



STATEWIDE CHILDREN'S RESOURCE PROGRAM

## SEE, LISTEN, AND RESPOND

A GUIDE TO ENGAGING WITH CHILDREN  
EXPERIENCING HOMELESSNESS AND  
FAMILY VIOLENCE

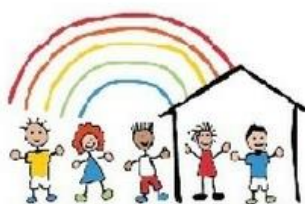
## Acknowledgement

The Statewide Children's Resource Program would like to acknowledge the traditional owners of the land and elders past and present, and the various members of the Aboriginal and Torres Strait Islander communities who have been generous in their provision of resources and assistance with this booklet

## About Us

The Statewide Children's Resource Program is funded by the Department of Health and Human Services to assist, support, and resource homelessness and other non-government services to respond more effectively to the needs of children who have experienced homelessness and/or family violence.

"Children aren't things to be  
moulded,  
but people to be unfolded"  
- Jess Lair



Statewide Children's  
Resource Program

For more information on the Statewide Children's resource program, please visit our website:  
<http://statewidechildrenresourceprogram.weebly.com/>

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## Terminology

Throughout this document we use the word 'caregiver' to describe the primary adults in a child's life. We use this term in order to include non-biological parents, grandparents, extended family, kinship caregivers, foster caregivers, and others who raise children. Children require caregivers to be consistent in their love and responsive to their needs.

The quality and consistency of care given to a child is not determined by biological relationship but by the love shown, time spent and commitment to the long term development of a child. Anyone who can provide this for a child should be considered equal to biological parents delivering the same level of care.

"She is our daughter. And yet six months ago, she was a stranger.  
But isn't that the way it always is? All our children come to us as  
strangers."

*Jenny Staff Johnson, New York Times*

## Statement of Children's Rights

We believe all children have the right to be safe, cared for, heard, to learn and to play.

Children entering the homelessness system are often bewildered and confused, and may be traumatised by past events. It is our shared responsibility to keep them safe from harm.

Caregivers of a child have the right and the need to tell their story. Conversely, children presenting to services with their caregiver have the right, and the need, to have the opportunity to tell their story. How this happens in a way that is safe for the child and doesn't silence the caregiver will depend on the individual client's presentation. Caregivers need services to work with and validate the experiences of their children. When services that are funded to work with the whole family (all homelessness funded services, including family violence services) choose to work only with the caregiver and not the child, neither the child nor the caregiver receives a full and proper service.

*"I knew I would be fine when I went to services, but I was mostly worried about finding somewhere to stay and food for my children.*

*For me, my children come first and if staff didn't ask and show concern for my children, I didn't feel like they really saw me. It felt awful."*

- Former Homelessness Services Client

Caregivers in crisis are not supported or empowered to attend to their children if their children's needs are not assessed, discussed and attended to by practitioners.

## Child Safe Standards

Victoria has introduced compulsory minimum standards for all organisations, funded and voluntary, that provide services for children to help protect children from abuse.

The Child Safe Standards form part of the Victorian Government's response to the Betrayal of Trust Inquiry (the 2013 Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations).

The Standards, as well as information about them, are located here: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-safe-standards-resources>

## Children & Homelessness: Statistics

*Roughly one in every six Australians accessing Homeless Services are under 10 years old.*

On any given day across Australia 15,500 children and their families are supported by homelessness services (AIHW Specialist Homelessness Services [SHS] 2015– 2016).

In 2015-2016, 80,000 people under the age of 18 accessed support from Specialist Homelessness Services. This equates to approximately 25% of all clients. Around 58% of these clients (46,000) were under 10 years (AIHW SHS 2015– 2016). **Aboriginal and Torres Strait Islander people are considerably over represented as homelessness clients**

Aboriginal and Torres Strait Islander people comprise 3% of Australia's population, yet they make up 22% of homelessness service clients. Of these approximately 61,700 people, 1:5 were children aged between 0– 9 years (AIHW SHS, 2015– 2016).

***Domestic and family violence is a major causal factor for children's homelessness.***

46% of children accessed homelessness services, citing domestic and family violence as their main reason for presenting (AIHW SHS, 2015-2016).



## Trauma Implications & Effects

In our roles as trusted practitioners working with families, it is essential that we understand, and encourage caregivers and caregivers to engage with the unique experiences and trauma reactions of the children within your service. Responding to children is urgent work, it is essential that we hear their stories and experiences in their language and respond as quickly and compassionately as possible.

### *Trauma alters baseline arousal levels, and attentional ability*

Children who have experienced trauma are often hypervigilant in case of re-occurrence, constantly scanning their environment for any signs of danger or things they have learned to associate with danger. Hypervigilant children are easily distracted, and can struggle to attend to direction and/or questions. Calm, quiet environments with muted colours, soft lights and free from computer/TV screens are best, as this will reduce the external stimulation the child experiences. This in turn allows a child to regulate their emotions, helps them stay physically present and feel safe to connect with others. If a child seems distressed, or distracted, consider the environment around them, and if possible move to a quieter, less stimulating area.

### *Trauma restricts ability to create and maintain attachments*

Traumatised children will require opportunities to experience attachment relationships which offer consistency, nurture and predictability. Caregivers can be resourced to understand the significance of daily exchanges. Each positive exchange with their caregiver can help children to develop ways of experiencing the world and relationships that counteract previous poor attachment patterns. Increasing caregiver sensitivity to attuned communication with children is a core competency for caring for children with trauma backgrounds.

Caregivers experiencing trauma and crisis often find it very challenging to engage with their child. They may spend a lot of time and energy distracting their child from needing their attention, further impacting on the caregiver/child attachment relationship. Practitioners need to recognise this and support the children and their caregivers by modelling and encouraging connectedness and working with caregivers to safely engage. **This may well be the most important work you do with the family.**

### *Trauma disrupts ability to change and react to change*

Traumatised children may get 'stuck' due to constant trauma triggers, and so enact patterns of defensive behaviour that make sense in the light of their initial trauma(s) but may not seem relevant or obvious to those around them.

It is important to understand, that while in these triggered states, children have little capacity to reshape their responses without the intentional resourcing of adults in their immediate care environment. Consider ways to let children know of up-coming changes as early as possible. Let children know the reasons for change, and if possible, allow them input into the process, even if this is in a minor manner (e.g., letting them choose a bedroom in a transitional housing unit)

### *Trauma undermines sense of identity, and development of social skills*

Reduced self-esteem is near universal in traumatised children. Self-esteem is crucial in the formation of a concrete sense of self, and the development of a child's sense of identity.

Traumatized children are likely to benefit from reinforcement by caregivers, and others, of qualities that denote positive sense of self and resource personal agency. Children with trauma backgrounds need support to engage positively with peers in social situations. Caregivers and other individuals will need to appreciate the importance of their role in modelling social skills and respectful interactions. This will resource traumatized children to build a network of relationships which promote connection and afford further opportunities to reconstruct their attachment styles.

When working with children experiencing homelessness or family violence consider contacting your local Statewide Children's Resource Program Coordinator to access brokerage funds. This assistance may also provide an entry point for engagement with both child and caregiver as well as the benefits brokerage offers a child.



## Engaging with Children in Practice

### *See, Hear and Listen*

Make sure you notice children who access your service, interact with them, and respond in ways that are appropriate for that child. Attempt to physically get down to eye level, and to make pictures and posters for children displayed at a level that makes viewing comfortable for them, not necessarily you.

Children are much more likely to express themselves, or ask for help if they feel comfortable and relaxed. Remember, children have very different perspectives to adults. A caregiver might describe how a situation is for a child, but the child's own perspective may be entirely different - take the time to hear it from their point of view.

Be aware of the hidden nature of trauma, homelessness and family violence and that children won't necessarily open up about these things easily. Children may have held the burden of maintaining 'secrets' for a long time and will feel guilt around disclosing certain behaviours, events or situations. Allow the child to tell you in their own way and in their own time. You won't always know the answer or be able to fix everything – it is okay to tell them that.

Children have very good radars, so always be authentic. Show children you're interested in what interests them. Remember that not all children express their distress and trauma through overt externalised behaviours. Many children can be withdrawn and internalise their feelings.

Infants communicate with sounds, movements and expressions, so observe and interact. It is important to observe cues when interacting with infants - if they turn or look away, they might have had enough interaction - attempt to include them, but not bombard them.

### *Presenting Yourself*

Children and families who are accessing services due to homelessness and family violence have come from unsafe and/or chaotic environments. It is important that they come to a service where they can feel safe and have a sense of security. Making sure that your agency feels comfortable and is a 'child friendly' space for children is important.

Children who are relaxed and feel safe are more able to engage in a meaningful way. Adults are responsible for protecting children from harm, and often your role will be assisting caregivers to do this, but sometimes this means putting the child's best interest above everything else including their caregiver's wishes. Trained, professional, well supervised staff are essential to providing an appropriate response. The best response to a child is to be interested and curious about their experience and listen to their story. For staff who don't sight children, e.g. IAP staff it is essential that you have the "child in mind" when you are gathering information from caregivers/caregivers.

Make sure you greet children and maintain an open and engaging manner. Show an interest in the child during the appointment and refer to them while in discussion with their caregiver. Make sure the child has something for themselves, from your service, if at all possible. It might be an activity book or something similar. This indicates that they are important and also worthy of receiving something, as often adults are provided with information to take away with them.



Children need information to feel comfortable so make sure they know where the toilets are, how to get a drink, how long they might be there, how to get assistance if they need it and what is expected of them while they are there. Be curious about the child and ask them some questions. It is important that you engage with a child in order to form an opinion about what is going on for them. Remember that a child's view of a situation can be quite different from that of an adult and they can often give you a whole different perspective on things. Also respect their right to privacy and they may not feel like speaking about certain things, but keep things friendly and engaging so the possibility for dialogue remains open.

### **Child Friendly Spaces**



Children should feel calm and welcomed into an environment that tells them something about their importance in the world. If you walk through your service from the front door all the way through to where a child might journey, what does that tell you about how you might feel in that space as a small child? Are objects of danger kept out of harms reach? Are there child-friendly art works, pictures and resources available to acknowledge the importance of children in this building? Children sometimes need a quiet, separate space where they can be alone. If you don't have a separate area you might be able to set up a tipi in a room or a blanket over a chair in the corner.

Including children in decisions about the service that may affect them is best practice. Some simple examples of child inclusion include room designs and lay out, resources and toys, what might be included in groups and on feedback forms etc. You can simply ask a child "How do you feel about this room? What might you like to see in this room? Do you like the colours?"

It is important children know their rights. The Australian Human Rights Commission produce a child friendly 'Child's Rights' poster that can be displayed where children are likely to be at a height suitable to them. There are a number of links at the end of this manual listing where child friendly resources can be obtained and what to consider.

### **Resource Well**

Make sure that your agency is well resourced to respond to children of range of ages. Ensure that children have access to at least some of the following: puzzle or colouring activities, developmental toys, blocks, Lego, mindfulness apps on iPads, and so on. Stores and online resources such as Innovative Resources have a range of tools that you can use with children of various ages.

Sometimes it is easier to introduce tools early on, and build up their use.

## Responding to Uncomfortable Conversations

Practitioners often say they are worried about engaging with children and young people. Difficult topics of conversation can arise and practitioners may feel unequipped to deal with the information they are presented with. Some feel that they may not respond appropriately or give the correct response. It is important to remember that children have their own individual agency and have a right to be heard.

A child's story is important to their ability to heal and move on. Listening is a very valuable response and assisting a child to work through their response, without rescuing is crucial.

Here is some information on what children might say and what you might do:

- *“My older brother hurts me and says I can't tell anyone. If I do he'll hurt my dog. I'm really scared of him.”*
- *“Dad's new girlfriend says I'm a pest. She doesn't like me.”*
- *“I never have lunch and sometimes dinner. I'm always hungry.”*
- *“My uncle took bad photos of me. I'm often left home all by myself.”*



### Listen

Listen to the story carefully and be aware of your own responses- expression, speech, tone, and gestures. Children are particularly attuned to environmental and personal responses. They are experts at reading body language and facial expressions and it's important to try and remain engaged, interested and not react with shock or disbelief. Remain calm, and try not to interrupt until the child has finished telling you what they need to. Then ask clarifying questions without burdening the child. Make sure you understand the child's story from their perspective.

### Be clear about safety

Be clear with the child about confidentiality. Clarify the sort of information that may need to be shared with others for safety and who you may need to share the information with.

Be clear about what parts of the story would need to be shared and why this is important. Explain it in age appropriate language. Children need to understand that your role is not about keeping secrets where children are unsafe.

An example of how you might explain confidentiality might be: *“I am happy to listen to everything you have to tell me. If I feel like what you are saying means that you might be hurt or you might hurt someone else or hurt yourself, for example running away from home, I will need to speak to another adult so we can make a plan to do what we can to keep you safe..”*

Sometimes children may be confused about what is okay to be kept confidential with another person (a secret) and what should not be. It's good to give examples around the differences

*“The cake you're making mum is a good secret that won't hurt anyone. We don't need to tell her.”*

*“We do need to tell your teacher about certain children hurting you and others, because that’s a ‘bad secret’ that will mean children are not safe.”*

### **Responding to disclosures**

In this discussion explore with a child how they want to go about the process of sharing the secret. What do they think might be helpful in this situation? Can they speak to the teacher and what might they say? If they are scared certain children what might make them feel safe? Be clear about why adults need to be told and how they might help. Perhaps you can assist them to role-play or practice telling another adult the information. If you are unsure about where to go with the story you can speak to someone with more specialized knowledge such as a Child Protection or Child FIRST worker, child practitioner or your supervisor (Solving the Jigsaw 2012)



### **Supporting the child**

Explore with the child who they turn to for support, and who exists in their world to support them. This might include family, friends, neighbours, teachers, community members and so on. Pets are often named as an emotional support for children. If a child cannot name anyone, or conversely names everyone, this may be cause for concern. Children need to be able to find ways to make sense of emotionally challenging situations. Work with the child to find ways to reach out to these supports in times of need.

It is often very difficult for a caregiver in crisis to have the emotional space and capacity to fully engage with, much less support their infant or child. We often see caregivers attempting to distract their child from needing the caregiver’s attention. “Go and play with my phone/your toys/watch the television/go to your room.” It can also be overwhelming for caregivers to think about the experiences of their child and to contemplate that their child has been harmed by violence the caregiver believes the child did not witness.

Practitioners have a vital role in thinking about re-connecting activities and referral pathways for caregivers struggling to engage with their child. Practitioners can also role model engaging behaviour with the child and with the caregiver and the child. A practitioner could facilitate drawing with a child and then suggest “let’s see how you and mum go colouring in together while I finish these forms’ or “how about you show dad how that puzzle goes together. Dad, why don’t you put some of the pieces in with Sally?” Modelling positive interactions that are in tune with the child can be more effective than speaking in abstraction to caregivers.

Who else might they speak to about their story if you are not around?

Explore safety plans with the child such as the safety hand where a child practices naming 5 people they can contact if they feel unsafe on each finger. Not every child can name 5, but as

long as they have a number of people even if it is Kid's Helpline, a teacher or the police, it's a start.

Do not ask questions that may be considered leading in cases of sexual abuse and physical violence. It is the role of specialists to investigate the child's story. The role of the initial practitioner is to believe the child, reassure the child and take immediate steps to ensure the child's safety.

Evidence may need to be gathered by specialists in this area by Child Protection/Victoria Police and asking particular questions can be considered as 'coaching' the child in their responses. For example, do not ask things such as, "Where were you touched on your body?"

### ***Supporting an Infant***

Infants tell us lots of things if we are prepared to listen to them with our minds, eyes and emotions. As babies, they are going through one of their most rapid periods of brain development and soak up information like a sponge. Although non-verbal, infants have lots of ways of communicating! They let us know what is happening in their world through their behaviour and bodies and they will communicate by crying, making various sounds like cooing, facial expressions and movement. Play is one of the main areas of communication and playing with an infant allows them to experience all sorts of sensory experiences and allows us to witness their body language. It is important to present as warm and engaging and to ensure that you are interacting with the infant while you are interacting with the other member of his or her family.

If the interaction becomes too much, or the child is tired, they may turn their head away or stop responding. If this happens, turn your focus back to the caregiver or another sibling. Don't attempt to turn their head back to you, or attempt to remain in their field of vision; they're telling you they've had enough – if you persist they may become frustrated or frightened. Infants may exhibit similar behaviours if you are being a bit overbearing. Tone down your interaction; a soft tone of voice, eye contact and perhaps light touch on the hand or cheek may be all you need to do to communicate that you are interested in their welfare, and mean them no harm.

Infants cannot function alone and are predisposed to form strong attachments to caregivers for their own survival. Those who have experienced varying degrees of trauma may display different styles of attachment and you may notice some things occurring between the infant and caregiver that are not what you might expect, such as a lack of response to the caregiver or their surroundings which can sometimes be mistaken for believing this type of response is simply that of a 'placid baby' (more of this is discussed in 'Refuge for Babies in Crisis' by Wendy Bunston, module 2 – see 'Support agencies and Resources').

Some caregivers may not have much of a space to think about their infant due to the crisis of the situation are experiencing. More connection may need to be encouraged. By role modelling mirroring facial expressions or interacting with the infant, you can give the caregiver cues on how this may be done by example. You can also draw attention to the caregiver/infant relationship by saying things like "the baby is watching your face, I wonder what they will do if you smile back at them?" or "I wonder what your child is feeling looking around this room?" It is important for caregivers to know, that although traumatic situations can have huge impacts on infants and children that healing can occur with positive, secure and safe relationships,

It is important to note any concerns that you may have and discuss these further with a manager or child specialist (Bunston, 2012). See P. 17 for a list of physical, developmental, social and emotional red flags.

### ***Moving forward***

Children should be assisted to move forward and create a state of calm and recovery. Allow the child to explore how an event might make them feel. You can ask, “How does this make you feel in your body?” Some children may describe tummy aches or ‘butterflies,’ others head pain or something else. Some children may feel guilty or distressed and you can normalize these feelings and assist them to go through the process of moving forward towards healing. Allow the child to write or speak about the feeling without attributing blame to themselves or others. Explore actions, strengths, communication with others and don’t be tempted to ‘rescue’.

Encourage some calming or mindful activities or apps for the child to participate in like the following examples: an activity Book (the Statewide Children’s Resource Program provides a calming activity book), the ‘Smiling Mind’ (guided meditation app available through Headspace) or simply drawing mandalas and pictures. Find out what interests a child and encourage this.

It is important to consider referring children to a specialist service. Play, art, pet or sand play therapy may be beneficial for children to explore their experiences in a safe and supported setting. Therapy can also assist a caregiver to make sense of what has happened for their child and support both caregiver and child. Group work, individual therapy and/or family therapy may also be useful for older children. Speaking with your Statewide Children’s Resource Program Coordinator may assist with this process.



### ***Exits and finalising things***

An important part of engaging with children is giving them notice of when things are coming to an end. Sometimes an hour long interview can feel like forever to a child, particularly one who is going through a period of stress, and it is important to give them some understanding of how long things might take and when they might be likely to finish. It is well worth informing a child that “you have been really patient so far and now I just have to spend another 10 minutes and we will

be finished here.” Sometimes having a new activity for them to do that is not going to take a lot of time is useful when things are coming to an end.

Children will often build a relationship with people they have engaged with over a period of time, including case-managers and support workers. It is important that this relationship is respected and they are also kept informed of any major changes to staff or the support period. They should be advised ahead of time when a file is likely to be closed or the support period is due to end and informed why and what options may be available. So be clear they understand, as well as their caregiver, how many sessions are left and what is happening. You could advise them similarly to this example “we have 2 sessions left now that you have been approved for a house in Sunnyside, so next week you can come and we will talk about organising for you to move and what school you might go to. Then the week after will be the last session and we will see how you feel about your new house, school and managing with everything.”

It’s useful to identify some strengths on the last appointment. You might speak to a child about a picture they drew, or a story they told, or something they did at school. Positive interaction is what will stay with a child and many have identified being ignored and feeling invisible within Specialist Homelessness Services so make your interaction count in some way, even if it’s only a small gesture, be inclusive and positive (Mackie & Hopkins, 2013).

### **Final Tips**

- Be open and engaging
- Include infants in communication and interaction.
- Make sure you view your agency with the eyes of a child. Is it safe and child appropriate?
- Explain and be aware of safety issues. Listen with an open heart and open mind
- Repeat the story back to make sure you have heard it correctly.
- Explore with a child what they might do and who they might speak to explore strengths
- Explore feelings and move towards creating a state of calm.
- Make sure the child is clear on what they might do with their story and how they will proceed.
- Be aware of your support systems and other staff in your service who may be able to assist you.
- It is possible to work therapeutically with a child without being a child therapist. By being responsive to their needs, and demonstrating care and respect, your very interactions will assist the child to build a positive sense of self.

## Resources and toys for your service

### *A note on quality*

Take care of your service's toys. Torn or faded books and broken toys send children clear message about your priorities, and can be very disheartening for bored children. Consider 'refreshing' toys every few months, accounting for wear and tear. Consider also the cultural safety of children, and how toys may impact upon them: Fighter jets and tanks might be great for most children, but may be highly inappropriate to children who've experienced war trauma. Likewise, only having dolls with light skin tones don't validate the cultural and genetic heritage of children with darker skin. Please see the list of child friendly resource sites at the back of this manual.

### *Blocks (0-4 years)*

Wooden blocks are preferable for younger children, whilst Duplo can be more rewarding (especially if it contains wheels!) for older children, as it allows for more substantial construction which offers a chance for the child to 'show-off' a finished product to their caregiver(s). In addition, Duplo sets frequently contain human and animal figures, which can enrich the types of games children play. Duplo can be washed in a dishwasher, to ensure it remains hygienic.

### *Books (any age)*



Books are a great way to engage children, and to lessen the amount of time that the child feels they've been in a place. Not only that, but books allow child and caregiver interaction can be a good way to reduce stress in both child and caregiver. Books without words can be a fantastic

way to stimulate conversation between child and caregiver. *Flotsam*, by David Wiesner, is a great example; as is *The Red Book*, by Barbara Lehman.

Books are facilitators of child/caregiver facilitation. The interaction between the reader and the child is more important than the book being read. Being playful, interactive and joyful/calm and holding the child while reading can provide lovely connection and even children who can read for themselves often love the experience of sitting on a caregiver's lap/close to the caregiver and being read to.

It is often a new experience for a caregiver who was not read to as a child to see the response a child can have when they feel safe, connected to the reader and able to be calm

### **Weaving/Threading (6-10)**



Punch a lot of holes in some cards, then attach small plastic 'needles' to lengths of different coloured wool, once shown how, children over about age 4-5 will enjoy being able to create different patterns and shapes in the cards. Kits for similar activities can be bought at K-Mart and similar retailers, though they tend to be aimed at 10+ age groups

### **Apps (10+)**

**Note:** Be mindful that the most helpful thing for an infant or young child is to have an available, attentive caregiver who responds to them. We discourage the use of devices by young children instead of seeking comfort from a caregiver. That being said, electronic devices will often capture a child's attention for longer and more strongly than other toys, so if sensitive conversations must be had in earshot of the child, they may be useful.



Recommending Apps can be problematic, some can be highly entertaining, whereas others are less easily recommended, and some have inappropriate content. Mindfulness, drawing, and puzzle, apps are all good ones to explore. If possible, maintaining a dedicated iPad or two containing no sensitive client or work place information would be ideal.

Commonsense Media runs a very good app rating service, designed for caregivers to decide whether an app is suitable for their child: <https://www.common sense media.org/app-reviews>

### **Sensory Box (4-10)**



Having a box filled with interesting objects can be a great foundation for exploratory, open-ended play. Sensory boxes are great for children to explore the objects in terms of how they feel or look. Rummaging through the box can be a very calming experience, as can be using the objects to manipulate the ‘filler’,

First take a large box or tub, around 60x30cm or larger, (large enough that more than one child could use it) and add with some sort of grainlike material: Sand, rice, beans, corn kernels or dried pasta would be ideal. The ‘filler’ should sit about 2cm deep, just enough to add weight to the box, and to enable sifting or pouring. Then add a number of various things that may be of interest. Broadly you can add just about anything: seashells, smooth stones, pipe cleaners, small plastic toys, pinecones, banksia cones, and so on. Some of the objects should be chosen to interact with the ‘filler’ – either small toys that can leave a mark (such as the miniature rake pictured above), or baking measures or funnels that can be used to pour or shape it.

Aside from the filler, take care not to include anything that can be swallowed – a general rule of thumb is if it would fit into a film canister (or about 5cm x 3cm if you don’t remember them) then it’s too small to offer to children younger than four. For tips or ideas for themed sensory boxes, visit <https://littlebinsforlittlehands.com/>

## What to look for if You Are Concerned a Child is Experiencing Harm

*As a practitioner, you may see certain signs or behaviours that may seem unusual or may make you feel uneasy. It is important to observe these symptoms if you see them, but take care to remember that any one behaviour or mark can have any number of causes. If you have formed a reasonable belief that a child is at risk of harm, consult your organisation's reporting of abuse policy. If your organisation has a Child Safety representative, you may wish to consult with them as well. The 'Having Difficult Conversations' earlier in this book may also be of use.*

Some general trauma symptoms can suggest underlying abuse:

- Social Withdrawal
- Abrupt changes in demeanour from one presentation to the next
- Depression, anxiety or unusual fears or a sudden loss of self- confidence
- Reluctance to leave activities/outings, as if reluctant to go home
- Rebellious or defiant behaviour

Other symptoms can be more specific:

### **Physical Abuse Signs and Symptoms**

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation or reluctance to divulge incident
- Untreated medical or dental problems

### **Sexual Abuse Signs and Symptoms**

- Sexualised behaviour or knowledge that's inappropriate for the child's age
- Use of inappropriate language or terms for anatomy
- Watch for sexualised play – especially with 'realistic' approximations of sex acts
- Statements that he or she was sexually abused
- Trouble walking or sitting or complaints of genital pain
- Abuse of other children sexually

### **Emotional Abuse Signs and Symptoms**

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Inappropriate reactions to events – extremely strong reactions or overly 'muted' reaction

- Depression
- Somatosensory distress: Headaches or stomach aches with no medical cause
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills



### ***Neglect Signs and Symptoms***

- Poor growth or weight gain
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Eating a lot in one sitting or hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Emotional swings that are inappropriate or out of context to the situation

## Support Organisations and Resources

### **The Orange Door**

Family Violence and Family Services support <https://orangedoor.vic.gov.au>

### **Safe Steps**

24/7 Family violence support service <https://www.safesteps.org.au/>

### **Australian Childhood Foundation**

Provide training on the impacts of trauma on children & young people

<http://www.childhood.org.au/for-professionals>

### **Centre for Excellence in Child and Family Welfare**

Provide a variety of training focused on the needs of children & families [www.cfecfw.asn.au/](http://www.cfecfw.asn.au/)

### **Child Wise**

Provide programs focusing on child safety [www.childwise.net](http://www.childwise.net)

### **Domestic Violence Resource Centre**

Deliver training on best practice FV response to women & children <http://dvrcv.org.au/training>

### **Foundation House**

Provide training with people with a refugee background <http://learn.foundationhouse.org.au/>

**Mindful** – Deliver training around mental health of children & young people [www.mindful.org.au](http://www.mindful.org.au)

The Smiling Mind <https://smilingmind.com.au/>

**O'Connell Family Centre** - Parenting workshops

<http://www.mercyhealth.com.au/meps/ofc/Pages/Parenting%20Education.aspx>

**Parenting Research Centre** - Parenting focused training [www.parentingrc.org.au](http://www.parentingrc.org.au)

**Queen Elizabeth Centre** Professional Development Infant/children training for professionals

[www.qec.org.au](http://www.qec.org.au)

### **The Bouverie Centre**

Provide training focusing on family therapy & Aboriginal healing [www.bouverie.org.au](http://www.bouverie.org.au)

**VACCA -Victorian Aboriginal Child Care Agency** Training in responding to Aboriginal children & cultural sensitivity <https://www.vacca.org/services/training-and-development/>

## Resources

### **Financial**

Ardoch School Costs Guide [www.ardoch.org.au](http://www.ardoch.org.au)

State School Relief [www.ssr.net.au](http://www.ssr.net.au)

Victorian Eyecare Service [www.ves.gov.au/](http://www.ves.gov.au/)

### **Statewide Children's Resource Program**

- Through A Child's Eyes
- Child Development Trauma Impacts for Practitioners Child Development Trauma Impacts for Parents
- Supporting Your Children
- Children's Fact Sheet
- *Through My Eyes* - Children's Activity Book

Available through Statewide Children's Resource Program website –  
<http://statewidechildrenresourceprogram.weebly.com/>

### **Children's Rights**

Children's Rights [www.humanrights.gov.au/childrights](http://www.humanrights.gov.au/childrights)

### **Dardee Boorai Charter**

<http://www.homelesskidscount.org/DardeeBooraicharter.pdf>

### **Family Violence**

Refuge for Babies in crisis

[http://www.nwhn.net.au/admin/file/content2/c7/Refuge%20for%20Babies%20Manual\\_1353376053304.pdf](http://www.nwhn.net.au/admin/file/content2/c7/Refuge%20for%20Babies%20Manual_1353376053304.pdf)

### **Indigenous Children**

Safe Koori Kids [www.vow.edu.au/wic/safekoorikids/](http://www.vow.edu.au/wic/safekoorikids/)

SNAICC -Provide workshops on the needs of Aboriginal children &cultural sensitivity

<http://www.snaicc.org.au/training/>

<http://www.yarnstrongsista.com/shop/index.php>

<https://www.vacca.org/shop/>

### **General**

Does Camping Count? [http://apo.org.au/files/resources/the\\_salvation\\_army/56792-does\\_camping\\_count\\_children039s\\_experiences\\_of\\_homelessness.pdf](http://apo.org.au/files/resources/the_salvation_army/56792-does_camping_count_children039s_experiences_of_homelessness.pdf)

The Brain Architecture Game [www.thearchitecturegame.com](http://www.thearchitecturegame.com)

### **Creating Child Friendly Spaces**

Australian Competition and Consumer Commission 'Safe Toys for Kids'

<https://www.learningresources.com/category/brand/pretend+-+play.do>

<http://www.edex.com.au/>

<http://www.teaching.com.au/catalogue/mta/mta-wooden-natural-play-resources>

<http://www.thetherapiststore.com.au/>

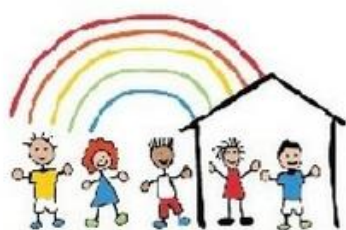
<http://www.windmill.net.au/>

## Important Contact Numbers

Police Fire Ambulance .....	000
Safe Steps .....	1800 015 188
Statewide Homelessness Assistance.....	1800 825 955
Aboriginal Family Violence Prevention & Legal Service .....	1800 105 303
inTouch Multicultural Centre Against Family Violence .....	1800 755 988
National Disability Abuse and Neglect Hotline .....	1800 880 052
Women's Information Referral Exchange (WIRE) .....	1300 134 130
Interpreting and Translating Service .....	13 14 50
QLife Australia (LGBTIQ Counselling and Referral Service) .....	1800 184 527
Sexual Assault Crisis Line (Victoria) .....	1800 806 292
Victims of Crime Helpline .....	1800 819 817
Parentline Victoria .....	13 22 89
Nurse on Call .....	1300 60 60 24
Men's Referral Service .....	1300 766 491
Lifeline .....	13 11 14
Kids Helpline .....	1800 55 1800
Maternal and Child Health Line .....	13 22 29
Women's Legal Service .....	1800 133 302
Victorian Aboriginal Legal Aid Service .....	1800 064 865
After Hours Child Protection Emergency Service .....	13 12 78
Victorian Legal Aid Help .....	1300 792 387

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**Statewide Children's  
Resource Program**



