

Abuse can occur in any relationship or context. The main focus of this material will be abuse in childhood or adolescence, but it is important to remember that adults can also experience abusive relationships. This fact sheet has a particular focus on links between child abuse and mental health problems or disorders.

Types of Abuse

Physical abuse - physical injury resulting from practices such as punching, beating, kicking, biting, or burning. Physical injury may occur in single or repeated episodes. It can range in severity from minor bruising to death.

Neglect - harm or endangerment as a result of failing to provide for the child's basic needs, by providing inadequate nutrition, clothing, hygiene or supervision. Unlike other forms of abuse, it is an act of omission by the caregiver, which jeopardizes or impairs the child's physical, intellectual or emotional development.

Sexual abuse - when an adult or older person uses his or her power over a child to involve the child in sexual activity. The abuser may trick, threaten, or force a child to take part in sexual activity. Child sexual abuse may include suggestive behaviour or comments, exposure or exhibition of the genitals, fondling genitals, masturbation, oral sex and penetration.

Emotional abuse - a behavioural pattern in which a parent or caregiver repeatedly attacks a child's self-esteem and social competence over time. The child may be constantly told that they are worthless, rejected and shown no affection, subjected to repeated verbal threats and severe punishments and restricted from contact with others. This is sometimes called psychological abuse.

Domestic Violence – a situation where a child is a witness to or involved in violent family disputes, including physical, verbal or sexual abuse toward any member of the family. Exposure to domestic violence is considered a reason for notification of child abuse under legislation in NSW. Other states may recognise it within the category of psychological abuse.

Multi-type maltreatment - the interaction of different types of abuse may be more predictive of the child's outcome than only looking at one type of abuse. Generally when one form of child abuse exists, then the child will also be either exposed to, or at risk of, other forms of abuse. If abuse occurs frequently and severely, then the child is likely to have poorer outcomes in regard to his or her health and wellbeing.

Prevalence of Abuse

It is difficult to estimate the true prevalence of child abuse in the community. Each state has different legislation or guidelines in regard to reporting abuse and may classify forms of abuse slightly differently, especially where multiple forms occur together.

In the financial year 2003-04, over 200,000 cases of abuse were reported to state and territory welfare departments. Within this figure, some children were the subject of notification more than once in any year, so there will be a higher number of notifications than children involved. However it is also likely that there were many other cases of child abuse in the community that were never reported to the authorities.

The prevalence of exposure to domestic violence is also difficult to determine. It is likely that much domestic violence goes unreported, and exposure to domestic violence is not necessarily reported for inclusion in child abuse figures. A national survey of 5,000 Australian teenagers, reported in 2001, found that one quarter had witnessed domestic violence against a female parent.

Various forms of abuse and domestic violence often occur together. A Victorian study reviewed the case files of 50 children who had experienced serious abuse – most had experienced more than one form of abuse in terms of physical, neglect, sexual and emotional/psychological abuse. 42% of the children had experienced elements of all four forms of abuse.

In addition, the above study looked for other forms of violence that might exist in these family environments. A large proportion of the children had been exposed to some form of domestic violence between the household's parents or carers – most commonly verbal, but also physical, psychological or sexual. In addition, many of these families also featured abuse against other children, or violence between siblings.

Risk Factors for Child Abuse

There are some factors or circumstances that are known to increase the risk of child abuse, although not all families who have these risk factors will go on to abuse their children. There is a higher risk of abuse and violence in some disadvantaged families that have experienced multiple social and financial problems. However it is important not to stereotype families or make assumptions about their relationships on this basis. It is also important to realise that abuse can occur in families that do not appear to fit this profile.

Risk factors for child abuse include:

- Lack of parenting skills and knowledge in the parent or caregiver
- Poor interpersonal skills, coping skills, self-esteem or self-control in the parent or caregiver
- Teenage or early pregnancy and lack of support
- Low socio-economic status including unemployment, homelessness, poverty
- Family problems such as domestic violence, substance use, family breakdown, criminal activity
- Health problems in the parent or caregiver, such as chronic ill health, physical or mental illness
- Health or behaviour problems in the child, such as chronic ill health, difficult behaviour, low birth weight, disability, developmental delay or impairment
- History of intergenerational abuse.

Warning Signs of Abuse

There are warning signs that suggest the possibility of abuse. However it is important to remember that the presence of these signs does not necessarily mean that abuse has occurred. Some of these can also represent behaviour or mental health problems which have arisen for reasons other than abuse.

- Telling people about the abuse, directly or indirectly (eg in a poem or drawing)
- Physical signs of being beaten or abused, such as bruising, broken bones
- Sexual behaviour inappropriate or too precocious for the child's age
- Teenage pregnancy, promiscuity or sexually-transmitted diseases
- Self-destructive behaviour, substance use or risk taking behaviour
- Externalising problems such as disruptive or aggressive behaviour, bullying
- Internalising problems such as withdrawal, anxiety, depression, guilt, distrust
- Mental illness such as depression, anxiety disorders or eating disorders
- Self-harm or suicidal behaviour, threats of suicide

Child Abuse and Mental Health

Experiencing abuse in childhood or adolescence has been identified as a significant risk factor for poor mental health, poor attachment and connection to parents and family, and general adjustment problems.

Certain children may be less vulnerable to such problems following abuse or neglect, if there are other factors that offset these effects. Such protective factors include connectedness to other members of the family or peers, minimal other life stress, level of development and resilience prior to abuse, and the availability of resources, intervention and support programs.

Effects on General Mental Health

Adjustment in later life varies and will be affected by factors such as age of child when abused, severity, frequency and duration of abuse. Children or adolescents who have been abused may be more likely to show some of the following characteristics:

- Be withdrawn, have trouble showing affection or be less popular with peers
- Be aggressive, have low impulse control or be involved in conflict with others
- Have a higher incidence of overall behaviour problems (varies with age)
- Lack an understanding of consequences of actions and moral reasoning
- Lack a sense of safety or belonging, may not value these
- Have difficulty trusting other people or relating to them emotionally or sexually
- Have problems with identity, self-perception, self-esteem, confidence
- Have difficulty managing or integrating new events or stresses into their life
- Be unable to manage strong emotions, seem sad or anxious much of the time
- Report more health problems and accidents
- Be more prone to drug and alcohol use, misuse, or abuse

Risk of Mental Illness and Disorders

Child abuse is a risk factor for a number of mental illnesses that may be diagnosed in childhood, adolescence or adulthood. Not all children who have suffered abuse will develop a diagnosable mental illness, but in general there is a higher risk of developing:

- A depressive illness, such as major depression or clinical depression
- Anxiety disorders, including panic disorder, social phobia, generalised anxiety disorder and post-traumatic stress disorder
- Disruptive behaviour disorders and risk-taking behaviour, including conduct disorder or oppositional defiant disorder and anti-social behaviour disorder
- Substance abuse disorders, with dependence on alcohol or other drugs
- Eating disorders such as anorexia or bulimia
- Personality disorders in adulthood

The degree to which abuse increases the likelihood of a mental illness varies from study to study. It is difficult to measure this because often there is more than one form of abuse and the circumstances vary widely. One study has suggested that victims of childhood physical abuse have a 40% chance of being diagnosed with major depressive disorder at some stage in their life and a 30% chance of being diagnosed with a disruptive behaviour disorder. In other

research, more than a third of childhood victims of physical and sexual abuse developed post-traumatic stress disorder (PTSD) during their lifetime.

Risk of Suicide and Self Harm

There is an association between childhood abuse and the risk of suicidal behaviour. One study found that a history of physical abuse increases the odds of attempting suicide by almost 5 times, while a history of emotional abuse may increase the odds of a suicide attempt by more than 12 times.

Prevention of Child Abuse

Child abuse prevention covers a broad spectrum of services and programs. It occurs at three levels: primary, secondary and tertiary prevention.

Primary prevention activities target the whole community with the general aim of raising public awareness and preventing abuse from occurring, eg:

- Media campaigns on radio or television or in print
- Personal safety programs for children
- General rules and regulations which apply to the care of children
- General parenting education programs

Secondary prevention activities target those who are considered to be at greater risk, often by providing specific services to families where the risk of abuse is elevated. Examples might include:

- Parenting education sessions aimed at high risk parents, such as young mothers or single parents with little support
- Support services for parents, such as home visits or other services
- Substance abuse treatment programs for mothers and families
- Respite care for families who have children with special needs or ill health

Tertiary prevention programs focus on families where some violence or abusive behaviour has already occurred, with the aim of preventing its recurrence and reducing negative consequences, for example:

- Family services and help-lines with trained counsellors
- Parent mentor programs using non-abusive families as role models and to provide support
- Mental health and community services which offer counselling and education for those from abusive families.

Useful web sites relating to child abuse and prevention include:

National Clearinghouse on Child Protection - http://www.aifs.org.au/nch/nch_menu.html

National Assn for Prevention of Child Abuse & Neglect – <http://www.napcan.org.au>

Reporting Child Abuse

In situations where the family presents a high risk of abuse and/or the family cannot be assisted with other interventions, children may lawfully be removed for their own protection.

People who suspect abuse, particularly those who are involved in caring for a child – including teachers – have a duty of care to report the situation to the relevant authorities. This moral and civic duty is strengthened in Australia by the provision of legislation and/or professional guidelines.

Those involved in caring for children or adolescents – such as teachers – have a duty of care to report suspected child abuse to the relevant authorities. This duty of care overrides any concerns you may have about disclosing confidential information – but you should only tell those who need to know. When you go to a new school, make yourself familiar with its policies and procedures on child protection.

Reporting by teachers is specifically mandated by legislation in some states and territories and is required by professional policies and guidelines throughout Australia. Guided by the relevant legislation and/or professional requirements, each school will have its own policies and procedures for reporting suspected child abuse. When you start at a new school, find out about the relevant policies and procedures.

If you're not working in a school, or are not sure how to report child protection concerns, contact the relevant department in your state or territory.

Departments responsible for Child Protection

NSW Department of Community Services - <http://www.community.nsw.gov.au>

QLD Department of Communities - <http://www.families.qld.gov.au>

ACT Department of Disability, Housing & Human Services - <http://www.dhcs.act.gov.au>

VIC Department of Human Services - <http://www.dhs.vic.gov.au>

TAS Department of Health & Human Services - <http://www.dhhs.tas.gov.au>

SA Dept for Families & Communities - <http://www.familiesandcommunities.sa.gov.au/>

WA Department for Community Development - <http://www.community.wa.gov.au/>

NT Department of Health and Community Services - <http://www.nt.gov.au/health>

Sources and Further Reading

Carlson, B.E. (1984) Children's observations of inter-parental violence. In A.R. Roberts (Ed.). *Battered Women and their Families*. Springer, New York.

Child Protection Australia 2003-04. (2005) *Child Welfare Series*, 36. Australian Institute of Health and Welfare. <http://www.aihw.gov.au/publications/index.cfm/title/10095>

Indermaur, D. *Young Australians and Domestic Violence, Trends & Issues in Crime and Criminal Justice* no. 195. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au>.

Jaffe, P., Wolf, D., and Wilson, S.K. (1990) *Children of Battered Women*. California: Sage Publications.

James, M. Domestic violence as a form of child abuse: identification and prevention. *National Child Protection Clearinghouse Issues Paper*, 2. Australian Institute of Family Studies, Melbourne. <http://www.aifs.org.au/nch/issues2.html>

Kaplan, S.J., Pelcovitz, D., and Labruna, V. (1999) *Child Abuse and Neglect Research: A Review of the Past 10 Years. Part 1: Physical and Emotional Abuse and Neglect*. *American Journal of Child and Adolescent Psychiatry*, 38(10), 1214-1222.

Queensland Domestic Violence Task Force (1988) *Beyond These Walls, Report of the Queensland Domestic Violence Task Force to the Minister for Family Services and Welfare Housing*, Brisbane.

Safren, S.A, Gershuny, B.S, Marzol, P, Otto, M.W & Pollack, M.H (2002). History of childhood abuse in panic disorder, social phobia and generalised anxiety disorder. *The Journal of Nervous and Mental Disease*, 190(7), 453-456.

Stein, M.B, Walker, J.R, Anderson, G, Hazen, A.L, Ross, C.A, Eldridge, G & Forde, D.R (1996). Childhood physical and sexual abuse in patients with anxiety disorder in a community sample. *American Journal of Psychiatry*, 153(2). 275-277.

Tomison, A.M. (2000) *Exploring family violence: links between child maltreatment and domestic violence*. *National Child Protection Clearinghouse Issues Paper*, 13. Australian Institute of Family Studies, Melbourne. Available on-line from: <http://www.aifs.gov.au/nch/issues13.html>

Tomison, A.M and Tucci, J (1997). *Emotional Abuse: the hidden form of maltreatment*. *National Child Protection Clearinghouse Issues Paper*, 8. Australian Institute of Family Studies, Melbourne. Available on-line at: <http://www.aifs.gov.au/nch/issues8.html>

Tomison, A.M (1995) *Update on child sexual abuse*. *National Child Protection Clearinghouse Issues Paper*, 5. Australian Institute of Family Studies, Melbourne. <http://www.aifs.gov.au/nch/issues5.html>