



12 September 2012

The Hon Tim Carmody SC
Commissioner
Queensland Child Protection Commission of Inquiry
PO Box 12196
George St QLD 4003

Dear Commissioner Carmody

**Re: Submission regarding Child Protection Commission of Inquiry
Terms of Reference (b), (c)(i), (c)(iii) and (d)**

I am an Associate Professor and Director of Research in the School of Law at Queensland University of Technology in Brisbane. I am also co-Program Leader in the newly established Children and Youth Research Centre at QUT. My major area of research expertise is the nature, justifiability and effect of mandatory reporting laws regarding severe child maltreatment, and the role they play as part of an effective child protection and family welfare system, alongside appropriate methods of differential response and primary prevention. I have conducted extensive theoretical and empirical research into these laws, both generally, and applied to specific types of abuse (especially sexual abuse). I have been involved in the two most extensive studies of child abuse reporting in Australia: an Australian Research Council funded study in 2006-08 of teachers in three States reporting sexual abuse: *Teachers Reporting Child Sexual Abuse: Towards Evidence-based Reform of Law, Policy and Practice*; and a 2008 State-wide study of Queensland nurses reporting all forms of maltreatment: *Nurses and mandatory reporting of child abuse and neglect*, funded by the QUT Institute for Health and Biomedical Innovation.

I have published dozens of papers in prestigious journals and books nationally and internationally, with over 50 publications in total. I have collaborated with eminent scholars from overseas institutions including the world-renowned Kempe Center in Denver and in 2013 will take up invited visiting positions at two Universities in the USA. The work done by myself and my colleagues has led to improvements in legislation, policy and practice regarding the reporting by professionals of suspected child abuse (especially in Queensland and Western Australia, including Part 3 of the *Education and Training Legislation Amendment Act 2011* (Qld)). In 2012, my publications and submission were cited extensively in the *Protecting Victoria's Vulnerable Children Inquiry* (Volume 2, Part 14.4 on Mandatory Reporting, p 342-347).

I am grateful for the opportunity to provide a submission to the Inquiry, concerning terms of reference:

- b) reviewing Queensland legislation about the protection of children;
- c) reviewing the effectiveness of Queensland's current child protection system in:



- (i) whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;
- (ii) the current Queensland government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing;
- (iii) tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes;
- d) reviewing the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system and identification of ways to improve oversight of and public confidence in the child protection system.

In this submission, I do not seek to provide comprehensive answers to the complex problems presented by this context. However, I will make recommendations about some measures which I believe would improve child protection in Queensland, and I will enclose some key papers which may inform the Commission's deliberations. All of the issues to which I refer relate to these fundamental questions:

1. Does our child protection system function efficiently, effectively, and fairly?
2. Does our system work well to identify cases of severe abuse and neglect at an early stage?
3. Does our system work well to provide helpful services to abused and neglected children, and where appropriate to their families?
4. Does our system work well to divert appropriate cases from the statutory child protection system into a 'differential response' system, providing helpful services to children and families in need?
5. Do we have adequate evidence to inform reliable answers to these questions?

Term of reference (b): reviewing Queensland legislation about the protection of children

There are several major points I would like to make here. These relate to legislation imposing 'mandatory reporting' duties on selected groups of professionals. These duties in turn relate to the fundamental problem faced by any child protection system of identifying cases of severe child abuse and neglect, especially for children under 4 who are most vulnerable to severe harm (and not cases of trivial incidents, or simply 'less than ideal parenting'). A number of the enclosed papers provide much more detail on these questions (Mathews 2012; Bross and Mathews 2013; Mathews and Kenny 2008; Mathews and Bross 2013, 2008).

The problem of fragmented legislation regarding mandatory reporting of suspected severe child abuse

There are some inconsistencies in Queensland's legislation regarding the imposition of duties to report suspected child abuse and neglect. These include:

- Some duties are in the *Public Health Act 2005* (for doctors and nurses)
- Some duties are in the *Education (General Provisions) Act 2006* (for teachers)



- Some powers regarding reporting are in the *Child Protection Act 1999* (provisions enabling any person to report suspected cases)

This fragmentation is unlike the position in every other State and Territory, where all relevant provisions are in the jurisdiction's main child protection statute. It would make much more sense, and arguably would assist the relevant professions (and those who educate them), if these provisions were all placed in the *Child Protection Act 1999*.

Recommendation 1: Amend the *Child Protection Act 1999* and related statutes by placing all Queensland legislative duties to report suspected child abuse and neglect in the one statute.

The problem of inconsistent Queensland legislation regarding mandatory reporting of suspected severe child abuse

There are inconsistencies in Queensland's legislation regarding the imposition of duties to report suspected child abuse and neglect on different groups of professionals. The major inconsistency is in the extent of the duties imposed on teachers, relative to those imposed on doctors and nurses. Under the *Public Health Act 2005*, doctors and nurses are required to report suspected cases of physical abuse, sexual abuse, psychological abuse, and neglect, provided the degree of harm involved is of the required extent (detrimental effect of a significant nature). However, under the *Education (General Provisions) Act 2006*, teachers are only required to report suspected sexual abuse. While there may be policy-based duties for teachers to report other types of maltreatment, this legislative inconsistency does not make logical sense, may impede optimal reporting, and compromises coherent end cost-efficient high-quality reporter training.

Recommendation 2: Queensland legislative duties to report suspected child abuse and neglect should be harmonised across the relevant professions.

The question of the extent of Queensland legislation regarding mandatory reporting of suspected severe child abuse

Queensland's legislative provisions imposing duties to report suspected child abuse and neglect are extended to fewer professions than all other States and Territories (Mathews and Kenny 2008). For example, childcare workers are not under a legislative duty to report, and nor are police (although police are known to be frequent reporters). A question for the Commission to consider is whether Queensland's mandatory reporting legislation should be extended to some other professional groups, such as childcare workers, and psychologists, and police.

Recommendation 3: Consider extending Queensland legislative duties to report suspected child abuse and neglect to other relevant professions, including childcare workers and psychologists, and police.



The need for appropriate education of mandated reporters

The Chief Executive's functions are set down by the *Child Protection Act 1999* s 7(1) as including:

- (q) providing, or helping provide, public education about child abuse and neglect and to encourage people whose occupation involves responsibility for children and members of the public to report suspected child abuse and neglect to the chief executive.

'Effective' reporting of suspected child abuse and neglect is essential to ensure appropriate cases of maltreatment are identified, and that cases which do not warrant a report are not reported, and hence do not divert scarce resources unnecessarily. Research worldwide and in Queensland (see eg Mathews 2011; Mathews, Walsh et al 2009; Mathews, Fraser et al 2008) has consistently shown that mandated reporters perform their reporting duties most effectively – reporting cases that should be reported, and not reporting cases that should not be reported – when they have received appropriate training about the nature and context of child maltreatment and the precise nature of their reporting duties. It is also known that mandated reporters (including in Queensland) are often not trained adequately to fulfil their role, and accordingly – and understandably – do not have the knowledge they deserve to have, and consequently may misinterpret the actual nature of their reporting duty. This leads to both failure to report deserving cases, and reporting of cases which should not be reported.

A clear example of this is that only cases involving 'significant' harm are required to be reported; this is entirely appropriate given the genesis of these laws and their intended scope (Mathews 2012; Bross and Mathews 2013). However, our research has indicated that there may be some unnecessary reporting of cases which do not involve significant harm, and that reporters require more information about the concept of 'significant harm' and its application.

Another example may be discerned in the latest Queensland data, which suggests police are making many thousands of reports which were not intended by the legislature or relevant policy bodies to be made. *Child concern reports* (a report containing information which does not indicate a child is in need of protection) made by police have increased from 13,607 in 2007/08 to 33,265 in 2010/11: an increase in 3 years of 144% (and in raw numbers, almost 20,000 extra reports). However, *notifications* by police (ie a report containing information which does indicate a child is or may be in need of protection) have remained stable, from 6404 in 2007/08 to 6456 in 2010/11.

Some statutes in Australia (eg South Australia) and in overseas jurisdictions contain provisions which require the education of mandated reporters. Ideally, reporter education should occur at pre-service and in-service levels, should be repeated periodically, and should be delivered by expert multidisciplinary teams (Mathews et al 2011; Walsh et al 2012). This requirement is consistent with, but stronger than, the current ‘encouragement’ provisions in the *Child Protection Act* ss 7(1)(q) and (t). Investment in these educational efforts will save downstream cost produced by both failure to identify cases, and unnecessary reports.

Recommendation 4: Queensland’s legislation should require the education of mandated reporter professions, and appropriations should be made to support this purpose.

Term of reference (c): reviewing the effectiveness of Queensland’s current child protection system in:

(i) whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;

The need for a ‘differential response’ system (‘early intervention’/the public health model) in combination with a mandatory reporting system

Due to the different nature and context of different types of maltreatment, an effective child protection system does require some method of mandatory reporting of suspected severe maltreatment. There are many cases of severe maltreatment which by their nature (eg sexual abuse, and physical abuse) are inflicted in private, on very young and vulnerable children (especially those under 4), and unless selected professionals like doctors are required to report suspected severe maltreatment, these cases are less likely to come to the attention of helping agencies (Mathews 2012, Mathews and Bross 2008).

However, while this strategy is essential, it is insufficient. A public health approach to early detection and prevention of child maltreatment is also essential, and is particularly well-suited to some types and extents of maltreatment (eg milder cases of neglect), which are generally not well-suited to mandatory reporting and statutory child protection approaches. An effective child protection system requires a judicious blend of both approaches (Mathews and Bromfield 2012; Mathews 2012).

Each strategy has its place, and works best for different kinds and extents of maltreatment. Prudent use of each can best serve children, families and the community, and can arguably produce the most efficient system in the short-term and the long-term. For cases of sexual abuse and severe physical abuse of young children, for example, statutory child protection investigation may remain necessary, in conjunction with mandated reporting. However, for cases of mild or even moderate neglect (especially if only a product of poverty, or homelessness), and for similar cases of psychological or emotional abuse (unless severe),



differential response aimed at service provision – and diversion from the statutory child protection arena – seems more appropriate, and may avoid many individual and economic costs. Jurisdictions in Australia (eg NSW’s Child Wellbeing Units system, Victoria’s Child FIRST system and Tasmania’s Gateways system) are increasingly adopting this approach (see Mathews and Bromfield 2012), as are jurisdictions in the USA. I have not thoroughly investigated the extent to which Queensland has incorporated these methods, but I am not aware that it is being used extensively and effectively and based on the latest reporting data, there may be elements of the current system which are amenable to a greater investment in this kind of dual track system.

Recommendation 5: Consideration should be given to identifying best practice systems of differential response for appropriate cases, in combination with statutory child protection for other cases, and to generating optimal methods of implementing such a system.

Term of reference (c): reviewing the effectiveness of Queensland’s current child protection system in:

(iii) tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes;

The need for a ‘differential response’ system (‘early intervention’/the public health model) in combination with a mandatory reporting system

In this regard, I would reiterate all the points made at p 4-5 concerning Term of Reference (c)(i), and Recommendation 5.

The CPS decision-making problem: how do we know good decisions are being made?

Similar points can be made relating to decisions at all stages of the child protection and family welfare process. Is there evidence that good decisions are being made by people at various points in the child protection system, ranging from intake and assessment, to investigation, to substantiation decisions, and decisions about appropriate interventions? Two clear and important examples of the need for sound decisions concerns the decision about whether a child is ‘in need of protection’ (and hence whether the child has a parent who is willing and able to protect the child’, and the decision to remove a child who is deemed in need of protection from her or his home and family, rather than to take other less intrusive action such as the provision of services.

Decisions to remove a child and associated consequences such as foster care and kinship care are some of, if not the most, serious outcomes of the child protection decision-making system (both in the impact on the child, the child’s siblings, the child’s parents and the extended family and social network). The principle in s 5B(e) that the State should only take action that is warranted clearly can seem to contradict the paramount principle in s 5A that the safety,



wellbeing and best interests of the child are paramount, and striking this balance is doubtless a significant challenge. It may be that decisions are being made as soundly as possible, and it is essential for the community to understand that child protection is not perfectible and that adverse outcomes will happen which could not reasonably be avoided. However, rigorous and ongoing evaluation of the appropriateness of these decisions is essential, both for general categories of maltreatment (and their subsets: eg for negligence cases as a whole; and for negligence cases involving only poverty-induced effects on the child's basic needs), and for individual cases.

Recommendation 6: Rigorous and ongoing evaluation of the appropriateness of child protection decisions is essential, both for general categories of maltreatment (and their subsets), and for individual cases.

Term of reference (d): reviewing the effectiveness of the monitoring, investigation, oversight and complaint mechanisms for the child protection system and identification of ways to improve oversight of and public confidence in the child protection system.

The problem of the absence of research into reporting of maltreatment and its efficacy, and into the child protection system generally

The Chief Executive's functions are set down by the *Child Protection Act* s 7(1)(s) as including the conduct of research into several matters. Not included amongst these is research into the performance of the child protection system generally, or into the relevant aspects of reporting of child abuse and neglect. This is a matter that should urgently be resolved.

Without ongoing research into the operation of various aspects of our system, we cannot identify where we are 'doing well' and why, and where there may be problems or issues regarding which we can improve. This research needs to be both quantitative and qualitative. The 2012 Victorian Inquiry also recommended this; the problem seems to be common in this country, perhaps influenced by different systems and the absence of a federal legislative approach working in tandem with State and Territory systems.

In short, there appears to be a major shortcoming in monitoring the success of the child protection system. Essentially, in many respects we do not know how well the CPS is working because there is insufficient data published (and or collected) on which we can form a proper view. This problem could easily be addressed – although it would require funding and personnel – by incorporating into the *Child Protection Act* a requirement that detailed data be collected and published annually so that progress and problems can be discerned. In the USA, the federal law (CAPTA) includes provisions requiring exactly this measure (as explained in Mathews and Bross, 2013).



There remain major difficulties in drawing conclusions about who reports what kinds of child maltreatment and how often and how effectively (and what problems might exist), how quickly and how appropriately the systems respond, and the actual incidence of the various forms of child maltreatment both now, and trends over time. This is because the data that is published is only published in aggregate form, and because there is little substantial research (with some exceptions including the studies we have conducted) which reliably demonstrates what happens in reporting and response in more detail. There are major limitations produced by not having evidence about what is actually happening on the ground, over time.

Illustrative examples of this may be seen in the 2010/11 aggregate reporting data compared with the data from previous years. For example: the raw data indicate an increase in '**child concern reports**' (ie those reports deemed not to indicate a child may be in need of protection and therefore not needing to be investigated) in the 3 years from 2007/08-2010/11 from 46,882 to 90,863 (an increase of 93%). There is a breakdown by the source of the report, which enables us to see the numbers of reports by different reporter groups. This is somewhat helpful as we can see, for example, that police reports increased from 13,607 to 33,265 (an increase of 144%) which is clearly a large increase. On the face of it, this might indicate reporting practices by police which are inappropriate; that is, 'overreporting', but of what types of maltreatment we cannot say because the data does not give us sufficient levels of specificity. Further, it might also be a product of intake systems making errors, and or of the system being inadequately resourced, but again, it is impossible to know without further quantitative and qualitative data.

A key difficulty is that there is no breakdown of these reports by type of maltreatment, either as a whole, or by reporter group. This means we cannot really understand where there may be problems in reporting practices. Based on the experience in NSW, which I have examined at length (see Mathews 2012, 326-337), I would suspect that most of the police reports are of children being exposed to domestic violence. Yet, even if so, we cannot see which of these reports ended up in children and families receiving services, and if so whether the services helped.

Another example: with '**notifications**' (ie those referrals indicating a child may be in need of protection) - the figures from the last 3 years show a decline in notifications recorded from 25,003 to 21,655. There is a general breakdown by reporter group, which shows the numbers have remained fairly stable over 3 years, and a general breakdown by type of maltreatment, which shows the largest reduction is in physical abuse notifications. However, there are not breakdowns by reporter group *and* type of maltreatment ie physical, sexual, emotional abuse, and neglect. It is only data at this level of specificity that can properly inform evaluations of where the system is or appears to be working well, and where it is not.

To give a final example regarding **substantiations**: there is a breakdown of substantiations generally by reporter group, but again, there is no breakdown by reporter group *and* type of maltreatment. So, while there is data about the percentage of notifications by each reporter

group that were substantiated, we cannot identify specific areas of reporting practice that may need to be improved. There is a breakdown by most serious harm type which shows, for example, quite substantial reductions in physical abuse and sexual abuse, with the total of all substantiated cases reducing from 8028 to 6598 in the last 3 years, involving 5941 distinct children. However, as explained in the next section, these data do not indicate real incidence so we cannot draw any substantial conclusions from this information other than the simple fact that the system now is identifying fewer cases of significant physical and sexual abuse than it did several years ago. As well, there is not data on whether, and which, substantiated cases and unsubstantiated cases received services, their nature and duration and quality, and the outcome of service provision.

Recommendation 7: It is imperative that far more detailed data are published regarding the performance of the child protection system, and that more detailed quantitative and qualitative research is conducted into important aspects of the system.

The problem of the absence of population studies tracking maltreatment trends over time

A problem related to the one discussed immediately above concerns the Chief Executive's functions as set down by the *Child Protection Act* s 7(1) to include:

(r)(i) collecting and publishing, or helping to collect and publish, information and statistics about harm to children.

We lack evidence about perhaps the single most important question in this context: are real rates of severe maltreatment declining over time? Arguably, only evidence of rates over time can give a reliable indication of whether our methods of identifying, responding to, and preventing, child maltreatment are proving to be effective or not.

The latest Queensland child protection data from substantiated cases indicate a decline over the last several years in physical and sexual abuse. On their face, these data appear to show a marked improvement in child protection via a reduction in incidence of these two forms of maltreatment:

- for physical abuse, from 2348 cases in 2006/07 to 1416 in 2010/11;
- for sexual abuse from 656 cases in 2006/07 to 416 in 2010/11.

However, these figures mask the reality of the incidence of severe maltreatment in the population. We simply do not know how well we are doing in child protection - both at any one point in time, and over time - because we lack valid, reliable studies in the population of the incidence of maltreatment over time. It is universally acknowledged by experts in the field that data from official substantiations reflects only a small fraction of the real incidence; the actual incidence as indicated by population studies is exponentially higher than this (see eg the summaries in Mathews 2012, 314-315; Mathews 2011, 14). Official substantiation figures do not even accurately reflect incidence among those cases that are notified (for the reasons why this is so, see Mathews 2012, 334-335).

A further example of this can be seen in the data regarding child maltreatment overall, and sexual abuse. The latest Queensland child protection data from substantiated cases regarding distinct children show a rate of severe abuse and neglect of 5.46/1000 children (5941 distinct children in substantiations in 2010-11, out of an estimated child population in Queensland of 1,088,000 from 2010 census figures). From population studies, we know that this is an extremely small fraction of the actual rate of maltreatment in the Queensland community. This includes sexual abuse, where in 2010/11 there were 416 total substantiations, translating to a rate of approximately one in 2,500 children. The actual childhood sexual abuse prevalence rate as indicated by population studies (and the resulting translation to annual incidence) is exponentially higher than this (see the summary in Mathews 2012, 14).

There are several excellent examples of population-based incidence studies, which are repeated over time, which provide jurisdictions with evidence on which to inform sound policy and intervention approaches, and on which conclusions can be drawn about the success of interventions. These studies include, in the USA, the national incidence studies (conducted as required by federal legislation)¹ and Professor David Finkelhor's studies,² and studies in Canada,³ and the UK.⁴ It is highly significant that the repeated population studies in the USA conducted over the last two decades have demonstrated substantial declines of over 50% in both physical abuse and sexual abuse.⁵ These studies, and the reasons offered for the declines, should be a starting point for any coherent and systematic effort to address child maltreatment in this State.⁶

Recommendation 8: The Queensland government must facilitate periodic population studies of the real incidence of severe child maltreatment.

¹ Sedlak, A., et al. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services.

² Finkelhor, D., et al. (2005). The victimization of children and youth: A comprehensive national survey. *Child Maltreatment*, 10(1), 5-25; Finkelhor, D., et al. (2010). Trends in Childhood Violence and Abuse Exposure Evidence From 2 National Surveys. *Archives of Pediatrics & Adolescent Medicine*, 164(3), 238-242.

³ Trocmé, N., et al. (2005). *Canadian incidence study of reported child abuse and neglect - 2003: Major findings*. Ottawa, ON: Minister of Public Works and Government Services, Canada; Trocmé, N., et al. (2010). *Canadian incidence study of reported child abuse and neglect 2008 (CIS-2008): Major findings*. Ottawa, ON: Public Health Agency of Canada.

⁴ May-Chahal, C., & Cawson, P. (2005). Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. *Child Abuse & Neglect*, 29(9), 969-984; Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., et al. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.

⁵ Finkelhor, D., et al. (2010). Trends in childhood violence and abuse exposure: Evidence from 2 National Surveys. *Archives of Pediatric and Adolescent Medicine*, 164(3), 238-242; Finkelhor, D., et al. (2008). *Updated Trends in Child Maltreatment*. Durham: University of New Hampshire Crimes Against Children Research Centre.

⁶ Finkelhor, D. (2008). *Childhood victimization*. New York: Oxford University Press; Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues*, 62, 685-716.

The need for public education

The Chief Executive's functions are set down by the *Child Protection Act* s 7(1) as including:

(q) providing, or helping provide, public education about child abuse and neglect and to encourage people whose occupation involves responsibility for children and members of the public to report suspected child abuse and neglect to the chief executive.

It is essential to educate both the public, and professionals who work with children, about *each different type* of child abuse and neglect: their nature, causes, prevalence and consequences. This not only helps to build a culture of children's rights to safety and a healthier society, but it shatters the many myths that continue to remain regarding child maltreatment, the public's role, and the role of child protection departments and personnel. It will also serve to enhance the effectiveness of reporting of deserving cases, and to reduce the incidence of unnecessary reports, both by legislated mandated reporters, and by members of the public (who make almost half of all reports of suspected maltreatment).

Recommendation 9: Public education regarding child abuse and neglect, and the role the public can play in its reduction, should be enhanced.

Papers authored by myself and my colleagues which may be of most use to the Commission are (I have enclosed these with my mailed submission):

On mandatory reporting law, policy and practice

- 1) D Bross & B Mathews, 'The Battered Child Syndrome: Changes in the Law and Child Advocacy' in Richard D Krugman & Jill E Korbin (eds) *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect*, Springer Scientific, Dordrecht, 2013, 39-50.
- 2) B Mathews & D Bross, 'Using Law to Identify, Manage and Prevent Child Maltreatment' in R Krugman & J Korbin (eds) *Handbook of Child Maltreatment*, Springer Scientific, 2013 (in press, available on request).
- 3) B Mathews, 'Exploring the contested role of mandatory reporting laws in the identification of severe child abuse and neglect' in M Freeman (ed) *Current Legal Issues Volume 14: Law and Childhood Studies*, Oxford University Press, Oxford, 2012, 302-338.
- 4) B Mathews & D Bross, 'Mandated reporting is still a policy with reason: empirical evidence and philosophical grounds' (2008) 32(5) *Child Abuse & Neglect* 511-516.
- 5) B Mathews and M Kenny, 'Mandatory reporting legislation in the USA, Canada and Australia: a cross-jurisdictional review of key features, differences and issues' (2008) 13 *Child Maltreatment* 50-63.



On empirical studies of mandatory reporting

- 6) K Walsh, B Mathews, M Rassafiani, A Farrell & D Butler, 'Understanding teachers' past and anticipated reporting of child sexual abuse: Measurement methods matter' (2012) 34(9) *Children and Youth Services Review* 1937-1946.
- 7) B Mathews, 'Teacher Education to Meet the Challenges of Child Sexual Abuse' (2011) 36(11) *Australian Journal of Teacher Education* 13-32.
- 8) J Fraser, K Walsh, M Dunne, B Mathews, S Kilby and L Chen, 'Factors influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis' (2010) 47 *International Journal of Nursing Studies* 146-153.
- 9) B Mathews, K Walsh, M Rassafiani, D Butler & A Farrell, 'Teachers reporting suspected child sexual abuse: results of a three-State study' (2009) 32(3) *University of New South Wales Law Journal* 772-813.
- 10) B Mathews, J Fraser, K Walsh, M Dunne, S Kilby and L Chen, 'Queensland nurses' attitudes towards and knowledge of the legislative duty to report child abuse and neglect: Results of a State-wide survey' (2008) 16(2) *Journal of Law and Medicine* 288-304.

On child neglect, exposure of children to domestic violence, and differential response

- 11) B Mathews and L Bromfield, 'Australian laws and policies on child neglect' in H. Dubowitz (ed) *World Perspectives on Child Abuse*, ISPCAN, 2012.
- 12) T Cross, B Mathews, L Tonmyr, D Scott and C Ouimet, 'Child Welfare Policy and Practice on Children's Exposure to Domestic Violence' (2012) 36 *Child Abuse & Neglect* 210-216.

Generally

- 13) B Mathews, 'Protecting children from abuse and neglect' in G Monahan and L Young (Eds) *Children and the Law in Australia*, 2008, LexisNexis, Sydney, 204-237.

Finally, if it would be helpful, I would be glad to attend the Inquiry's future Public Hearings to discuss any of these matters further.

Yours sincerely

B Mathews

Dr Ben Mathews
Associate Professor and Director of Research, School of Law
Queensland University of Technology
Ph 07 3138 2983
Em b.mathews@qut.edu.au
Publications: <http://staff.qut.edu.au/staff/matthewb/>