

Resource: Recognising Child Abuse, Harm and Exploitation

Recognising Child Abuse, Harm and Exploitation

Abuse of a child is:

The action/s or inaction/s against a child by a parent or caregiver, whereas the harm is the impact experienced by the child as a result of the action or inaction; it is the detrimental effect on the child.

Harm to a child is:

The impact experienced by the child as a result of the parent/caregivers action or inaction; it is the detrimental impact on a child's physical, psychological and emotional wellbeing and development.

Harm to a child can be caused by:

- the actions or behaviour of a parent, a person with parental responsibility, or a person known to the child
- a parent's failure to protect a child from being abused or neglected, and/or
- repeated abusive or neglectful events that happen over time.

Exploitation to a child is:

Any sexual activity or sexual threat that is imposed on a child by their parent, care giver or someone in a position of authority over them. Sexual abuse includes the inducement or coercion of the child to engage in or witness sexually explicit conduct for the sexual gratification or profit of the person responsible.

Indicators of Child Abuse, Harm and Exploitation

Indicators alone are not confirmation that harm has occurred, or is likely to occur, however they are signs of possible abuse or exploitation. There are times where one indicator may be enough for you to form a reasonable belief that you need to make a mandatory report. It is also useful to look for a pattern of indicators that, when taken together, will form the belief that a report needs to be made. Indicators of child abuse, harm and exploitation can be categorised as:

Contextual Indicators – ‘Something is not quite right’ or the ‘story doesn’t add up,’ this could be a:

- Marked delay between the injury and presentation for medical assistance;
- History of injury is inconsistent with medical findings;
- History of injury is vague, bizarre, inconsistent or changes;
- Explanation offered by the child is not consistent with the injury;
- Explanation offered by the child is in conflict with the parent/caregiver’s story;
- Child repeatedly presented to health/other services with injuries, ingestion of poisonous substances, or minor complaints;
- When the child discloses that they know someone who has been harmed or exploited, but may be referring to themselves; and
- Someone else discloses e.g. a friend or relative that a child may have been harmed or exploited.

Social Indicators – concerning external influences on parents/caregivers and children, this could be a:

- History of previous abuse, harm or exploitation to the child and/or a sibling;
- Social or geographical isolation, including lack of access to extended family;
- Abuse, harm or exploitation of a sibling;
- Family history of domestic and family violence including injury to children;

- Current domestic and family violence in the child's family;
- Parent/caregiver has unrealistic expectations of age appropriate behaviour of the child;
- Parent/caregiver has a physical or intellectual disability which impacts upon their ability to care for the child;
- Parent/caregiver's misuse of alcohol and/or other drugs affects their ability to care for the child;
- Parent/caregiver is experiencing significant problems in managing the child's behaviour;
- History of parent/caregiver being harmed or exploited as a child;
- Parent/caregiver's concerns or fears about hurting the child; and
- Someone else discloses that a child has been harmed or exploited.

Abuse can be one or more of the following types, Physical, Emotional, Neglect, Psychological and Sexual.

Below are some examples of behavioural and physical indicators that you might see or hear, which could assist you in identifying whether abuse may have occurred.

Please note that the below examples given are only common examples and do not include all possible examples:

Types of Abuse and Indicators

Physical Abuse is when a child/young person is deliberately hurt, or is at serious risk of being physically hurt, by their parents or caregivers.

Indicators of Physical Abuse		
Child/Young Person's Behaviour	Parent/Caregiver Behaviour	Physical Indicators
<ul style="list-style-type: none"> • Unusually wary of physical contact with adults. • Unduly frightened of the parent or caregiver. • Expresses little or no emotion when hurt. • Expresses little or no fear when threatened. • Habitually absent from school (may be kept away until bruising disappears). • Cringes when an adult makes a sudden movement. • Appears drunk, drugged or listless. • Overly compliant, shy, withdrawn, passive, uncommunicative or unresponsive. • Wears different or unusual clothing to cover injuries, marks or bruises. • Limp, cowers, stoops, hunches over or holds abdomen or limbs in such a way that indicates pain or discomfort. 	<ul style="list-style-type: none"> • Direct admission that they have injured or fear they may injure the child. • Family history of violence, including previous harm to children. • History of their own maltreatment as a child. • Repeated presentations of the child with injuries, ingestions or minor complaints. • Illogical account of the injuries, or no account at all. • Appears unconcerned about the child's condition. • Attempts to conceal the child's injury • Refuses to attend school or health centre appointments. • shaking, slapping, biting, punching, scalding, burning, throwing, suffocating or strangulation of a child 	<ul style="list-style-type: none"> • Any injury on a very young baby. • Facial, head and neck injuries or bruising. • Bruises or welts in the shape of the object used e.g. belt buckle, hand prints. • Burns or scalds that show the shape of the item e.g. cigarette burns or immersion burns, e.g. hot water. • Bite or pinch marks • Multiple injuries, old and new. • Dislocations, sprains or twisted joints. • Fractured bones, particularly in children under the age of three. • Ingestion of poisonous substances, alcohol or other harmful substances. • Bald patches on head – hair pulled out. • Near drowning or blocked breathing.

Emotional Abuse is when a parent/caregiver treats a child/young person in ways that damages their ability to feel and express a range of emotions. It is also a failure to meet a child/young person’s emotional needs for love and security. Emotional abuse tends to be a chronic behavioural pattern, unintentionally or intentionally directed at a child/young person undermining their self-esteem and social development. Over time this results in significant emotional deprivation or trauma.

NOTE: Domestic and Family Violence (DFV) is detrimental to children who witness it or experience the effects of it. You have an additional legal obligation to report DFV to the Northern Territory Police.

Indicators of Emotional Abuse		
Child/Young Person’s Behaviour	Parent/Caregiver Behaviour	Physical Indicators
<ul style="list-style-type: none"> Overly compliant, passive and demanding behaviour. Anti-social, destructive behaviour. Very poor tolerance or frustration. Poor self-image. Unexplained mood swings. Overly adaptive behaviour, e.g. inappropriately adult or infantile like. Depressed or suicidal behaviour. Neurotic traits such as phobias, hysteria, compulsions. Feelings of worthlessness about life and themselves. 	<ul style="list-style-type: none"> Consistent criticism, belittling, teasing of the child. Excessive or unreasonable demands. Persistent hostility and severe verbal abuse, rejection, scapegoating. Belief that a particular child is bad or ‘evil’. Situations where an adult’s behaviour harms a child’s wellbeing. Exposure to chronic or extreme domestic violence. Aloof, disinterested, minimalistic parenting. Harmful behaviour may include constant criticism, scapegoating, terrorising, isolating, rejection, belittling, excessive teasing, ignoring or corrupting a child, punishing normal social behaviours, withholding praise and affection and exposure to domestic and family violence or criminal acts. 	<ul style="list-style-type: none"> Speech disorders. Delays in physical development. Failure to thrive (without an organic cause). Small head circumference for age of the child. Dry sparse hair with bald patches. Pot belly and loose stools. Withdrawn, depressed, suicidal ideation or gestures. Describing self in a negative light. Overreactions to loud noises, bright lights, adult voices.

Neglect is when a child/young person's basic necessities of life are repeatedly unmet by their parent or caregiver and the child/young person is not receiving the care and supervision necessary to protect them from injury or illness, or their wellbeing and development is at significant risk.

Indictors of Neglect		
Child/Young Person's Behaviour	Parent/Caregiver Behaviour	Physical Indicators
<ul style="list-style-type: none"> • Begging, hoarding or stealing of food and gorging when food is available. • Inability to eat when extremely hungry. • Alienated from peers, withdrawn. • Engaging in delinquent acts – vandalism, drug and alcohol misuse. • Little positive interaction with parent or caregiver. • Appearing miserable or irritable. • Poor socialising skills. • Poor evidence of bonding, little stranger anxiety. • Indiscriminate with affection, including extreme longing for adult affection. • Poor or irregular school attendance. • Being focused on basic survival. • A flat and superficial way of relating, lacking a sense of genuine interaction. • Extended stays at school, public places and other homes. • Self-comforting behaviours e.g. rocking, sucking. 	<ul style="list-style-type: none"> • Failure to provide adequate food, shelter, clothing, medical attention, hygienic home conditions. • Leaving the child inappropriately without supervision. • Inability to respond emotionally to the child ☹️ Child abandoned. • Depriving the child of physical contact or withholding physical contact or stimulation for prolonged periods. • Failure to provide psychological nurturing. • One child treated significantly differently to another. • Lack of interest in developing parenting skills or improving relationship with child. • Substance misuse or addictions - being under the influence while providing care to the child. • Mental health conditions or a cognitive or intellectual delay. • Failure to prevent or address Medical needs. 	<ul style="list-style-type: none"> • Non-organic failure to thrive. • Reaching developmental milestones late. • Consistently dirty or inappropriately dressed. • Medical or dental conditions related to poor hygiene. • Consistently lacking in adequate supervision and at risk of injury or harm. • Injuries or patterns of injuries that should have been prevented. • Constantly hungry, tired, listless, underweight. • Untreated physical problems and a lack of routine medical or dental care. • Access to hazards such as vermin, rubbish, rotting food, chemicals. • Lack of protection from the sun and other incidents of exposure to the elements. • Living in unsafe or unsanitary conditions. • Abandoned or left alone for excessive periods. • Loss of 'skin bloom', poor hair texture. • Severe nappy rash.

Sexual Abuse/Exploitation is when children and young people are exposed to inappropriate sexual activity. Any sexual activity or sexual threat that is imposed on a child by their parent, care giver or someone in a position of authority over them. Sexual abuse includes the inducement or coercion of the child to engage in or witness sexually explicit conduct for the sexual gratification or profit of the person responsible.

Indicators of Sexual Abuse or Exploitation		
Child/Young Person's Behaviour	Parent/Caregiver Behaviour	Physical Indicators
<ul style="list-style-type: none"> • Direct or indirect disclosures of harm or exploitation. • Persistent or inappropriate sexual activity e.g. excessive masturbation, inappropriate sexualised touching. • Detailed and/or age inappropriate understanding of sexual behaviour that may be from observation. • Has a fear of being with a particular adult. • Has poor or deteriorating peer relationships. • Has a lack of trust, particularly with significant others. • Unexpected poor concentration or a sudden drop in school performance. • Displays regressive behaviour e.g. bed-wetting, soiling. • Displays unduly compliant behaviour. • Is overly protective of younger siblings. • Has a sudden accumulation of money or gifts. • Displays destructive behaviours including drug and alcohol misuse, prostitution, or attempted suicide. • Marked changes in mood, tantrums, aggressiveness, or withdrawal. 	<ul style="list-style-type: none"> • Exposing the child to prostitution or pornography. • Intentional exposure of the child to the sexual behaviour of others. • Jealousy regarding age-appropriate development or independence from the family. • Coercing the child to engage in sexual behaviour with other children. • Verbal threats of sexual harm, use of sexual terms, descriptions of sexual acts. • Denial of adolescent's pregnancy by family. • Parent(s) exhibiting overly sexualised behaviours in view of the children. • Parent(s) allowing multiple adult men to stay at or frequent the home. • Parental prostitution in the home. • Sexual abuse isn't always sex – it can also include a range of sexual behaviours that can be physical, verbal or emotional. 	<ul style="list-style-type: none"> • Bleeding or injuries, such as tears or bruising to genitalia, anus or perineal region. • Discomfort when urinating or defecating. • Presence of foreign bodies in vagina or rectum. • Infection and inflammation of genital area. • Scratching groin, buttocks, or leaving classroom or activity frequently to go to toilet without explanation. • Sexually transmitted diseases. • Bruising and other injury to breasts, buttocks and thighs. • Bite or pinch marks on buttocks, breasts, genitalia. • Pregnancy, especially in very young adolescents. • Other anxiety-related illness e.g. anorexia, bulimia or loss of appetite. • Frequent urinary tract infections. • Sudden inability to walk freely or sit comfortably without explanation.

Cumulative Harm: Cumulative Harm is not classified as a separate harm type. Cumulative harm is defined as the chronic and ongoing exposure to abuse and/or exploitation and the risks factors involved may be multiple, interrelated and co-existing during critical development periods. This leads to a child's diminished sense of safety, stability and wellbeing over time and is not the result of individual or one-off incidents. Cumulative harm can be caused by a pattern of harmful events, each event may not be severe enough to raise child protection concerns in and of themselves but over time the events can cause harm, trauma and have negative effects on the child's development.

Cumulative Harm

A growing body of research has identified five key elements to be considered in the quality assessment of cumulative harm including frequency, harm type, severity, the source of harm and duration.

Patterns of parental behaviour, with the child exposed to persistent negative experiences or circumstances, may be indicative of cumulative harm.

- Multiple reports to child protection services over time.
- Teachers, doctors, neighbours and other sources have alleged similar concerns.
- Parent ignores, is aloof or exhibits disinterest in the child for prolonged periods of time.
- Parent favours other children and usually refers to the child in negative terms.
- Parent neglects dental hygiene resulting in long term health effects.
- Nutrition is inadequate on a consistent basis and the child appears undernourished.
- Supervision of the child is minimal and child is left in harm's way or left with people who may present risk to the child on a consistent, ongoing basis.
- Parent is frequently rough with the child and does not exhibit any affection towards the child.
- Parent frequently yells at the child.
- Parent's behaviours are aggressive, punching walls and doors and threatening the child and others in the household.
- Parent isolates the child from social interactions, school, and community services.