

How can I tell?



RECOGNISING
WHEN A CHILD
OR FAMILY
NEEDS HELP



Preventing harm to children through education and awareness

“Children are our most valuable
natural resource.”
Herbert Hoover.

Tiaki O Mokopuna

*We thank the following people from
New Zealand Home Loans:*

Neil Richardson

John Erkkila

Phil Harris

and Verdict Communications

for making this book possible.

How can I tell?

Recognising when a child or family needs help

How Can I Tell? provides basic information on how to recognise situations where children may be living with violence or abuse. By educating ourselves on what to look for and what to do when we suspect abuse is occurring, we can take the necessary and correct steps to help stop the hurt of children.

This booklet offers the opportunity to become informed about what to look for and how to help reduce the risk of harm to children.

Anthea Simcock

FOREWORD

*The adult population does not own this planet.
Rather, we hold it in trust for all future generations.*

*Every time an incident of child abuse happens –
physical, sexual, psychological, financial –
we breach that trust.*

There are many forms of child abuse.

As a community, our first responsibility is to identify and stop every case before it becomes life-threatening and life-scarring. Our greater responsibility is to stop child abuse from ever happening.

We all dream of making New Zealand a genuine safe haven for children. To achieve this goal requires all adults to take personal responsibility for identifying, reporting and ultimately stopping all forms of child abuse. This is our responsibility as individuals and as a nation.

Our problem is not a desire to act, but often a lack of understanding and ability to recognise child abuse,

particularly in its early stages. For all adults, the key issue is how to identify actual cases at their earliest stages and what action to then take.

This booklet provides that information. In simple language it outlines the key indicators of child abuse and what action to take.

*Please take the time to read
this important information.*

Neil A. Richardson
MC, JD, JP

It is with real pleasure that I write the foreword to this helpful little booklet, which provides straightforward guidance regarding the indicators of child abuse and neglect.

As Principal Youth Court Judge for New Zealand, dealing with 14, 15 and 16 year olds, it may well be asked why I am so supportive of this booklet, dealing as it does, with the recognition of abuse or potential abuse of children rather than young people.

The simple answer is that many of our serious young offenders before the Youth Court share a history of longstanding physical and/or sexual abuse and/or neglect.

In November 2006, 27% of youth offenders remanded to residential youth justice institutions in New Zealand were the subject of existing care and protection orders and were in the custody of Child, Youth and Family Services because of past parental abuse and neglect. It seems to me, and to other Youth Court Judges, that there is a clear link between childhood ill treatment, abuse and later adverse life

outcomes, including the risk of criminal offending. The more I work in the Youth Court, the more I am convinced that youth justice really "begins" at infancy, if not from birth. Physical and sexual abuse and neglect experienced in those early years has potentially disastrous consequences in terms of positive life development.

It is for this reason, on behalf of the Youth Court of New Zealand, that I am so pleased to support this book, predicated as it is on the basis that not only do children require the care and protection of the community and their families, but that they are our most precious resource. Indeed, they are our future. The avoidance of child abuse and neglect, and an individual and communitarian commitment to stamp it out, whenever it is recognised, would have huge long-term benefits, not only for the individuals concerned, but for our country.

As a thought provoking Indian observes:

*To plan for a year - sow a rice paddy field,
To plan for a decade - plant trees,
To plan for a future - nurture youth.*

Judge Becroft
Principal Youth Court Judge



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Indicators of CHILD ABUSE & NEGLECT

It is not always easy to recognise that a child is being hurt or is at risk, so abuse is often undetected. Adults may deny or attempt to justify their abusive behaviour, and children often try to 'normalise' the abuse to keep their family unit intact. Justifying, denying and normalising only add to the problem.

Indicators are *signs or symptoms or clues* that when found either on their own or in various combinations point to possible abuse, family violence or neglect.

Indicators can be physical or behavioural.

Physical indicators – such as bruises or burns, relate to the child's physical condition.

Behavioural indicators – such as a child cringing or flinching if touched unexpectedly, or a caregiver constantly calling a child 'stupid' or 'dumb', can be displayed by the child or by the alleged abuser.

In many cases indicators are found in combinations or clusters.

Indicators **do not necessarily prove** that a child has been harmed. They are **clues that alert us** that abuse may have occurred and that a child may require help or protection. Sometimes, indicators can result from life events

which do not involve abuse. For example – divorce, accidental injury, the arrival of new sibling, etc.

Adults have a duty to protect children.

Children require the care and protection of the community as well as their families. Children are our most precious resource – they are our future. As adult members of society we have a moral duty to protect children and intervene when they need our help. When the situation is serious, the concerns should be reported.

Although there is no legal requirement to do so, those who work with, or care for children have a responsibility to report suspected child abuse, and a large number of organisations have agreed on procedures for their staff to follow.

It is the responsibility of the authorities to conduct an assessment or investigation of the indicators to determine whether the child has been or is being abused.





Children rely on adults to **TAKE ACTION**

■ CHILDREN MAY NEED HELP IN FAMILIES WHERE:

There is violence and controlling behaviour from one adult towards the other.

There is known drug-taking, drug manufacture or drug dealing.

There is an excessive use of alcohol.

Animals are neglected or hurt.

Children are left alone, appear neglected or uncared for.

There is a high focus on keeping the family private or isolated and detached from the community.



In such a situation you may be the key person who could make a difference and keep a child safe.

- ❗ **Take action.**
- ❗ **Do not look the other way.**
- ❗ **Do not assume that someone else has acted.**

■ TAKING ACTION

1. Talk to someone experienced

It is highly recommended that someone concerned about a child or family talk it over with an experienced person and get valuable advice and support. (See page 39 for help available).

2. Offer help where suitable

Whenever possible, advice should be supported with an offer of help. This could be agreeing to watch a child while a parent sees to a sibling, showing a parent a different way to respond or introducing them to community help.

3. Seek community or professional support for the family and children

Community and professional agencies can provide support when it is beyond the scope of the friend or family member.

It is important to know what is available in your community and how to access this help, so that the information can be given to the family.

4. Report your concerns when it is not safe or appropriate to intervene yourself

When you suspect a child is at serious risk or a crime against a child has been committed, this must be reported to either Child Youth and Family or the Police. (See page 11).

CPS can support you to develop the confidence and skills needed to take action to protect children.

“
Take action. Do not look the other way.
Do not assume that someone else has acted.”

WHEN HARM IS SUSPECTED



■ THE IMPORTANCE OF TAKING ACTION WHEN HARM IS SUSPECTED

Often children do not disclose that they are being harmed. They frequently suffer in silence, and many experience repeated abuse. Most require help to recover from physical and emotional wounds.

The common factor underlying all forms of child abuse is the **abuse of power or authority**. Most often the abuser is a person who is **known and trusted by the child**.

Prompt action or reporting of suspected abuse may:

- Ensure that the abuse stops
- Protect children from further harm
- Ensure children receive professional help as soon as possible
- **SAVE A CHILD'S LIFE.**

You should not try to conduct an investigation yourself or interview a child. An investigation that is carried out by those other than Child Youth and Family (CYF) nominated staff or the Police could have a negative effect on the child.

■ WHAT TO REPORT

You should report suspected abuse.

This means reporting any **suspicions** that a child has been or is being abused.

You do not need to have proof of abuse before reporting. It is the responsibility of the authorities to investigate the situation and determine the child's condition.

Your suspicions may include:

- What you saw
- What you heard
- What the child told you
- What someone else told you.

■ WHEN TO REPORT

It is best to report your suspicions **immediately**. The child may need immediate protection or medical attention. As well, there may be certain physical signs of abuse such as bruising or scars, which could be used as **evidence**. These may fade if reporting is delayed. It is a good idea to **keep a written copy** of all telephone calls, letters, and notes including dates, times, observations.

When reporting what a child has told you, it is essential to give the exact words a child uses. It is valuable to write down what a child says.

TAKE ACTION

■ WHO TO REPORT TO

You should report suspicions about child abuse to the

- Police
- or to the duty social worker at your nearest CYF office
- or call 0508 FAMILY (0508 326459)
- Both services offer 24-hour service, so if you suspect that a child is at risk, make that call regardless of the hour.
- See www.cyf.govt.nz

■ WILL MY REPORT BE KEPT ANONYMOUS?

Although a report can be made anonymously, there are almost always very good reasons for identifying yourself. CYF need to ensure that the information is credible and they may need to speak with you again.

■ WHAT IF I MAKE A MISTAKE?

Many people decide not to act through fear of being wrong. They may be afraid of repercussions, being thought insensitive, of breaking confidence or of being disloyal.

Even if an investigation does not go any further, the law protects you if you supplied information in good faith. Remember that children have

the right to be safe from harm. You don't have to have final proof, so even if you are not quite sure, ring and make a report. **Children have a right to be protected.**

■ WHAT HAPPENS AFTER I MAKE A REPORT?

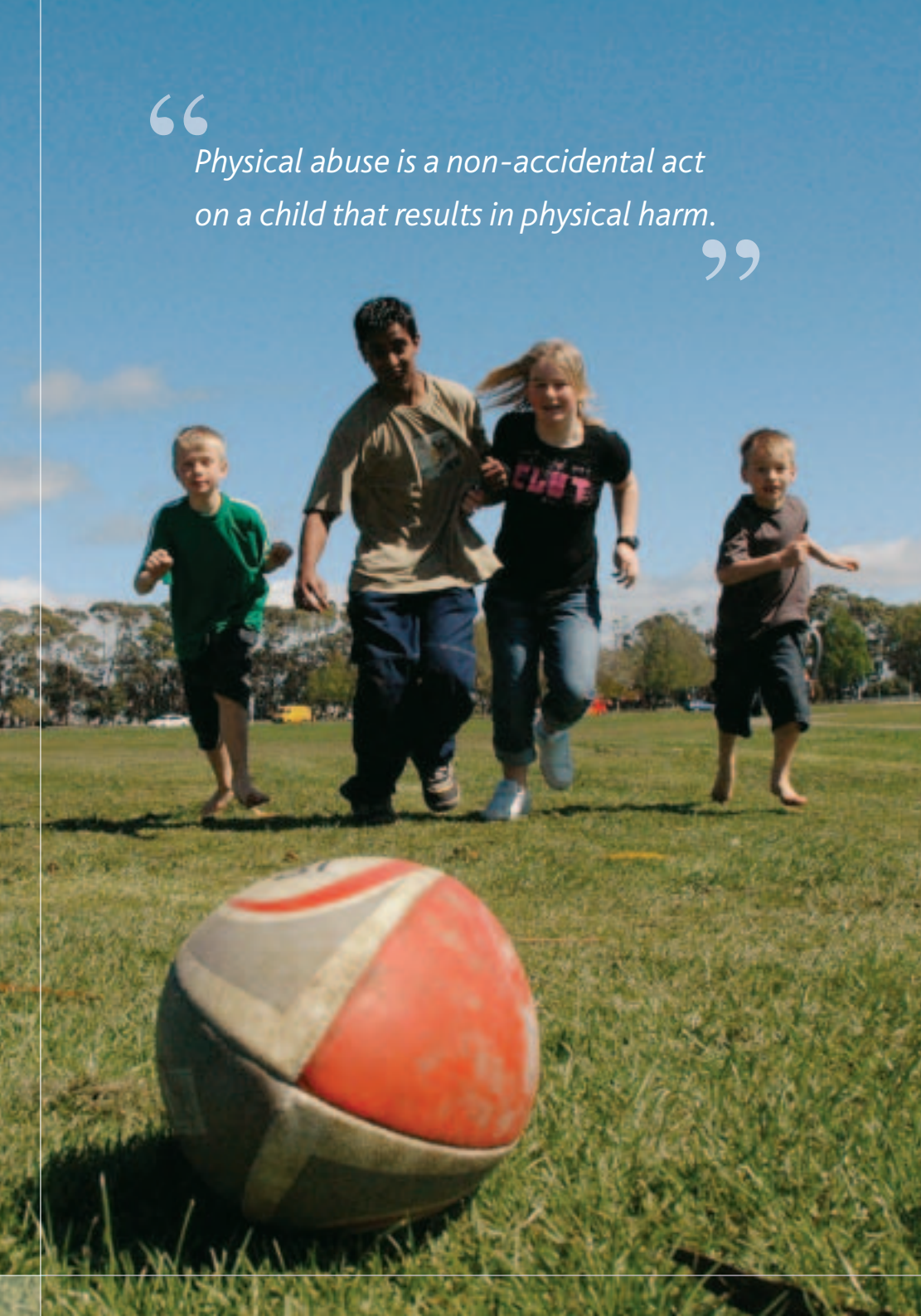
If the authorities believe they have sufficient grounds to investigate your concerns, an assessment will be conducted. A number of things could happen as a result, ranging from immediate one-off intervention to a long-term involvement and a planned programme of intervention. Where a crime has been committed, court action could follow.

Except in impractical circumstances, you can expect to be informed of the results of your notification, and have the right to contact the social worker or their senior if you are not satisfied.



Do not assume that someone else will act or make the report.

“
*Physical abuse is a non-accidental act
on a child that results in physical harm.*
”



What is PHYSICAL ABUSE?



HOW CAN I TELL?

This can be caused from smacking, punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family. Physical abuse may be the result of a single episode or of a series of episodes.

Although the injury is not an accident, the caregiver may not have intended to hurt the child - e.g. the

injury may have resulted from over-discipline inappropriate to the child's age or condition, or the result of unintentional rage.

The injuries to the child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.



Remember:

Indicators do not necessarily prove that a child has been abused. They are **clues that alert us** that abuse may have occurred and that a child may require help or protection. The more knowledge we have, the more likely we are to pick up these clues and understand their significance.

Many signs could well be the results of something other than abuse, and

should be viewed in the context of the child's whole situation, and in relation to other indicators.

It is important to remember that it is the responsibility of Child Youth & Family or Police to conduct an assessment or investigation of the indicators to determine their cause.

PHYSICAL ABUSE

■ PHYSICAL INDICATORS OF PHYSICAL ABUSE – CHILD



UNEXPLAINED BRUISES, WELTS, CUTS, ABRASIONS

Suspicious locations include:

- Face, lips, gums, mouth, eyes
- Torso, back, buttocks, back of legs, external genitalia.

Shape of suspicious injuries:

- Clustered, form regular patterns
- Teeth marks, hand prints, fingertips
- Imprint of article - e.g. used cord or belt.

UNEXPLAINED BURNS

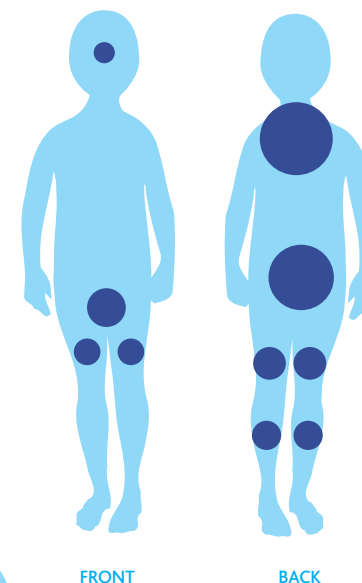
- Small circular burns particularly on soles of feet, palms of hands, buttocks.
- Immersion burns - where a part of the child's body has been placed or held in hot water.
- Burns showing a distinct pattern or outline where a part of the child's body has been held against a hot object like a stove or an iron.
- Rope burns on arms, legs, neck, torso.

UNEXPLAINED FRACTURES OR DISLOCATIONS

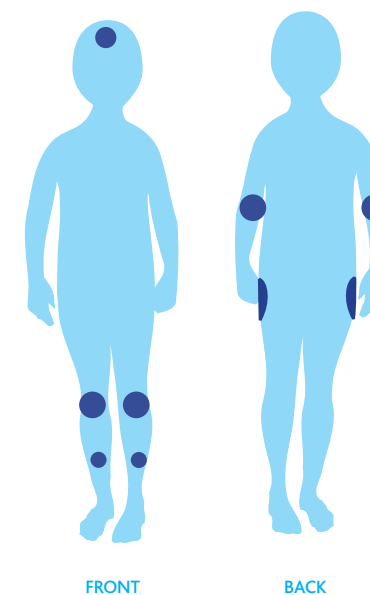
- Skull, facial bones, spinal fractures, dislocations, particularly of hip or shoulders.
- Bruises of different colours, showing different stages of healing.
- Multiple fractures at different stages of healing.
- Bald patches on scalp resulting from hair pulling.
- Fractures in very young children (those who are not walking).

PHYSICAL ABUSE

■ SUSPICIOUS LOCATIONS OF BRUISING IN CHILDREN



■ NON-SUSPICIOUS LOCATIONS OF BRUISING IN CHILDREN



PHYSICAL ABUSE

■ CHILDREN'S BEHAVIOUR THAT COULD INDICATE PHYSICAL ABUSE

Cannot recall how the injuries occurred, or offers inconsistent explanations.

Is wary of adults or of a particular individual.

May cringe or flinch if touched unexpectedly.

May display a vacant stare or frozen watchfulness.

May be extremely aggressive or extremely withdrawn.

Displays extremely indiscriminate affection-seeking behaviour.
For example, goes readily to strangers for nurturing.

May be extremely compliant or eager to please.

Tries to take care of or protect the parents or caregiver.

When at play, imitates negative behaviour or language e.g. spansks or yells at a doll.

Frequently behaves in a way that provokes punishment.

Is dressed inappropriately to hide bruises or other injuries (e.g. long sleeved shirt or pants in summer).

Runs away from home or is afraid to go home.

Describes abusive situations.

May regress e.g. bed wetting.

May indicate a general sadness. May show this in drawing and play.

Could have a vision or hearing delay.

Is violent to animals or other children.

Our goal is for a community where everyone looks out for children.



PHYSICAL ABUSE

■ ADULT BEHAVIOUR THAT COULD INDICATE PHYSICAL ABUSE

May be vague about details of the cause of injury, and the account of the injury may change from time to time.

May appear unconcerned about child's well-being.

May blame the accident on a sibling, friend, or relative, or on the injured child.

May provide an explanation which is not believable given the child's age or the nature of the child's injuries.

If more than one parent or caregiver claims to have been present at the accident or time of injury, there may be disagreement as to how it happened.

May state that the child is prone to injuries or always lies about how injuries occur.

May have little or no knowledge of child development or may have unrealistic expectations about child.

May delay in seeking medical attention for the child.

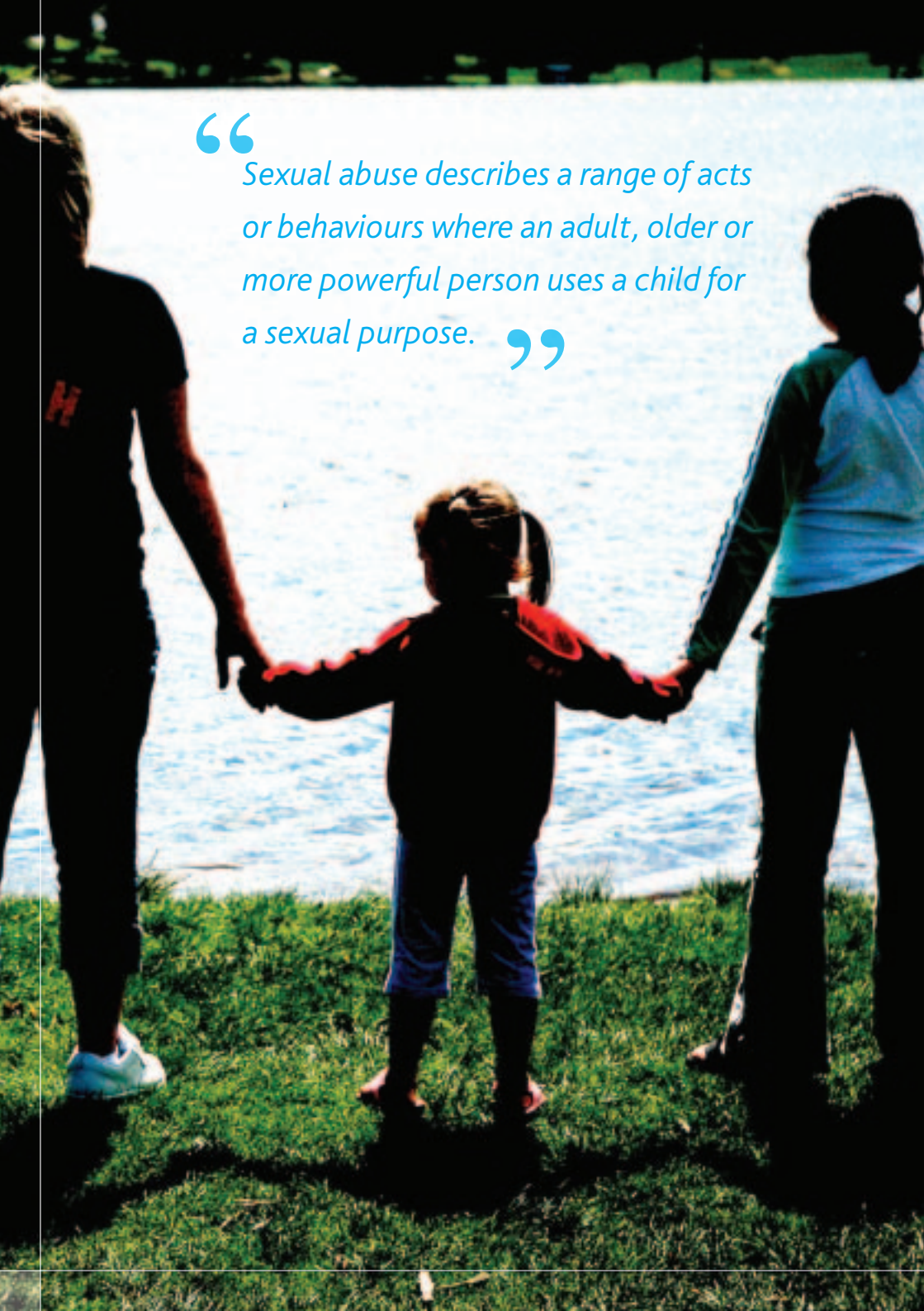
Shakes an infant.

Threatens or attempts to injure the child.

Is aggressive or violent towards other family members.

Is aggressive towards the child in front of others.

At least one child is killed every month
by someone they know, who should have been looking after them.



“Sexual abuse describes a range of acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose.”

What is SEXUAL ABUSE?



Sexual abuse can occur within or outside the family and can be homosexual or heterosexual in nature. *Most sexual abuse is perpetrated by someone the child knows and trusts.*

Examples of sexual abuse include:

- Any touching for sexual purpose.
- Fondling of breasts, buttocks, genitals.
- Oral sex.
- Sexual intercourse - anal or vaginal.
- The adult exposing themselves to the child.
- Voyeurism and exhibitionism.
- Using the internet to initiate sexual conversations with a child.

Sexual abuse also includes situations where the adult seeks to have the child touch them for a sexual purpose, and where they involve the child in pornographic activities or prostitution.

Early warning signs

Children can be alerted to possible sexual abuse grooming. They should be encouraged to tell an adult if someone:

- Asks them to do things in private that involve physical contact - backrubs, massages.
- Looks at or touches their body saying it is to see how they are developing.
- “Accidentally” touches or brushes up against their body.
- Comes into their bedroom or bathroom when they are undressed.
- Says sexual things about their body or how they dress, either directly or by phone or internet.
- Comes into their bedroom at night.
- Asks them to keep this a secret.



Remember:

Indicators do not necessarily prove that a child has been abused. They are clues that alert us that abuse may have occurred and that a child may require help or protection.



SEXUAL ABUSE

■ PHYSICAL INDICATORS OF SEXUAL ABUSE – CHILD

Unusual or excessive itching or pain in the genital or anal area.
Torn, stained or bloody underclothing.
Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area.
Blood in urine or stools.
Pain experienced in urination or elimination.
Sexually transmitted disease.
Pregnancy.
Urinary infections and diseases.

70% of men who abuse their female partners also abuse their children.



SEXUAL ABUSE

■ YOUNG CHILDREN'S BEHAVIOUR THAT COULD INDICATE SEXUAL ABUSE

Age-inappropriate sexual play with toys, self, others, e.g. demonstration of explicit sexual acts.
Age-inappropriate, sexually-explicit drawings or descriptions.
Bizarre, sophisticated or unusual sexual knowledge.
Refuses to go home, or to home of relative or friend for no apparent reason.
States that they have been abused or describes activities which are sexually abusive or hints about such activities.
Comments such as "I've got a secret", or "I don't like Uncle".
Fear of certain people or of a particular person.
Fear of certain places (bathroom, bedroom).
Regression to an earlier stage of play and development.
Fire lighting by boys.

“

Children have never been very good at listening to their elders, but they have never failed to imitate them.

James Baldwin. ”

SEXUAL ABUSE

■ OLDER CHILDREN'S BEHAVIOUR THAT COULD INDICATE SEXUAL ABUSE

Age-inappropriate play, or sexually-explicit drawings or descriptions.
Bizarre, sophisticated or unusual sexual knowledge.
Refuses to go home, or to home of relative or friend for no apparent reason.
Recurring physical complaints without physiological basis (abdominal pain, headaches, sore throat, nausea, etc.).
Fear of a particular area of house, a particular family member, or is afraid of being left alone with person of a particular sex.
May suffer from depression, withdrawal.
Engages in self-destructive behaviour, e.g. suicidal feelings or behaviour; drug or alcohol abuse, cutting and self-mutilation.
Acts out or behaves aggressively or sexually.
Promiscuity, prostitution.
Eating disorders (anorexia, overeating).
Compulsive behaviours (hand washing).
Sudden and pervasive interest in sex, pregnancy, sexually-transmitted diseases.
States that they have been abused or describes activities which are sexually abusive or hints about such activities.
Tries to make self as unattractive as possible.
Uses younger children in sexual acts.

SEXUAL ABUSE

■ ADULT BEHAVIOUR THAT COULD INDICATE SEXUAL ABUSE

May be unusually over-protective of the child.
Is jealous of the child's relationships with peers or other adults or is controlling of the child.
Discourages the child from unsupervised contact with peers.
Accuses the child of being sexually provocative.
Misuses alcohol or drugs.
Invades the child's privacy - e.g. during dressing, when in bathroom, etc.
Demonstrates physical contact or affection to the child which appears sexual in nature or has sexual overtones.
Shows an inappropriate relationship with the child. For example, treats the child as a 'partner' or 'girlfriend'.
May favour the victim over other children.

NZ has the third worst rate
of death by child abuse and murder out of 27 OECD countries.

What is NEGLECT?

Neglect is a pattern of behaviour which occurs over a period of time, and results in impaired physical functioning or development of the child.

Neglect causes both physical and emotional harm to the child.

It is very important to recognise that a caregiver may fail to provide necessities of life because of poverty or cultural norms.

Neglect may be characterised by:

- **Physical neglect** - failure to provide the necessities to sustain the life or health of the child or young person.
- **Neglectful supervision** - failure to provide developmentally appropriate or legally required supervision of the child or young person, leading to an increased risk of harm.

- **Medical neglect** - failure to seek, obtain or follow through with medical care for the child or young person resulting in their impaired function or development.
- **Abandonment** - leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning.
- **Refusal to assume parental responsibility** - unwillingness or inability to provide appropriate care or control for a child.

“Neglect is the failure to provide for the child’s basic needs, such as housing, nutrition, adequate supervision, medical and psychological care, and education.”

NEGLECT

■ PHYSICAL INDICATORS OF NEGLECT – CHILD

Can be dressed inappropriately for the season or the weather. This could result in recurrent colds, pneumonia, sunburn, frostbite, etc.

Is often extremely dirty or unbathed. (Not to be confused with the 'healthy dirtiness' of an active child.)

May have severe nappy rash or other persistent skin disorders or rashes resulting from improper or lack of hygiene.

Is inadequately supervised or left unattended frequently or for longer periods of time than is normally accepted.

May be left in the care of an inappropriate caregiver - one that is too young or too old to care for, or protect the child.

Does not receive adequate medical or dental care and has unattended health problems.

Malnourished - may be undersized, have low weight, sallow complexion, lacks body tone.

Lacks adequate shelter - lives in housing that is unsafe, inadequately heated and is unsanitary.

Child suffers from a condition called non-organic failure to thrive. This occurs when the child (infant or very young child) falls behind in weight, height and development with no medical explanation. (This condition may also be the result of emotional abuse.)

Child neglect is more commonplace
than physical abuse, emotional abuse or sexual abuse.

NEGLECT

■ CHILDREN'S BEHAVIOUR THAT COULD INDICATE NEGLECT

Suffers from severe developmental lags (speech, motor, sensory) without an obvious physical cause. Children may exhibit global delays.

Demonstrates severe lack of attachment to parents.

Demonstrates indiscriminate attachment to other adults.

Poor school performance or school attendance.

Has frequent unsupervised absences from home, or is left at home alone or unsupervised.

Is very demanding of affection or attention.

Engages in delinquent acts or abuses alcohol or drugs.

May steal food.

Has poor social skills.

Has no understanding of basic hygiene.

Discloses that parents are absent or basic needs are not being met.

*What we do to children,
they do to society.*

NEGLECT

■ ADULT BEHAVIOUR THAT COULD INDICATE NEGLECT

Is overwhelmed with own problems and puts own needs ahead of those of the child.

Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care.

Does not provide routine supervision for the child. Is frequently unaware and has no concern for the child's whereabouts or activities.

Fails to enroll a child in school, permits truancy from school or fails to provide for the special educational needs of the child.

Demonstrates little or no involvement in child's life - does not attend recreation events, school activities, etc.

Leaves the child alone, unattended or fails to adequately supervise the child or abandons child.

Indicates that the child was unwanted and continues to be unwanted.

Drug and alcohol use.

Depressed. May have psychiatric problems.

“

Whenever a child is killed or seriously hurt there is an adult who says “I was worried about that child, but didn't know what to do”.

”



“
Emotional abuse occurs when a child's
emotional, psychological or social
well-being is continually assaulted.
”



What is EMOTIONAL ABUSE?

The effects of this form of abuse are not always immediate or visible. The long-lasting effects of emotional abuse may only become evident as a child becomes older and begins to show difficult or disturbing behaviours or symptoms.

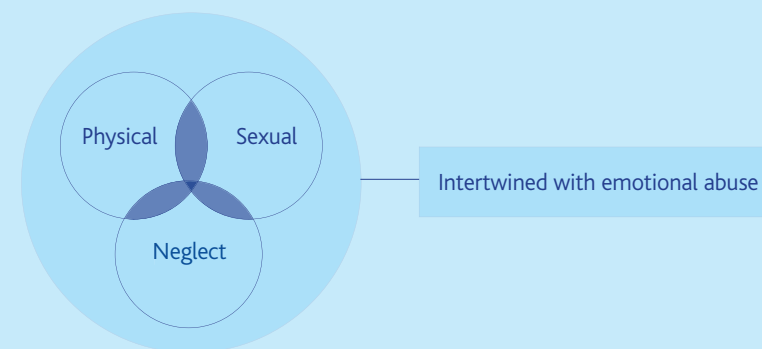
Emotionally abusive behaviour on the part of the caregiver can include a pattern of rejecting, degrading,

ignoring, isolating, corrupting, exploiting and terrorising a child.

It may result from exposure to family violence or involvement in illegal or anti-social activities.

Children who are sexually abused, physically abused or neglected are usually victims of emotional abuse as well.

The different types of abuse are interrelated



EMOTIONAL ABUSE

■ PHYSICAL INDICATORS OF EMOTIONAL ABUSE – CHILD

Bed-wetting or bed soiling that has no medical cause.

Frequent psychosomatic complaints
(eg. headaches, nausea, abdominal pains).

The child suffers from a condition called non-organic failure to thrive. This may also look like neglect and occurs when the child (infant or very young child) falls behind in weight, height and development with no medical explanation.

Appears pale, emaciated, has “sunken cheeks”.

Body fat ratio is extremely low, e.g. wrinkled buttocks.

Skin may feel like parchment or paper resulting from dehydration.

Prolonged vomiting and/or diarrhoea.

Has not attained significant developmental milestones within the child’s age range, e.g. cannot hold head up at six months of age, cannot walk at 18 months of age.

Malnutrition.

Dressed differently from other children in the family.

Has deprived physical living conditions compared to other children in the family.

EMOTIONAL ABUSE

■ CHILDREN’S BEHAVIOUR THAT COULD INDICATE EMOTIONAL ABUSE

Suffers from severe developmental lags (speech, motor, sensory) without an obvious physical cause.

Severe symptoms of depression, anxiety, withdrawal or aggression.

Severe symptoms of self-destructive behaviour. May threaten or attempt suicide. May engage in drug or alcohol abuse.

Overly compliant; too well-mannered; too neat and clean.

Displays extreme attention-seeking behaviours or displays extreme inhibition in play.

When at play, behaviour may model or copy negative behaviours and language used at home (e.g. spanking or yelling at doll).

Recurring physical complaints without medical cause (e.g. abdominal pain, headaches, sore throat, nausea, etc).

Runs away from home.

Nightmares, poor sleeping patterns.

Antisocial behaviours. May not cope well in social settings.

Lack of self esteem.

Obsessive behaviours.

Developing psychotic symptoms.



EMOTIONAL ABUSE

■ ADULT BEHAVIOUR THAT COULD INDICATE EMOTIONAL ABUSE

Constantly calls the child 'stupid', or 'dumb' or 'bad', or displays degrading behaviour - labels the child as inferior or publicly humiliates the child.

Treats the child differently from siblings or peers in ways that suggest a dislike for the child.

Actively refuses to help the child or acknowledge the child's request for help.

Constantly threatens the child with physical harm or death or forces the child to observe physical harm inflicted on a loved one.

Continually locks the child in a closet or room for extended periods of time.

Refuses to allow interactions or relationships with peers or adults outside the family.

Teaches or reinforces criminal behaviour.

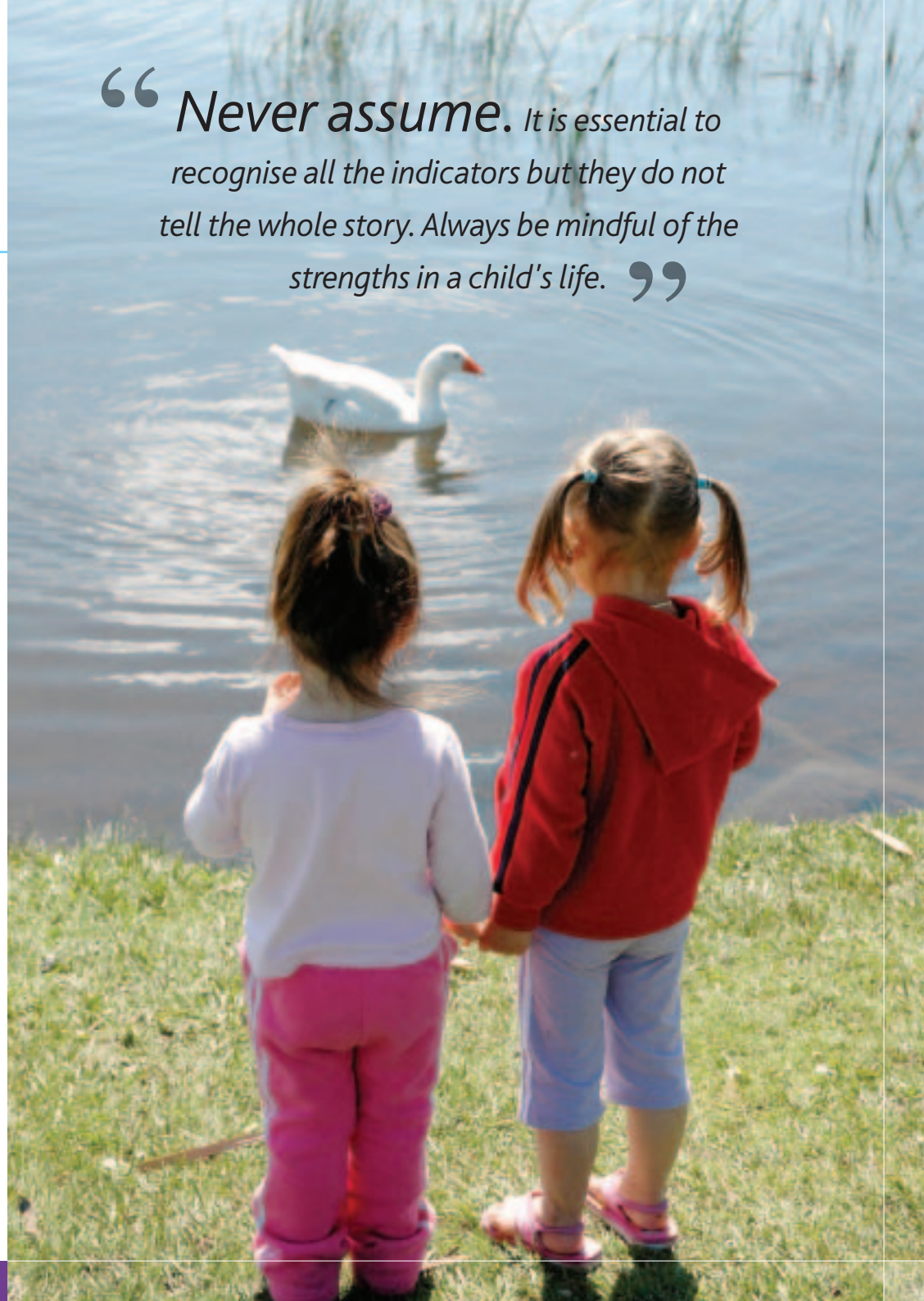
Constantly withholds physical and verbal affection from the child and ignores the child's attempts to interact.

Keeps the child at home in role of servant or surrogate parent.

Has unrealistic expectations of child.

Involves a child in "adults' issues" such as separation or disputes over the child's care.

“*Never assume. It is essential to recognise all the indicators but they do not tell the whole story. Always be mindful of the strengths in a child's life.*”



What is FAMILY VIOLENCE?

Family violence includes threatening to harm people, pets or property, and causes family members to live in fear. Children are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present.

The indications that children have been affected by family violence are also those covered in the physical, sexual, neglect and emotional abuse sections of this book.

While some men experience violence from partners and family members, women and children are the most likely victims of family violence.

Indicators of family violence – in the child

- May have physical injuries as outlined on page 14, and a range of emotional behaviours as described throughout this publication.
- May show school failure, and display bullying and aggressive behaviour.
- Child discloses or describes violent actions.

Indicators of family violence – in women

- May have physical injuries including:
 - Bruising in chest and abdomen
 - Injuries during pregnancy
 - Multiple injuries, and patterns of repeated injury
- May have emotional responses including:
 - Depression, headaches, sleeping and eating disorders
 - Panic attacks, drug abuse and dependency on tranquillisers and alcohol
- May give explanations that do not fit the other signs.
- Is fearful, lacking in autonomy or self worth.

Indicators of family violence – in perpetrators

- Isolates, and controls partner and children. May force them to move frequently.
- Threatens, criticises, intimidates, uses aggressive and physical abuse towards partner and children. Threatens to, or actually harms pets. Forces sex on partner.
- Minimises and denies own behaviour, or blames victim for the perpetrator's own behaviour.

“

Family violence is the coercive and controlling behaviour by a family member that causes physical, sexual and emotional damage to others in the family.

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CPS

CPS is a national, non-profit charitable organisation dedicated to making society a safe and nurturing place for children.

■ Prevention

CPS addresses the underlying causes of child maltreatment. As a strong advocate for the rights of children, CPS promotes, encourages and supports prevention activities and efforts at the local and national level.

CPS achieves this through an extensive range of programmes and services including:

- Increasing public awareness and response through education.
- Providing advice and consultancy.
- Actively advocating for change to protect children.

■ Training

CPS has been providing child abuse prevention training since 1994 and offers a range of training services throughout New Zealand. While many courses and workshops are scheduled each year, CPS welcomes requests for extra programmes. CPS is happy to provide an additional delivery of an existing programme, or to develop new material as required. Groups and organisations can discuss their training needs and the possibility of a custom-made package being designed and delivered for them.

■ Consultation

Available to government departments, service agencies, and community organisations, expert consultation is provided on many issues including:

- practical child advocacy
- assessment of training needs
- development of child protection policies
- preparation of procedures and standards for child-related programmes
- employment screening for safe workers
- design of training programmes.

Keeping our CHILDREN SAFE



Each year in New Zealand as many as 20 children die as the result of violence and abuse. Many cases go undetected and unreported.

As a society, we feel the effects of the trauma of child abuse through:

- Increased health and mental health costs
- Increased educational costs
- Increased policing costs
- Loss of future productivity in workplace

The protection of our children is the responsibility of all members of society and requires the cooperation, commitment and financial support of government

departments, community agencies as well as the private sector. CPS advocates for the well-being of children and believes this must become a higher priority for us all.

There are a number of organisations you can ring to talk confidentially to someone about concerns about a child or a family violence issue:

Jigsaw Child and Family Helpline:
0800 228 737

Plunket Line:
0800 933 922

Family Violence Information Line:
0800 456 450

PVH Domestic Violence Help Line:
0800 384 357



***For more information or
To make a donation in support of CPS***

and its work in prevention of violence and abuse to children, please visit our website at www.cps.org.nz

or contact us at:

PO Box 679 Hamilton 3240 New Zealand
Phone 07-838 3370 Fax 07-838 9950

email info@cps.org.nz

All the information in this book is in the public domain and has been sourced from statistics and research carried out nationally and internationally.



Preventing harm to children through education and awareness

PO Box 679 Hamilton 3240
New Zealand

Phone 07-838 3370
Fax 07-838 9950

email info@cps.org.nz

web www.cps.org.nz

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