

2. Definition and Recognition of Child Abuse

2.1 Types of child abuse

- 2.1.1 This chapter outlines the principal types of child abuse and offers guidance on how to recognise such abuse. Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. **More detail on each type of abuse is given in Appendix 1.**
- 2.1.2 In the *Children First: National Guidance*, 'a child' means a person under the age of 18 years, excluding a person who is or has been married.

2.2 Definition of 'neglect'

- 2.2.1 Neglect can be defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.
- 2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.
- 2.2.3 Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.
- 2.2.4 The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

2.3 Definition of 'emotional abuse'

- 2.3.1 Emotional abuse is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:
- (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
 - (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
 - (iii) emotional unavailability of the child's parent/carer;
 - (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
 - (v) premature imposition of responsibility on the child;
 - (vi) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
 - (vii) under- or over-protection of the child;
 - (viii) failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;

- (ix) use of unreasonable or over-harsh disciplinary measures;
- (x) exposure to domestic violence;
- (xi) exposure to inappropriate or abusive material through new technology.

2.3.2 Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

2.4 Definition of 'physical abuse'

2.4.1 Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- (i) severe physical punishment;
- (ii) beating, slapping, hitting or kicking;
- (iii) pushing, shaking or throwing;
- (iv) pinching, biting, choking or hair-pulling;
- (v) terrorising with threats;
- (vi) observing violence;
- (vii) use of excessive force in handling;
- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness (*see Appendix 1 for details*);
- (xi) allowing or creating a substantial risk of significant harm to a child.

2.5 Definition of 'sexual abuse'

2.5.1 Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;

- (vi) consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

2.5.2 It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

2.6 Recognising child neglect or abuse

2.6.1 Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is contained in Appendix 1. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

2.7 Guidelines for recognition

2.7.1 The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

Stage 1: Considering the possibility

2.7.2 The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

Stage 2: Looking out for signs of neglect or abuse

2.7.3 Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, *without direct questioning*. Play situations, such as drawing or story-telling, may reveal information.

2.7.4 Some signs are more indicative of abuse than others. These include:

- (i) disclosure of abuse by a child or young person;
- (ii) age-inappropriate or abnormal sexual play or knowledge;
- (iii) specific injuries or patterns of injuries;
- (iv) absconding from home or a care situation;
- (v) attempted suicide;

- (vi) underage pregnancy or sexually transmitted disease;
- (vii) signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

2.7.5 Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Stage 3: Recording of information

2.7.6 If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

2.8 Children with additional vulnerabilities

2.8.1 Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from their parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints (*see also Chapter 8*).

2.9 Fatal child abuse

2.9.1 In the tragic circumstances where a child dies as a result of abuse or neglect, there are four important aspects to be considered: criminal, child protection, bereavement and notification.

2.9.2 **Criminal aspects:** This is the responsibility of An Garda Síochána and they must be notified immediately. The Coroner must also be notified and his or her instructions complied with in relation to post-mortems and other relevant matters.

2.9.3 **Child protection aspects:** These will be particularly relevant if there are other children in the family/ in the same situation, and will therefore require immediate intervention by the HSE Children and Family Services to assess risk.

2.9.4 **Bereavement aspects:** The bereavement needs of the family must be respected and provided for and all family members should be given an opportunity to grieve and say goodbye to the deceased child.

2.9.5 **Notification aspects:** The HSE should notify the death of a child to the National Review Panel and to the Health Information and Quality Authority in accordance with the HIQA's *Guidance for the Health Service Executive for the Review of Serious Incidents, including deaths of children in care* (HIQA, 2010):

- all deaths of children in care, including natural causes;
- all deaths of children known to the child protection system;
- serious incidents involving a child in care or known to the child protection services.

Managers and staff should cooperate fully with any review undertaken to establish the facts of the case and any actions that should be taken, to identify learning that will improve services in the future and to provide assurance to the public (*see Chapter 5, Section 5.20*).

2.10 Points to remember

- 2.10.1 **The severity of a sign does not necessarily equate with the severity of the abuse.** Severe and potentially fatal injuries are not always visible. Neglect and emotional and/or psychological abuse tend to be cumulative and effects may only be observable in the longer term. Explanations that are inconsistent with the signs should constitute a cause for concern.
- 2.10.2 **Neglect is as potentially fatal as physical abuse.** It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may place children at serious risk of harm. It may also precede, or co-exist with, other forms of abuse and must be acted upon.
- 2.10.3 **Experiencing recurring low-level abuse may cause serious and long-term harm.** Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unrelenting daily impact of these circumstances on the child can be profound and exponential, and diminish a child's sense of safety and well-being.
- 2.10.4 **Child abuse is not restricted to any socio-economic group, gender or culture.** All signs must be considered in the wider social and family context. Serious deficits in child safety and welfare transcend cultural, social and ethnic norms, and must elicit a response.
- 2.10.5 **Challenging behaviour by a child or young person should not render them liable to abuse.** Children in certain circumstances may present management problems. This should not leave them vulnerable to harsh disciplinary measures or neglect of care.
- 2.10.6 **Exposure to domestic violence is detrimental to children's physical, emotional and psychological well-being.** The adverse effects of domestic violence have been well established.
- 2.10.7 **While the impact of neglect is most profound on young children, it also adversely affects adolescents.** Neglect renders young people liable to risk-taking behaviors, such as running away, early school leaving, anti-social behavior, mental health and addiction problems, including the risk of suicide.
- 2.10.8 **It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families.** Deprivation, stress, addiction or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/carers. The child's welfare must be the primary consideration.
- 2.10.9 **Neglectful families may be difficult to engage.** Research shows that families may be reluctant to seek help in response to experiencing the factors associated with neglect.
- 2.10.10 **Families where neglect and abuse are prevalent may go to considerable lengths to deceive professionals.** It is important for professionals to approach cases with a wary trustfulness, seek evidence to substantiate claims of improvement and speak with the children concerned individually.
- 2.10.11 **Social workers need good observation and analytical skills** in order to be able to understand the nature of the relationship between a parent and child, to understand signs of non-compliance, to work alongside a family and to come to safe and evidence-based judgements about the best course of action.
- 2.10.12 **Working in the area of child abuse and neglect is dealing with uncertainty.** Social workers and other professionals should adopt a 'respectful uncertainty' on parental reporting of improvement until supported by clear evidence.