary, student welfare co-ordinator*)

*Elizabeth* also saw that the partnership developed with families over time could be devastated as a result of a teacher being mandated and reporting abuse.

c. *Extent of support for mandatory reporting*

All teachers interviewed agreed that it was appropriate that teachers be mandated to report cases of suspected abuse. *Grace* explained her position:

I do – we have children from 8.30 to 3.30. We have them for 7 hours a day; probably more than many parents have their children. And I think also we have the opportunity to compare them with other children their age. So you can think, oh, yes, that doesn't fit with the general 8 year old at the moment. As you get a few years under your belt as a teacher you do get a bit of experience, you do know kids, so you do know if something's not right. So I do think it is appropriate.

*(Grace, primary school principal)*

Even *Euan*, who considered that interventions by Child Protection Services often resulted in negative outcomes, believed that teachers should be mandated:

I don't think there is anything wrong with saying to teachers who are professionals you have a professional responsibility to the safety and security of your students. I think where it went wrong is one, the resourcing, and secondly, the follow up in recent years. It just hasn't happened.

*(Euan, assistant principal, secondary college)*

d. *Professional ethos*

Interviewees' responses indicate that they consider that teachers have children's best interests in mind and that they do want to protect them from abuse. However, it was also apparent that some of the teachers considered that their primary role was to teach children, and not to provide all of the supports that might be required by some families in crisis. *Fiona* observed that forming a belief of child abuse and then notifying authorities took time away from the essential task teachers had been trained to undertake, thereby posing a dilemma:

Yes, it probably does, because it's more time – it's getting the time with individual children to really get the time to check things out. And really having the time to check things out thoroughly... And like I said before, I can't remember exactly how it was put on that day, when those child protection people came to tell us, but the way that they spoke, they said, 'You have to be looking out for this all the time', and really, we are there to teach. And we have no formal training with it. No formal training in these matters to make us alert to everything.

*(Fiona, student welfare co-ordinator)*

Two other teachers, *Grace* and *Hilary*, saw no discrepancy between the role of teacher and that of notifier. *Grace* explained her position:

No. Because you can't teach a child unless they are happy and comfortable and feeling safe. They are not going to learn, so in order

for them to be able to get to their capacity to learn, if they are being abused, they have to – it's part of it. It's part of the whole packing, primary teaching particularly. It's not just about maths and English, it's about the whole child; and if the whole child is not being catered for, you are wasting your time trying to teach them how to read, if they are nursing bruises or worried about who is going to attack them when they get home...  
(Grace, principal, government primary school)

Grace asserted that she would notify abuse, regardless of any penalty:

If I thought a child was being abused, I would ring. Not because I am mandated, but because it is the right thing to do.  
(Grace, principal, government primary school)

Hilary maintained similar views:

I don't make any difference – it is the same. For me personally. I don't know whether it would be different for another teacher out there, whether they would... for me, I can't differentiate between the two.

[Interviewer: *The obligations that you have...*]

...As a teacher are the same as a welfare co-ordinator.  
(Hilary, student welfare co-ordinator)

### ***Other factors which may influence teachers' decisions to notify a belief of child abuse***

In addition to knowledge of mandated status and concern to fulfill their responsibilities, there may be other factors which are persuasive in encouraging or discouraging teachers from notifying authorities of any suspected cases of child abuse. The five teachers who were interviewed were asked about a range of other factors which might have a bearing on their reporting behaviours.

Euan raised an important point about the way in which he deliberated over whether or not to notify authorities. As noted above, he had marked reservations about the value of invoking intervention from Child Protection Services if the school itself was able to work with the family to ensure the family was protective rather than abusive. Euan indicated that the personality of the child also played an important part in determining the if Child Protection Services should be notified:

We take each case on its merits. We don't have two cases exactly the same; one you notify, the other one you won't. Because of the resilience of the student, the age, or the sort of support structures that the student has around them, all sorts of things.  
(Euan, assistant principal, secondary college)

a. *Nature and extent of any fear or concern stemming from a notification*

Although the interviewees varied in the extent to which they felt apprehensive about threats of violence from families, they all agreed that they would not allow intimidation to deflect them from notifying authorities of suspected abuse. *Euan*, who had made many notifications, stated that he had never had any issues to do with intimidation from family members. *Elizabeth* had not received any threats, although she had been confronted by angry responses from families after notifying. Although it was not her personal experience, she stated that she knew of other principals who had had threats made against them. Consequently, when she made reports she had anticipated some recrimination and devised strategies to reduce or defuse it:

Oh well, I've expected it and I've denied that I've made the report. And I've just taken the line when I've been accused that I've phoned Child Protection and that I have exposed their child to interview, I just say that as a principal I just have to cooperate with the Department of Human Services and if they phone me to say that they want to interview a child, to interview a child I can't stop them. So that's the line I take.  
(*Elizabeth, primary school principal*)

On the morning the interview with *Grace* took place, the woman whom *Grace* had reported to Child Protection Services visited the school. It turned out to be purely a social call, but *Grace* and the integration aide who had worked with her on the notification were very apprehensive: 'both our stomachs were churning.' Nothing eventuated, but as *Grace* pointed out:

I would be, particularly in this environment, in a little, quite isolated school, with – and it sounds very sexist - an all female staff, if I'd reported a child and I knew that the father was violent, I'd be very apprehensive.  
(*Grace, primary school principal*)

Clearly, *Grace* would be vigilant, but she did not consider that threats would deter her from notifying suspected abuse.

*Hilary* had been threatened and as a result had moved her office to increase her security, but she indicated that there was 'no way' she would allow threats to influence her decision to notify:

My office used to be further up at the front of the school, outside. I made a disclosure to DHS and the father was very very angry that I had done that, and I felt unsafe up there, where the father could come inside. And that's why now I'm here, which is not really good for the kids, because they've got to come through the main corridor, but I feel a lot safer now. It was only a one-off, really, but I just didn't like dealing there. There is an incident now that I could get worried about, but seeing I'm inside, I feel a lot safer.

I really think that you've just got to put yourself in – it's a professional situation, you are working for the individual, the child, what's best for



the child; your safety's compromised, so you make yourself feel as comfortable as possible. *(Hilary, student welfare co-ordinator)*

*Fiona* had not been in a situation where she had ever received any threats, but believed that she would not allow intimidation to influence her against making a notification:

I probably wouldn't be – I certainly wouldn't – oh, well, I don't think I would – feel threatened, you know, if I really believe that a child was being abused, in any capacity, I would report.

*(Fiona, student welfare co-ordinator)*

As noted above, some of the interviewees believed that teachers would generally prefer principals to make any notification. *Elizabeth* believed that this was partly because teachers were fearful of threats from families if they made notifications against them.

*b. Views of current legislation which may influence teachers' reporting behaviours*

None of the interviewees discussed the legislation pertaining to child protection in any detail, but three considered that the Child Protection Services had prioritized their caseloads in accordance with the legislation, so that where the statutory authority of the Child Protection Service to intervene was less than clear cut, cases would not be investigated. This was seen to be the situation in relation to adolescents who were at risk of abuse, and in cases of severe neglect.

*Euan* was supportive of mandatory reporting, but critical of the way that the legislation was used to prioritise cases, which meant that some serious issues were left unaddressed. He gave the example of adolescents being of less priority for Child Protection Services:

There are also issues to do with age. The age of the student can influence as well as the type of abuse. You are much more likely to report for a young student whereas for a 16 or 17 year old, you are getting very close to the statutory edge of Human Services' involvement. You would quite often make the decision that I'm not going to notify them because Human Services' involvement will either be non-existent or very very little. Because of their case load quotient and because of their statutory limitations as regards to age.

*(Euan, assistant principal, secondary college)*

*Hilary* had also noted concerns that Child Protection Services were reluctant to act to protect older children. At a School Focused Youth Support meeting, criticisms of the Services had been raised for discussion:

a year 11 girl was self-harming, the question whether they should ring the CATT team, they rang DHS at the time, and DHS indicated that it wasn't their problem, so go through whatever avenue that you can

other than DHS. That was for a more mature student, so the SWC of the time thought that perhaps their priorities were younger students, and that was the criticism that was brought up, and that's what they are coming to talk to us about – what - are 16 or 17 yo students treated the same as the 2 year olds? *(Hilary, student welfare co-ordinator)*

Thus both of the teachers from the secondary system interviewed for this study indicated that support for abused adolescents appeared to be a low priority for Child Protection Services. The other teachers in the interview sample were all dealing with younger children and this may explain why they had not raised this as a concern for them.

*Elizabeth* was critical that the legislation did not ensure that issues to do with neglect met with a crisis response from Child Protection Services. None of the other interviewees referred to the legislation in any regard, beyond the fact that teaching staff were mandated to report suspected abuse.

*c. Views of current Child Protection Service which may influence teachers' reporting behaviours*

Several of the teachers interviewed voiced their criticisms of Child Protection Services. *Hilary* was most concerned at the slow response she received when she had telephoned Child Protection Services regarding urgent cases, and she also felt frustrated if cases were not treated seriously. She was not always aware of the grounds on which Child Protection Services determined whether intervention was needed. The delay was the biggest problem for her:

Yes, the tardiness in getting through. Sometimes I get frustrated if they don't pick up a case, because it then puts ownership back on to me and we are poorly resourced. I work only part time, so to manage a particular problem that I might think is crisis, then, if the school takes that up then it is an issue.

They won't pick up because of certain reasons. I'm not privy to all their – I don't know why they are not doing it, perhaps they are poorly resourced at the time, or perhaps they're not taking it as a serious report, perhaps, I don't know. *(Hilary, student welfare co-ordinator)*

*Elizabeth* was critical of Child Protection Services on several counts. She believed that the way in which Child Protection Services interrogated children was unethical and that it could almost be seen as child abuse:

I question the knowledge, skills and abilities of the people who come out. I invariably get very young people and really who obviously don't have any idea about child psychology, and have to deal with children.

I just know that in one or two cases I was just furious because of the manner in which the questioning was done, and I was sitting in here with the child and with these people and thinking what on earth is going on here? OK? It was probably a combination of a lot of things. It

might even be the personality of the interviewer. Their approach, their manner. Their level of directness – their level of directness without feeling, right? So there is a level of requiring them to be realistic and managing the situation, but doing it in a way that enables the child to feel relaxed. It's very hard to put your finger on it, but I suppose in a nutshell I thought this person's totally incompetent. What are they doing in this job? Why are they working with these kids, and in the child's social and emotional development, this interview is a really critical element in their life. And if these people come in and they don't know how to handle it – like, that could be with the child for years. That experience, because they would probably feel that they are betraying their parent, and here's a stranger and then telling this stranger things about their parent, so I don't know whether I'm allowed to do, sometimes I do interrupt and I question, just to try to make them realise that... And other times I just think, 'You're beating around the bush.' You know, look, I could have got – you know, I sit there and I listen to the discussion and I could have had the response from the child 10 minutes earlier, do you know what I mean? You know, I dread it. I really dread it, and I think 'Well, sometimes I think well come on we are on about child abuse and in some ways this is child abuse.' And for them also to say, 'Well now we are going to see your mother and father.' - I don't think they need to say that. Because then the child will go away and think 'What's going to happen at home?' You know?

*(Elizabeth, primary school principal)*

*Elizabeth* also indicated that Child Protection Services had failed to maintain the confidentiality of her reports. When asked about whether Child Protection Services had assisted her by providing advice on her strategy of how to respond to angry families after a notification was made, she stated:

I've just devised it myself. Oh, no, you don't get any advice from them. In some cases they have actually told people that I made the report.

*(Elizabeth, primary school principal)*

*Elizabeth* also questioned the commitment and process of Child Protection Services staff. As she put it:

And if you ring them [Child Protection Services] about - late in the afternoon, that's when they are not receptive. You must ring in the morning. You ring in the morning when they are there and when they are not looking for when it is time to leave. Now, I must warn you, I do get my gander up with things like that. If I take my time out and I ring up because of concern, and the person at the other end is not valuing concern, well then I do get a little bit annoyed. I've had other principals tell me that, too.

And I also question about the fact there are often women together, doing the questioning and I believe there should always be a male, and I believe also that when they go to the homes that they – three women arriving on a doorstep of a home – when the person in the home is a

tall, tattooed man, very large man, with bullying tendencies, I question that. I also question the clothing, or the dress of the people who do the interviewing with the children. I don't think on occasion they are appropriately dressed to show a level of authority or a level of professionalism. I think their dress is too sloppy; unprofessional. And too casual.  
(Elizabeth, primary school principal)

She also noted that the child protection workers had not provided feedback and she disagreed with the assessment made by Child Protection Services on at least one occasion.

I think for us in schools to go through the process of forming a belief and then make the report, I think it is really important for us that we receive feedback. That's critical. It's – and the feedback has to be reasonably detailed, because our report is reasonably detailed. And on occasions I have received back reports and I've just, you know, I have felt in genuine cases where I have felt abuse was occurring, and when the Department of Human Services have gone to the home, somehow they've determined that the abuse wasn't occurring, whereas I still believed that it definitely was. And that is very frustrating. So it makes you question exactly what does happen when people go into the homes, with these children.  
(Elizabeth, primary school principal)

Grace had had little experience in dealing with Child Protection Services post-notification, but she had serious concerns at the lack of support offered by Child Protection Services to a family with foster children who had been removed from their family of origin due to protective issues. The children had been enrolled in the school with minimal handover and no medical history or background information at all had been provided. The children displayed behavioural problems which had precipitated the removal of other children from the school who had been bullied by the newcomers. One child took to climbing a tree and remaining in it if there was ever a suggestion that a protection worker might be attending to interview him. Child Protection Services staff failed to offer either the school or the children any assistance through this difficult period of adjustment.

For Euan, the difficulties he encountered in dealing with Child Protection Services were the result of the child protection system being inadequately resourced. Euan was highly critical and provided various examples of problems he had encountered in dealing with the authorities. However, he did not attribute problems to individual workers, but to the fact that the system was under resourced to meet the level of demand:

I think the service is very poor. That's not their fault. They are under resourced. You have a situation where they ring you back after you've rung up about a quite serious incident – and they ring you back and say, 'Oh, we can't get a car.' So what sort of a system have you got? Or 'Two other people are sick and I'm the only person here. I can't help.' You have these types of situations.

I've had a situation where I had to notify about a 16 year old girl who had been beaten by the family with a stick and after a week I still had to ring them up. The notification had been made on a Friday and a week later nobody had got back to us, and we were told, 'Somebody will get back to you.' And a week later they still hadn't. So it leaves you a bit reluctant sometimes to do it. You've told the child we've made a report and this is what happens and it nothing happens. Or you report a situation and you are basically told 'can't you get over it at the school level?' - get the school do it. 'Can't you get the parents to come in and talk about it?' It's all very well, but we don't have time – one, they don't have a statutory right to do that – schools do it all the time, part and parcel of education, but it normally comes down to an educational issue rather than a child protection issue. We've even been asked by Human Services to arrange accommodation: 'Can't you get someone at the school to take them home?' I'm not sure where the system's going. It's because the services just aren't there. It's hard work. Human Services don't have enough resources to put in that time, and then when you do have a notification and it is followed up, a lot of times you then don't find out what's happened. I don't want to go and jump down the kid's throat and say 'What's going on?' etc. because I have to move as lightly as possible, but from the school's point of view, I would like to know 'What's happening, are you still at home, have you settled down, and what sort of plans have you made?' Often you just don't hear anything back unless I call them up.

*(Euan, assistant principal, secondary college)*

Grace would have also liked some feedback on the case she had notified and was somewhat concerned at the lack of it:

I don't know how you could ever get feedback and whether you should, whether you are entitled to it anyway, but you see what I mean? You are probably laying awake worrying about making a report, probably done a lot of soul-searching and taken a big deep breath before you rang, and they go yes, yes, take a note of that.

*(Grace, primary school principal)*

Euan was asked if, given his extensive experience with Child Protection Services staff, he had been able to form good working relations with individual staff members. He replied:

Not in recent years, I haven't. It used to be. You used to ask for people by name. It is much harder now. You can do, but it is much harder. But you also have to respect the fact that from their point of view, their work is in a system that says if you make a notification you should go through the appropriate channels because they are not allocated time to take on notifications. So you are really being unfair on them if you take up some of their time, sort of trade on your personal relationship with them in order to ... I mean it really isn't a system for you to ring up and say 'Can I have your time?' It is harder.

*(Euan, assistant principal, secondary college)*

As *Euan* saw it, Child Protection Services staff were striving to deal objectively with all matters referred to them, and he respected the pressures staff were under. Again, it was a matter of insufficient staff to deal with the workload.

*d. Media influence on teachers*

None of the interviewees made any reference to media reports in the course of their interview.

***Teachers' suggestions or recommendations for better protecting children from abuse***

When asked for their suggestions on improving the current arrangements for protecting children, the interviewees gave wide-ranging comments.

Grace believed it would be very valuable to have a liaison arrangement between schools and Child Protection Services. She presented her wish list:

More training, more staff – and I know there is a desperate need for them. But even for the Child Protection – you know, dream world – just to have an officer associated with a cluster of schools, so that you knew that that was the person, ‘Rachelle’s the person for our area.’ Just so that you know the face. It wouldn’t have to be somebody who was in staff rooms or anything, just so that the admin and the welfare people sort of knew...  
(Grace, primary school principal)

*Elizabeth*, *Grace* and *Fiona* emphasised the importance of additional training opportunities for teachers. *Elizabeth* believed that this could be offered through the TEN program – the Teacher Education Network, whereby each school in a cluster contributes \$500 for low cost professional development.

*Fiona* believed it was necessary to have more in-service training provided by Child Protection Services to ensure that all teaching staff received information about their responsibilities:

More training for your everyday teacher, definitely. But every step is something I would like to pursue. Child Protection coming in. You could have the education staff, but I think it would be more effective if you had the Human Services staff. They know exactly what sort of things to look out for, they know what situations they have had, they can speak about what actually happens, so it is a bit more real. Whereas the welfare days I’ve been to it has been Education staff, it hasn’t really been... it was only that one welfare day through Melbourne Uni that was Child Protection.  
(Fiona, student welfare co-ordinator)

Hilary raised some wide-ranging issues that she felt the Child Protection Services needed to consider. She referred to the Partnering Agreement

between schools and guardians, which she described as ‘a way of connecting school refusers basically and caring for them between DHS and their foster parents or guardians, and schools, and trying to keep kids at risk in schools, and being educated.’ She criticised initial attempts to outsource the responsibility for supporting these young people to community agencies which have no knowledge of school-related issues. She felt it inappropriate to require young people who had experienced great upheaval in their lives to settle back into mainstream school:

They are directing students that have been out there at the skate ramp for 18 months, back into the school, with this massive support – and it must be funded and it must cost a lot of money for this support – where in reality these children should be directed into an alternative setting to get them used to being educated again, because sending them back into the masses is doing some kids more harm than good. It is very difficult to know what to do with them. The idea is fantastic, but DHS need to get their head around how they should actually direct them. Are they doing right by the individual by forcing them back into mainstream school? Having out of care services is fantastic; it’s costing a lot of money, whereas that money could be put into having more alternative settings... *(Hilary, student welfare co-ordinator)*

*Hilary* also pointed to difficulties arising from the short-term nature of much of the Child Protection Services’ interventions, and argued that there needed to be longer term support and monitoring, as problems tended to recur for some very troubled families. Also, she voiced her concern for children of very transient workers, for it appears too hard to follow up cases where parents move for purposes of employment.

*Euan* believed that in order for the current child protection system to be effective in protecting children, it was necessary to provide additional resources and to mandate all professionals who worked with children:

At the moment we have half a system. We either have a system or we don’t. If we are having mandatory reporting, it needs to be across the professions. They always talked about rolling it out further and that’s got to happen. It needs to either be a full mandatory reporting system, recognising what that means in terms of resources, or not having that mandatory reporting system at all.

*(Euan, assistant principal, secondary college)*

### ***Summary: factors influencing teachers’ reporting behaviours***

All of the teaching staff interviewed for this study indicated that they were supportive of mandatory reporting for teachers and believed that it was part of a teacher’s responsibility to ensure children were protected from abuse. None of the interviewees considered threats or angry responses to be a factor in influencing them against making a report.

All interviewees recognized the need for teaching staff receiving updating of professional development information in relation to their responsibilities. The four interviewees who had experience in notifying to, or other dealings with, Child Protection Services were well aware of the Services' lack of resources to respond to urgent situations.

Four of the interviewees notified Child Protection Services (or in *Fiona's* case, alerted the principal to notify) as a matter of course if a case of abuse came to their attention. If they were in any doubt, they discussed the issues with colleagues, but generally telephoned Child Protection Services in any case. *Grace* had minimal feedback from Child Protection Services post-notification, and deplored the lack of resources which resulted in her school having to manage quite challenging situations without any support from Child Protection Services. In determining whether or not to make notifications, *Elizabeth* had on occasion found it extremely helpful to consult with welfare staff of the Department of Education's regional office, especially where evidence was not clear cut. In her experience, staff of the Child Protection Services had not been helpful in providing advice. This differed from *Hilary's* situation, for *Hilary* had been able to consult directly with Child Protection Services staff. *Euan*, however, after many instances of notifications, had developed his view of what triggered Child Protection Services interventions and rarely engaged in telephone consultation with Child Protection Services. *Euan* gave clear examples of how he determined whether or not the resources available at the school level would allow him to effectively resolve protective concerns by working with the family, without having to notify Child Protection Services. As he put it,

I mean, you do make judgements on the basis that when you contact Human Services reasonably regularly, you have a fair idea as to what their response is going to be, what questions they are going to ask, and what the situation would be. There certainly are times when you don't make a notification because you don't believe it will lead to a positive outcome.  
(*Euan, assistant principal, secondary college*)

He was reluctant to notify in the first instance, as a result of the disruption which he predicted would follow intervention by Child Protection Services workers, and his concern not to jeopardise the level of support which the school could offer the student. A degree of reluctance to invoke Child Protection Services was also being developed by some of the other teachers who were interviewed, especially *Elizabeth*, as they gained experience of how the Child Protection Services refused to respond to all notifications made. In *Elizabeth's* opinion, Child Protection Services offered a response that was inadequate, uncaring and incompetent.



## **5.2.7 Interviews with Medical Practitioners**

### ***Mandated status***

Under the *Children and Young Persons Act (1989)*, medical practitioners are mandated to report any belief they form on reasonable grounds that a child has suffered, or is likely to suffer physical or sexual abuse.

### ***Characteristics of the sample***

Three medical doctors all involved in private practice as a general practitioner were interviewed. *Herman* is a general practitioner in a private practice in a semi-rural town just outside the Melbourne metropolitan area. *Gerald* is a medical practitioner whose practice is connected to a hospital in a rural township in Victoria. He has lived and worked in that community for over 20 years. The township has a population of approximately 2,000 people. *James* is a medical practitioner in private practice situated in a Victorian rural town, with a population of less than 3,000. He has lived and worked in that community for 25 years. The range of professional practice experience for these three practitioners was from 29 to 32 years.

### ***Experience of working with children at risk***

*Herman* reported 'some' experience with children who may be at risk of abuse while *Gerald* reported 'occasional' contact with children he believed were at risk of abuse. *Gerald* said that he had often dealt with adults who disclosed sexual victimisation in childhood and while this did not necessitate a report, he found himself providing professional support for such patients. *James* had varying experience in making notifications over the years.

### ***Extent of knowledge of the processes involved in making a notification***

#### ***a. Experience of making a notification***

All three participants had experience in making a notification, though *Herman* and *Gerald* reiterated that they had only occasionally made notifications.

#### ***b. Extent of training in child protection***

Each participant underwent their training prior to the introduction of mandatory reporting. *Gerald* reported some 'instructions about the battered baby syndrome' while studying paediatrics as a medical student, but apart from that had not received any pre-service training on child abuse per se or child protection issues. The other two participants also reported that they had not received any pre-service training.

Each participant had been involved with various in-service training sessions around child abuse and child protection. *Herman* was involved as a participant in a training project around domestic violence and child abuse.

*James* reported that when mandatory reporting was first introduced he attended some formal training sessions that went for a couple of hours, and since then had not undertaken any further specific training. *Gerald* had not attended any formal training around child protection issues.

c. *Nature of evidence used to form a belief that a child was at risk*

Two participants stated that observation of bruising and other injuries alerted them to possible abuse. *James* spoke of 'suspicious patterns of injury':

I'm always very conscious of seeing injured children in the local area, or children turning up with fractures, unusual fractures or multiple fractures. I can recall a few instances from the past where that was the presentation where children were repeatedly, the same child being repeatedly brought in with different fractures and often delays in treatment being sought. *(James, general practitioner)*

*Herman* suggested that 'all children are at risk of abuse' and noted evidence such as overt sexualisation of a child; sudden changes in behaviour; unusual number of presentations by mother with child or large number of presentations with somatic complaints with no organic basis; bedwetting; soiling, depression and changed eating habits; and drug abuse.

Both *James* and *Gerald* discussed the role of 'community networks' in their respective communities as a good means of gathering information and evidence to form a belief that may lead to a notification:

I guess as a rural GP you rely a lot on networks and what you hear in one consultation and what the district nurse tells you and what the ambulance officer tells you and what someone might whisper to you about a family or other caring people in the teams, so GP's have a large network and it's often bigger than they even know themselves as to where you get an idea that something might be wrong and you might use that information to assess the child. *(James, general practitioner)*

Because you're in a small country town, and you know their social standing, or whether they're in the lower socio-economic groups I guess you need to think about that. If I were to make a report I think about whether they're in housing commission houses, whether they're single mothers bringing up children, whether there's been evidence of post natal depression in the mother, whether they're under financial stresses, whether they're into drugs, you won't always know that but you may, whether they have a past history of difficulties, then you might suspect that those children are at slightly more risk than others, and certainly. . .[social class] it's something I would have worried about a long time ago because it does affect how you operate but I tend not to think about it now, I don't use it to make a decision. [Factors include] talking to district nurses or other professionals about what they'd perceived or something. . . their information might add to what I am thinking or what I saw. *(Gerald, general practitioner)*

### ***Perceptions of the responsibility to identify and notify child abuse:***

*Gerald* believed medical practitioners should be 'legally obligated' to report since their profession made it part of their 'role' to be proactive in the area of child protection. He felt there should be penalties where it can be shown that a professional did not fulfil this obligation.

*James* believed the obligation to report created 'greyish' areas for medical practitioners because at times it made them responsible for what they may be told by other parties:

in some ways it feels right [mandatory reporting] and you should have to do that, but I guess there's a fear that if I don't do this I'm breaking the law and I could have the police knocking on my door for me failing to report the child abused, although I don't know, I think it's such a hard problem when you come across child abuse that you have to get over that, [and] this is what we've had to do to herd doctors and other health professionals into that [mandatory reporting], they're very difficult professionals and difficult people to herd into one direction, I think that's why we've gone into mandatory reporting . . . it's frightening perhaps [for some] to discuss with a patient that you may have to report what they tell you.  
(*James, general practitioner*)

#### ***a. Influence of workplace setting and colleagues on identifying and notifying abuse***

Each participant reported being influenced by colleagues around decisions as to whether to notify a well founded belief of suspected child abuse. One participant reported that he had been influenced by health professionals outside of his profession. One participant who was geographically isolated from other medical practitioners said he found it very helpful to have a network of other medical practitioners who, although they resided some distance from himself, he could contact them when he needed to in order to seek advice and discuss cases that he was weighing up as to whether to notify or not.

For two participants, as already mentioned, the locale of workplace influenced the types of evidence relied upon to make a decision about notifying.

#### ***b. Knowledge of mandated status***

Each participant was aware of their mandated status though they were not *au fait* with the wording of the legislation.

One participant believed his peers would have a 'patchy' knowledge of the legislation and believed their individual motivation and area of work would influence the amount of knowledge they had about the legislation. Another participant believed that aside from knowing they were mandated notifiers, his peers' knowledge of the workings of the legislation would be quite 'variable'.

One participant believed his peers would possess a 'very good' knowledge of the legislation around mandatory reporting.

*c. Extent of support for mandatory reporting*

Each participant believed mandatory reporting posed some ethical dilemmas for medical professionals because a report involved the use of confidential information and for these reasons they felt that compliance could be very difficult for some who grappled with these issues.

*d. Professional ethos*

One participant felt that mandatory reporting made clear the professional responsibility of the professional. However, issues around breaching confidentiality meant that some professionals felt there was a dilemma between honouring a legal obligation and honouring the confidentiality of the patient. *James* suggested there may be some professionals who maintain a traditional view of confidentiality and thus would never report a well founded suspicion, but felt that the majority of medical professionals did their best to comply with mandatory reporting.

- Knowledge of anyone of the same profession not making a report despite well founded suspicion of abuse:

Two participants were able to provide details of instances where a professional had a well-founded belief of suspected abuse but failed to report it:

There was a case a couple of years ago where I think a number of girls were being sexually abused. . . a health worker had made a mandatory report about one of them and there were several other sisters. . . and a GP who was seeing [the family] didn't report it, I think because of some fears about what might happen from the parents and who the parents were [in community social standing] there was a fear of recrimination from the offending parent.

*(James, general practitioner)*

There was a case I knew of and the psychologist (involved in the case) thought he should report it to the community police and then [told me the details] and he asked me what I thought. . .the fact that the father had firearms in the house. . . and I thought, yep [and] thought it was a mandatory reporting issue because the kids are suffering and who knows what else might be going on within that really quite nasty family environment and I felt he should report his suspicions but (in the end) he didn't. It's one where I felt we (both) should have reported it sooner. . . but I mean all this stuff falls into a serious category I think but whether anyone else regards it as serious or whether it even amounts to the kinds of abuse that lead to intervention by child protection. . . and if the psychologist felt it wasn't reportable I guess I wasn't going to follow it up any further either.

*(Gerald, general practitioner)*

*Gerald* also recounted an incident that occurred some years ago, prior to mandatory reporting and while he believes in hindsight he should have reported his information to the police, he felt the pressure of being in a small town influenced him to behave differently at that particular time:

A long time ago I can recall, probably fifteen years ago when there was a young bloke who was moving between different girl friends at different times and I got separate reports from each of them that he was sexually interfering with their kids. My behaviour was completely inappropriate then because he was my patient as well and I saw him socially. Anyway after hearing this I saw him socially, it was in the pub actually and he came and spoke to me, you know, 'G'day, how are you going?' and I said 'I never want to see you again', and I just blurted out something about what he was doing to the kiddies, and he was run out of town by the cops shortly after that. It was inappropriate but it made me feel better (but) even when the cops kicked him out he's probably gone on and is doing it somewhere else.

*(Gerald, general practitioner)*

### ***Other factors which may influence workers decisions to notify a belief of child abuse***

One participant felt that the impact of making a notification about a patient meant that some practitioners worried about the extent of their evidence which may lead them to delay making a report if they waited in order to obtain more evidence so that they could be 'almost certain' that abuse was occurring.

#### ***a. Nature and extent of any fear or concern stemming from a notification***

Two participants had experienced anger from parents they had made a notification against, but were clear in stating that such actions would not dissuade them from making a report. *Gerald* had experienced what he described as 'fallout' after making a report but felt that:

[once a practitioner had] sufficient evidence then it should be reported and if it causes a loss of confidence by the person that's going to be involved in whatever is reported, then so be it, that's stiff.

*(Gerald, general practitioner)*

Each participant felt that recrimination from making a report 'was inevitable in small communities.' (*Herman, general practitioner*) *James* talked about the intimacy that was part of being in a small community saying:

you can't just separate yourself from the community because you are intimately connected to that community, especially having lived here for over 20 years, but the fact is my professional obligations mean that I may have to get involved with what others might consider a private matter.

*(James, general practitioner)*

With regards to possible recrimination stemming from a report, *James* discussed his views in some detail:

It's a really difficult thing in a very small community like this, I mean my children are completing university, but when the children were small at school they would often come in for you know, all sorts of abuses and bullying from other children, and sometimes even physical abuse because of decisions their father had had to make or was perceived to have been involved with as the town's medical doctor, so I sometimes think that's a major difficulty and it's one of the things that is difficult about isolated rural practice where you might be one of one or two health professionals and it'll be very obvious that you will have participated or facilitated reports being made, so if it's a violent sort of family, not a lot of brains, then they may take it out on your children at school. My wife and I would decide, 'let's move them to the next school seven kilometres away' and we would do that, but that's not always possible in some rural settings. . .

It [can be] frightening. . . having to discuss with a patient that you may have to report what they tell you. I have had an experience where the father came to confront me at my home and I just sat down with him and said well this is what I heard and this is what I suspected and if I'm wrong I apologise, but this is why I reported that, and actually that's happened twice, but I got no feedback from the notifications. . . Even in my current practice. . . we share these sorts of worries and concerns about the possibilities of recriminations because of a report so we share the night roster, and also what we do now is we are more likely to let our partner know, 'look I think this might be happening with this group of people, if you see them, watch out for it,' and we might even discuss it with our partner and even let our wife or husband know before we report it just in case there are kick backs from the report. When you do make a report it [might] be the last time anyone in that practice ever sees them, I mean they're still there, but they won't come near you [and] I guess if we're correct and there was abuse, we can say I guess the children are alive and we've done the right thing, but it's a very delicate area isn't it *(James, general practitioner)*

*b. Views of current legislation which may influence reporting behaviour*

One participant felt the issue of 'forming a belief' was problematic and created a good deal of ambiguity and discrepancies in what professionals reported:

it comes back to forming a belief . . . you have to suspect it strongly to do that, now how is anybody going to engage when I feel strongly about it, [but someone else] goes on the notes that I've written on a chart retrospectively and even if I explain what I mean does that correspond to what others think meets the necessary level of a formed belief as required in the legislation . . . how do you arrive at a consensus threshold. . . that's a problem isn't it, so it seems that if we didn't have mandatory reporting we may well have had a lesser degree

of certainty, so if we called the appropriate people to investigate it, we might pick up some more cases because people wouldn't be worrying so much as to whether they reached the threshold required for reporting.

*(Gerald, general practitioner)*

*Herman* felt that the legislation was not enough to change behaviour towards protecting children from child abuse saying that:

professionals should not be compelled to report based merely on suspicion.

*(Herman, general practitioner)*

*c. Views of current service which may influence reporting behaviour*

Two participants suggested that Child Protection Services were slow to respond to notifications and that obtaining feedback was a real problem:

while some [experiences] have been positive, it's just sometimes the feedback's been poor, or slow, or not at all and that creates a lot of frustration and sometimes anger because the report you made just seems to have disappeared and the person who made the report has a right to know where it is and if it is being followed up at all.

*(James, general practitioner)*

While participants acknowledged that child protection work was difficult, *James* commented that some of his peers hold a 'somewhat antagonistic' view towards Child Protection Services because of poor outcomes, lack of appropriate intervention or no intervention at all and lack of feedback. *Herman* was of the view that Child Protection Services were not particularly 'effective' in responding to notifications:

some of my clients have suffered severe emotional trauma as a result of intervention by child protection. I believe that on occasions children have been verbally and the parent or parents humiliated by inappropriate investigation. When child protection closes a case there is no apology or closure for the parent.

*(Herman, general practitioner)*

Two participants believed that some individuals may use notification maliciously to damage another person, especially where there was a marital or custody dispute:

I have seen child protection used on several occasions by aggrieved parents in family law disputes and I think this in itself is an abuse of the child.

*(Herman, general practitioner)*

There are people with axes to grind, and they can allege that somebody is doing something and they remain anonymous and I think there should be penalties for those people if they're proven to be spurious [so that] we say to someone who notifies, on what grounds

are they notifying? They probably should have no interest in the outcome. I mean we're talking about kids here and I think some parents use the mandatory reporting thing to get back at their spouse or a family member has a grudge against an in-law or something and makes a notification. . . this is a small town you know, and you hear things that make you uncomfortable and you think, what's really going on here.  
(Gerald, general practitioner)

### ***General practitioners' suggestions for better protecting children from abuse***

One participant felt that when mandatory reporting was introduced professionals were exposed to a good deal of information and training, but that this had essentially stopped and was something professionals took up if they felt like it. While in his opinion it now formed part of undergraduate training this participant felt there was a real need to provide greater 'exposure' to general practitioners around training and education, saying:

there are colleagues of mine who haven't had that [continued] exposure and I think it's one of those things that has to be regularly brought up and revisited.  
(James, general practitioner)

### ***Summary: influences on medical practitioners' reporting behaviours***

The practitioners interviewed were alert to evidence suggestive of child abuse and were generally supportive of the mandatory reporting requirements imposed on them. Sharing information and discussing cases with other colleagues and professionals within the health field helped these practitioners deliberate over identifying abuse that may lead to a notification. They were aware that notifications could be interpreted as breaching doctor-patient confidentiality, but did not consider that these issues had posed barriers to their own reports of abuse.

Because of the high profile of general practitioners in small towns, and because of the extent of local contacts in low population areas, locale was a factor for these doctors in identifying and notifying suspected abuse. While living in a small town also contributed to occasions where the practitioner experienced recriminations for making a report, it did not dissuade practitioners from fulfilling their obligation to notify authorities of a well founded belief of suspected child abuse.

The three doctors interviewed were concerned to be proactive in protecting children and two of the three were critical of the current child protection system's failure to speedily intervene when alerted to cases of child abuse. However, while they offered some criticism of legal definitions of abuse and of child protection responses to notifications, they were nonetheless supportive of their mandated role in reporting beliefs they formed that a child was subject to abuse.



### **5.3 Case Study**

The following case study describes the experience of a mandated school teacher, *Melissa*, from a small rural community who made a notification of suspected child physical abuse. The interview focussed on Melissa's experience of making the notification and the events that followed the notification. Some details have been disguised to protect the identity of the teacher, the child, the school and the community. All names have been changed. The incident occurred in the latter part of the 1990s.

#### **Background**

Melissa is a qualified primary school teacher. She is married and has three children. At the time of the incident, Melissa and her family had been living in a small rural community in Victoria, four hours drive from Melbourne. The town had a population of approximately 2,000 people and Melissa was employed as a teacher at the town's only primary school. Her husband worked at a local business in the town and her three children attended the same primary school where she taught. Melissa described her family as being actively involved in community activities and her children were closely involved in local sports. Melissa knew most of the parents whose children attended the school and often socialised with them through a variety of community activities. At the time of the report Melissa and her family had lived in the town for a few years.

Melissa said she and her family enjoyed country living and the low cost of living in small communities had meant that she and her husband had been able to purchase a good quality home which they owned outright. They both owned late model cars and their children were able to take part in sport and community events. One child had a promising career as a gifted musician. Both Melissa and her husband had stable employment and were comfortably off having no mortgage, and she felt confident about being able to build a comfortable future for her children.

#### **The Incident**

One of Melissa's children was friend's with a child from his grade. Both were in grade three. Melissa had come to know the child reasonably well as he often visited their home and Melissa knew the child's mother as they had both worked at local community events. On this particular day, the child in question was at Melissa's home where he had had lunch with them before going outside to the swimming pool. Very soon after this Melissa says her son came inside crying 'Mummy, Mummy, what's someone done to Jonathon?' Melissa went to find Jonathon out by the pool in only his shorts. He was upset and distressed and Melissa was shocked to see severe bruising and marks on his back: 'He had belt marks, clear impressions including the buckle marks all over his back. They weren't fresh; they looked about a week old.'

Melissa spent time reassuring Jonathon before asking him how he came to have these marks: 'I told him I couldn't pretend I hadn't seen this and he didn't talk very much . . . he said "I'm not allowed to tell"'. Melissa encouraged Jonathon to talk to her and he said that his father had 'belted' him and after disclosing this, 'clammed' up and became very quiet. Melissa said that she began to think about a recent episode in which Jonathon came to school with his arm in a sling and had a black eye and when asked about it said he had fallen. Melissa said that she did not think any more about that matter until now, and felt that she needed to do something about it. She gave Jonathon some afternoon tea and spent time reassuring her own son who was apparently very upset about seeing the marks on his friend's back. Melissa said she asked Jonathon if he would like her to speak to someone and the child became reluctant to talk so she decided to play the incident down until she could speak to someone else about it. She did make a point of telling the child that she would have to do something about what she had seen.

She drove the child home and felt a need to speak to the child's mother who she thought was a good and caring parent. She was not able to speak to the child's mother and later that night rang a colleague and told her what had happened. Her colleague advised her that she would need to make a mandatory notification, but Melissa said she felt torn about this because: 'I know the kid's mum, she's a friend, she'd come to my house and we'd made cakes and I just didn't want to do that.' Her colleague urged Melissa to make a notification, telling her she had no choice in the matter but to report.

Melissa had no previous experience in making a mandatory notification but was aware that she was mandated to report a well founded belief. Her training in mandatory reporting was minimal and Melissa reported this instance as the first case of abuse or suspected abuse she had dealt with in her teaching career.

The next morning, Melissa decided she would let other staff know what had happened and that she would be reporting the incident to Child Protection Services. Melissa believed that the small size of the school, the closeness of the community and her own principles about openness and honesty with her colleagues necessitated that she inform the staff so that everyone was aware that a report would be made about this particular child. Given the small number of teachers, Melissa informed the Principal and staff together during morning tea break. Afterwards she telephoned Child Protection Services and made a point of telling the worker she spoke with that she felt that the 'mother was a real good mother, she'd been at the school helping in the canteen, she did everything she could for the kid, so there's no reason to suspect the mother had anything to do with it.'

When Melissa arrived at school the next day she became immediately aware that something was wrong because there was normally a staff meeting and she found the staff room locked and no sign of teachers around. When she went to her class room she found 'the mother lying in wait outside my classroom.' Melissa had her class of children with her and the children

became very frightened and distressed as the mother began to abuse Melissa:

She's screaming at me and using all the language and hurling abuse at me and the children were horrified and hanging onto me and I got into the classroom and I was shaking . . . I couldn't cry in front of the children . . . I was shocked to the core, but luckily I had a teacher's aide in the room. She got the children to sit on the carpet and I started to read to them while I got my wits together, then the mother came into the classroom and started yelling and it was really frightening.

Melissa later learned that the staff knew the mother would be confronting her that morning and had decided to lock themselves in the staff room and leave Melissa to confront the mother alone. Some staff told Melissa that they knew the mother was a 'hell cat' and wanted to avoid the confrontation. Melissa then learned that it was apparently common knowledge that this particular child and two of his siblings experienced physical abuse from the father and that Child Protection Services and other welfare agencies had been previously involved with the family.

She found out that Child Protection Services had responded immediately to her notification by attending the family home with the assistance of local police. Melissa also found out that the staff - and it seemed to her the rest of the town - knew about this before Melissa attended work the next day. Melissa said she 'felt betrayed' that other staff members were aware of the history of abuse within that family and that when she had advised the principal and senior staff of her intention to report her concerns no one had advised her of the family history. She also felt betrayed that the next day at school she had been left to deal with the mother and her abuse without support or appropriate intervention from the staff. Melissa felt that had she been advised of this information she would have been better prepared to deal with the confrontation that followed. As Melissa recounted, the children in her class suffered also as a result of the mother's outburst.

Later that same day Melissa was advised that she would need to meet with a medical officer and someone from the Department of Human Services. Melissa was astonished when told that it was considered unsafe to meet in a public space and was told that 'they couldn't have the car in the main street or outside my home . . . it had to be after hours and behind [a building] at the school.' To accommodate this request, Melissa met with the medical officer and child protection worker behind a shed at the school later that evening:

They told me I'd done the right thing [but that] the child was still [at home] because they couldn't find another place . . . I was horrified by that and that there were previous [reports] on this child [and] on the older brother . . . there'd been reports of physical abuse against him as well and I heard at school that one of the reasons he had learning difficulties was that he'd been hurt and had [suffered] head injuries.

## **Child Protection Services' Response**

Melissa learned through supportive staff at the school that the father of the child was ordered to undergo intensive counselling and for a period of time moved out of the family home. He eventually moved back and Melissa found this 'pretty awful' as his presence back in the family led to increased harassment of her and her family.

Melissa felt Child Protection Services let her down because as she says, 'dad's still there, the kids are still wandering the streets . . . I thought, oh nothing's happened, maybe I'm just an idiot, but they had seen [bruises and marks], they knew what I was talking about.

## **Post-Reporting**

### **The school staff response**

Melissa found that staff at the school 'divided into two camps' and this was complicated by the fact that several staff were related to people in the town, including the family of the abused child. She also became aware of 'old vendettas' and politics within the community which further divided staff members and Melissa found this made her work environment almost unbearable at times. The repercussions were not simply aimed at her but involved other staff members and Melissa says she felt distressed that those who had not been involved in making the report were being targeted by others within the school and the community. Melissa felt particularly upset about the treatment of the school principal whom she described as being 'almost an insider' within the community because of the length of time he had lived and worked in that town, whereas she considered herself to be an 'outsider'. While she found the principal made every attempt at the beginning to be supportive, she soon found she could no longer rely on his support:

he already had an ongoing vendetta with [a relative of the child's family] and the mother of the child then got in on it and he was under enormous stress, he actually resigned from teaching that year and he shouldn't have; he was a talented man and he had a lot to offer and he left [the town] and I felt bad for him [so] it wasn't just me who copped it; he copped enormous abuse and [another teacher] copped it and she left town the same year too.

Melissa's children also became targets at the school and this became an increasing worry for Melissa and her husband. The friendship between her son and the abused child was severely disrupted and this created hurt and confusion for her son who found it difficult to understand why he was no longer considered a friend of the boy.

Initially Melissa had been informed by a child protection officer that she had done the right thing as there was a history of reported abuse and violence against children in that particular family. Melissa was aware that mandatory notifications do not require the notifier to have proven evidence of suspected abuse and was aware that an unsubstantiated report did not mean that the

notifier was necessarily wrong. However, the fact that no charges were laid against the father caused Melissa to feel that, as far as the community and school staff were concerned, her actions were therefore 'wrong'.

However, the school later called meeting about mandatory reporting and Melissa was instructed to attend a meeting along with all other staff from her school and staff from a neighbouring town where a senior staff member from the neighbouring school talked to them about mandatory reporting. Melissa felt the purpose was to 'publicly roast' her for making a report. Melissa understands that she was very 'defensive' at that time, given the retribution she was feeling from some staff and the community, and felt that the senior staff member could have used the meeting as an opportunity to make clear that when it appears there is no substantive intervention in relation to a family as a result of a report, it should not be assumed that the notifier has created a problem.

### **The community**

Prior to Melissa lodging the notification, she and her husband had been active within community groups and activities. Following the notification, community attitudes towards Melissa and her family changed dramatically. While Melissa's colleagues were aware that she had made a notification, she had never identified herself as the notifier to anyone outside of the school. Melissa was never directly asked by people outside of the school community whether it was she who had notified against the family but found herself singled out by community members as the probable notifier.

Melissa reported that when she went into the town, she was subjected to repeated verbal abuse by the child's mother and his siblings and even other children verbally abused her in public. Soon Melissa was unable to shop at a local store as the owner, whom Melissa described as 'powerful' within the community, made it clear to Melissa and her husband that their business was not wanted.

Her husband worked for a small business in the town and some of the patrons made it clear that they disapproved of what his wife had done and while at first Melissa says he tried to remain 'detached' and pay no attention to such behaviour, it began to adversely affect him. Melissa says her husband began to dislike going to work and often expressed 'anger' and 'frustration' that her notification to Child Protection had led to such a deep community backlash against them and that they had such little viable support from professional and local bodies.

Recriminations began to filter down to Melissa's children as other children began to avoid playing or visiting her children. Her daughter was very good at a particular sport but found herself dropped from the team for no good reason. On another occasion, one of her children became very distressed after waiting for ages to be served in a local shop. He told his mother that the shop keeper kept serving others in the shop and would not serve him and ignored him until he left the shop in tears. Her children had been part of a

group that would travel to a nearby town to attend social activities and movies. However, very soon her children reported that the other children were no longer welcoming of their presence and within a short time were no longer invited to attend further social activities. Another child suffered bullying at school and at sports. Out of frustration and despair, Melissa soon withdrew her children from local sports and other activities because 'I just didn't feel it was worth it.'

Very soon Melissa found that she had to 'case the joint' whenever she went into town and her 'lack of support base' made her feel increasingly isolated within the community. While some members of the community were sympathetic to Melissa, she found they would not publicly support her or her family. One point she found difficult to deal with was her 'awareness' that others in the community knew the father was abusive towards his children, but since the family and their relations 'been there for generations', the community seemed more tolerant of this conduct:

they would have known of the husband's drinking problem, and they knew the wife over-compensated by the things she did for the kids, there's no doubt about it.

Aside from public antagonism, Melissa experienced episodes of vandalism and harassment at the family home:

there was throwing rocks on the roof, which they did to us at night. We had things like malicious damage to a fairly new car . . . our letter box was knocked off and things like that.

Melissa recalled a particular incident at their local church that affected the whole family. After the notification, the family of the abused child became involved with the same church Melissa and her family attended and soon Melissa felt unable to attend church:

we felt very uncomfortable because their people were watching us and we felt, just get out of there and I think that's the last time we've been to church. We just weren't comfortable there any more and I think I felt betrayed by the church because the priest didn't come around and say... you know, Christian ethics or something, that you have to accept everybody and I understand that and they were in a difficult spot, but no one ever spoke to us and at school it was the same and at Child Protection Services it was the same, nobody ever came back and said, 'Yes, you did the right thing.' We just felt very isolated.

The stress and tension began to affect Melissa's relationship with her husband and children. Her children were increasingly upset about the treatment being metered out to them and Melissa's husband felt they were being forced to pay a significant price for Melissa fulfilling her legal duty to notify:

Andrew found it very difficult. He was probably angry with me at the time [because] it made life less comfortable, it put us in the spotlight. . . he said I should never have reported it because the follow through was awful; he had a gibbering mess on his hands like me. His comment was it wasn't worth the ramifications. [Even now] just last night he said I should never have reported it.

One of the most lasting impacts on Melissa was the response she says she got from Child Protection Services and the Department of Education:

after the incident behind the school shed I came away shaking my head thinking what's it all about and feeling well that was a fat lot of good, what's been achieved? I just felt awful, I didn't like the way it was operated and I never heard another thing from them [Child Protection Services] . . . they never spoke to me again.

Melissa said she was never offered any counselling despite the fact that she needed support. The impact of the stress led to her requiring medication and as she saw two of her colleagues resign from their positions and leave town as a direct result of the repercussions of the notification, she found it difficult to cope:

I really needed it [counselling] I had high blood pressure tablets, all of this sort of stuff, but it wasn't just me, I mean I was one of them [suffering] but [colleagues] left town and then [a colleague's] husband left town . . . we all suffered.

A close friendship Melissa had with another parent suffered irreparably as the woman experienced recriminations as a result of her friendship with Melissa:

she'd come to my house frazzled and upset because someone had heaped abuse on her, or she'd go into work and someone would heap abuse on her husband and then embarrass them publicly.

Eventually Melissa and her husband made the decision to resign from their jobs, sell their home and leave the town. At the time Melissa was also enrolled in a post-graduate degree and had to withdraw from it because of the impact of the stress on her. The decision meant life changes for them as they moved to the other side of the state where the cost of housing was higher, necessitating them to take out a mortgage. Melissa applied for, and got a new job 'it wasn't because I wanted that job, I just wanted out [of town]'. Her husband was out of work for some time, reducing them to one income, which they had not experienced for some years.

Melissa says they sold their home for less than it was worthy because they were keen to leave. She received no financial support from the department of education to move, which was out of necessity and not choice. Her children started at a new school and she says they found it difficult to adjust. The move to a much larger provincial city meant adjustments for the whole family

and Melissa says that all the family are still finding ways to adjust to their new environment.

Finally, while Melissa is aware that the repercussions for her actions were enormous and unjust, she expressed no bitterness, only disappointment at what she believes was the inappropriate response of the department of human services and education authorities; and the inability of a community to understand that she acted to protect a child from further abuse.

Melissa was able to re-institute a friendship with a colleague who had resigned from her teaching job and moved to another town. For this Melissa is grateful but says that the effects of what happened in that small community remain with her, her family and her friend:

Now, I keep a pretty low profile and all of us have said that none of us has made a good friend since. We're now in our forties; we had good friendships in that town, we'd have coffee together, have lunch together, do things over weekends. Now none of us have formed those sort of friendships again. We've all been affected, there's no doubt about it. I went back once [to the town] . . . it was quite courageous, but I reckon I was white and rigid the whole time, hoping that certain people weren't in town. I was just frightened that they'd still be angry to this day and yell at me.

While Melissa's husband still feels she paid too high a price for reporting, and while Melissa believes Child Protection Services let her and the child down, she still believes that her actions enabled a positive outcome in some ways, for the future safety of the child:

There's no doubt that we paid a high price, but I think if I hadn't reported, that child wouldn't be the same child he now is. I think at the time the violence was escalating, he had too many injuries they hadn't connected and the mother knew things were wrong and talking to [friend] this year, she said [what I did] was the best thing that happened to that boy because he is happier now, she doesn't believe anyone has touched him since [the notification] and he's more confident and he's following his academic pursuits and he seems pretty together. . . so it was the right thing to do for him.

When asked if she would again notify a well founded belief of suspected child abuse Melissa hesitated before answering:

Well if it happened again . . . in a big town or city it's not a problem, there's been a report in our school [where she now teaches] now of sexual abuse and that didn't even touch any of the staff members. . . it was nothing like what happened in [the previous town] . . . I just hope to God I'm never in that situation again.

Finally, Melissa believed that being able to discuss her experience now was a positive action for her as she had never before fully discussed it with anyone:



The night you [interviewer] first rang me, I went to bed and howled and howled and howled and howled, because I hadn't dealt with it; you do a lot of things because you have to; it's really important, it's the only way you can get through and it's strange, but it's made me . . . you have to do these things to . . . but the emotional cost, the financial cost, I couldn't begin to add. . . with a husband out of work mortgages, you can't pay bills, things like that, it's just horrific, you just can't imagine what that does, but I'm coming from a different perspective now; this is a long time ago now and in the last two years I think I've suddenly grown . . . I think that what they have to do [in future] is give relocation immediately and counselling and it's not just for you, it's for anyone who is in that target range; and Child Protection Services have to keep you informed.

## **Comment**

This case study draws out a number of dynamics that mandated notifiers may have to deal with and reveals how these dynamics may be amplified within a small community. The recriminations were far reaching, affecting not just the notifier but several of her colleagues who supported her as well as Melissa's family.

Melissa fulfilled her legal duty but could not have been prepared for the events which followed her notification. From her experience, the conduct of the medical officer and the child protection officer in meeting Melissa behind a school shed, after dark, could be interpreted as colluding with the 'closed' community approach to this case of child abuse or a misguided response to the perceived need to protect the anonymity of the notifier.

Strong elements within the community appear to have closed ranks around the child's family to the detriment of Melissa. There certainly appear to be elements of the 'insider' and 'outsider' concept in the community's reaction. As Melissa stated, the child's family had been in that community for 'generations' and had an extended family network in the town, while Melissa, having only been within that community for several years, appears to have violated a public secret.

An interesting point was the absence of any dialogue around the child's need, and right, to be protected from the physical abuses of his father. The focus of some of Melissa's colleagues and the community was on the 'rights' of the parents to not have any form of welfare or legal intervention into their home life around their treatment of their children.

Melissa's experience highlights the importance of training pro-actively around child abuse and notifications to ensure that education staff who make a report receive appropriate employer and collegial support. Domain specific factors that may impact on confidentiality and the anonymity of the notifier need to be addressed in training as well as providing strategies for professionals to use

both individually and as a group to ensure a best practice model when a notification is made.

Although Melissa's experience may seem to be an extreme example, there is not enough empirical data to know the propensity for this type and degree of recrimination. Given that Melissa had spoken to no one in detail about this experience, prior to speaking with us, the extent to which mandated professionals may experience recriminations for supporting suspected child abuse remains a fertile, and much needed area of research.

## 6. Discussion

This study shows that professionals are concerned to protect children and to act in their best interests. However, it indicates that not all professionals report suspected abuse to authorities when they first form a belief that a child is at risk of abuse.

The professionals surveyed perceive a need for further training and re-training in child protection issues. This need is borne out by the level of inaccuracy of the knowledge professionals have about the operation of the child protection system.

### ***Mandatory reporting: good in theory, poor in practice?***

Overall, professionals favoured the notion of mandatory reporting, and many believed that it should be extended to all professions engaged in the care of children. However, many respondents experienced in reporting child abuse found mandatory reporting to be unworkable in practice, due to the lack of response by Child Protection Services.

‘I mean, how effective is it to mandate us to report when protective services don’t seem to be coping all that well with those reports?’

Overall, respondents offered opinions indicative of a high level of concern to protect children from abuse and to act in the child’s best interests, but professionals’ judgements about what constituted the abused or at-risk child’s best interests did not necessarily coincide with legal requirements to report suspected abuse. Many believed that when they had reported their suspicions to authorities the child concerned had been put at greater risk. As respondents commented:

‘I have been involved in cases where action by child protection service has been more damaging than the abuse.’

‘Many of my colleagues- from my own and allied professions – are diffident about reporting because of perceived lack of response. This is a serious impediment I have encountered with ill timing of response or poor processes around the response. We all see so many abused children repeatedly returned to vulnerable situations, or removed to vulnerably, unstable situations.’

Tomison (2002) differentiates between the value of mandatory reporting in theory and the difficulties of mandatory reporting in practice. This study suggests that professionals who have experience of making a notification of child abuse to Child Protection Services in Victoria may well hold similar reservations about the value of mandatory reporting. Although those surveyed for this study overwhelmingly stated their intentions to report suspected abuse to Child Protection Services, more than one-fifth of respondents could offer extenuating reasons to exonerate mandated

professionals from making a notification. These reasons generally related to the professionals' concern to ensure the accuracy of – indeed, even to 'prove' – the suspicion prior to lodging a notification, and their concern to safeguard the child, rather than any deliberate attempt to avoid their obligations. As one commented, it was legitimate not to report suspected abuse:

'If I knew that DHS would not investigate (due to my experience with similar cases) or that they may investigate and take absolutely no protective action and the investigation would place the child and/or our professionals at risk i.e. the only remotely protective relationship the child may have.'

These attitudes are indicative of the fact that generally professionals who have responsibilities to care for children consider that making a notification is a very serious matter, and want to be confirmed in their belief before they act. Comments from survey respondents typical of this view include the following:

'I would need consistent and obvious evidence.'

'If I had appropriate documentation, evidence or observations to support my suspicion.'

'I would want to be sure –almost completely sure'.

Many who have witnessed abuse of the child or gathered considerable evidence over time and have then reported have not had their concerns treated by Child Protection Services with the seriousness and urgency they expect. This has encouraged many reporting professionals to lack confidence in the ability of the child protection system to offer protection to children at risk. Essentially, many of those surveyed believed that they had more likelihood of offering support and assistance to abused children in need if they worked independently of Child Protection Services.

Nor did the Child Protection Services always offer the expected support when professionals sought to deliberate on the appropriateness of making a referral. While some respondents praised the efforts of Child Protection Services staff in their professional response or reported that they were generally able to engage in valued phone consultations to determine the best course of action, others reported that they had encountered no assistance when they had sought to consult about whether they should make a notification.

There is a clear discrepancy between the broad based injunction of the legislation to report all suspicions and the specific nature of information required by Child Protection Services when a professional makes a notification. The *Children and Young Persons Act* s.64 (1A) stipulates that a person working in any of the applicable professions who forms the belief on reasonable grounds (i.e. 'matters of which a person has become aware' and 'any opinions based on those matters') that a child is in need of protection

must notify as soon as practicable after forming that belief. This suggests that mandated professionals are bound to report all suspicions they may form.

However, it was apparent that many respondents and interviewees had experienced unexpected questioning when attempting to report their suspicions, and that despite forming what they considered well founded beliefs, did not satisfy the minimum evidential requirements to lodge a notification as set by Child Protection Services. The Child Protection Services booklet, *Responding to Child Abuse* (2002) presents a list that may help define 'reasonable grounds':

There may be reasonable grounds when:

- A child states that they have been physically or sexually abused.
- A child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves).
- A relative, friend, acquaintance or sibling of the child, states that the child has been physically or sexually abused.
- Professional observations of the child's behaviour or development lead the mandated professional to form a belief that the child has been abused.
- Signs of physical or sexual abuse leads to a belief the child has been abused. (*Responding to Child Abuse*, 2002, p. 16)

The booklet specifies the information sought from potential notifiers by Child Protection intake workers (*Responding to Child Abuse*, 2002, p. 19), but also notes that 'A notification should still be made, *even if the notifier does not have all the necessary information.*' (*ibid.*) Yet some survey respondents commented that in their conversations with Child Protection Services intake workers they were told that they had insufficient evidence with which to make a notification.

'My major problem with reporting has been DHS. They are very overworked, I know but they seem to have a 'blood on the floor' requirement which is insulting and frustrating. Those of us who work with these kids want them helped NOW!'

Three other respondents indicated that reporting a 'reasonable belief' of abuse to Child Protection Services was often not considered sufficient criteria to make a notification as the intake worker required other forms of 'evidence' from the professional. One commented:

'Although willing to give advice over the phone, DHS require more than suspicion of child abuse to accept and follow up a notification.'

Aside from creating confusion and difficulties for notifiers, there are possible legal ramifications for the outcome of the case when professionals have sought to obtain further evidence either from the child, alleged abuser or other parties. Although acting in good faith, some professionals have found their 'evidence' supporting alleged child abuse either made inadmissible by the

courts or considered to have tainted the evidence (Taylor, 2004; 2001 (a)). As one survey respondent made clear, the onus of investigation and proof was not the role of the mandated professional:

‘It is not a notifier’s duty/responsibility to investigate, in fact it risks damaging the evidence! Therefore DHS need to follow through and investigate.’

The suggestion that notifiers need to investigate cases is contrary to the statements made in *Responding to Child Abuse* (2002), which stipulates:

Ultimately it is the role of the Child Protection worker to undertake the risk assessment based on the information gathered from a notifier, and to determine whether significant harm exists. (p. 10)

It is the Child Protection worker’s job to investigate and prove significant harm, so other professionals need only have reasonable grounds for belief. (p. 16)

You do not have to prove that the abuse has occurred. (p. 17)

You do not have to prove that abuse has taken place. You only need reasonable grounds for your belief. (p. 18)

As the legislation does not define what constitutes ‘reasonable grounds’, other than ‘matters of which a person has become aware’ and ‘any opinions based on those matters’, a professional could well consider that they held a belief based on reasonable grounds, but still not meet the grounds specified as reasonable by Child Protection Services.

The reference to professional observations by ‘the mandated professional’ in the list of reasonable grounds in *Responding to Child Abuse* suggests that judgements made by mandated professionals are held to be of more force than judgements made by non-mandated professionals who have care of children. Comments were made by some respondents indicating that they believed the opinions of mandated professionals to be taken more seriously than the opinions of non-mandated professionals.

Child Protection Services has to manage high demand for service to investigate and support both new and existing cases. As a consequence, its priorities are in a state of continual redefinition. As noted in the booklet distributed by the Department of Human Services, *Protecting Children*:

The prioritising of cases for investigation is constantly changing. This is because new notifications are reported all the time, and the planning and intervention process usually involves discussion with, and coordination of, a number of people. (*Protecting Children*, 2001, p.15)

Professionals who deal with Child Protection Services seek to develop their understanding of what services they can expect from Child Protection

Services. Refusal or prioritisation of notifications at intake has led to some professionals believing, and even accepting, that only specified types and conditions of physical and sexual abuse are considered by Child Protection Services as warranting notification.

### ***Redefining child abuse***

Many professionals surveyed for this study commented that there was a lack of resources available to Child Protection Services and many were sympathetic to workers burdened by heavy caseloads. Implicitly they sought to maximise the resources which Child Protection Services could make available to them.

- Refusing adolescents protection

One result of interactions between professionals notifying suspected abuse and Child Protection Services has been the effective redefinition of what constitutes 'child' for the purposes of protective intervention. Many respondents indicated that they did not notify cases of child abuse where the child was adolescent, i.e. older children and adolescents approaching the statutory age limit of 17. This was not because those respondents necessarily considered the older child more resilient, but because they had perceived that Child Protection Services would not act for those for whom they were unlikely to have some continuing statutory authority.

Some professionals talked about the 'gap' in DHS response to adolescent abuse as the focus seemed to be predominantly on very young children. As a consequence some professionals told us that they, and some of their peers, had stopped notifying Child Protection Services about abuse of adolescents because of the failure to respond appropriately and some professionals reported that they tried to work with the adolescent to find them support services that might assist them.

This problem is not confined to Child Protection Services but is also a reflection of societal views which often perceive adolescents to have greater autonomy, power, and access to resources to be able to assist themselves. There is also the pervasive view that if an adolescent were being abused they *should* be able to stop it themselves or get away from the abuser without outside intervention. This has been used as an excuse for professionals not to get involved in the lives of young people who seek assistance for abuse and has also led to victim-blaming of adolescent victims (Taylor, 2004; 2001 (a)). These findings support Sandor's claims that mandatory reporting often failed adolescent victims of abuse because the system focussed heavily on 'child' abuse meaning that adolescents often became invisible under the mantra of 'child abuse' (Sandor, 1994)

The belief that DHS will not respond to a report of abuse of an adolescent, and a belief about the individual capacity of a young person to leave the situation was expressed by several respondents, for example:

‘(I would not report) if the child was 17 or over as CP doesn’t seem to act and adolescent can escape the situation.’

‘I think the issue of autonomy of the adolescent, or perceived autonomy of the adolescent is one thing that may make DHS think that the adolescent can work it out for themselves or get help if they really need it.’

Several respondents commented that they did not report abuse or would not report abuse where a young person was explicit in stating that they did not want the authorities notified. Notwithstanding this point, there needs to be a stronger emphasis on providing education and training around the dynamics and traumagenic issues connected with child sexual abuse. When a young person states that they do not want a report made, whose voice and perspective are we really hearing? Given that many victim/survivors of sexual abuse have internalised the threats of the offender and the social myths within society that make disclosure and appropriate response – socially, therapeutically and legally – either not forthcoming or fraught with difficulties, it is little wonder that older victim/survivors of sexual abuse fear certain levels of engagement concerning their sexual victimisation. There is a need for professionals to be better able to discuss these issues with young people as their failure to report may also be interpreted as colluding with the abuse and the offender.

Moreover, an adolescent reporting sexual abuse is more than likely a victim of long term sexual abuse in that intrafamilial child sexual abuse has a greater capacity to be longer term abuse than extrafamilial sexual abuse; and since the majority of such abuse begins in early childhood, an adolescent disclosing abuse may well be a victim of long term abuse (Taylor, 2004 & 2001a).

One interviewee highly trained in the field of child sexual abuse suggested that mandated professionals receive quality training around child sexual abuse and offender *modus operandi*, so that they may better respond to such abuse.

### ***Trust the system?***

Some respondents reported that there had been occasions when their confidentiality had been breached by child protection authorities. Others reported that they knew of other professionals who had had their confidentiality breached. These views are of considerable concern for three key reasons:

- first, it indicates that these professionals believe that they could not place trust in the officers of Child Protection Services;
- second, these professionals are concerned that they may lose the trust of the child or family with whom they may have a professional relationship, and as a result of this lack of trust, they may lose the opportunity to maintain working with the family to support the child; and
- third, the professionals concerned may be subject to recriminations from the alleged perpetrator or family.



Each of these reasons constitutes a considerable disincentive for professionals to report suspected child abuse.

### ***Reporting within a therapeutic relationship: A Double Negative***

A frequent concern raised in the study (by interviewees and survey respondents), particularly by those within a therapeutic field, was the impact of Child Protection Services either failing to respond to a notification or responding in a way which the professional perceived to have been inappropriate.

In interviews and survey responses, respondents from therapeutic disciplines commented on their views that reporting may well damage trust and the effectiveness of therapy as well as concerns about breaching confidentiality. The majority of interviewees from therapeutic disciplines preferred to advise their client/s of their intention to make a mandatory notification on the basis to ensure that the client was aware who had reported them and most importantly, so the professional could explain to the client/s why such a report was being done. In each case, the professional hoped that this honest and open communication may a) enable the client to understand why the professional cannot maintain confidentiality around certain information; and b) express therapeutic support for the client, despite the report.

In many cases a report led to the severing of the therapeutic engagement and while some interviewees were aware that the client went to another therapist/counsellor, many did not know if the client sought assistance elsewhere.

In a number of cases, professionals had direct experience of child protection services either failing to actively take up the notification; or investigating the notification in a way that professionals perceived to be inappropriate and even damaging to the client and other family members.

Knowledge of this kind of scenario and outcome as a consequence of making a notification was often shared among professionals so that even those who had not directly experienced this outcome, had heard about it through professional networks.

Respondents discussed the dilemma they felt when confronted with an issue that required them to make a mandatory notification. They expressed concern about engaging with a client/s to deal effectively with issues that may involve reportable child abuse and what may follow. They had to grapple with the very real knowledge that their client may terminate therapeutic contact with them as a result of the notification. This, they perceived, was a negative for the client who then removes him or herself from what was a therapeutic support base. If Child Protection Services do not take up the report at all, or responded in a way perceived by professionals to have been inappropriate, the outcome for the client is also negative. As well, professionals report

feeling distressed about this outcome on behalf of their client/s, but also because of the impact it has on their own professional work.

As a consequence of these experiences some professionals felt they faced an incredibly difficult task within their work. These experiences led to them weighing up what may be described as a 'double negative'. That is, their report may mean the termination of the client's work with them; which they perceived as a negative for the client, and themselves. A poor response by Child Protection Services, or no response at all, creates another negative for the client and the professional as well. Consequently, some respondents stated they were aware that some professionals chose not to report cases of child abuse for these very reasons, opting instead to continue working therapeutically with the client in order to assist them, as they believe a report will not result in any assistance and will most likely damage the client and their family further.

### ***Theoretical and/or discipline specific influences on mandatory reporting***

It was evident from the interviews and survey responses that theoretical paradigms and professional ethos played a role in influencing a professional's compliance with mandatory reporting. As one survey respondent expressed it: 'views vary according to theoretical basis of training'.

Mandatory reporting is underpinned by a concept of the 'right' of a child to be protected from physical and sexual abuse and accordingly, the child's right to protection and appropriate intervention takes precedence over the adult suspected of inflicting this abuse.

The legislation premises the right of the child to protection and appropriate intervention where physical and sexual abuse is present. The intended efficacy of the legislation may be undermined where professionals subsume the individual rights of the child in favour of the rights of the adult or adults or the collective rights of the child's family.

The influence of theoretical or professional ethos was not confined to any one discipline but was identifiable in therapeutic/welfare professions, including nursing, which have an emphasis on client relationships.

Survey respondents from the discipline of psychiatry were more likely to express reasons that may excuse a professional from making a mandatory notification and these reasons very often involved a consideration of the benefits of therapeutic intervention as opposed to child protection intervention. As such, many focused on their professional relationship with the child's parent as a factor that may persuade them away from making a notification:

'Where the child was not in danger of abuse in the short term and where I judged I could work with the abusing parent to obviate future abuse and where the child was also in treatment.'

A number of these examples involved the professionals' judgment of the perceived benefits for the adult client and the child against reporting, and in many ways emphasise the strong focus on therapeutic intervention as opposed to child protection intervention. These professional judgments do not necessarily ensure immediate protection for the child and remove the possibility of child protection being able to investigate the presence and extent of abuse of the child.

Various examples of this were offered by respondents. The interviewee *Alan* was clear in identifying his professional obligation as a child psychiatrist being to the child. He was however aware that some colleagues who work with adult clients, and who become aware that their adult clients are abusing their child/children, may view their obligation as being to the adult, despite being legally mandated to report a well found belief of child abuse:

'I think there are potential conflicts without a doubt. I probably resolve them more easily as a child psychiatrist than an adult psychiatrist; because as a child psychiatrist, and I don't say I always achieve this, but my primary obligation is to the child. . . But I do accept that if you are in a different capacity then that can be tricky and involve a much greater conflict. For me the difficult area and I'm sure that many clinicians struggle with this, is that once you get to know somebody, even if they're doing awful things, you often can understand their perspective and you are somewhat blinded to what might be going on because of your wish to help or to understand, empathise etc. and I think you can be swayed away from what is your legal obligation on the basis of all those factors.'

*(Alan, psychiatrist)*

Responses by several nurses indicated the influence of professional ethos on their role as mandated notifiers. Since nurses worked within a medical model that focused on the illness or impairment of that particular patient, some viewed an extension of their role to report the patient's abuse of their child as akin to 'dobbing' or betrayal and understood this as creating dilemmas in their work. In interviews, two nurses suggested that mandatory reporting may well be viewed as a form of dobbing on a patient in their care:

'No – half of my colleagues would not report. They would see it as dobbing on a mate. It would be the same as a nurse dobbing on a nurse.'

*(Deborah, psychiatric nurse)*

'Difficult to say; it does put a lot of pressure on people; the nursing role is a caring role, isn't it, so you don't want to be actually dobbing people in, unless you are really really sure.'

*(Beatrice, community nurse)*

One nurse, *Deborah*, working in a psychiatric team, highlighted the contrast between philosophies underpinning her work and those underpinning child protection. She had indicated a reluctance to work with Child Protection Services given what she regarded as the conflicting philosophies between psychiatric nursing, with its emphasis on 'family centred' approaches and the Child Protection Services 'child centred' model. One of her comments, that a

mandatory notification may be 'mucking up' the therapeutic rapport being developed with the client, highlights how the child's rights and needs for protection and intervention can be rendered invisible when the focus is either on the adult or the 'family' as an organic unit. A comment by another nurse exemplifies the propensity for this attitude:

'People [nurses] whose clients are adults, tend to favour that person's interests, with little attention to children, unless gross abuse is obvious, then they will notify child protection' (*nurse, commenting at end of survey*)

Similarly, *Diana* gave two examples of professionals, one a psychologist and one a social worker, who failed to report or effectively intervene in cases of child sexual abuse. In the first instance the psychologist focused on therapeutic intervention for the offender as opposed to reporting the abuse and in the second the social worker had decided that the family's interests were not served by having the father reported and went as far as taking a punitive approach to the adolescent girl's need to have the abuse reported. In both scenarios the professionals' response was to what they perceived as the rights and needs of the offender, as opposed to the child, and in the latter case, the perceived interests of the family as a whole was considered above the rights of the adolescent child to protection and appropriate intervention.

In some instances, social workers were also prone to focus on the rights of the child as a secondary feature to the rights of the family as a whole. For example *Isabel* believed a social worker should make every effort to work with the family unit first and failing that, then report the perpetrator. *Isabel* was also critical of Child Protection Services' child-centred' focus rather than a family-centred focus and believed this was detrimental to the child and their family. Family support/intervention models that work with a family where a child is either at risk of abuse or suffering abuse in order to protect the child from further harm, while providing appropriate intervention with the child's parent/s, who are also the offender/s may well be appropriate in some cases, but it may also blind professionals across disciplines, to the specific needs of the child/children within that family.

As with any professional discipline, there are different theoretical paradigms that professionals may subscribe to, creating diversity in therapeutic approach and response to child abuse within the family unit. As such, some professionals may approach child abuse from a whole family approach with the rights and needs of the offending and/or non-offending parent central, while other approaches be focused on the welfare and rights of the child.

One participant considered the specific ethos of the agency she worked for to be focused on the needs of adults to the detriment of the child. *Catrina* believed that the unofficial charter of her agency was that the professional 'was not working for the client if you notify' and that this created a false belief among some professionals that they could handle any kind of violence within their own agency. Further, she believed that by not notifying, the workers

were perpetuating, even unwittingly, the abuse being inflicted on the child, by choosing not to report the abuse.

### ***A comment on method and instruments***

Survey response rates varied across professional groups. The response rate amongst psychiatrists was highest (44%), but only 20% of general practitioners responded.

There may be various reasons why the response rates were lower than the anticipated 40%. It could be speculated that the survey was more likely to attract respondents who had some involvement with children, and particularly children at risk of abuse, than practitioners who were not directly involved in caring for children. Some professionals who had minimal dealings with child protection issues may have chosen not to respond. One researcher was contacted by a recipient of the survey who had not worked with children requiring protection, asking if it was appropriate for her to complete the survey. She was encouraged to do so, primarily to provide information about the professional's exposure to of pre-service training, as well as her general attitudes. Three survey respondents specifically indicated that they had no experience in child protection issues:

'Hard to answer questions as never experienced "child abuse" within my years of experience. Thank God!' *(child care worker)*

'Would like to be of assistance but have never been placed in situation requiring reporting of child abuse' *(nurse)*

'Working in the area of occupations and organisational psychology – I can't recall ever being confronted by child abuse issues professionally.' *(psychologist)*

The length of time required to complete the survey was a possible factor in the lower than expected return rates. The survey was designed so that it could be presented on a single folded A3 size sheet of paper, to increase convenience and to indicate clearly to respondents that the entire survey was contained within four A4 sides of paper. One respondent to the pilot survey had suggested that the survey indicate to respondents that it would require '5 to 10 minutes' to complete, and this was added to the final survey. However, as already noted, an interviewee stated that it took her considerably longer to complete than 10 minutes.

Most respondents who did return the survey had completed all questions on the survey, although not all responded to the invitation to offer open-ended comments.

While some potential participants may have been discouraged from responding to the survey on the basis of the length of questions or sensitive

nature of the research, other respondents were eager to participate and offered supportive comments:

**If this research helps to improve this area I am pleased I have been a part of it. Thank you for taking up this research.**

*(comment by survey respondent)*

## **7. Conclusions and implications**

On the basis of what participants have reported for this study, many children and young people identified by professionals as at risk of abuse are deprived of the protection they need. Many professionals doubt that effective action follows a notification to authorities. Also, 10% of those surveyed had not notified every instance of suspected abuse.

Reasons given for underreporting were:

- Professionals' concern to delay reporting until they had proof of abuse;
- Professionals' ignorance of Child Protection Services' procedures
- Professionals' ignorance of their legal obligations
- Ambiguity of legislation, which may result in different perceptions of professionals' authority and responsibilities
- Conflicts and differences of interpretation between different legislative authorities
- Child Protection Services' interpretation of reasonable grounds for well-founded belief differing from the professional's interpretation
- Professionals' ignorance of Child Protection Services' requirements of notifiers
- Perceived inability of Child Protection Services to follow its procedures
- Perceived differences in professional ethos and approaches to clients and differences in interpretation of responsibilities by the individual services working in conjunction to support families and children post-notification

This study's findings indicate that there is a high degree of concern to safeguard children amongst professionals who are involved with children and families. These professionals use their authority to report only cases of child abuse which they believe are likely to be fully substantiated. However, many of these workers have lost varying degrees of confidence in the Child Protection Service, owing to slow or inadequate response or lack of feedback. Many workers noted that Child Protection Services were experiencing very high workloads and had too few experienced personnel to manage these loads. They also perceived difficulties in working in conjunction with Child Protection Services and other services designed to support families.

Of marked concern is the effective restriction of access to protective services interventions which has arisen as a result of criteria applied by Child Protection Services. Professionals who have experience in making notifications to Child Protection Services report that the reluctance for Child Protection Services to act to protect children where evidence does not meet a specified standard, or where children are older or approaching the statutory age for protective interventions, has influenced them not to make notifications, except in crisis situations. This strays far from the intent of the legislation which introduced mandatory reporting in Victoria.

This study established that many professionals – both mandated and non-mandated – consult with one another over the decision of whether or not to report suspected child abuse to authorities. While this is reflective of many workplace settings which emphasise team work, it can also be seen as indicative of a workforce which lacks specific training in child protection issues, and which further deviates from the intention of the legislation requiring mandated professionals to report if they have formed a belief on reasonable grounds, regardless of the nature of advice of their colleagues.

Lack of sufficient resourcing for Child Protection Services and the difficulties entailed in inter-agency collaboration have been common criticisms of child protection systems for many years (see, for example, Corby, 1993: p. 153). This study confirms and amplifies many findings on these matters. Clearly, when faced with few resources, it is important to prioritise available funds. This study indicates that the participating professionals had a high level of concern to protect children, but that their understanding of their legal responsibilities and of what the Child Protection Service required of them was not well developed.

## **Future directions based on study outcomes**

### ***Training***

The extent to which the professionals surveyed were trained in child protection issues varied considerably. One-third of the professionals surveyed identified their need for better training around prevalence, dynamics and identification of suspected child sexual abuse. Pre-service and regular in-service training is required to provide professionals with information and skills to equip them to deal confidently with suspected cases of child abuse.

The negative experiences of some professionals working in small communities exemplify the problems encountered by many professionals who encounter recriminations from irate members of the child's family. Training in child protection issues should address issues of how professionals can best fulfil their obligations and maintain their personal safety.

### ***Research***

Based on the findings of this study, it is clear that professionals may be strongly influenced in their reporting behaviour by the practices of Child Protection Services. Consequently, additional research needs to be conducted to determine how a perceived failure by Child Protection Services to take up notifications or to respond to them affects future reporting behaviour, including professionals' reporting of cases where adolescents are at risk.



The extent to which workplace practices and locale mediate a professional's response to suspected child abuse and the ongoing issues that may arise for a professional in a rural location require further examination.

### ***Accountability of the child protection system***

There have been calls for the appointment of an independent children's commissioner in Victoria, similar to the offices established in New South Wales, Queensland and Tasmania (Age, 5 June 2003). In our view, such a commissioner would be in the best position to oversee the working of mandatory reporting and address professionals' distrust of the Victorian child protection system.

## 8. References

- Abrahams, N. (1992) Teachers knowledge, attitudes and beliefs about child abuse and its prevention. *Child Abuse & Neglect*. vol.16, no. 2, pp.229-238.
- Ainsworth, F. (2002) Mandatory reporting of child abuse and neglect. Why would you want it? *Developing Practice: The Child, Youth and Family Work Journal*. Winter. pp. 5-8.
- Australian Institute of Health and Welfare (AIHW) (2001) *Child protection Australia 1999-00. Child Welfare Series No 27*. AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) (2003) *Child protection Australia, 2001-02*. AIHW Cat. No. CWS 20, AIHW, Canberra.
- Baginsky, M. (2000) Training teachers in child protection. *Child Abuse Review*. 9, pp.74-81.
- Baginsky, M. & Hodgkinson, K. (1999) Child protection training in initial teacher training: a survey of provision in institutions of higher education. *Educational Research*. 2, pp.173-181.
- Bannon, M. J., Carter, Y. H., Jackson, N. R., Pace, M. & Thorne, W. (2001) Meeting the training needs of GP Registrars in child abuse and neglect. *Child Abuse Review*. Vol. 10. pp. 254-61.
- Beck, K., Ogloff, J. R. P. & Corbishley, A. (1994) Knowledge, compliance and attitude of teachers toward mandatory child abuse reporting in British Columbia. *Canadian Journal of Education*. 19:1, pp.15-29.
- Beechey, B. (2002) Victoria debates reporting of child abuse. On-line [www.greenleft.org.au/back/1992/64/64p10.htm](http://www.greenleft.org.au/back/1992/64/64p10.htm)
- Berson, M., Berson, I. & Ralston. (1998) Evolving a community's response to child sexual abuse. *Journal for a Just and Caring Education*. 4:3, pp.323-333.
- Besharov, D. (1990) Gaining control over child abuse reports. *Public Welfare*. Spring, 48:2, pp.34-41.
- Blaskett, B. A. & Taylor, S. C. (2002a) The necessity for additional community education to counter child abuse. *Proceedings of the International Conference on Social Sciences*, Hawaii, 11-15 June.

- Blaskett, B. A. & Taylor, S. C. (2002b) Child Protection – Recognising and responding to child abuse. Workshop and paper presented to *Achieving Together: Creating Connections Conference 2002*, University of Ballarat, Thursday 18 July.
- Broadbent, A. & Bently, R. (1996?) *Child abuse and neglect Australia 1995-96. Child Welfare Series*. Australian Institute of Health and Welfare (AIHW), Canberra.
- Bromfield, R., Bromfield, D. & Weiss, B. (1988) Influence of the sexually abused label on perceptions of a child's failure. *The Journal of Educational Research*. 82:2, pp.96-98.
- Broussard, S. & Wagner, W. (1988) Child sexual abuse: who is to blame. *Child Abuse & Neglect*. 12, pp.563-569.
- Carter, J. Burtson, O, Floyd, F & Stewart, J. (1988) *Mandatory Reporting and Child Abuse*. Brotherhood of St Laurence, Melbourne.
- Cashmore, J. (2002) Mandatory reporting: Is it the culprit? Where is the evidence? *Developing Practice*. No 4, Winter. pp. 9-12.
- Cheers, B. (1988) *Welfare bushed: social care in rural Australia*. UK: Ashgate.
- Child Abuse Reporting Statistics: 1992/1993 to 2000/2001*. (2001) Child Protection and Juvenile Justice Branch, Department of Human Services, Victoria, November.
- Child-protection laws should be uniform. (2002) *The Age*. 5 September.
- Children and Young Persons Act 1989*
- Clark, R. (1995a) Child protection and social work. In Phillip A. Swain (ed) *In the Shadow of the Law*. Federation Press, Leichhardt. pp. 8-28...
- Clark, R. (1995b) Child Protection Services in Victoria. *Family Matters*. No. 40. Autumn. pp. 22-23.
- Community Law Report Committee. (1993) *The Mandatory Reporting of Child Abuse*. [Report tabled in the ACT Legislative Assembly 16 December.] Canberra City, ACT.
- Corby, B. (1993) *Child Abuse: Towards a knowledge base*. Open University Press, Buckingham, Philadelphia.
- Cordner, S. (1995) Reported child abuse increases in Australia. *Lancet*. 9 February; Vol. 346, Issue 8975. p. 628.

- Crago, H. Sturme, R. & Monson, J. (1996) Myth and reality in rural counselling: towards a new model for training rural-remote helping professionals. *Australia, New Zealand Journal of Family Therapy*. 17:2, pp.61-74.
- Crenshaw, W. B. *et. al.* (1995) When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect*. Vol. 19, No. 9. pp. 1095-113.
- Crime Prevention Committee (First Report)* (1995) May, Parliament of Victoria.
- Davies, J. (2002) Child abuse cases being missed through confusion. *The Age*. February 7, pp.1 & 6.
- Delaronde, S. King, G. & Bendel, R. (2000) Opinions among mandated reporters towards child maltreatment reporting policies. *Child Abuse & Neglect*. 24:7, pp.901-910.
- De Maria, W. (1999) *Deadly Discourses: whistleblowing and the ethical meltdown of Australia*. South Australia: Wakefield Press.
- Dempster, Q. (1997) *Whistleblowers*. Sydney: ABC Books.
- Dietrich, L. & Mason, R. (1998) 'There's no full-on rape here': confronting violence against women in a country town. *Women Against Violence*. Issue 4, June, pp.8-14.
- Ermacora, J. (1998) 'It's different in the country...' *Women Against Violence*, Issue 4, June, pp.36-44.
- Fantuzzo, J. & Stevenson, H. (1997) A Partnership-directed school-based intervention for child physical abuse and neglect: beyond mandatory reporting. *School Psychology Review*. 26:2, pp.298-314.
- Fogarty, J. (2003) How we are failing our children. *Age*. 12 May.
- Ford, H. & Medway, F. (1994) School professionals' attributions of blame in a case of child sexual maltreatment. *National Association of School Psychologists, Conference proceedings*. March, Seattle, USA.
- Fynes-Clinton, J. (2003) Teacher's call to drop abuse reports. *The Sunday Times*. 25 October.
- Goddard, C. (1996) *Child Abuse and Child Protection*. Marrickville, N.S.W.: Churchill Livingstone.

- Goddard, C., & Saunders, B. (2001) Child abuse and the media. *Child Abuse Prevention Issues, National Child Protection Clearinghouse*, No. 14, Winter.
- Goddard, C., Saunders, B., Stanley, J. & Tucci, J. (2002) *A Study in Confusion: Factors which affect the decisions of community professionals when reporting child abuse and neglect*. Australians Against Child Abuse, [Melbourne].
- Green, R., Gregory, R. & Mason, R. (2003) It's no picnic: personal and family safety for rural social workers. *Australian Social Work*. June. Vol. 56, No. 2. pp. 94-106.
- Hannan, E. & Murphy, P. (2003) Police knew, the coroner knew, but not the Department of Human Services, *Age*, 30 August.
- Harper, G. (1980) Teaching and child abuse. *Educational Forum*. 44:3, pp.321-327.
- Harries, M., & Clare, M. (2002) *Mandatory Reporting of Child Abuse: Evidence and Options: report by the Discipline of Social Work and Social Policy, University of Western Australia for the Western Australian Child Protection Council*. July 2002. University of Western Australia, [Perth].
- Hawkins, R. & McCallum, C. (2001) Effects of mandatory notification training on the tendency to report hypothetical cases of child abuse and neglect. *Child Abuse Review*. Vol. 10: pp. 301-322.
- Hicks, C. & Tite, R. (1998) Professionals' attitudes about victims of child sexual abuse: implications for collaborative child protection teams. *Child and Family Social Work*. Vol. 3, no.1, pp.37-48.
- Hodson, G. (1996) Country children afraid to speak out on abuse. *The Courier*, November 28, p.16.
- Holland, G. (1999) Mandatory reporting of abuse: the influence of legislation on doctors' reporting behaviour. *Youth Studies Australia*. Vol. 18 no. 2, pp. 30-36.
- Hunt, G. (ed.) (1998) *Whistleblowing in the social services: public accountability and professional practice*. London: Arnold.

- Johnson, P., Owens, R., Dewey, M. & Eisenberg, N. (1990) Professionals' attributions of censure in father-daughter incest. *Child Abuse & Neglect*. 14, pp. 419-428.
- Kalichman, S., Craig, M. & Follingstad, D. (1990) Professionals' adherence to mandatory child abuse reporting laws: effects of responsibility attribution, confidence ratings, and situational factors. *Child Abuse & Neglect*. 14, pp. 68-77.
- Kean, R. & Dukes, R. (1991) Effects of witness characteristics on the perception and reportage of child abuse. *Child Abuse & Neglect*. 15, pp.423-435.
- Kenny, D. (1997) Opinion, policy and practice in child sexual abuse: implications for detection and reporting. Invited paper presented to the *Australian Institute of Criminology Conference*, The University of Sydney, 14-15 April.
- La Nauze, H. & Rutherford, S. (1997) Women's work against violence: community responses in a rural setting. *Women Against Violence*. Issue 2, June, pp.14-21.
- Lord, P. (1997) Too Much to do for Teachers on the Front Line. *The Age*. 10 December, p.17.
- McCallum, F. (2002) Law, policy, practice: is it working for teachers in child protection? Paper presented at the *AARE (Australian Association for Research in Education) Conference*, 1-5 December 2002, Brisbane, Australia.
- MacIntyre, D. & Carr, A. (2000) Prevention of child sexual abuse: implications of programme evaluation research.' *Child Abuse Review*. 9, pp.183-199.
- Manning, C. & Cheers, B. (1995) Child abuse notification in a country town. *Child Abuse & Neglect*. 19:4, pp.387-397.
- Martin, B. (1999) *The Whistleblower's Handbook: how to be an effective resister*. England: Jon Carpenter.
- Mendes, P. (1994) The Fogarty Report and the politics of child protection. *Policy Issues Forum*. Autumn, pp. 13-21.

- Mendes, P. (1996) The historical and political context of mandatory reporting and its impact on child protection in Victoria. *Australian Social Work*. December. Vol. 49, No. 4. pp. 25-32.
- Mendes, P. (2000). Social conservatism vs social justice: the portrayal of child abuse in the press in Victoria, Australia. *Child Abuse Review*. Vol. 9, no. 1. pp. 49-61.
- Meyers-Young, J. (2000) Mandatory reporting of child abuse in Queensland. *Law Now*. Vol. 20, no. 8. September. pp. 18-19.
- Milburn, C. (2003) Report urges child services overhaul. *The Age*. 4 October.
- Munro, I. (2003) Getting a fair hearing. *The Age*. 7 June.
- Nader, C. (2003) Child-protection system offers too little too late, report finds. *The Age*. 30 October.
- Naidoo, M. (1997) Principal charged for not reporting sex claim. *The Age*. 5 December, p.1.
- Nava, M. (1988) Cleveland and the Press: outrage and anxiety in the reporting of child sexual abuse, *Feminist Review*. Special Issue No 28, Spring. pp. 103-121.
- Nicholson, D. (1998) 'Only a domestic' . . . A rural perspective on police responses to violence against women. *Australian Journal of Women Against Violence*. 4, pp.15-24.
- O'Donohue, W. & O'Hare, E. (1997) How do teachers react to children labeled as sexually abused? *Child Maltreatment*. v.2, Issue 1, pp.46-52.
- Perkin, C., (2002) How the system failed an innocent and freed a perpetrator. *The Sunday Age*. 10 February.
- Playne, T. (2003) Abused and betrayed. *The Australian*. 5 May.
- Portwood, S. (1998) The impact of individuals' characteristics and experiences on their definitions of child maltreatment. *Child Abuse & Neglect*. 22:5, pp.437-452.
- Protecting Children – Protocol between Child Protection, Department of Human Services and Victorian Schools*. (2001) Victorian Government Publishing Service.
- Quayle, S. (1999) Child abuse: interview with Dr Kieran Moran. *Australian Doctor*. on-line  
<http://www.sch.edu.au/articles.asp?type=3&doc=5>

- Randolph, M. & Gold, C.(1994) Child sexual abuse prevention: evaluation of a teacher training program. *School Psychology Review*. 23:3. pp.485-495.
- Reidy, T. & Hochstadt, N. (1993) Attribution of blame in incest cases: a comparison of mental health professionals. *Child Abuse & Neglect*. 17. pp.371-381.
- Responding to Child Abuse*. (2002) Victorian Government Publishing Service.
- Reyome, N. & Gaeddert, W. (1998) Teachers' awareness of child and adolescent maltreatment. *Child Study Journal*. 28:2. pp.111-123.
- Ringwalt, C. & Earp, J. (1988) Attributing responsibility in cases of father-daughter sexual abuse. *Child Abuse & Neglect*. 12. pp.273-281.
- Rintoul, H. (1998) Teachers' images and urban/rural constructs of violence. *Rural Education and Small Schools Report*. Ontario: Canada, April.
- Rosien, J. & Helms, L. (1993) Intent v. practice: incentives and disincentives for child abuse reporting by school personnel. *Brigham Young University Education and Law Journal*. pp.102-106.
- Rush, F. (1980) *The Best Kept Secret: Sexual Abuse of Children*. New York: McGraw-Hill.
- Safe From Harm. The role of professionals in protecting children and young people: A professional development kit*. (2001) Department of Human Services, Victoria. May.
- Sandor, D. (1994) Mandatory reporting of abuse. *Youth Studies*. 13:1. pp.53-58.
- Saunders, E. (1988) A comparative study of attitudes toward child sexual abuse among social work and judicial system professionals. *Child Abuse & Neglect*. 12, pp.83-90.
- Skinner, J. (1999) Teachers' coping with sexual abuse issues. *Educational Research*. Winter, 41:3. pp.329-340.
- Stanley, J., Goddard, C., Saunders, B. & Tucci, J. (2001) Community professionals and reporting to Child Protection Services. Presented at the 8<sup>th</sup> Australasian Conference on Child abuse and Neglect: One Child's reality – Everyone's Responsibility. Melbourne 19-22 November 2001.



- Swain, P. (1998) What is belief on reasonable grounds? *Alternative Law Journal*, 23 (5), October. pp. 230-233.
- Taylor, A. (1998) Hostages to fortune: the abuse of children in care. in Hunt, G. (ed.) *Whistleblowing in the social services: public accountability and professional Practice*. London: Arnold.
- Taylor, S. C. & Blaskett, B. A. (2002) Factors influencing professional compliance with mandatory reporting of child abuse and neglect. *Proceedings of the International Conference on Social Sciences*, Hawaii, 11-15 June.
- Taylor, S. C. (2001a) *The Legal Construction of Victim/Survivors in Parent-Child Intrafamilial Sexual Abuse Trials in the Victorian County Court of Australia*. Ph.D Thesis, University of Ballarat.
- Taylor, S. C. (2001b) A name by any other word does not necessarily make it merely another rose. in Mills, A. & Smith, J. eds. *Utter Silence: Voicing the Unspeakable*: New York: Peter Lang, pp.211-228.
- Taylor, S. C. & Lloyd, D. (2001c) Mandatory reporting and child sexual abuse: contextualising beliefs and attitudes. Published in *Australian Association for Research in Education, National Conference proceedings*, Perth, Australia, December.
- Taylor, S. C. (2004) *Court Licensed Abuse: patriarchal lore and the legal response to intrafamilial child sexual abuse*. Peter Lang: New York, (in press).
- Taylor, S. C. Child sexual assault: A journey of construction. *Australasian Society for Traumatic Stress Studies, Newsletter*, November 2002, pp.8-11.
- Taylor, S.C. (2000) And now Your Honour, for my next trick.... *Australian Feminist Law Journal*. 14, pp.121-131.
- Taylor, S.C. (1997) Betrayal of the Innocents. *Australian Journal of Women Against Violence*. 3, pp.31-37.
- Tomison, A. (2002) Mandatory reporting: a question of theory versus practice. *developing practice*. No. 4, Winter. pp. 13-17.
- Tomison, A. (2001) A history of child protection: Back to the future? *Family Matters*. Australian Institute of Family Studies, Issue No. 60. Spring/Summer.

- Trute, B., Adkins, E. & MacDonald, G. (1992) Professional attitudes regarding the sexual abuse of children: comparing police, child welfare and community mental health. *Child Abuse & Neglect*. 16, pp.359-368.
- Watts, V. & Laskey, L. (1997) Where have all the flowers gone? Child protection education for pre-service teachers in Australian universities. *Asia-Pacific Journal of Teacher Education*. 25:2, pp.171-177.
- Wagner, W., Aucoin, R. & Johnson, J. (1993) Psychologists' attitudes concerning child sexual abuse: the impact of sex of perpetrator, sex of victim, age of victim, and victim response. *Journal of Child Sexual Abuse*. 2:2, pp.61-74.
- Warren, B. (1999) Psychologists in universities and other institutional settings: different codes of ethics, different expectations? *Division of Research and Teaching Newsletter, Australian Psychological Society*. Vol. 1, no 1. pp. 6-10.
- Weeks, W. & Wilson, J. (1995) *Issues Facing Australian Families*. Melbourne: Longman.
- Wise, S. (2001) A framework for responding to vulnerable children and their families. *Family Matters*. Winter, Issue 59.
- Zellman, G. (1992) The impact of case characteristics on child abuse reporting decisions. *Child Abuse & Neglect*. 16. pp.57-74.

## **9. Appendices (survey and interview protocols)**

**Appendix 1: Survey**

**Appendix 2: Interview format**



## Professionals' views on reporting suspected child abuse

We invite you to complete the following anonymous survey.

**We are surveying a wide range of Victorian professionals involved in providing services to children and young people. We will assume that your completion and return of the questionnaire indicates your consent to be included in our study.**

This survey should take 5 to 10 minutes of your time.

***Please do not include any information that may identify you.***

***First, we would like some basic information about you.***

<b>1.</b>	<b>What is your gender?</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
<b>2.</b>	<b>Please indicate your age group</b>				
	Under 24	<input type="checkbox"/>	25 - 35 yrs	<input type="checkbox"/>	36 - 45 yrs <input type="checkbox"/>
	46 - 55 yrs	<input type="checkbox"/>	56 - 65 yrs	<input type="checkbox"/>	66 or above <input type="checkbox"/>
<b>3.</b>	<b>In which of these general fields do you currently work?</b>				
	Child care	<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Medicine-Psychiatry <input type="checkbox"/>
	Nursing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Medicine-Other <input type="checkbox"/>
					Social work/welfare <input type="checkbox"/>
<b>4.</b>	<b>For how many years have you been doing this work?</b>	_____			
<b>5.</b>	<b>What educational qualifications do you hold?</b>				
	Qualification	Institution	Tick if gained before 1994		
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
<b>6.</b>	<b>Please indicate the general locality of the place/s where you conduct <i>most</i> of your work</b>				
<input type="checkbox"/>	Capital city				
<input type="checkbox"/>	Regional city (population over 75,000)				
<input type="checkbox"/>	Smaller regional city (pop 20,000 - 75,000)				
<input type="checkbox"/>	Rural town (pop 5,000 - 20,000)				
<input type="checkbox"/>	Small town (pop 200 - 5,000)				
<input type="checkbox"/>	Locality with less than 200 people				

***About your training and experience in relation to reporting cases of child abuse***

<b>7.</b>	<b>Have you ever discussed with any of your professional colleagues the processes involved in identifying and/or making a notification of suspected child abuse?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Unsure <input type="checkbox"/>
<b>8.</b>	<b>Have you ever undertaken any training in relation to the processes involved in identifying and/or making a notification of suspected child abuse?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Unsure <input type="checkbox"/>
<b>9.</b>	<b>To your knowledge, are any such training opportunities currently available to you or to other members of your profession?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Unsure <input type="checkbox"/>

**10. In the course of your professional work, have you ever formed a personal belief that a child or adolescent with whom you have dealt in the course of your profession has been at risk of abuse, or has been abused, where this risk or abuse had not already been reported to the child protection authorities?**

Yes ☐

No ☐

Unsure ☐

**11. If you answered 'yes' to either of the previous two questions, on what grounds did you form your view/s that the child/children was at risk of abuse, or had been subject to abuse?**

**(You may tick several boxes and consider multiple cases.)**

- ☐ Physical evidence (bruising, evident hunger, lack of hygiene, etc)
  - ☐ Child's testimony/account of events
  - ☐ Child's demonstration of inappropriate/explicit sexual knowledge
  - ☐ Child's emotional state
  - ☐ Family was clearly not able to provide necessary care
  - ☐ Family member's request for help
  - ☐ Other (please specify)
- 
- 

**12. If you suspected that a child for whom you were professionally responsible was being abused, or at risk of abuse, would you notify child protection authorities?**

Yes ☐

No ☐

Unsure ☐

**13. Under what circumstances do you think you would decide NOT to report what you believed to be a case of child abuse that came to your attention?**

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**14. Have you ever reported to child protection authorities your belief that a child known to you through your professional duties had been abused or was at risk of abuse?**

Yes ☐

No ☐

Unsure ☐

**If you answered 'yes', please tick below to indicate the type/s of abuse in the case/s about which you have notified authorities.**

sexual abuse ☐

physical abuse ☐

**15. Have you ever decided NOT to make a notification to child protection authorities despite your belief a child in your professional care had been abused or was at risk of abuse?**

Yes ☐

No ☐

Unsure ☐

**If you answered 'yes', please tick below to indicate the type/s of abuse in the case/s you were aware of, but which you did not report to authorities.**

sexual abuse ☐

physical abuse ☐

16. If you have ever decided NOT to report your belief that a child known to you through your professional work was being abused or at risk of abuse, what percentage of cases would you estimate you did NOT report (out of all the cases where you believed a child in your care was being abused or at risk of abuse)?

\_\_\_\_\_ %

17. Under current legislative arrangements, people working in some specified professions are mandated (required under the law) to report child abuse to child protection authorities if they form the opinion that a child or adolescent is at risk of significant harm.

Is your profession one of those mandated to report any well-founded opinion that a child is at risk of abuse?

Yes ☐

No ☐

Unsure ☐

18. In your opinion, are current arrangements effective in ensuring that legally mandated professionals now follow the requirements of the legislation and notify all instances of well-founded suspicion of child abuse?

Yes ☐

No ☐

Unsure ☐

19. If you have any suggestions about how current arrangements to help protect children and young people from suspected abuse might be improved, please comment here.

20. Based on your current knowledge, what is your understanding of the age at which the child protection legislation ceases to apply to a young person? \_\_\_\_\_ years

21. In your opinion, at what age would it be appropriate for the child protection legislation to no longer apply to a young person? \_\_\_\_\_ years

22. If you have ever notified authorities of a case of abuse, did you experience any negative comments or behaviour from the family/client concerned?

Yes ☐

No ☐

Unsure ☐

23. If you have ever notified authorities of a case of abuse, did you experience any negative comments or behaviour from colleagues?

Yes ☐

No ☐

Unsure ☐

24. If you have ever notified authorities of a case of abuse, did you receive any information or feedback regarding the notification and its outcome from the authorities you notified?

Yes ☐

No ☐

Unsure ☐

If you obtained feedback, what was its nature? Please give any comments you feel are appropriate.

**25. Whether or not you have made a report of child abuse, have you ever had any following fears or concerns about reporting child abuse?**

- |   |                          |
|---|--------------------------|
| Fear of reprisal from family/alleged perpetrator                    | <input type="checkbox"/> |
| Fear of reprisal from colleagues                                    | <input type="checkbox"/> |
| Fear of reprisal from people in your locale or community            | <input type="checkbox"/> |
| Concern about pressure from child protection authorities            | <input type="checkbox"/> |
| Concern about being a witness in court                              | <input type="checkbox"/> |
| Concern about inadequate response from child protection authorities | <input type="checkbox"/> |
| Concern about difficulty of maintaining confidentiality             | <input type="checkbox"/> |
| Other concerns (please specify) _____                               |                          |

**26. Have you ever discussed with a colleague/s a case where you believe that a child was at risk of abuse and been advised by the colleague/s NOT to report your belief to child protection authorities?**

Yes ☐ No ☐ Unsure ☐

**27. Have you ever played a role in influencing a colleague or colleagues to make a notification of a belief they may have formed that a child was being abused or was at risk of abuse?**

Yes ☐ No ☐ Unsure ☐

**28. Have you ever played a role in influencing a colleague or colleagues NOT to make a notification of a belief they may have formed that a child was at risk of abuse?**

Yes ☐ No ☐ Unsure ☐

**29. Do you think that there is ever any legitimate professional or ethical reason for a person who is required (mandated) to report suspected child abuse and who suspects an instance of this to NOT notify the authorities?**

Yes ☐ No ☐ (please go to question 30) Unsure ☐

Please comment on your response: \_\_\_\_\_

**30. In your opinion, do you think that your views on this matter are:**

- ☐ likely to be representative of the majority of members of your profession  
☐ likely to be representative of a significant minority of members of your profession  
☐ likely to be shared by some members of your profession  
☐ not likely to be shared by any other member of your profession known to you  
☐ I don't know what others in my profession think

**31. Please provide any other comments which you consider relate to the pros and cons of existing requirements to notify child abuse which have not already been covered:**

**Thank you for your participation in this study.**

Please return this form to us in the attached envelope by 30 November 2002. Separate return in this envelope will protect the confidentiality of your responses.

**If you agree to help us further**, by discussing with us issues in relation to professional responsibilities to report suspected child abuse, please complete the next sheet and return it to us separately in the envelope attached to it.

If you are willing to discuss these issues  
with us in more detail

pertaining to the legal, ethical and professional responsibilities to notify authorities of  
suspected cases of child abuse, please complete the section below.

We will contact you to arrange a confidential interview at a time and place convenient  
to you.

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Postcode of your business address: \_\_\_\_\_

Again, thank you for your participation in this survey

**For confidentiality purposes,  
please ensure that you return  
this sheet to us in its own envelope,  
separate from the survey.**

Dr Caroline Taylor  
Ph. (03) 53 279 732

Dr Beverley Blaskett  
Ph. (03) 53 279 632



## Appendix 2

### Semi-structured interview format

Research Project

#### ***Professionals' Views on Reporting Suspected Child Abuse***

Dr Caroline Taylor; Dr Beverley Blaskett  
University of Ballarat

- 1) Personal details: gender, profession, age category, length of service, date and institution of qualification, location of practice
- 2) What is the extent of your formal training in child protection (and whether in-service or pre-service)?
- 3) What experience have you had in working with children who may have been at risk of abuse?
- 4) Have you had experience in making a notification of belief that a child has been at risk?
- 5) What type of evidence would lead you to develop a belief that a child was at risk of abuse? What are the central factors leading to a report?
- 6) I would like you to consider a case which may be known or familiar to you, where a professional suspected abuse or neglect but did not report it. (This does not have to be a case in which you were the professional involved.)  
Can you think of such a case occurring, to your knowledge? (Yes/no)  
  
If you can think of such a case, could you discuss the possible reasons why the professional involved did not report the case to the child protection authorities?
- 7) What are your views on the effectiveness of the current child protection legislation?
- 8) What are your views on the effectiveness of the current child protection service?
- 9) What are your views about intimidation and recrimination stemming from reports? Have you had any concerns?

- 10) Have you any experience of being influenced by others when making a decision as to whether or not to notify a belief a child is at risk of abuse?
- 11) What are your views of the extent of knowledge held by your professional peers of the child protection legislation and service?
- 12) What do you think about how others in your profession view compliance with existing legislation?
- 13) What do you think about how others in your profession view the efficiency of the child protection service?
- 14) Do you have opportunities available to you to discuss case issues with colleagues?
- 15) Do you think the legal obligations on your profession to report cases of suspected abuse are appropriate?
- 16) Do you think there is any discrepancy between your professional duties to clients and your legal obligation to make a notification of any belief they may develop that a child under the age of 18 is at risk of abuse?
- 17) Please comment on any other related matters which you wish to raise.

Thank you for your participation.