Government of South Australia

human services

Mandatory Reporting Information Booklet

Safe environments for children and young people



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Using this booklet

This booklet has been designed to assist people in South Australia to understand their obligations to keep children and young people safe.

It will assist:

- people who have contact with children or young people and are required by law to report suspicions that a child or young person is being harmed, or may be at risk of harm (mandated reporters)
- organisations that are required by law to have in place policies and procedures to assist mandated reporters to meet their obligations.

Organisations can use this booklet to support people in their organisation that are required to report and respond to suspicions that a child or young person is, or may be at risk.

Keeping children and young people safe involves more than just reporting concerns to the Department for Child Protection or responding once a report has been made. It means:

- minimising the possibility of children or young people being at risk in the first place
- working to reduce the impact where a child or young person has been at risk
- doing everything possible to ensure it does not occur again
- providing ongoing support and services to children, young people and adults as appropriate.

Most organisations that provide services to children and young people have a legal obligation to provide child safe environments. Child safe environments are the product of a range of strategies and initiatives that include developing child safe policies, procedures and appropriate codes of conduct for employees, volunteers and members. Organisations must also foster cultures of openness so that:

- children and young people know what to do if they believe they have been subject to inappropriate behaviour, placed at risk or have experienced harm
- employees and volunteers can identify children and young people who they suspect have been, or are at risk of harm
- management, employees and volunteers are aware of their duty to report if they suspect a child or young person has been, or is at risk of harm to the Child Abuse Report Line (13 14 78) and take other measures to establish, promote and ensure child safe environments.

More information about mandatory reporting obligations and establishing child safe environments, is available from:

- Department for Child Protection website: https://www.childprotection.sa.gov.au/reporting-child-abuse
- Department of Human Services website: https://dhs.sa.gov.au/how-we-help/ngo-and-sector-support/child-safe-environment.

Commitment to children and young people

The Parliament of South Australia recognises and acknowledges that:

- children and young people are valued citizens of the State
- the future of the State is inextricably bound to the wellbeing of all its children and young people
- it is of vital importance to the State, and all of its citizens, that all children and young people are given the opportunity to thrive.

The Parliament of South Australia recognises that, as a State, we want each child and young person to benefit from (at least) the following outcomes:

- to be safe from harm
- to do well at all levels of learning and to have skills for life
- to enjoy a healthy lifestyle
- to be active citizens who have a voice and influence.

The Parliament of South Australia accordingly commits to promoting these outcomes and recognises it is the duty of every person in the State to safeguard and promote these outcomes.[1]



[1]Part 1, Section 5(a), *Children and Young People (Safety) Act 2017*

Mandatory reporting

Chapter 5 of the Children and Young People (Safety) Act 2017 (Safety Act), requires certain people to report to the Department for Child Protection if they suspect on reasonable grounds that a child is, or may be at risk and this suspicion is formed in the course of their work.

This is a legal obligation which carries a penalty if the individual fails to comply. These people are referred to as mandated reporters. Under the Safety Act, the following people are mandated reporters:

- medical practitioners
- pharmacists
- registered or enrolled nurses
- dentists
- psychologists
- police officers
- community corrections officers under the Correctional Services Act 1982
- social workers
- ministers of religion
- employees of, or volunteers in, an organisation formed for religious or spiritual purposes
- teachers employed to teach in a school, pre-school or kindergarten
- employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, childcare, or residential services wholly or partly for children and young people, being a person who:
    - provides such services directly to children and young people or
    - holds a management position in the organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children and young people[2]
- an officer or employee of a prescribed organisation (as per section 114 of the Safety Act) who holds a management position in the organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of services to children.[3]

[2] Section 30(3), *Children and Young People (Safety) Act 2017*

[3] Regulation 9, *Children and Young People (Safety) Regulations*

Children and young people at risk

Section 18 of the Safety Act states that a child or young person will be 'at risk' if:

- they have suffered harm, or there is a likelihood they will suffer harm being of a kind against which ordinarily they should have been protected
- there is a likelihood they will be removed from the State for the purpose:
- they are subject to a medical procedure that would be unlawful in South Australia (including female genital mutilation)
- they take part in a marriage that would be void or invalid under the *Marriage Act 1961* (Cth)
- they take part in an activity that would be illegal in South Australia
- their parent or guardians are unable or unwilling to care for them, have abandoned them, cannot be found or are dead
- they are of compulsory school age and are persistently absent from school without explanation
- they are homeless or of no fixed address.

Meaning of harm

Section 17 of the Safety Act defines 'harm' to mean physical or psychological harm (whether caused by an act or omission), including harm caused by sexual, physical, mental, or emotional abuse or neglect.

Reasonable grounds

Reasonable grounds to form a suspicion/belief that a child or young person may be at risk may include:

- when a child or young person tells you they are at risk or have been harmed
- when your own observations of a particular child or young person's behaviour and/or injuries lead you to suspect they are at risk, or harm is occurring
- when a child or young person tells you that they know of someone who is at risk or has been harmed (they may be referring to themselves)
- when you hear about risk or harm to a child or young person from someone who is in a position to provide reliable information, perhaps a relative or friend, neighbour or sibling of the child or young person.

Voluntary reporters

Although only mandated reporters have a legal responsibility to make reports, everybody has a moral responsibility to make a report where they suspect a child or young person is or may be at risk. People without a legal obligation to report (voluntary reporters) can follow the same steps to make a report as mandated reporters.

Types of risk and harm

Domestic and family violence

A child or young person who is involved in, or whose parent(s), carer(s) or other family member are involved in, a violent or abusive relationship that is persistent and/or severe may be at risk or suffer harm.

Also known as family violence, domestic violence is the abuse or violence that occurs when people use their power or position to hurt, control, coerce or bully someone else.

Children and young people can be adversely affected by violence whether they witness it, hear it or are exposed to the consequences of emotions following the violence. They do not need to be directly involved to be impacted.

Behaviours of domestic/family violence

A parent, carer or other family member:

- killed or attempted to kill another household member, used a weapon, or displayed a weapon in a threatening manner
- seriously injured a family member (including sexual assault, fractures, internal injuries, disfigurement, burns, or any injury that may require hospitalisation)
- seriously threatened to harm a child, young person, another adult, self (for example a threat to kill self, commit sexual assault, kidnap, hold hostage, murder, cause serious injury) or household pet
- used excessive discipline and punishment
- held a child or young person in their arms, or a child or young person was in close enough proximity to be hurt during the incident, including bruising, cuts, or burns, or other more severe injuries
- there is a pattern or disclosure of abusive power and control that prevents one person from making choices for the safety of self, and, or a child or young person.

For more information on domestic and family violence, go to https://www.whiteribbon.org.au/.

Indicators in children or young people that may suggest family and domestic violence (particularly when seen in conjunction with other concerning behaviours)

0–5 Years

- premature birth
- low birth weight or underweight for age
- physical injury
- neglect
- sexual abuse
- flinching (all ages)
- eating and sleeping difficulties
- concentration problems
- inability to play constructively or hitting, biting or defiance
- clinginess
- sudden changes in behaviour – relief (all ages)
- regressive behaviour such as bedwetting
- foetal injury or death
- very demanding or very passive
- fearfulness, wary of new people and startle easily
- feeding or sleep difficulties
- delayed mobility
- frequent crying and signs of irritability and anxiety
- numbing
- increased arousal
- adjustment problems
- developmental delay
- physical complaints or frequent illnesses
- may view themselves as the source of the anger, a mediator or distracter (egocentric stage).

5–12 Years

- defiant behaviour
- rebelliousness
- temper tantrums
- cruelty to pets
- physical abuse of others
- avoidance of peers

- may see violence as a way to resolve conflict
- overly compliant behaviour
- withdrawal or loss of interest in social or school activities
- self-harm
- poor school performance
- child is placed in the role of needing to fulfill specific emotional and physical needs of a parent/caregiver.
- rebels against adult instruction or authority.

12–18 Years

- dropping out of school or academic failure
- delinquency/offending
- eating disorders
- substance misuse
- depression
- suicidal ideation
- use of controlling behaviours
- distrust of adults
- violent behaviours including violence toward a parent (particularly the mother) or other family member
- early pregnancy
- difficulty with social situations.

Physical harm

The child has suffered, or is at significant risk of suffering, serious physical trauma or inflicted injury due to the actions of their parent or carer. An injury is considered 'inflicted' if it was alleged to be caused wilfully or as punishment.

Behaviours of physical harm

- kicking, punching, hitting (for example with open hands, fists, belts, wooden spoons)
- shaking (particularly of young babies)
- burning (immersion in scalding water, cigarette burns, irons)
- biting, pulling out hair
- alcohol or other drug administration/misuse (prescribed and illicit drugs)
- fabricated or induced illness
- female genital mutilation
- exposure to extreme temperatures for sufficient duration to cause serious harm
- threats to harm or kill a child or young person by parent, carer or other family member.

Indicators in children or young people that may suggest physical harm (particularly when seen in conjunction with other concerning behaviours)

Physical

- bruises or welts on facial areas and other areas of the body, including back, bottom, legs arms and inner thighs
- any bruises or welts in unusual configurations or which resemble the object used to make the injury (finger marks, handprints, iron, teeth, belt buckles)
- burns that show the shape of the object used to make them (iron, grill, cigarette or burns from boiling water, oil or flames)
- fractures of the jaw, nose and limbs, especially those not consistent with the explanation of the cause of the injury (relevant to the child's age or developmental stage)
- cuts and grazes to mouth, lips, gum areas, eye area, genitalia
- human bite marks
- bald patches where hair has been pulled out
- multiple injuries, old and new
- poisoning.

Behavioural

- the child states that an injury has been inflicted by someone else, or offers an unlikely explanation, or 'can't remember' the cause of the injury
- unusual fear of physical contact (flinches when unexpectedly touched)
- wears clothes unsuitable for weather conditions to hide injuries
- fear of a caregiver or other family member – reluctance to go home
- little or no emotion when hurt or threatened
- absences from school without explanation (hiding injuries until healed)
- overly compliant, shy, passive, withdrawn
- fearfulness when other children cry or shout
- unusually nervous or hyperactive, aggressive, disruptive to self or others
- excessively friendly with strangers
- regressive behaviour such as bedwetting
- poor sleeping patterns, fear of the dark or nightmares
- sadness and frequently crying
- poor memory and concentration
- suicide attempts.

Neglect

Neglect is characterised by the serious and ongoing failure to provide a child with basic needs and care, which results in negatively impacting the development and growth of that child.

There are a range of types of neglect that children and young people may experience.

Supervisory neglect is characterised by absence or inattention and can lead to physical harm or injury, sexual abuse or, in an older child, permitting criminal behaviour. Supervisory neglect includes abandonment where a child or young person is left alone for more than a developmentally appropriate time frame.

Physical neglect is characterised by the caregiver's failure to provide basic physical necessities, such as safe, clean and adequate housing, clothing, food and health care.

Medical neglect is characterised by a caregiver's failure to provide appropriate medical care. This could occur through a failure to acknowledge the seriousness of an illness or condition, or the deliberate withholding of appropriate care.

Emotional neglect is characterised by a lack of caregiver warmth, nurturing, encouragement and support (note that emotional neglect is sometimes considered a form of emotional maltreatment).

Indicators in children or young people that may suggest neglect (particularly when seen in conjunction with other concerning behaviours)

Physical

- consistently dirty and unwashed
- consistently inappropriately dressed for weather conditions
- consistently without adequate supervision and at risk of injury or harm
- consistently hungry, tired and listless, falling asleep in class
- unattended health problems and lack of routine medical care
    - inadequate shelter and unsafe or unsanitary conditions
    - abandonment by parents/caregiver
    - 'failure to thrive' diagnosis
    - 'global developmental delay' diagnosis.

Behavioural

- begging or stealing food
- gorging when food is available
- inability to eat when extremely hungry
- alienated from peers, withdrawn, listless, pale, thin
- aggressive behaviour
- delinquent acts: vandalism, drug and alcohol abuse

- little positive interaction with parent or caregiver
- appearing irritable or miserable
- poor socialising habits
- poor evidence of bonding, little stranger anxiety
- indiscriminate with affection
- poor or irregular school attendance.

Psychological or emotional harm

Emotional abuse is defined as abuse that occurs when a person is subjected to behaviours or actions (often repeatedly) aimed at preventing or controlling their behaviour, with the intent to cause them emotional harm or fear through manipulation, isolation or intimidation.[4]

Behaviours of psychological or emotional harm

Terrorising may include consistently:

- saying things or acting in ways that frighten the child or young person
- threatening to harm the child or young person, self, others or pets
- deliberately causing a child or young person to witness traumatic events.

[4] Australia Bureau of Statistics, https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0main+features602014#Whatis

Alienation may include denigration of one parent, carer or other family member by another parent, carer or other family member to the child or young person.

Exploiting or corrupting behaviour may include a parent, carer or family member who is involved in illegal or antisocial activity:

- involving the child or young person in this activity
- exposing the child or young person to this activity to the extent that the child or young person normalises illegal/antisocial behaviour as a lifestyle.

Isolation of child or young person may include:

- denying emotional responsiveness
- inhibiting the child or young person's relationships with others inside or outside of the family
- consistently ignoring the child or young person's need for attention or affection.

Hostility may include a pattern where:

- everything the child or young person does is criticised
- little or no praise balances the criticism
- the criticism is not constructive or helpful but, rather, is personally attacking.

Rejection may include a pattern in which the parent, carer or other family member does not accept the physical or emotional presence of the child or young person. For example, the parent, carer or other family member consistently speaks or acts in ways that convey to the child or young person that they are not wanted or are undeserving of membership in the family.

Degradation may include a parent, carer or other family member humiliating a child or young person (for example, name calling, teasing, ridiculing regarding weight, body parts).

Indicators in children or young people that may suggest psychological or emotional harm (particularly when seen in conjunction with other concerning behaviours)

Behavioural

- not interacting with others (avoiding social activities or events in which they would usually engage in) not playful or play dominated by concerning themes (eg violence)
- extreme separation anxiety
- regression in toileting behaviours (eg soiling, bed wetting)
- hypervigilance
- aggressive/violent behaviour
- emotional dysregulations
- dissociation/freeze response
- poor attention
- risk-taking behaviour
- self-harming/suicidal.

Developmental

- loss of previously acquired developmental milestones
- decline in school performance
- delays in reaching developmental milestones (eg speech).

Social Interactions

- inability to form age-appropriate relationships with adults/peers
- chaotic interactions with others
- indiscriminate affection
- lacks trust
- lacks empathy.



Sexual abuse and 'grooming'

Sexual abuse is any sexual activity or behaviour that is imposed on a child or young person by someone else. Sexual abuse occurs when someone in a position of power uses that power to involve the child or young person in sexual activity.

Grooming occurs when a person tries to form a bond or a friendship with a child to gain their trust and create opportunities to start, maintain and hide their sexual abuse of the victim. Grooming may also involve the significant adults in the child's life to enable sexual abuse.

Adult behaviours of sexual abuse or grooming

- persistently intruding on a child or young person's privacy
- child prostitution – engaging in, supporting or coercing
- behaviour suggestive of grooming a child or young person may include:
    - buying gifts
    - singling out one child or young person from others
    - inconsistent reports of activities with the child or young person
- fondling, kissing or holding a child or young person in a sexual manner, exhibitionism, mutual masturbation, oral sex
- penetration of the genital or anal region
- communicating in a sexually explicit way that is not age or developmentally appropriate
- sending obscene messages, phone calls, emails, social media posts to a child or young person
- exposing a child or young person to pornographic films, magazines, photographs or written information about explicit sexual acts or having a child or young person pose or perform in a sexual manner to produce child abuse materials
- engaging in online chat rooms or websites posing as a young person.

People who sexually abuse children may:

- be from any culture, faith, religion, race, age, sexuality, gender, and be married or single
- be skilled at gaining the trust of adults, children and young people
- seek work in agencies that come into contact with children and young people
- be skilled at identifying children or young people who are less resilient and more vulnerable
- use their professional position to exploit vulnerable adults, children and young people by providing food or financial reward.

Indicators in children or young people that may suggest sexual abuse (particularly when seen in conjunction with other concerning behaviours)

Physical

- injury to the genital or rectal area such as bruising or bleeding
- vaginal or anal bleeding or discharge
- discomfort in urinating or defecating
- presence of foreign bodies in vagina or rectum
- inflammation of the genital area
- sexually transmitted infections
- pregnancy – especially in very young adolescents
- bruising and other injury to breasts, buttocks, thighs
- anxiety related illnesses, such as anorexia or bulimia
- frequent urinary tract infections
- frequent rocking, sucking and biting
- poor self-care or personal hygiene.

Behavioural

- the child discloses abuse
- persistent and age-inappropriate sexual activity, including excessive masturbation with objects, rubbing genitals against adults, playing games that act out a sexually abusive event
- a fear of home, a specific place, a specific adult
- poor or deteriorating relations with adults and peers
- arriving at school early and leaving late
- complaining of headache, stomach aches, pains nausea without a physiological basis
- sleeping difficulties
- reluctance to participate in physical or recreational activities
- regressive behaviour, such as bed wetting or speech loss
- sudden accumulation of money or gifts
- truancy or running away from home
- delinquent or aggressive behaviour
- self-injurious behaviour, such as drug or alcohol abuse,
- prostitution, self-harm or attempted suicide
- sudden decline in academic performance, poor memory and concentration
- wearing of provocative clothing or layers of clothes
- promiscuity.

Substance abuse and mental health concerns

A pattern of substance abuse can impair the parent or carer's ability to provide for a child or young person's basic needs and maintain regular routines for school attendance, bedtimes and social commitments.

Parental or carer intoxication can also significantly impact on their responsiveness and sensitivity to a child's emotional needs.

Adult behaviours of substance abuse or mental health concerns

- the parent or carer expresses ideas that are out of touch with reality
- the parent or carer does not provide even minimal emotional support for child or young person
- the parent or carer threatens or attempts suicide, homicide, harms pets
- the parent or carer behaviour is extremely erratic and/or unpredictable.



Disclosure by a child or young person

When a child or young person tells you that they have been placed at risk or they have been harmed, they may be feeling scared, guilty, ashamed, angry and powerless. You in turn, may feel a sense of outrage, disgust, sadness, anger and, sometimes, disbelief.

It is important for you to remain calm and in control, and to reassure the child or young person that they have done the right thing by telling somebody about what is happening. Let them know that you are willing to listen and that you want to try to help. It is important that you respond to the child or young person appropriately.

You should:

- listen carefully
- tell them that you believe them
- reassure the child or young person that is not their fault they have been placed at risk
- tell the child or young person that you are pleased to have been told.
- when talking to the child or young person it is important that you:
- don't make promises that you cannot keep, such as promising that you will not tell anyone
- never push them into giving details. Your role is to listen to what they want to tell you. Do not ask leading questions or attempt to investigate what has been said.



Reporting your suspicions

Always call 000 in an emergency.

You must advise the Department for Child Protection of your suspicions of risk or harm by contacting the Child Abuse Report Line (CARL) by phone, or online.

Phone: **13 14 78**

Online: **https://www.childprotection.sa.gov.au/reporting-child-abuse/report-child-abuse-or-neglect**

The CARL phone line is available 24 hours a day 7 days a week. All serious concerns must be reported via the report line and not via the online reporting system. Serious concerns include when you suspect a child or infant is in imminent or immediate danger of:

- serious harm
- serious injury
- chronic neglect
- when a child is in care of the Department for Child Protection and you suspect they are at risk.

Information required by CARL

It is not essential that reporters have all the information contained on this list before making a report. However, the more information that is provided to the CARL, the better informed the response will be to the child/ren of concern.

Details of the child or young person and their family:

- child/ren, siblings and parents
- full name (including any other surnames they are known by)
- date of birth or age
- current address, phone number
- school
- ethnicity (aboriginal, kinship group, non-English speaking)
- alleged perpetrator's name, age, address, relationship to the child/ren, current whereabouts
- current whereabouts of the child who is, or children who are, of concern
- details of when the next expected contact with the alleged perpetrator will occur (if they are not living together).

Reporter details:

- your full name, job title and agency (if applicable), address and phone number
- your relationship to the child/ren of concern
- the type of contact that you have with the family and how frequently
- whether you are working with the child or the family, and if so, in what capacity.

Details of concerns:

- specific details about the allegations
- if the child disclosed, what did they say and what was their emotional presentation?
- who saw or heard what and when?
- size and location of injuries if any, with descriptions of any bruising
- whether the child has been seen by a doctor and if so, the doctor's name and contact number
- describe any caregiver behaviour that is of concern, including how often and how severe
- describe any behaviour by the victim(s) that is of concern, including how often it occurs.

Other details:

- whether the parents are separated
- if any family court orders are in place and if so, what they relate to
- if the custodial/non-custodial parent has a partner provide her or his name
- what is known about the functioning of the family
- domestic violence
- drug/alcohol use or abuse
- violence to people outside of the family
- relevant health factors
- extended family or other support networks
- childcare arrangements
- nature of involvement with any agencies
- mental health problems and/or
- physical or intellectual disability.

Further details:

- are the parents or carers aware a report is being made?
- have you, as the reporter, given any expectations of action to the child or young person?

Following a report

To determine if departmental intervention is warranted, an initial assessment of the reported concerns is made by CARL. The assessment is based on the following:

- the immediate safety of the child or young person (eg is the child in imminent danger?)
- the alleged harm
- the alleged incident(s) or neglectful condition(s)
- the likely risk of future harm
- the age and vulnerability of the child or young person
- the behaviours or characteristics of the parent or caregiver
- the protectiveness of the parent or caregiver
- the access the alleged perpetrator has to the child or young person
- any previous history the family has with the Department for Child Protection.

Where it is assessed that the concerns meet the criteria for a child protection response, CARL will make a recommendation to the responsible Department for Child Protection Office regarding the type of response the report should receive and how quickly the investigation, assessment or other response should be commenced.



Child safe environments in organisations

Child safe environments are safe and friendly settings where children feel respected, valued and encouraged to reach their full potential.

Organisations providing child safe environments:

- take a preventative, proactive and participatory stance on child protection issues
- value and embrace the opinions and views of children and young people
- assist children and young people to build skills that will assist them to participate in society
- are focused on the protection of children and young people and take action to protect them from harm
- provide parents, guardians or carers with evidence of their child safe environments policies and procedures when requested.

Sharing responsibility for the care and protection of children helps to challenge the unrealistic expectation that the Department for Child Protection can, on its own, protect all children.

Organisations that do not take appropriate steps to protect children's safety and wellbeing may be poorly equipped to manage and respond to risks that may arise regarding the safety and well-being of children accessing their services.

The Safety Act requires certain organisations to provide child safe environments. The types of organisations include:

- State authorities
- accommodation and residential services for children
- services or activities provided by religious organisations
- childcare or child-minding services
- child protection services
- services or activities provided in the course of the operation of clubs and associations with a significant membership of, or involvement by, children, including clubs and associations providing services or activities of a sporting, recreational, cultural or artistic nature
- coaching or tuition services for children
- commercial services provided directly to children
- disability services for children
- education services for children
- health services for children
- justice and detention services for children
- transport services for children.

'Organisation' in this context includes a wide range of bodies who work with children and young people, including businesses, service providers, sole traders and people working in partnerships and incorporated and unincorporated groups.

Organisations must:

- prepare or adopt policies and procedures that:
  - support mandatory reporters to report and respond to children and young people at risk of harm
  - ensure safe environments for children and young people are maintained
- meet working with children check obligations
- review their child safe environments policies and procedures at least once in every 5 years
- lodge a child safe environments compliance statement with the Department of Human Services each time they update their child safe policies.

More information about establishing child safe environments, is available from the Department of Human Services website https://dhs.sa.gov.au/cse.



Training

South Australia has been offering training for mandated reporters since 1989. The Department of Human Services Safe Environments for Children and Young People 'Through their eyes' seven-hour training program is offered by approved trainers throughout South Australia. Approved training providers also offer a three-hour refresher course to those who have already completed the 'Through their eyes' program.

Many organisations adopt a best practice approach to training by requiring staff and volunteers to complete the Safe Environments for Children and Young People 'Through their eyes' training and refresh this training every 3 years.

This training is not a legal requirement but is an effective way to educate reporters to recognise and respond to children and young people at risk.

If you wish to attend a Safe Environments for Children and Young People 'Through their eyes' training session, refer to the list of Approved Public Providers at: https://dhs.sa.gov.au/how-we-help/ngo-and-sector-support/child-safe-environment/child-safe-training/find-a-training-provider.



Counselling and support services

General

- Lifeline – phone 13 11 14. Website: https://www.lifeline.org.au/
- eSafety Commissioner – education on online safety, as well as assistance in addressing online bullying or abuse. Website: http://www.esafety.gov.au/

Domestic and Family Violence

- Domestic Violence Crisis Line - phone 1800 800 098 (after hours diverts to Homelessness Gateway Service) for crisis counselling, support and referral to safe accommodation. Website: https://womenssafetyservices.com.au/

Women

- 1800RESPECT - phone 1800 737 732 for sexual assault, domestic and family violence counselling. Website: https://www.1800respect.org.au/telephone-and-online-counselling
- Women's Information Service - phone 8303 0590 for referrals to domestic violence services and for safety information. Website: http://www.officeforwomen.sa.gov.au/womens-information-service/find-information-online
- Nunkawarrin Yunti – phone 8406 1600 for health care and community support services to Aboriginal and Torres Strait Islander people. Website: http://www.nunku.org.au/

Men

- MensLine Australia - phone 1300 78 99 78 to manage conflict and anger, relationship issues and violence in the home. Website: https://www.mensline.org.au/
- 1800RESPECT - phone 1800 737 732 for sexual assault, domestic and family violence counselling. Website: https://www.1800respect.org.au/telephone-and-online-counselling
- Nunkawarrin Yunti – phone 8406 1600 for health care and community support services to Aboriginal and Torres Strait Islander people. Website: http://www.nunku.org.au/

Sexual assault and sexual health

- Yarrow Place - phone 8226 8777 or toll-free 1800 817 421 for services for rape and sexual assault victims. Website: http://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Health%2Bservices/Yarrow%2BPlace%2Bservices/

- 1800RESPECT - phone 1800 737 732 for sexual assault, domestic and family violence counselling. Website: https://www.1800respect.org.au/telephone-and-online-counselling
- Shine SA – phone 1300 883 793 for the Sexual Healthline or phone 8300 5300 to make an appointment for clinical and counselling services. Website: https://shinesa.org.au/
- Full Stop Australia – phone 1800 385 578 for sexual, domestic and family violence response and recovery service. Website: https://fullstop.org.au/

Children and young people

- Kids Helpline - phone 1800 55 1800 for a free and confidential counselling service for young people from 5-25 years. Website: https://kidshelpline.com.au/
- Beyond Blue – phone 1300 222 636 or access their webchat or email support 24/7 for free and confidential counselling service. Website: https://www.beyondblue.org.au/
- Headspace – phone 1800 650 890 for early intervention support with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. Website: https://headspace.org.au/

Seniors

- Elder Abuse Prevention phone line - 1800 372 310. Website: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/stop+elder+abuse/stop+elder+abuse

Disability

- NDIS Contact Centre - Monday to Friday 8am to 8pm - Phone 1800 800 110; Email enquiries@ndis.gov.au

Legal support

- Legal Services Commission of South Australia - phone 1300 366 424 for free preliminary legal information, advice and referrals. Website: http://www.lsc.sa.gov.au/
- Women's Legal Service (SA) - phone 8231 8929 for free legal advice and information. Website: http://www.wlssa.org.au/
- Women's Domestic Violence Court Assistance Service - phone 1800 246 642 for assistance with an intervention order or related matter. Website: http://www.victimsa.org/womens-domestic-violence-court-assistance-service

Alcohol and drug information

- Alcohol and Drug Information Service (ADIS) - phone 1300 13 1340 (South Australian callers only) - Confidential telephone counselling and information

available between 8:30am and 10:00pm every day. Website: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/drug+and+alcohol+services/drug+and+alcohol+services

- Poisons Information Centre – phone 13 11 26 for 24-hour telephone advice; website: https://www.health.gov.au/contacts/poisons-information-centre.


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