

Child abuse and neglect

Definition of abuse and neglect: England

HM Government (2015) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. [London]: Department for Education.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are inadequate, unloved, worthless or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve

serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definition of abuse and neglect: Northern Ireland

Department of Health, Social Services and Public Safety (2003) *Co-operating to Safeguard Children*. Belfast: DHSSPS.

Types of abuse

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them or, more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them.

Physical abuse

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional abuse

Emotional abuse is the persistent, emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are inadequate, unloved, worthless or valued only insofar as they meet the needs of another person. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

Definition of abuse and neglect: Scotland

The Scottish Office (2003) *Protecting Children – a shared responsibility*. Edinburgh: The Scottish Office.

General definition of abuse

Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their stage of development, and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (ie the person(s) while not a parent who has actual custody of a child). To define an act or omission as abusive and/or presenting future risk for the purpose of registration, a number of elements must be taken into account. These include demonstrable or predictable harm to the child, which must have been avoidable because of action or inaction by the parent or other carer.

Categories of abuse

Physical injury

Actual or attempted physical injury to a child, including the administration of toxic substances, where there is knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Sexual abuse

Any child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s), including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to, the behaviour.

Non-organic failure to thrive

Children who significantly fail to reach normal growth and developmental milestones (ie physical growth, weight, and motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

Emotional abuse

Failure to provide for the child's basic emotional needs, such as to have a severe effect on the behaviour and development of the child.

Physical neglect

This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care, including deprivation of access to healthcare, may result in persistent or severe exposure, through negligence, to circumstances that endanger the child.

Definition of abuse and neglect: Wales

All Wales Child Protection Committees (2008)
All Wales Child Protection Procedures. Cardiff:
AWGPP.

Definitions of child abuse and neglect

A child is abused or neglected when somebody inflicts harm or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

Emotional abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are inadequate, unloved, worthless or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example, by witnessing domestic abuse within the home or being bullied, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

Summary of abuse indicators

This is a summary of some of the indicators that may suggest a child is being abused or at risk of harm.

On their own, however, these indicators cannot confirm whether a child is being abused or not. Each child needs to be considered in the context of their family and wider community; appropriate persons should carry out a proper assessment.

What is important is that, if you feel unsure or worried, you should do something about it. Don't keep it to yourself.

Most children collect cuts and bruises quite routinely, as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences, eg shins. Injuries to the soft areas of the body are more likely to be inflicted intentionally and should therefore alert us to other concerning factors that may be present.

Factors that should arouse concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises, eg fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks or on the inside of the thighs
- Marks indicating injury by an instrument, eg linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks

- Deliberate burning may also be indicated by the pattern of an instrument or object, eg electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries

In the social context of the school or college, it is normal to ask about a noticeable injury. The response to such an enquiry usually allays suspicions. Concerns should be aroused when:

- the explanation given does not match the injury
- no explanation is forthcoming
- the child (or the parent) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault.

You should also be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.

Indicators of physical abuse

Most children collect cuts and bruises quite routinely, as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences – eg shins. Injuries on the soft areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

Factors that should arouse concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises, eg fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks or on the inside of the thighs
- Marks indicating injury by an instrument, eg linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object, eg electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries

In the social context of the school or college, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be aroused when:

- the explanation given does not match the injury
- no explanation is forthcoming
- the child (or the parent) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault.

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The NSPCC Child Maltreatment Survey (Cawson et al, 2000) found that seven per cent of the sample of young adults had experienced serious physical abuse as children. Fourteen per cent had experienced some physical maltreatment.

For more detailed information on physical injuries, visit www.nspcc.org.uk/learningresources to see the CORE-INFO leaflets on physical injuries to children.

Indicators of emotional abuse

Most harm is produced in “low warmth, high criticism” homes, not from single incidents.

Emotional abuse is difficult to:

- define
- identify/recognise
- prove.

Emotional abuse:

- is chronic and cumulative
- has a long-term impact.

All kinds of abuse and neglect have emotional effects.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders
- Regressive development (eg regresses to a previous developmental stage when they felt safe)

Behaviour

- Acceptance of punishment that appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Neurotic behaviour (eg rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out

- Poor trust in significant adults
- Regressive behaviour (eg wetting)
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late
- Reluctance to use computers or mobile technologies/obsessive use of them

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Fear of new situations
- Inappropriate emotional responses to painful situations
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful of adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression
- Fear of using computers/accessing emails/using mobile technologies

Indicators of sexual abuse

Sexual abuse is usually perpetrated by people who are known and trusted by the child – eg relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities.

Characteristics of child sexual abuse:

- it is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done offline and online, via chatrooms, instant messaging (IM) and social networking sites.
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. This can also be done offline and online, via chatrooms, instant messaging (IM) and social networking sites.

Most people who sexually abuse children are men, but some women sexually abuse too.

A large-scale study of young adults found that, as children, 16 per cent had experienced sexual abuse during childhood (when they were under 16) – 11 per cent experienced contact abuse and 6 per cent experienced non-contact abuse (Cawson et al, 2000, *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*. London: NSPCC. p85).

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Sudden apparent changes in personality
- Lack of concentration, restlessness, aimlessness
- Socially withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting, by day or night
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders

Indicators of neglect

Neglect is a lack of parental care, but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection registers than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the registers.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

The NSPCC study (Cawson et al, 2000) of the experiences of young adults as children included the following examples of neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems, such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

There were also examples of children under 10 left at home overnight without adult supervision, and children under 14 allowed out overnight without parents knowing their whereabouts.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated safeguarding lead/child protection coordinator.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group. They may also be bullied.

Physical indicators of neglect

- Constant hunger and stealing food
- Unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Untreated illness or injury
- Looking sad, false smiles

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food

Why it is important to share concerns

The NSPCC estimates that, on average, every week in England and Wales at least one child is killed at the hands of another person¹.

A review of the inquiries into child deaths because of abuse between 1973 and 2000 (NSPCC, 2001) indicated some common failures by professionals in relation to:

- sharing information
- reading previous records
- following procedures
- recognising the warning indicators of abuse
- listening to children.

Two examples of child deaths include:

Lauren Wright, six years old, in 2000 as a result of severe physical abuse, emotional abuse and neglect by her father and stepmother.

A report by the Area Child Protection Committee concluded that staff from all the agencies involved missed opportunities to protect her. At the time, the NSPCC said that “social services, health and education professionals and many relatives, neighbours and villagers saw the warning signs and yet nothing was done to protect her” (Hilpern, 2001).

Victoria Climbié, eight years old, in 2000 as a result of hypothermia after months of torture and neglect by her great-aunt and her great-aunt’s boyfriend. Lord Laming, in his report (Cm 5730, 2003) on the inquiry into Victoria’s death, described her final months of life:

Victoria spent much of her last days, in the winter of 1999–2000, living and sleeping in a bath in an unheated bathroom, bound hand and foot inside a bin bag, lying in her own urine and faeces. It is not surprising then that towards the end of her short life, Victoria was stooped like an old lady and could walk only with great difficulty.

The report referred to 12 separate occasions when the signs of Victoria’s ill-treatment were unheeded by the professionals who could have helped her. He concluded that “nothing more than basic good practice” would have saved Victoria, but this never happened.

Myths about child abuse

Myths relating to child abuse are important because they are powerful, false and often collectively held. They contribute to both public and professional perceptions about who abuses, who is abused and why. It is inevitable that through working to safeguard children we will come into contact with myths about how and why people abuse, and how and why children find it so hard to tell. These myths will influence how we respond, either as individuals or as members of a professional network. There is also a tendency to give more credibility to some professional groups than others. This can make it difficult for those who think of themselves as having less status to contribute to discussions and decision-making processes, and to be believed. It is crucial that we all recognise this and try to stop it from influencing our behaviour and ability to protect children. Myths and barriers need to be understood if they are not to impede the objectivity and open-mindedness that is required when responding to concerns or suspicions of abuse.

¹ Based on a five-year average using Home Office statistics on the number of homicides of children aged under 16 recorded by the police in England and Wales. The term “homicide” covers the offences of murder, manslaughter and infanticide. For further explanation of the statistics, see *Child killings in England and Wales: explaining the statistics* (NSPCC, 2013)

What stops children from telling?

There are many reasons why children don't tell. Here are some of the main ones:

- Many children do not have the language to tell what is happening to them. They may be too young to have the vocabulary, have a first language different from those who care for them, use an augmentative communication system (eg sign language) that lacks the words they need, or have carers who do not know how to help them communicate.
- Children subject to abuse may think that they will not be believed. They may have been told by an abuser that this will be the case.
- Children subject to abuse often expect to be blamed for what is happening to them. They feel at least partly responsible for the abuse, and may have been encouraged in this by the abuser, who may tell them it is their fault.
- Many children, especially younger ones, do not recognise that what is happening to them is abuse, is wrong or that they have the right to have it stopped.

Gender

In addition to these pressures to keep silent about abuse, there are further inhibitions associated with gender identity. There is no doubt that gender equity is far closer than once it was. Even so, the socialisation of boys and girls is different, with boys often being encouraged to be more self-reliant than girls. Early sexual experiences are still seen by many as part of growing up for boys, a normal rite of passage, making abuse by an adult woman difficult to regard as something unpleasant and damaging – even though it is. Homophobia persists and, if being gay is seen as negative, it is unsurprising that young males ask, when disclosing sexual abuse by a man, “Does it mean I’m gay?” There are still girls brought up to think that a passive, compliant response is more feminine, and

images of women as sex objects, in the power of men, are still current. Words to describe girls' early sexual experiences are negative (eg “slag” or “slut”), and girls still have reason to fear that their own behaviour may be challenged if they complain of abuse.

Ethnicity

Many children experience bullying, but those from minority ethnic communities may feel, and be, especially targeted. Some children believe they have valid reason to feel alienated and distrust society in general and authority in particular. Within some cultures or religions, there may be pressure not to tell, associated with perceived loss of honour and marriageability. There are also communities who wish to manage their affairs in their own way and regard intervention by agencies as intrusive.

Disability

There is evidence that disabled children are significantly more at risk of all kinds of abuse than non-disabled children (see, for example, the literature review [February 2002] by David Miller at www.nspcc.org.uk/inform). There are many reasons for this. In general, society's attitudes tend to be oppressive and dehumanising of disability. Children living in institutions may become compliant and therefore vulnerable. Physical limitations of all kind may make resistance more difficult, and children with communication problems may be less able to be understood if they try to tell. Disabled children may be cared for by a range of people, some of whom may be unsatisfactory or even abusive. If the child requires intimate care, the boundaries of what is abusive may be unclear and they may even be vulnerable to sexual targeting. In the family, and elsewhere, disabled children may become a focus for stress, and it may be difficult for carers to distinguish behavioural indicators of abuse from aspects of the disability.

If you have a concern, keep in mind...

...that it is important to be aware of the myths and barriers surrounding the recognition of and responses to child abuse, so ask yourself:

- Why might I not believe this young person?
- Why haven't they told before?
- What might be stopping them now?
- What might get in the way for me?

References

Cawson, P et al (2000) *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*. London: NSPCC.

Miller, D (2002) *Disabled children and abuse*. London: NSPCC. (NSPCC research briefings).

NSPCC (2013) *Child killings in England and Wales: explaining the statistics*. Rev. edn. London: NSPCC. (NSPCC research briefings).