

# **RECOGNITION OF CHILD ABUSE AND NEGLECT**

## **Tirohanga Tukino Tamariki**

Risk Management Project  
Child, Youth and Family  
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The Risk Management Project Team has been named:

Te Ahi Mura O Te Ora: “the spark of life”.

The work of the team has been named:

Te Kahukura O Te Ao:

“the ray of light, the rainbow of opportunity”.

“Te Kahukura O Te Ao symbolises the principles and objectives relative to the Risk Management Project and this name denotes the rainbow of opportunity that exists for the restoration of the mind, body and spirit of those at risk.

Te Ahi Mura O Te Ora denotes the needs for the mauri (life-force) of the person to be rekindled back to well-being. The workers who work with those at risk carry this spark of life.

Te Kahukura O Te Ao and Te Ahi Mura O Te Ora merge as one when theory and application are united in harmony.”

–Reverend Maurice Manawaroa Gray, Kai Tahu, Ngati Porou, Rangitane, Ngati Kahungunu, Tohuka Ahurewa.



The Celtic knot is known to portray a circle of strength, bringing with it harmony, continuity and regeneration.



The koru design is based on the fern frond and symbolises growth, emergence, youth, energy and vitality.



This design represents two birds and is symbolic of a high vantage point, outward looking to the future and new beginnings.

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	4
INTRODUCTION .....	11
DEFINITIONS .....	13
RECOGNITION .....	19
SAFE PRACTICE .....	29
SIGNS OF ABUSE OR NEGLECT .....	31
CONCLUSION .....	61
APPENDIX ONE: CULTURALLY APPROPRIATE ADVISORS .....	62
APPENDIX TWO: A TYPOLOGY OF MAORI WHANAU .....	63
APPENDIX THREE: A TYPOLOGY OF PACIFIC ISLANDS FAMILIES .....	64

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# HE TAMAITI

*Ko koe he taonga ataahua o te ao*

*E te tamaiti*

*E tipu koe i roto i te mahanatanga o te whanau*

*E noho koe i raro i te maru o te korowai o te  
rangimarie me te aroha.*

*You are no less than a beautiful gift of the universe  
oh little one.*

*Grow as you deserve to grow from  
within the warmth of your family.*

*Remain as you deserve to remain  
between the mantle of love and peace.*

*Na Ruahine Crofts  
Kai Tahu*

## MIHI

Tena Koutou Katoa,  
He wa poto nei hei whakahoki mahara ki te hunga kua  
moe noatia, a, me te hunga kua whai muri nei, no  
reira, te kupu whakatau atu ia koutou, haere, moe mai i  
te Ariki, moe mai, moe mai.

Tena koutou i roto i na ahuatanga o te ao Maori, me te  
ao Pakeha, puta atu ki o tatau whanaunga tata o na  
moutere o te Moana-nui-a-Kiwa, he mihi whanui tenei  
kia koutou katoa.

Tera koa, kia whai kupu iti ake ki na tuhituhi o te  
pukapuka nei.

Tuatahi

Ka mihi ake ki na kupu whakatau a Ruahine  
Crofts, mo te “tamaiti” me te wawata kia tipu,  
kia puawai taua tamaiti, aua tamariki,  
mokopuna ranei.

Tuarua

Ka miharo mo na korero whakaatu i te kaupapa  
o te pukapuka, me ona whakamarama katoa.  
Te wehe haere ia kaupapa, ara na tikanga, na ture  
e pa ana, te wahanga Maori, puta noa, puta noa.

Tuatoru

Me panui enei whakatakotoranga kaupapa, kia  
marama ai he aha te kaupapa, na kaupapa ranei,  
a kia whai waahi ai tatou na pakeke me na  
matua o na tamariki, mokopuna, ki te rapu  
huarahi. Me pehea e tatou te tautoko, te awhina  
ranei, tenei kaupapa.

No reira e hika ma, kei whea tatou i tenei take, tautoko ranei, me waiho ranei.

Take whakamutunga, ka mihi, ka miharo ki na apiha a te Kawana, na kai mau i te kaupapa. Muri ake ko te Komiti Kaiwhakahaere, ratou tohua i roto i na roopu toko toru, ara na mema Maori, na mema o te Kawanatanga, me na mema o na moutere.

I konei ra ka tono atu ia koutou e na pakeke, me na matua, kia whai waahi tatou ki te awahi, ki te manaaki i tenei kaupapa, ko te take, ko a tatou tamariki, mokopuna.

Hei whakaoti ake, he tauparapara e hangai ana ki te tatai rangatahi tera koa kia tahuri mai, kia whakarongo, kia tautoko mai.

E taku mokai he wa poto noa koe i waenganui i te wa ka hipa.

I te wa kei te tu mai.

No reira kia tere te whakarata i to ngakau ki na ahuatanga o tou nei wa.

No reira kei na Apiha, kei te Komiti, kei na pakeke, matua, ka mutu ake i konei, tena koutou, tena koutou katou.

Na

Joe T Te Maipi, Tuhoe  
OPOTIKI



Greetings one and all!

Ah! But a brief moment to remember those who have passed on over the passage of time, and to recall those of latter days who follow. We mourn you, and into God's grace we commend you, rest in peace.

Greetings, in the hopes and aspirations of Maori, Pakeha, and our Islands relations, greetings to you all.

In providing brief acknowledgements to the cultural guidelines:

I applaud the words of Ruahine Crofts, beautifully korowai-like, desired and chosen words of love and hope for our children and youth.

I commend the thoughts and the articulation, the input of concepts of what are desired to be the best in philosophy and policy, in the interest of good management practices for children and youth.

I suggest and even urge but a moment of your time to read the contents and passages contained within this book, to help us achieve a better understanding and appreciation of the needs of social workers, their clients and of parents. The question now is, are we going to support this philosophy or leave it for a while?

In closing, I admire and am appreciative of the work and attention provided by social workers, committee members, and interested persons for services, help, guidance and care given to the Child, Youth and Family.

To the parents, elders and leaders within our communities, the task is great, but less so with your or my support.

The tauparapara by the late George Hori Tait appeals to the young to consider their responsibilities in the circumstances of their time.

My Child, you are only but a moment in between two eternities  
The past and the future  
So hasten, come to terms with the circumstances of your time.

To service providers, parents and elders,  
Kind regards

Joe T Te Maipi, Tuhoe  
OPOTIKI



## DEDICATION TO THE CHILDREN OF THE PACIFIC

Tulouna ia i lo outou mamalu sautuafafafa.

Oute fia mua'i tapa tulia i tata, ma momoli so tatou sao ia Manuvao, o Lona alofa ua maualuga le aoina o le masina i lo outou soifua ma so matou ola.

A o le 'auga o aute o le tusi, o le a tatala le avei i la outou tofa pa'ia, tatou fa'aali la outou tofa i le fa'afitauli e fa'asino i outou alo ma a tatou fanau.

Oute le tau fa'asilasilaina lo outou mamalu i le tulaga o lo tatou tofi mai le Atua, o alo ma fanau ia. O le tasi lea o 'anava a Samoa; fai mai o le au o matua, fanau.

O le mea lea e fa'apelepele ai Samoa i ana tama fanau aua o le lumana'i lea o aiga, fa'atasi ma le fa'anaunauga, 'aia ne'i motusia le Gafa.  
Samoa

'Oku fa'u 'a e fanau 'i he 'imisi 'o e 'Otua ko 'ene me'a'ofa ke malu'i, tauhi, 'ofa'i, fakamahu'inga'i mo ekinaki.

Ko e 'amanaki kinautolu 'a 'etau ngaahi kui pea mo e kakai 'o e kaha'u 'a ia te nau hoko atu hotau 'ulungaanga tukufakaholo.

Ko e tohi *Recognition of Child Abuse and Neglect* ("Fakatokanga'i 'o e ngaahi kovi'i pe pa'usi'i") ko ha toe founa pe ia 'e taha ke fakapapau'i'aki 'e ma'u 'e he fanau 'a e faingamalie ke nau tupu 'o hoko ko ha kakai'oku mahu'inga 'a ia te nau hoko atu 'a e fakamahu'inga 'o e ngaahi anga-fakafonua ki honau to'utangata pea mo e kaha'u.  
Tonga

Ko e mahani, poke agaaga ekefakakelea tama, poke fahi fakakelea, ko e puhala kelea lahi ke atihake ai ha tautolu a tau fanau. Kua mamafa lahi e tau matafakatufono he motu nei ke he mahani kelea nei. Ko e agahala kelea lahi mo e nakai lata. Kia fakamalolo ke totoko atu ke he mahani kelea nei.

Ha tautolu a tau fanau ko e tau koloa uho mai he Iki. Ko e ha tautolu a tau alcala manava. *Recognition of Child Abuse and Neglect* ko e tau poutu he kautu a noiha. Kia fakafehehe mo e fakauka kehe feakiaga fakamooli mai he fakaaalofoa noa he ha tautolu a Iki haha he lagi.

Monuina mai he Atua.  
Niue

Sa i solisoli bula ni Kalou vei keda ko ira na Gone Ialai. Sa dodonu mera taqomaki, susugi, karoni ka lomani.

Ni sai ira ga e a nodra i nuinui na noda qase. E na nodra na veigauna sa tu ki liu. Era na taukena na i tovo, na i vakarau kei na i yau ni vanua ena nodra dela ni gauna.

Na kena vulici, kilai ni nodra vakasausataki na gone, ena vukea na nodra susugi me ra tamata yaga ena nodra gauna.  
Fiji

Kia akara tatou takapini ia tatou. Ka kite tatou ite aumea takapini ia tatou, ka kite katoa tatou ite manea ote au mea natura. Te tai au mea natura e tupu nei kitea kore ia e tatou, te tai taime te akangaropoina ia nei. No te mea e iti tangata okotai tatou e mataora ana

tatou ite au mea e rave nei tatou mate anga akaou mei roto mai iteia au apinga oronga ta teatua I tuku mai kia tatou. Te manea ote au tiare e te tau meitaki ote au mea ora te mana e te maroiroi o teia au mea kua oronga mai te reira ite mareka mate akamaara mai kia tatou ite puapinga maata e to tatou tika anga kia akono meitaki paruru e te tiaki meitaki ia ratou.

Mei koia katoa te au tamariki kua tuku mai te atua ia ratou ki roto ita tatou akatere anga. Kua riro katoa ratou meite au tiare ite manea. Kua apai katoa mai ratou ite manea ete mataora ki roto I to tatou au ngutuare e te koputangata. Kua akare mai ratou ite maroiroi ote manako e te vairua mate irinaki pakari katoa ki roto I te tai aronga. Te mataora ete rekareka te tika ote manako kimi ete maru meite pepe rai. Mei to tatou au tupuna rai, ka timata tatou ite arua te akono meitaki ete tauturu ita tatou au tamariki. E apii tatou ia ratou ite tika ete tarevake kia riro ratou ei akara anga meitaki ki teia au apiianga. E akamaroiroi tatou ite paruru ita tatou au tamariki mei te au manamanata tate au mea natura te ka apai mai kia ratou pera katoa te au manamanata tate tangata manako kore ka apai mai ki runga ia ratou. Ko tatou kote iti tangata te kite nei tatou te puapinga au ta tatou au tamariki te aru nei tatou ite au takainga te ka tau ite apai ia ratou kirunga ete akaperepere ia ratou. Meite mama moa e akaputupu itana anau ki raro ake iaia ei paruru ia ratou, kia tera katoa tatou ite kimi ravenga anga ite paruru ita tatou au tamariki meite au tu takinokino katoatoa. Ko ratou te ka arataki ito tatou iti tangata ite au tuatau kimo.

Cook Islands

It is fair to highlight the fact that Pacific Peoples with their many diverse cultures live within two dominant cultures in Aotearoa – Maori and European. There are obvious differences between these cultures in the way they view the world. Common to all cultures is the importance and value placed on children.

Children are created in God's image as His gift to be protected, nurtured, loved and treasured. They are the hopes of our ancestors and the future life of our current existence and all its heritage.

The book, *Recognition of Child Abuse and Neglect*, is another way of ensuring children have the opportunity to develop into valued and important human beings who will carry forward the wealth of culture and traditions into generations to come.

## INTRODUCTION

This book has been written to assist the recognition of signs that suggest a child or young person is being abused or neglected.

Traditionally, child protection guides have categorised abuse under headings such as physical, emotional, sexual abuse and neglect, and have then gone on to explore the physical and behavioural signs in relation to the child or young person. However, there are potential problems with this approach, in that it begins with a conclusion that an abuse type is suspected and narrowly focuses the investigation towards that type of abuse.

Often, child abuse and neglect are found where parenting is inadequate and the family system is not working well. A cycle of abuse may begin which harms the child or young person both physically and psychologically. In these situations it is often inaccurate to say a single type of abuse is present. Such a conclusion could even endanger the child or young person further if it fails to identify the full extent of the abuse or allow for appropriate intervention for all of the consequences to the victim.

It is not helpful to isolate types of abuse. Social workers should consider that multiple abuse types may be present. Emotional harm is a component of all abuse types. Social workers must also consider that a child or young person who is being sexually abused may also be neglected or physically and emotionally abused through physical assault, coercion, intimidation and/or isolation.

This book encourages a different approach to the recognition of abuse and neglect. Rather than focusing on an abuse type, it directs the investigation to the signs of abuse and neglect in relation to the child or young person, examining:

- disclosure as a sign of abuse and neglect
- physical signs
- behavioural signs
- developmental signs
- parent, caregiver or family signs.

Following investigation of the signs of abuse and neglect, the social worker, in consultation with child protection specialists, determines whether abuse and neglect has occurred and, if so, which types of abuse and neglect are present.



## Legal definition

Child abuse means the harming (whether physically, emotionally or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person. (Section 2, Children and Young Persons Amendment Act, 1994.)

## Family violence

For the purposes of these guidelines, family violence will be defined in accordance with Section 3 of the Domestic Violence Act 1995 and the New Zealand Government Statement of Policy on Family Violence.

The New Zealand Government Statement of Policy on Family Violence defines family violence as:

*a range of behaviours perpetrated by partners and former partners, family members, household members and within other close personal relationships.*

Family violence encompasses:

- physical abuse
- sexual abuse
- psychological abuse.

Psychological abuse is defined as including intimidation, harassment, damage to property, threats of physical, sexual or psychological abuse, and (in relation to a child or young person) causing the child to witness the physical, sexual or psychological abuse of another person.

“Victims” refers to all victims of family violence, including children and young people who witness family violence.

## Physical abuse

Physical abuse is any act or acts that result in inflicted injury to a child or young person. It may include, but is not restricted to:

- bruises and welts
- cuts and abrasions
- fractures or sprains
- abdominal injuries
- head injuries
- injuries to internal organs
- strangulation or suffocation
- poisoning
- burns or scalds.

Such injury or injuries may be deliberately inflicted or the unintentional result of rage. Regardless of motivation, the result for the child or young person is physical abuse.

## Sexual abuse

Sexual abuse is any act or acts that result in the sexual exploitation of a child or young person. It may include, but is not restricted to:

- non-contact abuse
  - exhibitionism
  - voyeurism
  - suggestive behaviours or comments
  - exposure to pornographic material
- contact abuse
  - touching breasts
  - genital/anal fondling
  - masturbation
  - oral sex
  - object or finger penetration of the anus or vagina
  - penile penetration of the anus or vagina
  - encouraging the child or young person to perform such acts on the perpetrator
- involvement of the child or young person in activities for the purposes of pornography or prostitution.



## Emotional/psychological abuse

Emotional abuse is any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person. It may include, but is not restricted to:

- rejection, isolation or oppression
- deprivation of affection or cognitive stimulation
- inappropriate and continued criticism, threats, humiliation, accusations, expectations of, or towards, the child or young person
- exposure to family violence
- corruption of the child or young person through exposure to, or involvement in, illegal or anti-social activities
- the negative impact of the mental or emotional condition of the parent or caregiver
- the negative impact of substance abuse by anyone living in the same residence as the child or young person.

## Neglect

Neglect is any act or omission that results in impaired physical functioning, injury, and/or development of a child or a young person. It may include, but is not restricted to:

- 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 and/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 functioning and/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 or young person.

## Maori Perspectives on Abuse Types

### Physical abuse

For some whanau the use of harsh discipline has become a way of life. This attitude to discipline places children and young people at risk. Whanau attitudes and behaviours detrimental to child safety must be challenged. Intervention must address the re-education and empowerment of whanau to change attitudes, values and behaviours.

Acts of violence that threaten the safety and well-being of tamariki and mokopuna are unacceptable to Maori communities.

Traditional whanau will usually oppose physical punishment directed towards tamariki and mokopuna. Tikanga provides the basis for whanau to discipline and guide tamariki and mokopuna. Elders are available to discourage unreasonable or unacceptable behaviour by offering aroha and manaakitanga.

Traditional models of child rearing which include commitment by whanau to child protection are practised within nga kohanga reo.

"Kaua e patu nga tamariki,  
Don't hit children",  
is the guiding philosophy.

### Sexual abuse

In traditional Maori communities, sexual abuse was and is unacceptable to victims, whanau, hapu and iwi.

"Traditional Maori lore (with tribal distinctions) inflicted harsh penalties on perpetrators of rape, incest and violation of women and children; such as death, or permanent banishment from iwi and loss of the right to inclusion in whakapapa."

(Kiwa Hutchen, Te Whanau a Maru, Te Whanau a Apanui, 1996)

Some whanau display tendencies to enclose the knowledge of the abuse problem if the perpetrator is whanau, confining it because:

- the whole whanau system could be exposed to absolute shame and embarrassment
- a whanau perpetrator brings humiliation upon the whole whanau; consequently the status of the whanau within Maori communities is lowered.

The integrity, status and name of the whanau and its ancestors is then viewed differently or even questioned.

## Emotional/psychological abuse

There are many signs of emotional abuse that will manifest themselves in many different ways, depending on the whanau structure and the support networks within.

A serious consequence of emotional abuse for the Maori child can be described as that of a broken spirit.

Common forms of emotional abuse can occur through:

- prolonged aggression and/or hostile glaring, creating feelings of inadequacy and stupidity for the child, intensified by the absence of positive reinforcement and aroha
- continual verbal put-downs and/or verbal attacks resulting in the child feeling humiliated and ashamed (whakama)
- scapegoating: the singling out of a particular child for admonishment and punishment regardless of the child's involvement in the problem. For example, within the immediate whanau, this child could be:
  - constantly singled out for verbal or physical punishment by parents, whanau caregivers or siblings
  - experiencing feelings of isolation and alienation within his or her own whanau, which could be caused by involuntary exclusion from whanau activities and events such as meals, events, celebrations and social or community activities.

The moving of the whangai (foster) child from whanau to whanau can create feelings of:

- insecurity
- not being wanted
- rejection
- an inability to ground or orient oneself.

However, the traditional practice of whangai placement of children within whanau, hapu, or iwi usually results in positive benefits for both the child and whanau, hapu, and iwi. An understanding of tikanga Maori is required to be able to distinguish between situations when whangai are fostered in a protective environment and nurtured with aroha and manaakitanga and when they are not.

## Neglect

Whanau neglect is when tamariki or mokopuna, through the actions or inactions of others, are unable to access all the benefits of proper whanau relationships. This may result in impaired physical, mental, spiritual and emotional well-being. Evidence of this impairment includes persistent hunger, thirst or malnutrition; inadequate clothing, hygiene, living conditions or medical attention; or inadequate supervision, care and protection.





## Guiding Principles

The severity of a sign does not necessarily equate with the severity of the abuse. Severe, potentially fatal injuries are not always visible. Severe emotional and/or psychological impacts of abuse may appear only in the longer term. It is essential to see and, if age-appropriate, talk to the child or young person. Be aware of explanations that do not match the signs. Those you interview will not necessarily be truthful with you.

It is essential to seek competent specialist advice, either medical, psychological or cultural. If a situation appears to justify removing a child or young person to safety, it also justifies urgent specialist assessment. Collective discussion about emergency action is preferable to individual response.

Neglect is as potentially fatal as physical abuse. It may also be a precursor to, or go along with, other forms of abuse. It must be treated seriously.

Child abuse and neglect are not restricted to any socio-economic group, gender or culture. Keep an open mind. All signs must be considered in the wider situational context of the child or young person and their family or whanau. Be sure you seek sound cultural advice. Culture is no excuse for abuse and neglect. The best people to challenge culturally unsound excuses for abuse are respected and authoritative members of that particular culture who have knowledge and skills in child protection.

A child's or young person's behaviour is no excuse for abuse and neglect. Children or young people may be described as difficult or hyperactive. However, abusive behaviour is the responsibility of the adult perpetrator regardless of the behaviour of the child or young person.

A parent's or caregiver's stress or deprivation is no excuse for abuse and neglect. Such explanations may help to explain the context in which abuse and neglect occurred. However, abusive behaviour is the responsibility of the adult perpetrator. Beware of blaming, justification and rationalisation as excuses for abuse and neglect. Minimising is also a common dynamic.

The abuse of one child indicates the need to investigate the possible abuse of siblings or other children and young people with whom the perpetrator has had contact.

The aim of child protective services is to promote positive and enduring change in the lives of children, young people and families. All action taken with respect to children and young people must reflect the principles and objectives of the Children, Young Persons, and Their Families Act 1989 (CYP&F Act). Priority must be given to the safety and well-being of the child or young person.

## Te Kaupapa: The Philosophy

Child, Youth and Family's aim is to promote and enhance the well-being of tamariki, mokopuna and their whanau, hapu and iwi, in accordance with the objects and principles of the CYP&F Act.

If tamariki and mokopuna are deemed to be at risk of serious harm of tukino tamariki (child abuse and neglect), the safety of tamariki and mokopuna must be paramount.

Recognition of tukino tamariki will always have cultural connotations. Safe practice requires workers to seek culturally appropriate, specialist advice.

The culturally appropriate specialist will be:

- someone who has been brought up within their own culture, whanau, hapu and iwi
- someone who can describe cultural symbols, that is, has adequate knowledge of tikanga Maori
- someone who is able to access elder knowledge from kaumatua and pakeke
- someone who believes in wairuatanga, the spiritual wellness of tamariki and mokopuna and their whanau, hapu and iwi
- someone who carries the mana of their whanau, hapu and iwi
- someone who is familiar with the dynamics of tukino tamariki.

Guilt, shame, whakama and fear of consequences may encourage whanau to lie, or to cover up the issues, by enclosing knowledge of the abuse and neglect problem within the whanau system.

Verification of whanau korero (discussions) may be necessary.

"Teika is not tika". Those whanau members who are untruthful or dishonest can sometimes be quite believable. It is important to check out within whanau, hapu and iwi if korero (explanations and information) is "tika" (correct), or "teka" (untrue).

Whanau raruraru, problems, stress, deprivation, blaming, justification or rationalisation of abusive behaviour are no excuse for tukino tamariki.

Tukino tamariki affects the whole whanau. Any assessment required of tamariki and mokopuna implies that an assessment of the whanau will be necessary. The child should not be seen in isolation.



## Pacific Peoples' Principles

Specialist assessment includes assessment by a Pacific Peoples cultural advisor (see Appendix One) at every stage of the child protection process.

Abuse and neglect are signals that intervention is necessary. A cultural analysis should be completed during and following assessment of recognition of child abuse and neglect, in conjunction with the cultural advisor.

Cultural analysis will include:

- recognition of all signs of child abuse and neglect [specific and non-specific as examined within the total context of the family, aiga (Samoa), kainga (Tongan), magafaoa (Niuean), mataqagali (Fijian), anau (Cook Islands)]
- an assessment of the relationship between the victim and the perpetrator
- an assessment of the child's or young person's behaviour and their relationships with family. Of particular concern would be a child or young person who is anxious, withdrawn, behaving in a violent manner, or who is nervous or fearful, rather than respectful, of his or her family
- an assessment of the ability of all members of the family to protect and care for the child.

Explanations by family that do not match signs of maltreatment should be checked with a cultural advisor.

Pacific Peoples families may be untruthful for the following reasons:

- the fear of having their children removed from their care
- the fear of having to face up to the shame and stigma of the involvement of Child, Youth and Family or police intervention, and its consequences
- the fear of losing the right to raise their children and to discipline them in the manner they believe to be correct.

In Aotearoa, Pacific Peoples families are sometimes at risk of neglecting their traditional parental roles, obligations and duties. This is because the Pacific Peoples communal way of living has broken down due to economic circumstances, social dislocation, isolation from support structures and environmental factors such as poor housing, lack of education and poor health.

A parent's or caregiver's stress or deprivation, or a child's or young person's behaviour, is no excuse for abuse and neglect. However, such explanations may assist to explain the context in which abuse and neglect occurred. For example, Pacific Peoples families may have financial obligations which create added stress, or their children may be behaving in a manner which is not acceptable to Pacific Peoples norms and traditions. Even in these situations, abusive behaviour by any person is not acceptable.

## Guidelines for Recognition

### STEP ONE: Consider the possibility

Always consider the possibility of abuse and neglect when a child or young person is injured, appears distressed or depressed without obvious reason, has persistent or new behavioural problems or displays unusual or fearful responses to caregivers.

### STEP TWO: Look for signs of abuse

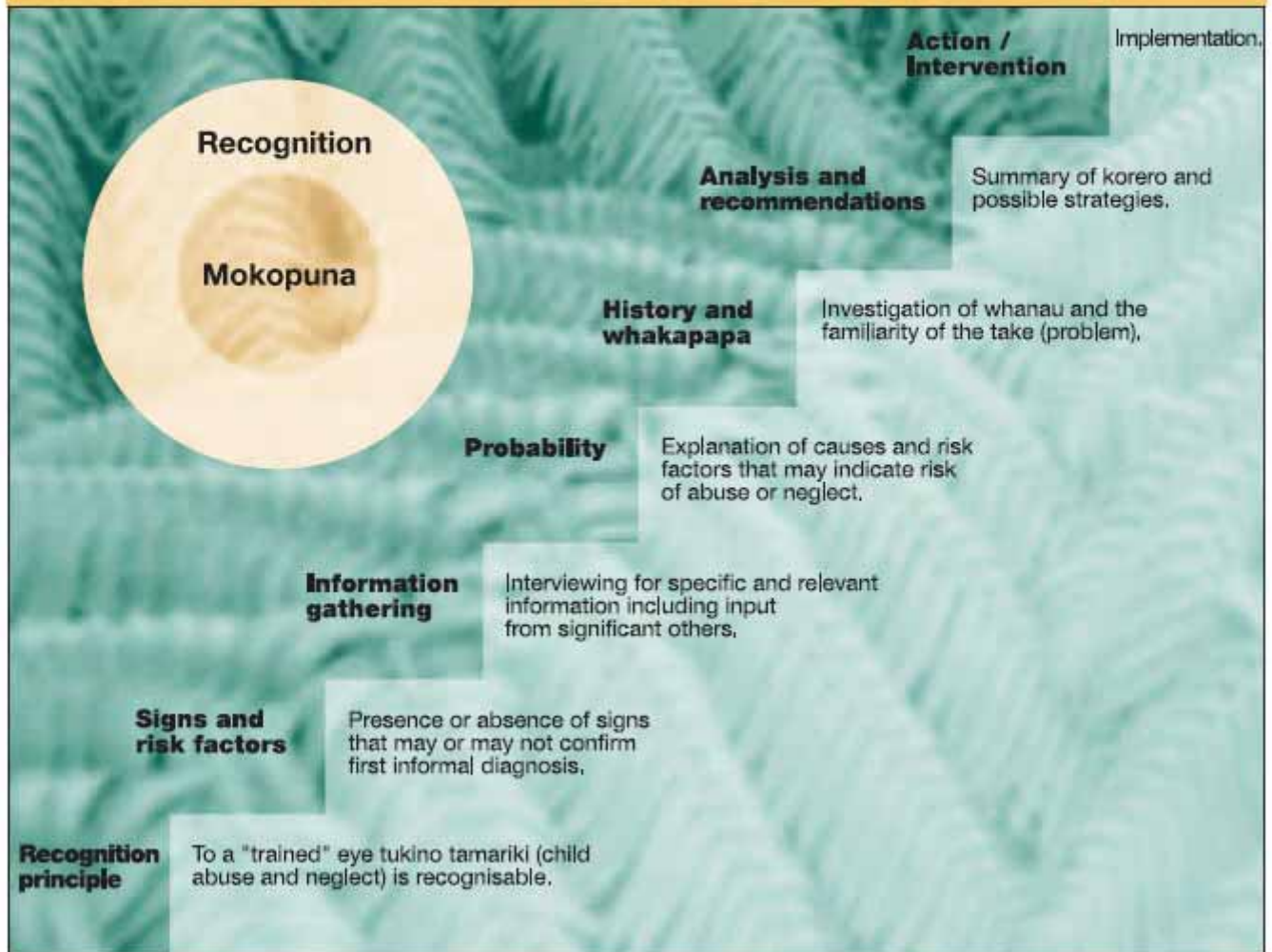
Look for physical, behavioural, or developmental signs, parent, caregiver or family signs, and disclosure as a sign of abuse and neglect. A cluster or pattern of signs will provide more support for a finding of abuse and neglect.

Some signs are more specific to abuse than others. These include:

- disclosure of abuse and neglect by a child or young person
- age-inappropriate or abnormal sexual play or knowledge
- specific sites of injury on the body or patterns of injuries
- development of signs in one or more categories at the same time (for example, developmental delay, physical injury and behavioural signs together indicate a pattern).

Most signs are non-specific to abuse and neglect. They must be examined in the total context of the child's or young person's situation. Consider other possible explanations for signs and whether specialist assessment is required to determine these and to assist with developing an investigation plan.

# Te Poutama: Guidelines for Recognition of Abuse and Neglect



### **STEP THREE: Document all information**

Obtain as much detail and specific information as possible. Accurately record your observations and interviews.

- Word-for-word recording of disclosures is especially important.
- Date information, sign legibly and record the time it was gathered.
- Note the specific times of any incidents.
- Describe the places of any incidents.
- Detail who was present.

Indicate who provided the information and what their relationship is to the family. Why have they reported today?

State whether or not you consider the child or young person is in danger, and what action you have taken to ensure their safety. Seek advice from your legal service if you require legal mechanisms to effect safety of the child or young person.

### **STEP FOUR: Check stored information**

Check computer records for earlier notifications of abuse and neglect. Look through paper files both current and closed.

Request information from hospitals regarding notes and Accident and Emergency cards. Enquire with police, schools, kura kaupapa, health nurses, Plunket, pre-schools and nga kohanga reo about concerns regarding child abuse and neglect.

Be aware of alternative names families may use or be registered under, such as family of origin, married or de facto names, aliases or nicknames.

## Guidelines for Disclosure of Abuse and Neglect

If a child or young person can communicate verbally, in writing or through sign language, anything they communicate that may indicate abuse and neglect is of importance.

Caution: use of leading questions may compromise evidence for the courts. Record exactly what the child or young person communicates in their own words as soon as possible. Allow free, uninterrupted recall.

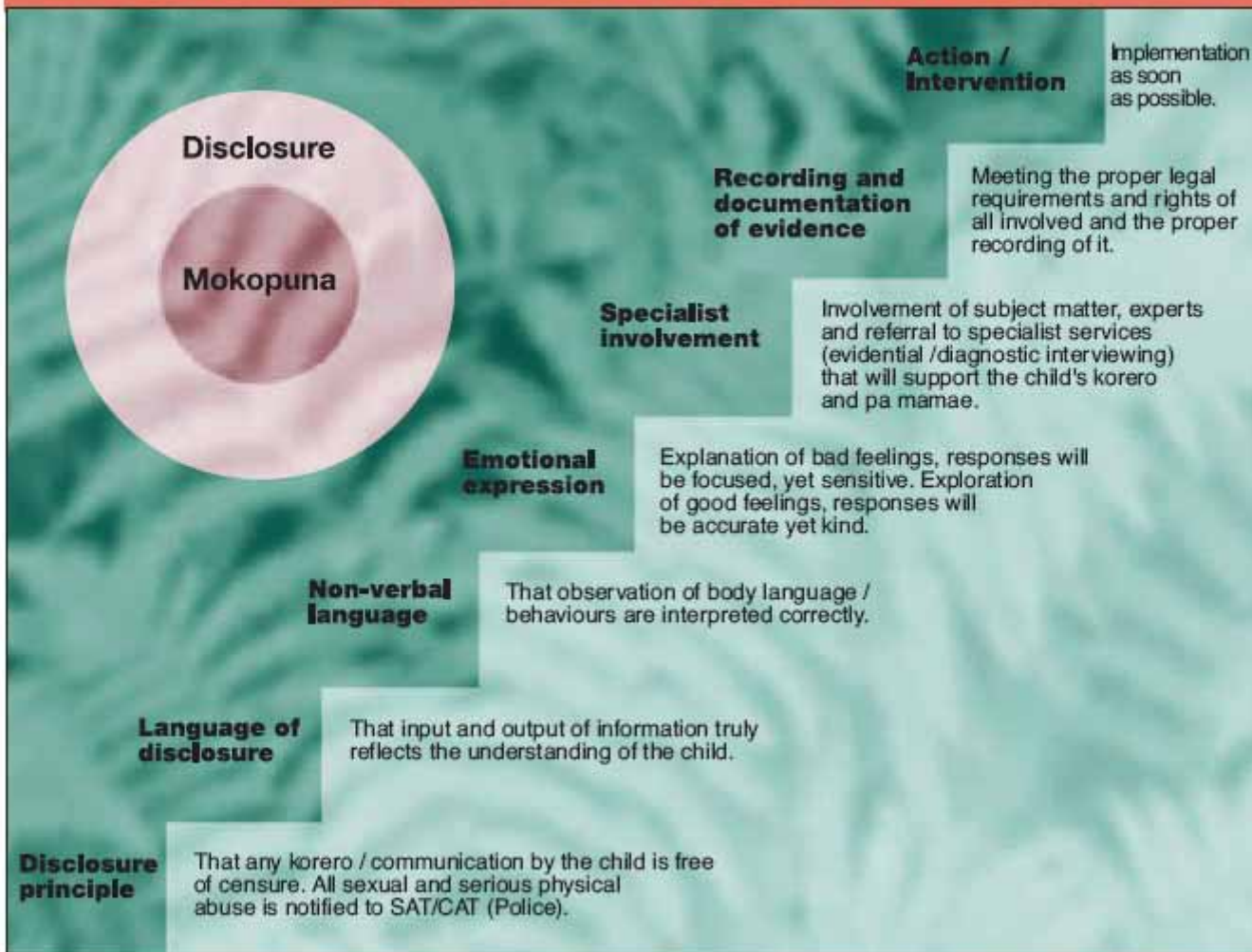
In all cases of sexual abuse and serious physical abuse, the Serious Abuse Team/Child Abuse Team (Police) or SAT/CAT must be notified. A worker other than yourself, who is trained and competent in evidential interviewing techniques, may then proceed according to the guidelines established for interviewing in “Evidential and Diagnostic Interviewing on Video under the Evidence Amendment Act 1989: Joint NZCYPS and Police Operating Guidelines”. Strict adherence to the Guidelines is essential if the evidence is to be of value for any court proceedings that may follow. **Do not quiz the child for further information or attempt to interview the child.**

A child’s or young person’s story will often be incomplete and may be delayed. They may nominate another person rather than themselves as the victim and/or another person’s family member as the offender until they feel safe enough to disclose the full information, making such statements as, “a friend of mine has a problem”, or “my friend’s uncle does yukky things to him”.

Record the general emotional condition of the child or young person, and their specific emotional condition in relation to their parents or caregivers. Note any contrasts: for example, if they are open and talkative with their teacher, but fearful and withdrawn with their caregiver.



# Te Poutama: Guidelines for Disclosure of Abuse or Neglect





## The Rules of Safe Practice in Child Protection

See and talk (if age-appropriate) to the child or young person.

Remember that the needs of the child or young person are paramount and that the child or young person must always be the primary concern.

Do not conduct a detailed interview of the child or young person when sexual abuse is suspected.

Never work alone.

Record, record, record.

Use the minimum necessary intervention **consistent with the safety and well-being of the child.**

Use supervision actively.

Develop your own health and safety plan.

Safe practice involves wide consultation outside of Child, Youth and Family.

Provide child protection that is child-focused and family-centred.

## A Maori Perspective on Safe Practice

*"Hutia te rito o te harakeke  
Kei whea te komako e ko."*

*If you take away the heart of the flax  
From where will the bellbird sing?*

### Karakia

Before kai mahi (workers) approach whanau, it is tika (correct) to begin with karakia (prayer). Karakia ensures that the spiritual safety of all is upheld:

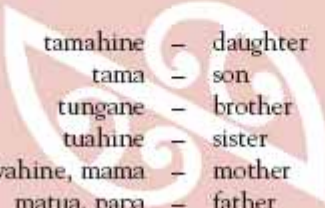
- the spiritual safety of tamariki and mokopuna
- the spiritual safety of whanau, hapu and iwi
- the spiritual safety of workers.

Karakia is the first important step in the healing of all who have been affected by the take (child abuse issue).

### Whakawhanaungatanga

An important step in establishing whanau networks is identifying the relationship of the kai tonotono (notifier) to the child or young person, and to the whanau, hapu, and iwi networks of the child or young person. Equally important for workers is to have clarity in identifying and understanding whanaungatanga (relationships), that is, who is connected to and is important to the child or young person and the child's or young person's well-being.

For example, relationships such as the following need to be identified:



tamahine	–	daughter
tama	–	son
tungane	–	brother
tuahine	–	sister
matuawahine, mama	–	mother
matua, papa	–	father
whanaunga	–	relation
whangai	–	foster child
kuia, taua	–	grandmother
koro, poua	–	grandfather
whaea	–	aunt, mother
matua keke	–	uncle, aunt
matua whangai	–	foster parent

### He mokopuna, he taonga

Always acknowledge that tamariki and mokopuna are a tapu part of whanau and are precious. Child protection workers are advocates to ensure that the safety and well-being of tamariki and mokopuna are paramount. This is both within or outside of the family, whanau, hapu and iwi systems.

### Whakamana te whanau

At all times kai mahi need to uphold and honour the mana and dignity of the whanau. Incidents of tukino

tamakiri are situations of whakama (shame), and this can be turned around by child protection work being child-focused and whanau-orientated.

## Kia tupato

Communicating child abuse and neglect issues in a respectful manner is an essential practice requirement. Talking about fearful or violent matters that place children at risk is difficult, and may require kaumatua support or assistance. Beware of issues of cultural relativism, which is behaviour that is justified or rationalised as being appropriate to a particular group of people or culture and therefore is seen to be beyond reproach or challenge.

## Safe Practice

Safe practice includes being able to engage and build a rapport with whanau to establish an understanding of their perception of culture and tikanga. An assessment of whether the whanau is one of the following is important: traditional whanau, new traditional whanau, assimilated whanau, global whanau and marginalised whanau (see Appendix Two).

Safe practice means working in the belief that all families are unique and different, and within that difference is their own individual understanding of their tikanga and culture. The role of the social worker is to learn what is culturally important for the whanau (in order to strengthen whanau as well as to provide resources).

Safe practice requires clarity about the dangers and risks associated with workers colluding with whanau.

Safe practice results in the ability to recognise signs of safety as well as signs of danger. For example, social workers recognising the family's strengths as well as its deficits, and recognising appropriate whanau who can care for and protect tamariki and mokopuna and who will challenge those who don't.

Awhi mai, awhi atu. Do not work alone. Seek supervision, coaching, support, advice and consultation from supervisors, peers, kaumatua and pakeke. Assist others also when your own expertise will benefit tamariki and mokopuna.

Record, record, record, without bias, without ambiguity, with respect.

Networks and sources for accessing knowledge and whanaunga (relationship sources) for kai mahi Maori (Maori workers) will often be outside of Child, Youth and Family services. Such sources and networks are found in local runanga, marae, community services, and iwi-based services.

Part of safe practice involves understanding that whanau who are tuturu (staunch believers of upholding and preserving tikanga Maori) will require social workers to be fluent speakers of, or to have adequate knowledge of, te reo Maori (including variations in tribal dialects); to have in-depth knowledge of individual tribal kawa, customs or protocols; or alternatively to access and work together with a culturally appropriate specialist.

## Pacific Peoples' Perspectives on Safe Practice

Child protection workers should be respectful in all dealings with Pacific Peoples parents or caregivers by seeking permission before a child or young person is seen or spoken to (in relation to issues of abuse and neglect). However, if by seeking parental consent the child or young person is placed at risk of further abuse and neglect, the child's or young person's well-being must be paramount and of primary concern. When working with Pacific Peoples families, child protection workers should actively seek and use cultural consultation.

When working with families where English is a second language (or not spoken at all), child protection workers should access appropriate Pacific Peoples interpreters to assist communication.

Child protection workers should seek appropriate cultural advice, unless the worker is from the Pacific Island groups and has an in-depth understanding of the culture with which they are working. Pacific Peoples workers should be able to distinguish the social, developmental and behavioural signs unique to Pacific Peoples children.



# SIGNS OF ABUSE AND NEGLECT

## Investigate physical signs

Bruises & welts	Pregnancy
Cuts & abrasions	Non-organic failure to thrive
Scalds & burns	Malnutrition
Fractures	Dehydration
Head injuries	Inadequate hygiene
Abdominal injuries	Poor circulation
Genital injuries	Poisoning
Sexually transmitted diseases	Suffocation

**Recognise disclosure as a sign of abuse**

## Examine parent, caregiver or family signs

Exposure to family violence	Corrupting
Unrealistic expectations	Isolating from family, friends or culture
Terrorising	Rejecting
Oppressing	Humiliating
Inappropriate or inconsistent discipline	Neglecting
	Dependency
	Flight
	Closure

**THE CHILD**

## Observe behavioural signs

Aggression	Overly responsible
Frozen watchfulness	Obsessions
Withdrawal	Sexual behaviour
Anxiety and regression	Substance abuse
Fear	Suicidal thoughts/plans
Sadness	Self-mutilation
Defiance	

**To Determine**  
 Physical Abuse  
 Emotional Abuse  
 Neglect  
 Sexual Abuse  
 Multiple Abuse Types

## Identify developmental signs

Overall developmental delay	Specific delay:
Unusual development patterns	motor
	emotional
	speech & language
	social
	cognitive
	vision & hearing

This chart is a checklist for recognising abuse.



## Tohu a tinana

Kai mahi a iwi should be able to recognise the signs of:

te maru me te karawarawa  
te motu me te riwha  
te wera me te tahu (o te kiri)  
nga whati o te iwi  
nga whara o te mahunga  
te whara o te puku  
te whara o te taihemahema  
tahumaero tokai  
haputanga  
oranga kore  
mate kore kai  
mate kore wai  
tikanga akuaku  
kua kore nga toto i rere pai i te tinana  
paitinitanga  
whakahemanawa



## Tohu whanonga

Kai mahi a iwi should be able to recognise the signs of:

ahua pukuriri  
tirohanga matakana  
ahua whakatonga  
te maharahara me te matahoki  
te wehi  
te pouritanga  
te wananga  
te takohanga nui rawa  
nga pokenga  
whanonga taera  
nga kai kino mo te tinana  
whakaaro whakamomori / kaupapa whakamomori  
tihae tinana

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

## Physical signs

Social workers should be able to recognise the signs of:

bruises and welts  
cuts and abrasions  
scalds and burns  
fractures  
head injuries  
abdominal injuries  
genital injuries  
sexually transmitted diseases  
pregnancy  
non-organic failure to thrive  
malnutrition  
dehydration  
inadequate hygiene  
poor circulation  
poisoning  
suffocation

## Behavioural signs

Social workers should be able to recognise the signs of:

aggression  
frozen watchfulness  
withdrawal  
anxiety and regression  
fear  
sadness  
defiance  
overly responsible  
obsessions  
sexual behaviour  
substance abuse  
suicidal thoughts or plans  
self-mutilation

## Tohu o te whanau

Kai mahi a iwi should be able to recognise the signs of:

te whakarae ki te kino o te whanau  
tumanako mariko  
e whakamataku ana  
pehi whakararo  
raupapa maioro  
whakakino  
whakawehea  
whakahoea  
whakamorarotia  
whakangongotia  
maurutanga  
te rerenga o te whanau  
te kounutanga o te whanau



## Tohu whanaketanga

Kai mahi a iwi should be able to recognise the signs of:

whakatarunatanga o te ao  
/ whakatarungatanga noa  
whakatarunatanga tuturu

- ♦ o te ua
- ♦ o te aronganui
- ♦ o te reo
- ♦ o te nohoanga-a-iwi
- ♦ o te mohiotanga
- ♦ o te tirohanga
- ♦ o te whakarongo

tupuranga ketanga

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

## Family signs

Social workers should be able to recognise the signs of:

exposure to family violence  
unrealistic expectations  
terrorising  
oppressing  
inappropriate or inconsistent discipline  
corrupting  
isolating  
rejecting  
humiliating  
neglecting  
dependency  
flight  
closure

## Developmental signs

Social workers should be able to recognise the signs of:

overall developmental delay  
specific delay

- ♦ motor delay
- ♦ emotional delay
- ♦ speech and language delay
- ♦ social delay
- ♦ cognitive delay
- ♦ vision delay
- ♦ hearing delay

unusual development patterns

## Nga tohu mate wairua: Signs of spiritual unwellness or spiritual imbalance

Kai mahi a iwi should be able to recognise:

- whanau, hapu and iwi
- kainga tuturu
  - traditional places of origin of whanau, hapu and iwi
- tupuna figures
  - ancestral figures of the past, the present and the future
- aroha, awhina, manaakitanga
  - the existence of loving, protective and caring relationships between tamariki, mokopuna and their whanau, hapu and iwi
- value and belief systems
- moral values.

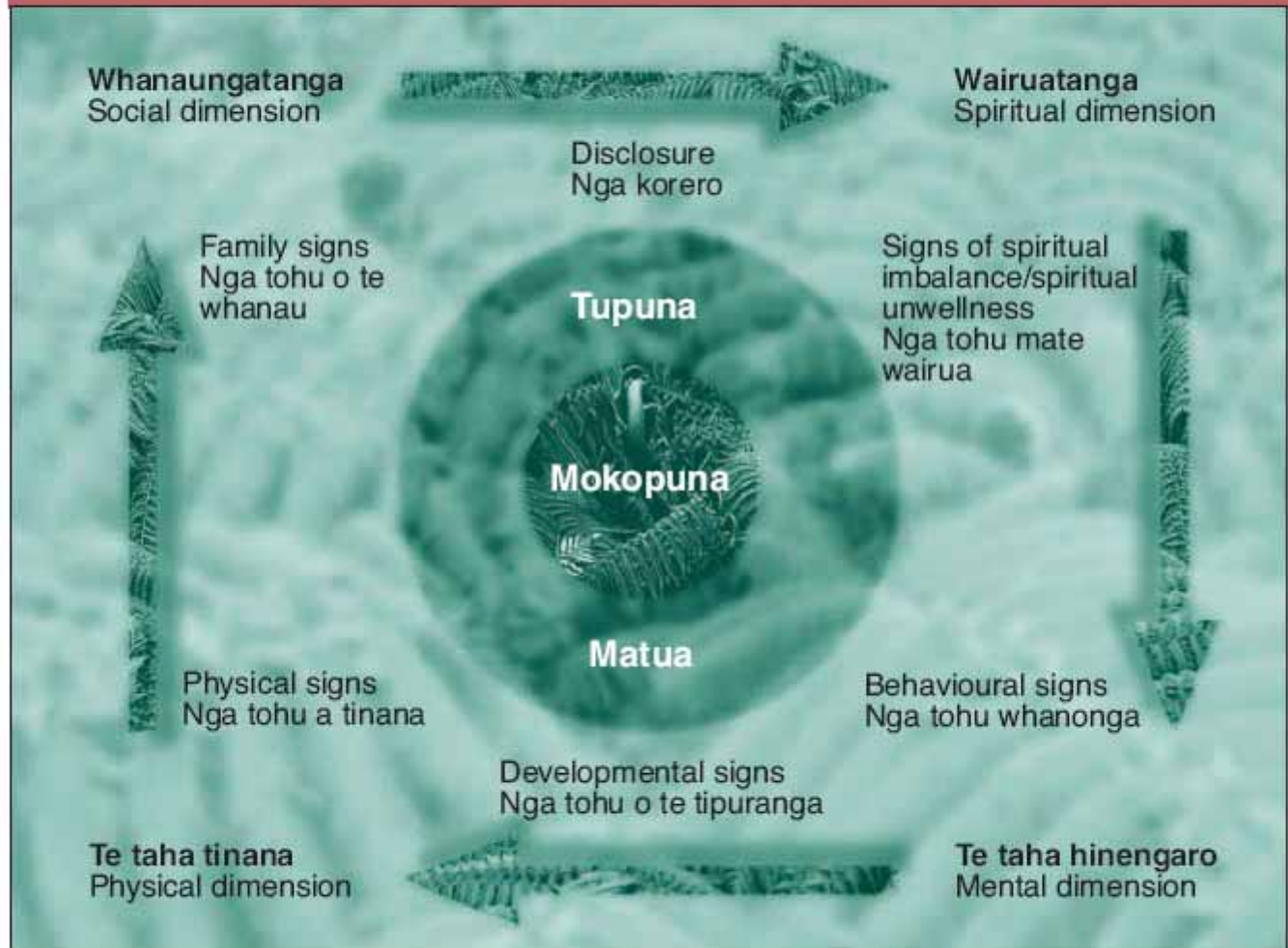
Kai mahi a iwi may or may not be able to recognise:

- mate Maori, Maori sickness
- the presence of “another force or forces”
- supranatural influences.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

# NGA TOHU TUKINO TAMARIKI

## Signs of Abuse or Neglect



## Nga tohu tukino tamariki

The diagram depicts the signs that enable workers to recognise tukino tamariki. All signs are interrelated, that is, they impact holistically upon the health, safety and well-being of tamariki and mokopuna.

## Mokopuna

Mokopuna literally means the sign, symbol, or blue print of the source. Grandchildren are the living symbol of their tupuna (ancestors). Mokopuna carry forth from tupuna their teachings and whakapapa into the future generations.

“He Mokopuna, He Taonga.” Children are a sacred gift passed down from their ancestors.

## Whanaungatanga

Tamariki and mokopuna are dependent upon the proper functioning of their whanau. If a whanau is dysfunctional, whanau relationships will not be fulfilling their proper roles and responsibilities to tamariki and mokopuna.

Whanaungatanga is fundamental to the proper functioning of Maori society. Therefore, within Maori society, child abuse and neglect implies whanau abuse and neglect, hapu abuse and neglect, and iwi abuse and neglect.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

## Wairuatanga

The spiritual health and safety of tamariki and mokopuna are dependent upon workers being able to recognise:

- whanau, hapu and iwi
- kainga tuturu
- tupuna figures
- aroha, awhina, manaakitanga
- value and belief systems
- moral values.

Workers may also be aware of another force or supernatural influences being present when working with whanau. Culturally appropriate, specialist advice should be sought (from a wide range of specialists such as doctors, psychiatrists, tohunga, etc.).



## **Te taha tinana:**

### **The physical dimension of well-being**

The body is the sacred sanctum of the soul. Both need to be skilfully nurtured as neither can exist without the other. If physical signs of tukino tamariki are evident, the physical, spiritual and emotional well-being of tamariki and mokopuna is endangered.

## **Te taha hinengaro:**

### **The dimension of the mind**

Te taha hinengaro is the forecourt of the brain, where thoughts, feelings, inclinations, moods, emotions, morals and the conscience exist, with the assistance of aroha, manaakitanga, awhina and nurturing. Tukino tamariki is detrimental to the mental and emotional well-being of tamariki and mokopuna and their whanau, hapu and iwi.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.



## Signs of Disclosure

### Child or young person

Children or young people may disclose abuse directly but will often give a story that is tentative, incomplete or uses displacement. Behaviours may include:

- comments such as: “I know someone who ...”, “dark shadows at night ...”, “I’ve got a secret ...”
- acting out with dolls
- raising other issues of inquiry, such as: “I don’t like Auntie B”
- self-mutilation and suicide attempts, attention-seeking behaviour
- sexualised drawings, artwork, written expression, and other play
- refusal of everyday activities, such as: “I don’t want to go to the toilet at home”
- use of language needing interpretation: “He did wees on me”.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child’s or young person’s situation.

### Parent or caregiver

Disclosure of abuse may come from a non-offending or protective parent or caregiver. It is less likely to come from perpetrators or from the partner colluding with or under the power of the perpetrator. In some situations (as in sexual abuse), children and young people will actively conceal what is happening in an attempt to protect a non-offending parent or the perpetrator.

There are a number of features in the account given of an injury that may give concern that concealment of abuse has occurred. These are:

- delay in seeking help for injuries
- differences in accounts, either between caregivers and witnesses, or from the same witness over time
- explanation for the injury that appears inconsistent, particularly in relation to the development of the child. This applies particularly to mobility, with fractures or scalds in young non-mobile babies frequently explained as being due to crawling or even climbing.

The affect of the parent or caregiver when giving the account may give rise to suspicion – excessive concern or indifference is frequently shown after abuse has occurred. Aggression or hostility may be seen, as well as attempts to blame the child.

## Signs of Disclosure

### Child or young person

A Maori child or young person is unlikely to disclose to people in perceived positions of authority. A Maori child or young person would most likely disclose to someone in their own whanau environment or to a friend. However, a kaiako (teacher) of te kohanga reo, te kura kaupapa or a total immersion college or secondary school usually has close relationships with their Maori students, tamariki, similar to that of whanau relationships, and may be a recipient of a disclosure.

### Parent or caregiver

Sometimes whanau may “enclose” knowledge of tukino tamariki when they know or suspect abuse is occurring. Whanau may do this to avoid loss of mana to the whanau and to the memory and names of tupuna.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

## Bruises and welts

Bruises are often present in the majority of abused children and young people. Bruises of differing ages and in different sites (particularly different body planes – front/back/sides) are more likely to have been caused by abuse.

### Site

Bruises affecting soft tissue areas rather than over bony prominences, especially buttocks, genitals, upper thighs, back, ear lobes, cheek and neck, are frequently associated with abuse.

Bruising to buttocks, lower back and outer thighs are commonly related to punishment, while their presence around the inner thighs and genital area may indicate sexual abuse.

Bruises on the lower legs and arms along the lines of bones are a common feature of toddlers and young children and are often due to normal play. Bruising on other sites is not common in normal play.

Head and neck bruising is common in abuse, with injuries to the ear and lower jaw particularly suggestive of abuse. Black eyes are usually one-sided if accidental, but commonly seen around both eyes accompanied by rapid eyelid swelling following a deliberate blow from a hand or fist. Accidental injury to the forehead may give rise to two black eyes a day or so later, but without swelling to the eyelids.

### Shape

The shape of bruises may reveal their cause; for example, a slap often leaves parallel linear bruises.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

Oval shaped bruising (often with discrete teeth marks) may indicate a bite. The size indicates whether a child- or adult-sized mouth was responsible; confusion with animal bites is not usually a problem.

Fingertip bruising (three or four small bruises, usually on a limb with a corresponding thumb mark underneath) indicates very tight gripping of the child, often associated with shaking or throwing. Pinch marks (often numerous and of different ages) may be found on cheeks, body and limbs. If a child or young person is struck through clothing the bruise may show the weave of the cloth. Pinprick bruising (petechiae) may occur on the neck or face in strangulation or on limbs after very tight holding.

Use of a strap or belt leaves long, thin linear marks, and often the edges of the strap leave parallel marks.

Pacific Peoples parents sometimes physically discipline their children by using a broom [salu (Samoa), tafi (Niuean), taufale (Tongan)]. If a child is struck by a salu, tafi or taufale, intermittent small abrasions or bruises may appear in a repetitive parallel pattern (similar to parallel lines).

### Colour

Colour may be a guide to the age of a bruise but can be quite variable and should not be relied upon.

Approximately:

0–2 days: swollen / tender / red

0–5 days: red / blue / purple

5–7 days: green

7–10 days: yellow

10–14+ days: brown

2–4 weeks: cleared.



## “Mongolian blue spots”

These marks, typically a slate-grey colour, are found in 15 to 20 per cent of Caucasian babies and almost all babies with pigmented skin, and should not be confused with injury. They are typically found over the lower back, but may cover an extensive area. These marks may or may not fade with time, although often the marks are identical to bruising in colour and shape.

Mongolian blue spots are marks that are present at birth, often becoming more visible in the first few weeks after birth, and are common to Maori and also to Polynesian, Asian, and African children. In Aotearoa they may be known as “ira” (birthmark), although individual iwi and hapu may have their own tribal names, as may different Pacific cultures (for example, “ila” in Samoa). Often these marks are identical to bruising in colour and shape, presenting as grey-blue areas of discolouration. Typically located on the kumu (buttocks), or the lower back (although they may occur elsewhere), these marks may occur in one large area or in multiple smaller areas.

Medical diagnosis and verification from whanau will be necessary to distinguish between bruising and ira.

## Cuts and abrasions

Scratches are common in abused children and young people and may be caused by fingernails or sharp implements. Children and young people may be cut deliberately or stabbed with knives or scissors.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.

Cuts and bruises around the mouth of an infant may indicate force-feeding, and may be associated with tearing of the fraenum of the upper lip (attachment of lip to gum). Soft tissue injuries to the mouth often heal quickly.

Pulling of the hair may result in significant hair loss, and the development of very thin hair or bald patches (traumatic alopecia).

## Scalds and burns

The majority of burns (dry heat) and scalds (wet heat/hot liquids) to children and young people are accidental, but may involve a varying degree of parental inattention or even neglect, for example, overheating a baby's bottle in a microwave causing scalding in the mouth. Accidental burns are usually superficial, as the child pulls away unless the heat is such that the skin adheres to the source (as with an element of an electric fire or bar heater). Thus accidental cigarette burns are almost always linear.

Burns due to abuse are often full thickness with common types including contact burns from holding or sitting a child on a source of heat; thus extremities and buttocks are often affected. Deliberate cigarette burns are typically circular and frequently multiple. Other objects used to burn a child may leave an identifiable outline.

Accidental scalds usually follow a child pulling hot liquid down on to themselves. The upper limbs and chest are often affected with flow marks showing the direction of liquid. Bath accidents show splash marks from attempts to get out.

Deliberately inflicted scalds often involve the immersion of one or more extremities, or alternatively the sitting of a child in hot water, giving a “saddle” distribution of scald due to the child holding their legs up. Splash marks are often not prominent in deliberate scalds with a clear margin around the area of the burn (glove or stocking scalds).

The following are descriptions of cultural practices that result in burn marks but are not caused by intentional abusive behaviour by adults. The burns that may result from the game moki and the healing treatment segi are similar to cigarette burns and usually result in scarring.

A traditional Samoan children’s game involves children burning coconut ribs (similar to half a toothpick in size or smaller) and poking them into their arms. The children poke the coconut ribs into their arms, set them alight and let them burn down as a display of braveness. The game and the burns that occur as a result of the game are known as moki.

A traditional Samoan healing method for healing headaches is known as segi. This practice involves twisting a lau’a (strip of bark from a tree) into a string, setting it alight and applying it in a jabbing motion to the painful area. Pressure from the finger is then applied to prevent swelling.

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## Fractures

Fractures are almost always a sign of a forcible injury (accidental or abusive) and therefore demand explanation. They are frequently not detected without an X-ray but should be suspected where there is:

- swelling and tenderness over a bone
- reluctance to move a limb or joint
- severe or widespread bruising.

Fractures are more likely to be due to abuse when:

- the child is young (particularly before they are walking)
- there are multiple bruises
- there are multiple fractures
- there are rib fractures
- there are old fractures or fractures of different ages for which no attention was sought
- a skull fracture is present with intracranial injury (see the section on head injuries).

There are certain fracture types commonly associated with abuse which can be discriminated only by X-ray appearances. If abuse is suspected, the radiologist needs to be told.

In some instances, Pacific Peoples parents and caregivers may decide to use a traditional healer or masseuse when a child has a broken limb or fracture. Sometimes a plaster cast will be removed to allow for the massaging to occur. This may result in further damage to the child and young person or permanent disability.

## Head injuries

Head injuries are the commonest cause of death from physical abuse and 95 per cent of serious head injuries in the first year of life are due to abuse. The great danger from head injuries is that of bleeding into or around the brain. This leads to permanent damage if it is within the brain, or can lead to compression of the brain if the bleeding is between skull and brain.

Significant bleeding is indicated by:

- irritability
- increasing drowsiness or loss of consciousness
- fits
- irregular breathing.

Any of these signs is serious and urgent help should be sought.

Skull fractures or serious intracranial (brain) injuries are rarely caused by falls of less than a metre, and simple falls from greater heights tend to cause relatively mild head injury with simple skull fractures.

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Serious intracranial injury often associated with multiple skull fractures requires major force. In infants, this is almost totally confined to motor vehicle accidents or abuse such as swinging against a wall or severe battering.

Intracranial injury without fracture is often the result of shaking young children or infants; it does not result from simple bouncing on a knee. Retinal haemorrhage (bleeding visible at the back of the eye) is strongly suggestive of a shaking injury.

## Abdominal injuries

Abdominal injuries are usually due to blunt force and are the second commonest cause of death from abuse. There may be no overlying bruising. Signs of significant abdominal injury include:

- pain
- restlessness
- fever
- vomiting.

These signs may also mimic those of head injury and urgent help should be sought.

## Genital injuries

Trauma to the genital or anal area may be a sign of sexual abuse, although most sexually abused children and young people have no or very subtle physical injuries. In addition, genital or anal injury may indicate physical rather than sexual abuse or,

occasionally, accidental injury. The detailed assessment of physical signs in these cases requires specialist skills. **Immediate referral should be made to a Doctors for Sexual Abuse Care (DSAC) trained doctor.**

Violent sexual assault is unusual except in an isolated attack. In these situations bruising or scratches may be present on the inner thighs, or grip marks may indicate holding down. There may be lacerations or bruising around the vulva or rectum, with tears around the vaginal or anal openings. Burns can also be inflicted in these areas in cases of sadistic abuse. Such trauma will often be associated with bleeding, and the pain worsened on defecation or urination. In these situations, pain may be sufficient to restrict movement or physical activity, and **bleeding will require urgent medical assessment.**

Foreign bodies may be present in the vagina, urethra or rectum. These are very rarely self-inflicted. Such findings are much more likely to be due to abuse. Itching or inflammation of the urethral, vaginal or anal areas, or any unusual bleeding and/or discharge, requires a medical examination. The examination ensures that the cause can be detected and any sexually transmitted disease, injury or semen associated with abuse discovered. Accidents and the use of tampons do not cause internal genital injury.

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## Sexually transmitted diseases

Sexually transmitted diseases (STDs) occurring in children and young people should lead to consideration of sexual abuse. STDs are found in 3 to 13 per cent of sexually abused children and young people (there is increasing frequency with increasing age). Non-sexual transmission of STDs is rare except in the neonatal period. In children a diagnosis of gonorrhoea, trichomonad, chlamydia, syphilis or genital herpes is almost always associated with sexual abuse.

Thrush (candida infection) is relatively common in children and in the majority of cases is not linked with abuse.



## Pregnancy

Pregnancy in school age girls may be due to sexual abuse, and appropriate interviewing and investigation should be carried out. Blood group or DNA analysis may help identify the alleged father and exclude others. Personal permission to take samples is required.

Pregnancy in Pacific Peoples girls or young women who are of school age should always be queried. The girl concerned should be given the opportunity to talk away from her family.

Many Pacific Peoples girls or young women will attempt to conceal their pregnancy to avoid cultural implications such as shame in the family. Their pregnancies may be concealed through behavioural signs such as withdrawal, anxiety, fear, sadness, or running away from home.

Massaging the abdomen of pregnant girls or young women may sometimes cause injury to the unborn foetus and possible injury and trauma to the young pregnant woman.

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## Non-organic failure to thrive

Failure to thrive (FTT) describes a failure to grow in the first three years of life. FTT may be due to malnutrition, but it may also occur in cases of emotional abuse when physical care, including provision of food, appears adequate. Growth failure has many possible causes. Failure in the absence of a physiological cause, labelled non-organic FTT, is associated with abuse.

Growth in childhood is monitored by measuring weight and length or height. Measurements are plotted on a chart showing normal growth patterns (centiles) so that growth can be followed over time and compared to the range within the normal childhood population. Fluctuations in growth are not uncommon, particularly with an illness. However, a sustained fall-off in growth should lead to referral for assessment of medical and non-medical causes. Such FTT in infancy has many causes, commonly chronic undernutrition. A small number of these infants are short in stature because of psychological/emotional abuse, occasionally in association with unusual or sadistic forms of physical and sexual abuse.

Expert medical assessment is required to exclude other causes. Children with FTT tend to have a distinctive range of behaviours. These can include disturbed feeding behaviour, hoarding and stealing of food, unusual patterns of defecation and urination, delayed intellectual development and poor social adjustment along with disorders of mood, especially depression, irritability, defiance and/or anti-social behaviour. Characteristically, linear growth (height) occurs rapidly when such children are moved out of the abusive environment.



## Malnutrition

Malnutrition is the effect of inadequate food intake or failure to absorb the food given. In young children it is a major cause of failure to thrive (see previous page) and can be due to neglect. In older children it is a sign of possible neglect or of serious illness. In any child or young person it should be regarded as a serious sign demanding urgent investigation of possible medical and non-medical causes.

## Dehydration

Dehydration is caused by excessive fluid loss or inadequate fluid intake. Thirst is an extremely strong desire and it is rare to see dehydration in older children or adults unless there is severe illness. In babies and infants dehydration is seen fairly commonly. Usually this is associated with acute illness, particularly gastroenteritis, but it may also be seen in abuse. Inadequate volumes of milk may be given to neglected infants. Infrequently, in cases of neglect or Munchausen Syndrome by Proxy (see the next page “Poisoning”, for definition), salt intoxication causing dehydration may be seen in infants fed concentrated formula feed. Dehydrated infants are typically drowsy and quiet, pale with cold extremities, and have a rapid pulse and breathing rate. They are obviously ill and need urgent medical attention.

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## Inadequate hygiene

Discussion of hygiene is inevitably influenced by individual standards which may vary greatly. A frequently presenting sign of neglect, however, is that of a child or young person who is dirty and unkempt to a degree unacceptable to the general population. Failure to keep a child clean has physical consequences as well as social, as skin infections are more likely. Severe nappy rashes with urine scalding are common in neglected infants, and at times the severity can be such that life-threatening infection can result. In older children, inadequate hygiene may indicate physical neglect or neglectful supervision.

## Poor circulation

Children or young people who are neglected often show signs of poor circulation in their extremities. Feet and hands feel cold, are pale, bluish or reddened and there will often be evidence of chilblains. Inadequate clothing and inactivity are associated with neglect, and these contribute to poor circulation. In extreme cases gangrene of the extremities has been reported.

## Poisoning

Poisoning occurs when a harmful substance is eaten or drunk. It may be accidental or deliberate. Accidental poisoning is relatively common in young children and may indicate parental inattention or neglect. (A number of cases occur, however, in unfamiliar environments which are not child-safe, for instance when there are visiting relatives, etc). This type of accidental poisoning is most common in toddlers aged 2–4 years.

Deliberate poisoning may lead to child death. Although more unusual than accidental poisoning, it is most common under the age of two and one-half years. It may be used to sedate a child to allow sexual abuse to occur, or to deliberately attempt to simulate illness in the child (Munchausen Syndrome by Proxy). Poisoning may give rise to many different symptoms and signs depending on the agent used. In general, suspicion should be raised by any unexplained set of symptoms, particularly if they are repeated and increasing in severity.

Deliberate self-poisoning by children is rare before adolescence, but should lead to a search for cause if it is seen or suspected in a child of any age.

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## Suffocation

Suffocation is often difficult to detect, and a number of suffocated infants will be classified as dying from Sudden Infant Death Syndrome (SIDS). Presentation is either through death or through a history of stopping breathing or “near miss” SIDS. Physical signs are rare, but pinpoint bruising (petechiae) may be seen on the face, especially on the eyelids, or neck. Warning features are previous episodes of unexplained “stop breathing attacks” (apnoea), seizures, or “near miss cot death” (affecting the child particularly in infancy over the age of six months), or other unexplained deaths of children in the same family.

Suffocation is another characteristic of Munchausen Syndrome by Proxy.

## Behavioural signs

If pre-verbal, or unable to disclose for any reason, the sole response of many children to abuse and neglect may be seen in their behaviours. While it is important to be aware of this, other stresses in a child's life must be examined as possible causes.

Behavioural difficulties or acting out by tamariki and mokopuna may be related to or caused by whanau raruraru (whanau arguments or problems). Tangihanga (death of a loved relative or friend), or illness of parents or kaumatua, may cause children to behave unusually, becoming defiant, sad, aggressive, withdrawn, fearful, anxious or whakama.

These situations are usually assisted by the child or young person having time out, seeking support from, or living temporarily with other whanau members, resulting in improved whanau relationships and improved behaviour, health and well-being of tamariki and mokopuna.

Behavioural signs which are evident, and are a direct result of abuse and neglect, often will be observed first of all by whanau.

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## Aggression

Many children and young people who have been abused or neglected show unusually aggressive behaviour. This behaviour is a response to the abusive environment and targets may be siblings, peers, other adults, animals or property.

Concern should be noted if older siblings are overly aggressive towards younger siblings or whanaunga (relations). This type of aggression is unusual in whanau relationships because tamariki and mokopuna are naturally brought up to protect and to care for their younger siblings and relations.

Ma te tuakana ka totika te teina, ma te teina ka totika te tuakana. (It is through the older sibling that the younger one learns the right way to do things and it is through the younger sibling that the older one learns to be tolerant.)

It is not unusual for Pacific Peoples children to react in a physically aggressive manner to defend themselves from other children. It is seen as positive that children stand up for themselves or on behalf of siblings, parents or extended family members. As with all behavioural signs, aggression should be viewed within Pacific Peoples cultural norms.

Where there is tension between cultural norms and the safety and well-being of the child or young person, the interests of the child or young person must be the deciding factor.

## Withdrawal

Abused and neglected children and young people often withdraw from social contact and interaction.

Physically abused children and young people may specifically withdraw from physical approach by adults, especially if reprimanded. Younger children exposed particularly to emotional/psychological abuse and neglect may show passivity, watchfulness and may isolate themselves from others: the classic picture of “frozen watchfulness”.

Some abused or neglected children and young people withdraw almost completely. Underlying causes can be the use of dissociation or the persistent use of the freeze/alarm/fear/terror response in chaotic and abusive environments. The detrimental effect profound neglect has on intellectual, social and verbal development is another cause of withdrawal or regression.

It is not uncommon for a Maori child to be whakama (shy), or to appear withdrawn in the presence of strangers or non-whanau members. Tamariki and mokopuna who withdraw totally from others, especially from whanau members, are cause for concern.

Pacific Peoples children who are aware of their place and role within the family may display signs of withdrawal without being abused or neglected. This type of behaviour is quite appropriate for Pacific Peoples children because they are taught to be quiet and respectful in the presence of elders.

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For example a Pacific Peoples child who is assertive may be seen as being disrespectful. A Pacific Peoples child who is confident may be seen as showing off and having no humility.

## Anxiety and regression

Abused children and young people are often anxious. This anxiety may be situational, that is, linked to one particular environment or person, or general, reflecting loss of self-esteem and confidence. Anxious children often regress to more immature behaviour and affect. Some examples are bed-wetting (a frequent consequence of any form of abuse and not particularly indicative of sexual abuse), the reoccurrence of thumb sucking, temper tantrums, nightmares and separation problems. The anxious child may also be overly concerned about the well-being of an abusive or neglectful parent and show this with distress and/or inappropriate caretaking behaviours (role reversal).

## Fear

Fear of unusual situations or unknown people is common for many young children. Less common is a persistent fear of familiar people or previously enjoyed situations, or the development of a sudden fear of the familiar. This type of fear is likely to be due to associated unpleasant experience. Although not a definite sign of abuse it should be taken seriously and investigated.



## Sadness

Most abused children and young people are sad. Younger children may show this through general quietness and withdrawal from social contact, while older children frequently reveal emotions through drawing or writing. Many children and young people find it difficult to discuss their sadness and may need time and encouragement to express themselves. Some children hide sadness behind a fragile mask of cheerfulness, toughness or indifference. They may well be accomplished at avoiding emotionally significant subjects. Clinical depression and depressive disorders can also be consequences of abuse.

## Defiance

Many children and young people show defiant behaviour at times for differing reasons. In some instances it may reflect failure of adequate parental control, while in other cases it may be the expression of anger felt by an abused child. Underlying feelings contributing to the defiant behaviour are often not obvious, and will take time and patience to uncover.

## Overly responsible

Some children and young people may exhibit age-inappropriate behaviour and display responsibility beyond their years. This may be the result of unrealistic parental expectations, or of the child or young person attempting to become “the perfect child” in order to avoid emotional, sexual or physical abuse.

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Exaggerated concern for younger siblings may be an attempt to protect them from abuse. Many children, however, will attempt to model adult behaviours without undue pressure to do so, and caution is needed in judging a child's behaviour as overly responsible.

It is tika (correct) for tuakana (older siblings or relations) to learn to care for teina (younger siblings or relations) with certain rules and boundaries in place, for example, tuakana caring for teina while being supervised and assisted by matua, kaumatua and pakeke (parents, elders and adults).

## Attachments

Disorders of attachment may be apparent in abused or neglected young children, ranging from anxious attachment to a lack of secure attachment, with indiscriminate affection-seeking from any available person, even strangers. This may also be seen in young children in care as the consequence of disrupted emotional ties with parents or caretakers due to frequent changes of placement.

## Obsessions

Obsessions are relatively common in children. Extreme or very persistent obsessions may be a reflection of rigid parental expectations. In abused children, they may also be a result of a child's defence mechanism, either to prevent further abuse happening or a response to repair the damage. The type of obsession may give some indication of the type of abuse, for example, an obsession with cleanliness or washing may result from the child constantly being told that they are dirty as part of emotional or sexual abuse.



## Sexual behaviour

Sexuality, the capacity for sexual function and feelings, is inborn. Sexual behaviour is both a normal learning aspect of a child's development and a reflection of a child's environment and personal experiences. Resulting sexual behaviours in children and young people extend from the normal through to the definitely deviant or abusive.

## Substance abuse

Substance abuse in children and young people who have been abused may occur for a number of reasons. Parents may include children in their own substance abuse habits, sometimes to gain compliance for sexual abuse. Older children or adolescents may use substance abuse as a way of expressing defiance and anger or may use it as a method of escape. It is important to consider the possibility of abuse of any child or young person found to be abusing drugs, alcohol or solvents.

## Suicidal thoughts or plans

Older children and young people who have been abused may plan or attempt suicide. This is an occurrence that should be taken seriously. Suicidal actions or self-injurious actions occur even in younger children and should cause particular concern.

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## Self-mutilation

Self-mutilation (also referred to as self-injury or deliberate self-harm) can occur in children and young people of almost any age, but is characteristically seen in adolescents. It includes any purposeful attempts to inflict a wound on one's self, usually with an object. It may be repetitive at one time, and may be repeated on many occasions. Most frequently seen are repeated slashes to the arms with blades. Sometimes the genital area is targeted. The self-mutilation is often hidden, but may also be displayed if it is dismissed as attention-seeking behaviour. Occasionally, what appears to be accidental injury, as through sport or play, may be intentional.

Self-mutilation is strongly indicative of abuse, especially sexual abuse. The abuse may not necessarily be current, as self-mutilation can occur in adult survivors of childhood abuse at times of stress or during therapy.

Self-mutilation differs significantly from suicide attempts, although the actions may be similar, and therefore may be confused. (However, a self-mutilating young person may also have suicidal thoughts or plans.) The explanation for the mechanism of self-mutilation is unclear, as it seems to have a variety of functions. For some it appears to act as a tension reducer, while for others it restores contact with reality. It can also be a physical representation of, or a distraction from, the emotional pain being experienced.

## Developmental signs

There are many factors, not related to abuse, that may also affect development, particularly culture, genetics, and significant medical conditions or events. The normal progress of development shows a wide range across the population. Within populations, it is important to recognise that each culture may have a different approach to child rearing and child development. These factors, together with the fact that children with developmental problems are more at risk of being abused, make assessment of children with such problems a potentially complex task and one where a team approach, with shared information, is especially useful.

## Global delay

Global delay implies that all or most areas of a child's or young person's development are below population norms. Its association with abuse is most clearly seen following severe head injury in physical abuse, but also in cases of severe neglect in early childhood when it is frequently accompanied by non-organic failure to thrive.

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## Specific delay

Delays in specific areas of development may be seen as a result of abuse, but it is probably more common to see delay crossing several areas when the cause is abuse and neglect. Particular associations between abuse, neglect and delay include:

### Motor delay

Delay in motor (movement) ability may follow physical injury (either head or limb), but may also result from environmental deprivation seen in neglect, such as prolonged confinement in a cot.

### Emotional delay

Impairment of the development of a normal psychological attachment to parents may result from emotional deprivation and neglect or from physical forms of abuse.

### Speech and language delay

Speech and language delay may be seen as a result of environmental deprivation or social isolation. It may also be a result of the child withdrawing from an abusive situation.

### Social delay

Social development is often delayed in children who are neglected or deprived of the parental input necessary to acquire a sense of self-worth, as well as skills related to self-care and the development of interpersonal relationships.

### Cognitive delay

Cognitive delay is seen most commonly as a consequence of early and severe neglect. It can, however, occur in other forms of abuse and neglect when there is a background of constant or unpredictable chaos, violence or emotional/psychological abuse.

### **Vision and hearing delay**

In some cases of severe neglect, environmental deprivation may include denial of access to light and visual stimuli, which may affect vision. More commonly, abused or neglected children fail to acquire full development of the sensory skills essential for communication, such as hearing and language. The skills are not acquired due to failure of the caregivers to positively encourage and reflect development in these areas.

### **Unusual developmental patterns**

A pattern of development is unusual if it is the pattern, rather than the timing, of the development that is significantly different from that of the normal population. Unusual development of speech and language may occur as a result of a child's withdrawal into a fantasy world. Unusual social development may be seen as a result of inappropriate modelling from parents or caregivers, although this is an extremely subjective judgement dependent on the definition of what is normal or acceptable.

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## Family signs

Family signs need to be considered within the individual, social and cultural context of that family. Child protection assessments of family dynamics should take account of the family type. (See Appendices Two and Three, which are typologies of Maori and Pacific Peoples families.)

## Family violence

Family violence represents a serious abuse of power within family, trust or dependency relationships. It undermines the basic rights of people who, because of their gender, age, culture, disability or dependence, are most vulnerable to abuse. Family violence is a serious social and criminal problem that can result in the death or disablement of its victims. It can involve killing, and physical and sexual assault. It also involves other forms of abusive behaviour, such as emotional abuse, financial deprivation and exploitation, and neglect.

## Exposure to family violence

Family violence by its very nature remains a hidden problem which has long-lasting effects on its victims. Current research indicates that the primary victims are women, children and older people.

Abuse and neglect of children and young people by parents or caregivers is family violence. Exposure of children and young people to any form of family violence, either as witness or victim, is abusive and may have long-lasting and negative effects.

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The link between family violence and child abuse is being increasingly recognised. Children and young people in homes where family violence occurs are at physical risk. This risk may be from attacks directed at them, from attempting to protect a family member or from being caught in the "crossfire". Homes in which family violence occurs are also environments in which emotional/psychological abuse of children and sibling violence is extremely common. Witnessing family violence is now known to have a severe impact on children and young people.

## Unrealistic expectations

A family in which unrealistic expectations are placed upon its children or young people is one in which emotional/psychological abuse is likely to be occurring. Expectations may be consistently above those that the children or young people can achieve, and this will place them under stress resulting in anxiety. Unrealistic expectations of the older children's ability to care for younger siblings may also be an indication of neglect. These unrealistic expectations may be caused by the immaturity of the parent or caregiver, or their psychological or emotional absence because of drug abuse, alcoholism or illness. In addition, a lack of clear boundaries often exists between generations.

## Terrorising

Traumatised children and young people live in a persistent state of fear. The most common causes of traumatic stress are abuse and neglect.

The background experience of these children is fear, threat, unpredictability and chaos. Consequently the



stress response of freeze, flight or fight becomes the primary response to external experiences. As this increase in sensitivity occurs, anxiety in such children and young people can be moved easily into fear or terror. Some abusers, in recognition of this, use fear and terror to deliberately frighten or confuse children or young people. Their threats, for example of disclosure, violence, or of the withdrawal of affection, ensure the abused child or young person remains silent.

In sadistic abuse the infliction of terror and cruelty can be the prime motivation. Children may also be terrorised in some families almost as a matter of course (stories of the bogey man, etc). Such abuse can have considerable long-lasting emotional/psychological effects upon the child.

**Note:** It is important to distinguish between myths, legends and stories, as told in the process of teaching cultural norms, from deliberate and pervasive terrorisation.

Terrorising children is a method that may be used to control them. Pacific Peoples children may be terrorised with threats of being removed from their parents' care or the care of their family if they disclose information about being abused or neglected.

Confusion can occur regarding what is right to disclose and what is wrong. For example, children may be abused by those in authority and fear the consequences of speaking out about it. This is due to the beliefs promoted by those in authority and the trust that Pacific Peoples children may have in such person.

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## Oppressing

Children and young people may exist in families where their individuality is oppressed through constant disregard or devaluation of their personality and opinion. This form of emotional/psychological abuse has significant effects upon their self-esteem.

Pacific Peoples children or young people may feel oppressed when they discover that the values they hold with regard to respect and humility are contrary to Western values of independence and the general acceptance of children expressing their own views and opinions.

## Inappropriate or inconsistent discipline

Discipline and clear boundaries as part of the guidance of a parent or caregiver are essential for the normal development of any child. Lack of such discipline may be seen in cases of neglect or abuse, and is one factor leading to children who are beyond parental control. In addition, punishment designed to inflict physical pain or emotional/psychological harm is also inappropriate at any age. Whether such behaviour may be deemed abusive is dependent on frequency, consistency, severity, societal norms and other factors laid down by court decisions from time to time.

Discipline may be inappropriate either in terms of the behaviours to which it is applied, or in its severity and frequency. An example of a severe form of discipline is when a two-year-old is harshly punished just for crying. In this situation the form of discipline applied is abusive.

Pacific Peoples children or young people may grow up believing that if their parents love them then they must discipline you. What is confusing to the child or young people is that the method of discipline may end up hurting them emotionally, physically or both.



## Corrupting

Children and young people may be cared for in a family situation where corruption occurs. This corrupting influence may be through sexual abuse, including exposure to sexually explicit materials or being forced to witness sexual acts. Corruption may also occur through involving the child or young person in other criminal activities.

## Isolating

Families may isolate their children and young people, from either other family members or outside contact. In younger children this may be manifested as neglect; in older children sexual abuse or inappropriate punishment may be the underlying cause. Isolation in early life is likely to lead to developmental delay and has a high probability of affecting self-esteem and later intimate and social relationships.

## Rejecting

Children may be rejected by parents or carers for a number of reasons. Significant medical problems (of either parents or caregivers, sibling or child) in early childhood may make it difficult for the child to be accepted and loved. In this scenario rejection is likely to lead to neglect.

Children who are different in some way (commonly, but not exclusively, those with special needs) may be rejected either consciously or subconsciously at any age.

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Again neglect is a common consequence, but emotional/psychological and even physical abuse is also common. Children and young people who are abused, particularly sexually, may be rejected by the perpetrator in other situations as a way to exert control through destroying self-esteem. Once abuse has come to light, the victim may be blamed for breaking up the family unit and suffer rejection from other family members as a consequence. Not infrequently this can lead to a retraction of the allegation in order to win back acceptance.

## Humiliating

Humiliation of children or young people is a powerful form of emotional/psychological abuse which can have long-term effects on self-esteem. Children or young people may be subject to fierce and personal criticism, often in front of siblings or peers, or may be given demeaning tasks to carry out. The purpose is often to exert control over a child or young person and is a tactic employed by abusers to silence the victim.

Pacific Peoples children or young people may often experience criticism from parents or family members. The intention is to teach children right from wrong and to ensure they do not bring shame upon the family. The process, however, can be abusive when it is severe, persistent and demeaning.

## Neglecting

Physical and developmental consequences of sustained and relatively severe neglect have been discussed throughout this book. More frequently, neglect will be less dramatic in form and in immediate consequences.

Parents may neglect to provide physically for their children but not to the point of malnutrition. Such children are frequently hungry but continue to grow. School performance will often suffer in such circumstances and children may turn to neighbours or theft to obtain food.

Neglect of the physical environment of the home will create an unsafe living space and/or an infection risk which may not be recognised until physical harm results. Neglect of the emotional/psychological needs of the child, for example for close contact and love, will lead to feelings of rejection within the child and behaviour problems as the child grows. Such neglect may be a result of a parent not appreciating the needs of the child because of their own experiences of being parented, or from being affected by illness or stress (depression is a common feature), or by being rendered incapable by substance or alcohol abuse.

## Dependency

[The concepts discussed in the next three sections reflect the views in the book, *Beyond Blame: Child abuse tragedies revisited*, Reder, Peter et al, Routledge, London, 1993.]

This describes a pattern of relationships between parents, caregivers and professionals that emphasises care more than protection, sometimes with professionals trying to meet parental dependency needs as a way to improve parents' or caregivers' parenting capabilities. It is based on a belief that providing material resources, helping adults with their parenting skills and lifting their self-esteem should result in improved parenting.

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However, what often happens is that the professionals are unsuspectingly involved in meeting increasing demands from the parents or caregivers for practical and emotional support, and become as caught in the process of giving as the families did in asking. This focus on the parents often overshadows the children's needs and the parents sometimes compete with their children to be the main subjects of concern. The role of Child, Youth and Family in this situation is to focus on the child.

## Closure

This describes a behaviour in which the family seeks to close its boundaries so that family members reduce their contact with the outside world. It significantly reduces the level of interaction with others, whether social or professional. Reder et al, gives examples of families whose curtains are always drawn, whose children stop playing outside and no longer attend school, where appointments with professionals are not kept and social workers and health workers can not obtain entry to the home when they call.

Closure can be persistent or cyclical, ie, intermittent but repetitive; if the latter, it is usually associated with increased pressures coming from either within or outside the family, together with escalating abuse of the children and young people.

Closure is often an attempt by families to regain some control over their own lives, often in the face of external scrutiny of the family. Closure has often been present prior to serious or fatal episodes of abuse. It must be treated seriously and social workers need to ensure that the children or young people are safe.

This extreme family sign is a serious form of whanau isolation. The family signs should not be confused with whanau withdrawing from day-to-day activities due to being unwell, or because tangihanga has occurred within the whanau or community.

## Flight

Flight describes how a family avoids contact with, or intervention by, professionals and others when they relocate to another town or region. Families in flight often leave no forwarding address and break contact with family, social and professional networks. Such families are often socially isolated. They may use aliases to obscure their identity. Flight has a similar effect to closure in that access to the family is denied.

Flight and closure can be present simultaneously. While it is difficult to anticipate flight, social workers need to be alert to the possibility and to be constantly vigilant regarding the safety of the child. Workers should be alert when the family has a history of frequent moves as evidenced by school, health or welfare records.

Transient whanau, who move around frequently to avoid contact with professionals from Child, Youth and Family, education, health, community and iwi social services, are often also retreating from whanau who are concerned about the parent's or caregiver's care of tamariki and mokopuna.

Extensive networking is required to accurately assess any historical concerns of abuse and neglect, and probable future risk to tamariki and mokopuna.

**WARNING:** Most signs are non-specific to abuse. They may indicate conditions other than child abuse and neglect. All signs must be examined in the total context of the child's or young person's situation.



## CONCLUSION

Child abuse and neglect are serious problems which exist worldwide, over the span of human cultures, ethnicities, religions and economic classes. As this book shows, the desire to stop the abuse of children and young people is equally present in a variety of cultures and expressed through many different languages.

Accurate recognition is an important step towards ensuring the safety of the child. However, it is only part of the journey. It is essential to also identify the pattern of abuse and neglect and the beliefs, behaviours and attitudes that create abusive patterns and lead to abusive incidents. Protection will only be achieved through accurate recognition, sound risk assessment and interventions that ensure the safety and well-being of the child or young person. The goal is safe and protected children and young people within protective families within safe and supportive communities.

*Hutia te rito o te harakeke*

*Kei whea te komako e ko*

*Ki mai ki ahau*

*He aha te mea nui*

*He aha te mea nui i te ao*

*Maku e ki atu*

*He tangata, he tangata, he tangata*

*Hii*

*If you take away the heart of the flax*

*From where will the bellbird sing?*

*Ask me*

*What is the greatest thing in the world?*

*I will reply*

*It is people, it is people, it is people.*

If the heart of our families, our children, is damaged or destroyed, how will the family grow?  
What message will be carried to the future? Who will tell of the family?



## APPENDIX ONE : CULTURALLY APPROPRIATE ADVISORS

The culturally appropriate advisor must have the following attributes:

- knowledge of the child protection system and legislation
- a clear understanding of the issues of confidentiality
- a clear understanding of cultural relativism and its inherent dangers
- the mana to give advice
- knowledge of, and the experience of living in, the specific culture
- the ability to converse bilingually
- competent social work knowledge and experience
- knowledge of available resources
- trustworthiness.

## APPENDIX TWO : A TYPOLOGY OF MAORI WHANAU

Every whanau is unique and should be valued for its unique attributes. An understanding of how whanau perceive their own commitment to, and understanding of, culture is necessary in order to work competently and safely with them. The various distinctions within whanau can be more clearly understood if whanau are assessed within the following categories.

### **Traditional, tuturu whanau**

Traditional whanau are linked to a rural base, to a marae, to their turangawaewae; to a wide extended whanau, hapu, iwi; to a strong predictable sense of order; to having a whanau with more than one generation. This whanau is usually fluent in two languages, Maori and English. (John Bradley, Rangitane, 1996)

Traditional whanau may generally be described as whanau within which the cultural values system is intact, and which have a strong knowledge of their cultural heritage.

### **New traditional whanau**

With recent renaissance or resurgence of Maori culture, many whanau have committed themselves to renewing their links with their culture, for example, learning te reo Maori, or becoming involved in marae or tribal matters.

New traditional whanau are usually extremely committed to furthering their cultural learning for themselves and for tamariki and mokopuna. They may be rural or urban based, with strong links to papatipu marae.

### **Assimilated whanau**

Assimilated whanau usually have maintained vestiges of their traditional culture but have also adapted well within the mainstream urban culture of Aotearoa. Some assimilated whanau may be monolingual, speaking English only, and may have a sense of detachment from their own heritage.

### **Global whanau**

Global whanau are usually widely travelled and can be interacting or living anywhere within the world and across cultures. Whanau members may often return home for tangihanga or whanau celebrations. Global whanau retain close ties with whanau wherever they are.

### **Marginalised whanau**

Marginalised whanau often have little knowledge of their cultural heritage and are often affected by socio-economic factors such as poverty and lack of education. These whanau may have members who are the first generation of their whanau or hapu who are urban born and have lost links with their papatipu marae.

## APPENDIX THREE : A TYPOLOGY OF PACIFIC PEOPLES FAMILIES

### Traditional family

A traditional family is characterised by adhering to their particular Pacific Islands nation's culturally defined style of living. These families may underestimate the child abuse problem, holding firm to the belief that they have absolute authority over their children. Traditional family members may be afraid of losing their traditional cultural values, and may see any child protection intervention as a way of forcing them to adopt Western culture.

### Bicultural family

Bicultural families appear to have adopted many aspects of Western lifestyle while maintaining their traditional values and links. This family type is receptive to outside ideas and interventions while still valuing traditional supports and intervention.

### Assimilated family

Assimilated families have adopted Palagi styles of living and are isolated from their Pacific Peoples community.

### Generation gap family

This family type is characterised by traditional parents and assimilated New Zealand-born children. This creates a generation gap between the two which makes for difficult intervention. Parents may believe that their traditional cultural values are the norms in New Zealand society. Their children, however, having assimilated to their place of birth, New Zealand, resist and resent their parents' values being forced on them as a means of control.

**Note:** Child protection workers need to work with an appropriate Pacific Peoples cultural advisor to determine the type of family with which they are working.