Module 6: Caring for children and young people who have experienced sexual abuse
Handouts for participants

Signs and signals

Key

<table>
<thead>
<tr>
<th>Red</th>
<th>High probability of sexual abuse occurred</th>
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<tbody>
<tr>
<td>Green</td>
<td>Sexual abuse likely to have occurred</td>
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<tr>
<td>Blue</td>
<td>A possibility that sexual abuse has occurred</td>
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<table>
<thead>
<tr>
<th>Under 5s</th>
<th>5 – 12 years</th>
<th>12+ years</th>
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<tr>
<td><strong>Red</strong></td>
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<tr>
<td>Disclosure</td>
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<td>Genital injuries</td>
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<td>Sexually transmitted diseases</td>
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<td>Vivid details of sexual activity (such as penetration, oral sex, ejaculation)</td>
<td>Sexual stories/poems</td>
<td>Exposing themselves</td>
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<tr>
<td>Compulsive masturbation</td>
<td>Masturbation in contextual inappropriate fashion</td>
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<tr>
<td>Sexual drawings</td>
<td>Sexually active</td>
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<tr>
<td>Sexualised play usually acting out explicit sexual acts</td>
<td>Suicide attempts</td>
<td>Running away</td>
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<td></td>
<td>Alcohol and drug abuse</td>
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<td><strong>Green</strong></td>
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<tr>
<td>Terror of men/man (one person)</td>
<td>Soreness of genitants/anus</td>
<td>Sexual boasting/stories/jokes</td>
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<td>Nightmares</td>
<td>Chronic urinary/vaginal infections</td>
<td>Sexually transmitted diseases</td>
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<td>Chronic urinary/vaginal infections</td>
<td>Obsessional washing</td>
<td>Pregnancy</td>
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<tr>
<td>Soreness of genitants/anus</td>
<td>Depression</td>
<td>Sexual offending</td>
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<tr>
<td>Fear of being bathed</td>
<td>Hysterical symptoms</td>
<td>Rebellious against men (specific gender)</td>
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<td>Fear of being changed</td>
<td>Enuresis</td>
<td>Drug and alcohol abuse</td>
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<td>Encopresis</td>
<td>Suicide attempts</td>
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<td></td>
<td>Glue sniffing</td>
<td>Self mutilation</td>
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<td></td>
<td>Truanting</td>
<td>Continual lying</td>
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<tr>
<td></td>
<td>Nightmares</td>
<td>Truanting</td>
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<td></td>
<td>Unexplained large sums of money/gifts</td>
<td>Running away</td>
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<td>Hysterical symptoms</td>
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<td><strong>Blue</strong></td>
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<tr>
<td>Developmental regression</td>
<td>Abdominal pains</td>
<td>Depression</td>
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<tr>
<td>Hostile/aggressive behaviour</td>
<td>Developmental regression</td>
<td>Anorexia</td>
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<td>Psychosomatic conditions</td>
<td>Peer problems</td>
<td>Peer problems</td>
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<td>Psychosomatic conditions</td>
<td>Authority problems</td>
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<td>School problems</td>
<td>Delinquency</td>
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<td>Psychosomatic conditions</td>
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NB: Some of the indicators listed above may be signs that a child is at risk of harm, but not necessarily because of sexual abuse.
Child Sexual Abuse: Incidence and Impact

Incidence of Child Sexual Abuse

One in five girls and one in ten boys may be sexually abused in childhood (Finkelhor 1994).

In 90% of child sexual abuse cases, the offender is known to the child (Finkelhor 1994).

Anyone, male or female, could have a sexual offending problem.

Sexual abuse of children with a disability is higher than the rate of children with no disability (National Center on Child Abuse and Neglect NCCAN 1993).

Child sexual abuse is related to the development of psychiatric distress in adulthood and is linked to health risks over the life course (Berliner & Elliott 2002).

One in five children (10 to 17 years old) received a sexual invitation from a stranger online over the Internet (Finkelhor, D., Mitchell, K. & Wolak, J 2001).

Facts about offenders

Those with sexual behaviour problems can include adults and young people, as well as children under ten years.

Children under 12 years are responsible for some child sexual abuse (13%). Some very young children who are themselves victims of sexual abuse, act out sexually with their siblings (35%) and friends (34%) (Pithers et al 1998).

It is commonly thought the reconviction rate is high for adults who sexually abuse children. However, research shows the reconviction rate actually ranges from 13% to 23%, and is less for those who successfully complete a specialised treatment program.

It is possible to identify a small group of high risk sex offenders whose likelihood for repeat offences is greater than 50%. Those who are re-convicted for child sexual abuse have often harmed a high number of children.

Impact of Child Sexual Abuse

No two children react the same.

Sexually abused children exhibit more distress than nonabused children, yet no one sign is common to most children (Saywitz et al 2000).

Some children show no observable negative effects of child sexual abuse, others show a wide range of stress signs.

A child’s support network and bonds with those who believe and protect them will help children cope.

Some differences in the ways sexual abuse may impact on children include:

1. Some children show no signs of distress after sexual abuse, yet may present signs of distress a year or many years later.
2. Some children show difficulties such as emotional stress, new anxiety, low self worth or behaviour problems, and they respond to professional counselling with family support.
3. Some children show serious problems of distress such as feeling depressed, being highly anxious, showing repeat sexualised behaviour, self loathing, aggressiveness and confused thoughts.
4. Some children (studies suggest that more than 50% of those who have been sexually abused) show one or more signs that look similar to post traumatic stress disorder such as isolated flashbacks, and repetitive play or bedtime problems such as nightmares, bedwetting, sudden changes in wanting to sleep with parents, or being afraid of the dark (Kendell-Tackett et al 1993).

The impact may be influenced by more than abuse events, such as factors existing in children’s lives before the abuse, including their overall development and the level of support received from their family.
The impact may also be influenced by factors after the abuse such as lowered risk of harm and increased protective situations.

**What is the long term impact of child sexual abuse?**

- Child sexual abuse can impact on a person’s ability to develop trust, intimacy, sexuality, and self determination in adult life.
- Research links child sexual abuse with psychological problems such as depression, anxiety, post-traumatic stress and/or poor self-esteem.
- Child sexual abuse can impact on a person’s social and personal relationships as they may have an increased sense of hopelessness, a sense of weakness to make positive changes in the world, and are unable to relate to others.

**Child Sexual Abuse - How Can Adults Help?**

**Sexual safety**

- Just as adults teach children about water safety, fire safety, or car safety, it is important to teach children about sexual safety.
- Children learn from adults that sexual safety is important.
- Show children that you are aware of sexual safety such as discussing ways of respecting our bodies, or rejecting sexual put downs or jokes.
- Set clear behaviour limits in relation to sexual safety such as “we don’t touch other people’s privates”. Talk with children about respectful words for what are private parts of their body.

**If You Think a Child is Being Sexually Abused**

- Be sensitive. Ask them if something is worrying them.
- Remind the child that nothing is so awful it can’t be talked about. It is not unusual for a child who is being abused to deny that anything is wrong, as this is a natural way of coping when something may be overwhelming.
- Be a listener, not an investigator. Encourage children to talk in their language and ask just enough questions to act protectively, such as “can you tell me more about that?”.
- Look at how the child is behaving. Pay attention to body cues such as changes in behaviour, ideas, feelings, and words used. Children may tell you bits of information over time.
• Be supportive. Immediately say you believe a child if they tell you they have been, or are being, sexually abused.

• Remain calm. Say “I hear you, thank you for helping me to understand”. Tell yourself, even if you feel shocked or scared, that this child is counting on me, as an adult, to give calm reassurance that they are being listened to and heard.

• Recognise children’s bravery for talking about something that often is very difficult. Say, “thank you for helping me understand better”.

• Reassure children they are not in trouble. Stress that what has happened is not their fault. Say, “you are not in trouble” and “if I look or sound upset, it is because adults want children to feel safe”.

• Check your tone of voice, and help children make sense of what you are feeling. Say, “I am feeling concerned for you.

• What we can do right now is talk about ways to help you to feel safer”.

• Act protectively. Say “I know some people do wrong things” and “it is up to grown ups to protect children. Every child has a right to be safe, we have laws in Queensland to help protect children”.

• Seek professional help as soon as possible.

• Comfort children and reassure them that they are important.

Services for adults and children
• Parentline (8am to 10pm 7 days/week) 1300 30 1300
• Kids Help Line (24 hr) 1800 55 1800
• Community Child Health Service (24 hr) 3862 2333, Outside Brisbane 1800 177 279
• Child Care Information Service 3224 4225, Outside Brisbane 1800 637 711
• Women’s Infolink 1800 177 577
• Men’s Infoline 1800 600 636
• Statewide Sexual Assault Service (9am to 1am 7 days/week) 1800 010 120

Adapted from information provided by the Sexual Abuse Counselling Service, Department of Child Safety.

References
Session 3 - Managing sexualised behaviours

Activity

Group 1
Thinking of the physical environment of your family home, what could foster carers do to make their home feel like a safe place?

Group 2
What rules or boundaries for living together as a family would make the home feel like a safe place to be?

Group 3
What measures could you take to ensure safety outside the home and with your extended family and network?
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Case Scenario

Seven year old Anne has been living with foster carers Jenny and Peter for one week. Anne was placed with Jenny and Peter due to concerns about the environment that she was living in, both parents were drug users and numerous adults were living in the family home at the time Anne was taken into care. Anne’s attendance at school was irregular. The Department had a history of previous notifications regarding Anne’s physical and emotional appearance at school.

Jenny and Peter also care for two other foster children, Ben who is 3 years old and Joshua who is 10. After the first week, Jenny has observed that Anne is a timid child who has an unusual range of fears for her age i.e. high anxiety when using the toilet, she wakes during the night because of nightmares and appears to be tense and panicky during bathtime and bathes with her underwear on. In the time that she has attended school her teacher explains to Jenny and Peter that Anne appears to find it difficult to make friends and does not interact with the other children and gives the impression that she is in a ‘world of her own’. Ben and Joshua prefer to leave Anne alone due to the fearful reaction they received when they invited Anne to play with the computer games in Joshua’s bedroom.

Jenny and Peter discuss their concerns in their first placement meeting with Lisa, Anne’s Child Safety Officer.

Discussion questions:

1. How could Jenny and Peter have better prepared for Anne’s arrival?

2. What are some questions that Jenny and Peter can ask Lisa in their placement meeting?

3. Identify some strategies that Jenny and Peter can use to respond to the behaviours that Anne is exhibiting?

4. If Jenny and Peter were aware that Anne had previously disclosed she had been sexually abused by the adults in her home how would the answers to the questions above differ?
What is Child Sexual Abuse?

Child sexual abuse occurs when an adult, more powerful child or adolescent uses his or her power to engage a child in sexual activity.

Offenders can be children themselves and highlight the fact that children under 12 years are responsible for some child sexual abuse (13%) and that some very young children who are victims themselves of sexual abuse, act out sexually with their siblings (35%) and friends (34%) (Pithers et al, 1998).

The young offender is also a ‘victim’ in the sense that persons responsible for the sexual abuse have often experienced it themselves and therefore require ongoing protection, support and therapeutic intervention.
What is normal sexual development?

Children use exploration with their peers, to gather information about their own and other people's bodies. This provides them with a developing template of sexual information, which they will utilise as they approach adolescence and experiment in sexual activity with others, either within the domain of an intimate relationship, or to further explore their sexuality.

In children under twelve, the aim of sexual behaviour is to explore by looking and touching (e.g. playing doctor). In addition to developing an understanding of the physical aspects of other people’s bodies, children also explore gender roles and behaviour. For it to be considered developmentally normal, the children should be of similar size, age, and developmental status ie one party not more powerful that the other/s. Both children should participate voluntarily, engage in mutual exploration, and find the play enjoyable.

The needs that are met through this play are not about sexual pleasure but as discussed earlier to develop their understanding of theirs and others bodies, and be an extension of developing ideas concerning gender roles and behaviour that is consistent with the issues they are addressing through other non-sexual play (Johnson, 2001). The sexual behaviour exhibited should be limited in the type, frequency and duration of the behaviour.
The Impact of Child Sexual Abuse

No two children react the same. There are however common symptoms displayed by children and young people who have experienced sexual abuse. If these problems are not addressed the child can have chronic problems well into adulthood.

The most commonly experienced effect of sexual abuse is post traumatic stress disorder (PTSD). Some children (studies suggest that more than 50% of those who have been sexually abused) show one or more signs that look similar to PTSD such as, isolated flashbacks, repetitive play or bedtime problems such as nightmares, bedwetting, sudden changes in wanting to sleep with parents, or being afraid of the dark.

The potential long-term effects of child sexual abuse include depression, anxiety, post traumatic stress and/or poor self-esteem. Child sexual abuse can impact on a person’s ability to develop trust, intimacy, sexuality, and the ability to make decisions in adult life. They may have an increased sense of hopelessness, a sense of weakness to make positive changes in the world, and are unable to relate to others.

Across the lifespan, individuals who experience sexual abuse as children are four times more likely to be at risk of developing a psychiatric disorder and are about three times more likely to abuse substances than their non-abused counterparts (Dominquez, R. Z., Nelke, C.F. and Perry, B.D., 2002).
Caring for a child who has experienced sexual abuse

The following key factors include:

- The importance of preparing other children in the household for:
  a) reactions or behaviours the child who has experienced abuse may exhibit;
  b) disruptive and/or anti-social behaviour by the child who has experienced sexual abuse; and
  c) inevitable loss of attention by their carers or their parents whilst caring for a child who has experienced sexual abuse.

- The value of educating all children together about sex and relationships.

- The degree of companionship that the child/young person who has experienced sexual abuse may be able to offer the other children in placement and that the other children may be unrealistic regarding what to expect.

- Prepare for the likelihood of managing sexualised behaviour where more than one child resides in the same placement as the child who has experienced sexual abuse.

Managing sexualised behaviours

The behaviours a child displays have been learned by the child, both as a way of managing the impact and meaning of the abuse and as a way of managing their relationship with the person responsible for their abuse.

Some children who behave in a sexual way towards their foster carer may be doing the only thing they know in gaining an adult’s attention, because they need or want something or are trying to please the carer.

We need to look behind the behaviour to try to understand what it is telling us about the child or his/her experiences. The behaviours the child is expressing give us an opportunity to intervene to try to make things better for the child, by demonstrating or explaining more acceptable ways to achieve what they are searching for example attention.

Caring for children or young people who have experienced sexual abuse requires specific skills but it also requires common sense. Before even considering the necessary services and supports required for the child, it is important to have knowledge of the child’s background.

When communicating with a child who has been or is likely to have experienced sexual abuse it is important that the child’s behaviour is verbalised into words so that the child can develop appropriate levels of understanding or insight. Carers should tell the child they want to help him/her, making suggestions and/or asking the child for their own ideas regarding what to do eg how to ensure they feel safe and supported. Where a child’s behaviour is destructive or damaging, carers need to be clear about the consequences and set clear limits.

It is important not to replicate situations that may have led to abuse in the past, or that the child or young person may associate with previous abuse. It can be helpful to start to notice what triggers reactions in the child, including what calms, soothes, arouses, angers and relaxes him or her.

For example, the child or young person who has experienced sexual abuse may avoid certain lessons at school, or they may avoid school altogether. They may avoid lunches, or certain foods, or eating. They may avoid having baths, or going to the toilet, or going to bed, or getting up. Anything at all that might ever have acted as a prompt or that the child may associate with previous abuse.

Some children may not present any challenges, they may have learnt that the best way to survive is to be the smallest target possible and not to cause any trouble. The challenge for carers is to recognise this and help the child to start to express their thoughts or feelings.

It is important that children are able to talk about their abuse. Some foster carers may get confused whether they should encourage the child or discourage open discussion on such a sensitive subject. Children usually display the signs of abuse prior to talking about it so for carers it is about being attuned to these signals, and
using them as a basis of discussion that encourages children to verbalise their stories.

Even when disclosure has occurred prior to the placement, some children may not have revealed the full story of their abuse. More details are likely to be shared with the foster carer and their family as the child grows to trust them. Carers need to be sensitive to the fact that different stages of development, new events and new crises may open and re-open traumatic memories from the past.
Services and professionals that can help

One of the key considerations in relation to whether the therapy that a child receives is to be successful in the short and long term, is the hope and encouragement that they receive whilst in therapy. It is important that the child feels safe, protected from further abuse, and consistently supported. While foster carers may not be providing the counselling/therapy services, they may play a significant role in the way the care for the child or young person and may be required to participate in the therapy process. The child’s therapist often is good practical source of support for carers eg how carers can respond to child’s feelings, behaviours or comments.

Supportive counselling is essential for a child’s healing and recovery. There are many different programs available for children who have experienced sexual abuse. Remember that good services will help with the effects of sexual abuse and with strategies to protect the child against experiencing any future abuse.

The types of programs include:

- **Individual counselling**

  The child or young person will talk with the therapist or counsellor in private about any feelings, problems, or concerns that they may have about the abuse and how it affects their life. If the child/young person feels comfortable talking with adults then this may be a good choice. A decision to seek counselling for a child or young person in care must be discussed with the Departmental officer in the first instance. Their responsibility is to locate a suitable counsellor and to assist carers in ensuring the child’s needs are met in a timely way.

- **Group therapy**

  If the child feels safer and more comfortable talking with a group of children, group therapy may be a good choice. A therapist helps lead the group and the group is able to share their feelings with each other. Group therapy also helps the child or young person understand that people cannot simply look at them and identify them as a victim of sexual abuse and that they are not the only one’s who have experienced sexual abuse.

- **Empowerment, Protective Behaviour Groups or Safety Education**

  These groups provide information and/or resources to enhance participants’ ability to act on this information to limit their vulnerability to abusive incidents.

  The Queensland Police Service’s Protective Behaviours Program focuses on maintaining the safety of the child or young person.

  The program aims to increase problem solving and communication skills in people of all ages. The program encourages participants to identify situations when they feel unsafe and to develop practical strategies to deal with the situation.

  Information is available at your local police station or on the Queensland Police Service website - www.police.qld.gov.au.

- **Sexual Abuse Counselling Service**

  The Sexual Abuse Counselling Service (SACS) was established to provide a service to members of families:

  - where a decision is made that ongoing departmental intervention is necessary to address a child or young person's protective needs;
  - where adolescent children have sexually offended;
  - who are subject to Child Protection or Juvenile Justice interventions by the Department.
The service is established with a Principal Counsellor, Senior Counsellor, three Counsellor positions and an Information and Administration Officer. The service provides counselling, consultation, training, resourcing and research in relation to child sexual abuse. The service is currently Brisbane-based however staff can liaise with service providers in other geographical locations, to assist with the provision of counselling and support to children. Departmental officers can only make referrals to SACS.

- **Telephone helplines**

  **Parentline** is a confidential telephone service that provides counselling and referrals. Parentline is staffed by paid counsellors who have been professionally trained to understand and respond to the particular issues that concern parents and foster carers. Its contact number is 1300 301 300 (cost of a local call) and counsellors are available from 8.00 am to 10.00 pm, 7 days a week.

  **Kids Help Line** is a 24 hour national telephone counselling service for children and young people aged 5 to 18 years. It is free, anonymous and confidential. Children and young people can talk to a counsellor online at www.kidshelponline.com.au or by phoning 1800 55 1800.

For some carers local services may not be available to support the child. In these circumstances a multi-disciplinary response including the professionals that are in the closest contact with the child and foster family.

For example, social workers, carers, school guidance officers, psychologists and other professionals should be engaged to ensure that support is provided or other services enlisted as appropriate to assist with the child’s recovery. Decisions regarding the involvement of such professionals should in the first instance be discussed with departmental officers.

Support can also be found that is not solely from professional sources. Support from peak bodies for example, Queensland Foster and Kinship Care and foster carer support groups etc. can have many positive benefits. The group may provide opportunity to release tensions, compare notes about different methods of responding to difficult behaviours and also create a balanced perspective on current difficulties. They may also be able to establish connections with at least one other foster family. Regular phone contact, frequently listening and responding to each other’s dilemmas can be most beneficial.
Module 6: Caring for children and young people who have experienced sexual abuse (Handouts for participants)

References

Module 6: Caring for children and young people who have experienced sexual abuse (Handouts for participants)

Department of Child Safety

Brisbane North & Gold Coast Zone
Zonal office
Brisbane North & Sunshine Coast Zone
Telephone: (07) 549 01040
Child safety service centres
Alderley Child Safety Service Centre
Telephone: (07) 3247 7888
Caboolture Child Safety Service Centre
Telephone: (07) 5490 1000
Chermside Child Safety Service Centre
Telephone: (07) 3513 3700
Fortitude Valley Child Safety Service Centre
Telephone: (07) 3252 8760
Gympie Child Safety Service Centre
Telephone: (07) 5482 4177
Pine Rivers Child Safety Service Centre
Telephone: (07) 3881 7600
Redcliffe Child Safety Service Centre
Telephone: (07) 3284 1000
South Burnett - Kingaroy Child Safety Service Centre
Telephone: (07) 4164 9400
South Burnett - Murgon Child Safety Service Centre
Telephone: (07) 4169 9400
Sunshine Coast North Child Safety Service Centre
Telephone: (07) 5475 0000
Sunshine Coast South Child Safety Service Centre
Telephone: (07) 5475 0000

Brisbane South & Gold Coast Zone
Zonal office
Brisbane South & Gold Coast Zone
Telephone: (07) 3884 8800
Child safety service centres
Beenleigh Child Safety Service Centre
Telephone: (07) 3884 7474
Gold Coast North Child Safety Service Centre
Telephone: (07) 5595 7100
Gold Coast South Child Safety Service Centre
Telephone: (07) 5595 7100
Gold Coast West Child Safety Service Centre
Telephone: (07) 3297 3333
Mount Gravatt Child Safety Service Centre
Telephone: (07) 3343 4044
Redlands Child Safety Service Centre
Telephone: (07) 3286 4633
Stones Corner Child Safety Service Centre
Telephone: (07) 3397 6151
Wynnum Child Safety Service Centre
Telephone: (07) 3396

Central Zone
Zonal office
Central Zone
Telephone: (07) 493 84699
Child safety service centres
Bowen Child Safety Service Centre
Telephone: (07) 4786 2644
Bundaberg Child Safety Service Centre
Telephone: (07) 4131 5517
Emerald Child Safety Service Centre
Telephone: (07) 4982 2177
Gladstone Child Safety Service Centre
Telephone: (07) 4979 6514
Mackay Child Safety Service Centre
Telephone: (07) 4967 2344
Maryborough Child Safety Service Centre
Telephone: (07) 4123 9160
Rockhampton North Child Safety Service Centre
Telephone: (07) 4938 4765
Rockhampton South Child Safety Service Centre

Far Northern Zone
Zonal office
Far Northern Zone
Telephone: (07) 4039 8354
Child safety service centres
Atherton Child Safety Service Centre
Telephone: (07) 4091 1466
Cairns Child Safety Service Centre
Telephone: (07) 4052 9500
Cairns South Child Safety Service Centre
Telephone: (07) 4039 8590
Cape Torres Child Safety Service Centre
Telephone: (07) 4039 8953
Innisfail Child Safety Service Centre
Telephone: (07) 4061 0000
Thursday Island Child Safety Service Centre
Telephone: (07) 4090 3665

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Ipswich & Western Zone
Zonal office
Ipswich & Western Zone
Telephone: (07) 4699 4255
Child safety service centres
Charleville Child Safety Service Centre
Telephone: (07) 4654 2577
Goodna Child Safety Service Centre
Telephone: (07) 3818 2166
Ipswich North Child Safety Service Centre
Telephone: (07) 3280 1744
Ipswich South Child Safety Service Centre
Telephone: (07) 3280 1744
Roma Child Safety Service Centre
Telephone: (07) 4622 2811
Toowoomba North Child Safety Service Centre
Telephone: (07) 4688 4000
Toowoomba South Child Safety Service Centre
Telephone: (07) 4687 2950

Northern Zone
Zonal office
Northern Zone
Telephone: (07) 479 97943
Child safety service centres
Mount Isa Child Safety Service Centre
Telephone: (07) 474 73401
Thuringowa Child Safety Service Centre
Telephone: (07) 4760 9659
Townsville Child Safety Service Centre
Telephone: (07) 479 97900
Aitkenvale Child Safety Service Centre
Telephone: (07) 4799 5201

Logan & Brisbane West Zone
Zonal office
Logan & Brisbane West Zone
Telephone: (07) 338 06635
Child safety service centres
Beaudesert Child Safety Service Centre
Telephone: (07) 380 24400
Browns Plains Child Safety Service Centre
Telephone: (07) 380 24400
Inala Child Safety Service Centre
Telephone: (07) 337 20200
Logan Central Child Safety Service Centre
Telephone: (07) 338 06200
Logan North Woodridge Child Safety Service Centre
Telephone: (07) 338 06200
Loganlea Child Safety Service Centre
Telephone: (07) 338 06200
Queensland Police Service Juvenile Aid Bureau

BRISBANE
SEXUAL CRIMES INVESTIGATION
Child & Sexual Assault Unit
Taskforce Argos
Telephone: 3364 6430

Juvenile Aid Bureaux

BOONDALL JAB
Telephone: 3364 3417

BROWNS PLAINS JAB
Telephone: 3451 6530

BUNDABERG JAB
Telephone: 4153 9120

BURLEIGH HEADS JAB
Telephone: 5535 1136

CABOOLTURE JAB
Telephone: 5490 0420

CAIRNS JAB
Telephone: 4030 7089

CALOUNDRA and KAWANA WATERS JAB
Telephone: 5439 4450

CITY JAB
Telephone: 3258 2538

CLEVELAND JAB
Telephone: 3824 9365

DECEPTION BAY JAB
Telephone: 3888 0682

FERNY GROVE JAB
Telephone: 3872 1570

FORTITUDE VALLEY JAB
Telephone: 3131 1073

GLADSTONE JAB
Telephone: 4971 3235

GOLD COAST JAB
Telephone: 5570 7861

GOODNA JAB
Telephone: 3818 3213

GYMPIE JAB
Telephone: 5482 8627

HENDRA and NUNDAH JAB
Telephone: 3632 2310

HERVEY BAY JAB
Telephone: 4128 5331

INALA JAB
Telephone: 3372 9299

INDOOROOPILLY JAB
Telephone: 3377 9461

IPSWICH JAB
Telephone: 3813 8841

LOGAN JAB
Telephone: 3826 1889

MACKAY JAB
Telephone: 4968 3474
Telephone: 4968 3533 (Station)

MAROOCHYDORE JAB
Telephone: 5475 2432 (admin)
Telephone: 5475 2437 (OIC)

MARYBOROUGH JAB
Telephone: 4123 8181

MORNINGSIDE JAB
Telephone: 3823 8619

MT ISA JAB
Telephone: 4744 1111

NOOSA HEADS JAB
Telephone: 5447 5613

PETRIE JAB
Telephone: 3285 0239

PROSERPINE JAB and WHITSUNDAY JAB
Telephone: 4948 8888

REDCLIFFE JAB
Telephone: 3283 0566

ROCKHAMPTON JAB
Telephone: 4932 1401

SANDGATE JAB
Telephone: 3631 8033

TOOWOOMBA JAB
Telephone: 4615 3070

TOWNSVILLE JAB
Telephone: 4759 9743

UPPER MT GRAVATT JAB
Telephone: 3364 3151

WYNNUM JAB
Telephone: 3364 3151