



Making a child protection report

How do I know if a child or young person is being abused or neglected?

This fact sheet outlines some of the common indicators of abuse and neglect to assist workers in identifying whether there are child protection concerns.

Some indicators are sufficient alone as reasonable grounds to suspect risk of significant harm, whilst others are meaningful only when they co-exist with other indicators. It should be stressed that the absence of indicators does not necessarily mean that a child or young person is safe. The indicators presented here are merely a guide and should not be presumed to be an exhaustive list.

The indicators have been grouped according to the types of abuse and neglect: physical abuse, sexual abuse, psychological harm, domestic violence, prenatal harm and neglect. They have also been further categorised into physical and social/psychological indicators. It should be noted that some of these indicators could be perceived as physical or social/psychological indicators or both. Again, this fact sheet is intended as a guide only and should not be read prescriptively.

Learning to identify indicators and to use them effectively in recognising child abuse and neglect is complex because of the unique nature of every child, young person and family. Workers should always have the child or young person's experience at the centre of consideration when interpreting indicators of abuse or neglect.

When to make a report to the Child Protection Helpline

Developing a reasonable suspicion that a child or young person is at risk of significant harm from abuse or neglect is not always clear-cut and involves a process of reflection and evaluation. It may involve talking to another person who knows the child or young person well or also interacts with them, however this option should be considered in the context of maintaining confidentiality as far as possible. Sometimes the decision will be more obvious, especially in situations of a direct disclosure by a child or young person or where there is unambiguous physical evidence.

You may call the Child Protection Helpline to report directly, however the report should be informed by having used the [NSW Online Mandatory Reporter Guide](#) (MRG). Organisational policies and procedures must also be adhered to, particularly where centralised reporting processes are in place, e.g. in schools.

The MRG provides assistance as to whether the matter requires further consideration by the Child Protection Helpline to determine if statutory intervention is required or whether other action is appropriate. This could include consultation with a Child Wellbeing Unit (where available) or other professional, making a referral or continuing a relationship with the child, young person and/or their family.

Any member of the community, including mandatory reporters, who suspects, on reasonable grounds, that a child or young person is at risk of significant harm should report their concerns to the Child Protection Helpline. Mandatory reporters should telephone 133627. Non-mandatory reporters, including the general public, should phone 132111.

Physical abuse

Physical abuse occurs if a child or young person sustains a non-accidental injury or is being treated in a way that may have or is likely to cause injury. The injury may be inflicted by a parent, carer, other adult or child or young person.

Potential Indicators of physical abuse

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • bruising on the face, head or neck • other bruising or marks showing the shape of the object that caused it • lacerations and welts • adult bite marks and scratches • bone fractures or dislocations, especially in children under two years of age • burn marks or scalds • multiple injuries or bruises, maxilio-facial or dental injury, for example from force feeding • unspecified internal pains • explanation inconsistent with injury • head injuries in infants where the infant may be drowsy or vomiting, or have glassy eyes, fixed pupils or pooling of blood in the eyes suggesting the possibility of having been shaken • ingestion of poisonous substances, alcohol or drugs • behaves aggressively and violently towards others, particularly younger children • physical indicators consistent with female genital mutilation 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • visits with child to health or other services with unexplained or suspicious injuries, swallowing of non-food substances or internal complaints • non-family member presents child to health services • presentation at a number of different medical centres/services over time • explanation of injury is not consistent with the visible injury • family history of violence • disclosed/apparent use of excessive discipline • aggressive behaviour displayed in the presence of the child or young person
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • wears clothing, inappropriate to the weather conditions, to conceal injuries • direct or indirect disclosure of physical abuse • explosive temper out of proportion to precipitating event • fears going home or expresses a desire to live 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • history of their own maltreatment as a child • fears injuring their own child

<p>somewhere else</p> <ul style="list-style-type: none"> • lacks empathy • general indicators consistent with female genital mutilation (e.g. having a 'special operation or ceremony') • constantly on guard around adults, cowers at sudden movements, unusually deferent to adults • Aggression with peers and in play 	
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Sexual abuse

Sexual abuse is sexual activity or behaviour that is imposed, or is likely to be imposed, on a child or young person by another person. Sexual activity includes the following: sexual acts; exposure to sexually explicit material; inducing or coercing the child or young person to engage in, or assist any other person to engage in, sexually explicit conduct for any reason and exposing the child or young person to circumstances where there is risk that they may be sexually abused.

Potential Indicators of sexual abuse

In victims	In non-offending parents or caregivers	In perpetrators
<p><i>Physical</i></p> <ul style="list-style-type: none"> • pregnant and reluctant to identify father • diagnosed sexually transmitted infection • trauma to the genital region, including bruising, bleeding and tearing • trauma to the breasts, buttocks, lower abdomen or thighs including bite/burn marks 	<p><i>Physical</i></p> <p>nil</p>	<p><i>Physical</i></p> <p>nil</p>
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • direct or indirect disclosure of sexual abuse • contact with an alleged or known sex offender • describes or re-enacts sexual acts with age inappropriate knowledge • unexplained money or gifts 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • defers to partner • may minimise disclosure 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • appears to encourage, tolerate sexualised behaviour • controlling attitude and behaviour to child, young person and/or partner • exposes child or young person to prostitution or pornography, or uses a child or young person for pornographic purposes

<ul style="list-style-type: none"> • sexually provocative • risk taking behaviours, self harm, suicidal ideation and alcohol or drug use • poor self esteem • disturbed sleep and nightmares • marked changes in behaviour, for example a confident talkative child becoming suddenly introverted, or an introverted child becoming aggressive or not wanting to be alone • eating disorder • regresses in developmental achievements, child is excessively clingy or begins soiling and wetting when these were not formerly a problem • sexual themes in the child's artwork, stories or play • fears going home or expresses a desire to live elsewhere • persistently runs away from home • goes to bed fully clothed • wears baggy clothes in order to disguise gender, body shape, bruising or injuries • engages in, talks about sexual acts including violent sexual acts • knows about practices and locations usually associated with prostitution 		<ul style="list-style-type: none"> • intentionally exposes child or young person to the sexual behaviour of others • committed or has been suspected of child sexual abuse or child pornography • coerces child or young person to engage in sexual behaviour with other children and young people • minimises disclosure or defends against accusations of sexual abuse by claiming the child or young person is lying • inappropriately curtails development of child's age appropriate independence from the family • overly critical of adult partner • family denies pregnancy of child or young person • minimisation of the impact or seriousness of abuse • justification of abuse by blaming victim • grooming behaviour
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Psychological harm

The child or young person's psychological state has been, or is at risk of, being harmed, because of the parent or carer's behaviour or attitude. This could be due to domestic violence, mental health, drug and alcohol use, criminal or corrupting behaviour or deliberate exposure to traumatic events.

Potential Indicators of psychological harm

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • self-harms, attempts suicide 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • uses inappropriate physical or social isolation as punishment • presence of domestic violence
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • feels worthless, low self esteem, not confident • takes extreme risks, is markedly disruptive, is a bully, is aggressively violent • regresses in developmental achievements, child is excessively clingy or begins soiling and wetting when these were not formerly a problem • doesn't value others or show empathy • lacks trust in people • lacks age appropriate interpersonal skills • extreme attention seeking • impaired parental or caregiver attachment • depressed, anxious or other mental health indicators • avoids adults • obsessively flattering, submissive to adults • has difficulty maintaining long term significant relationships • highly self-critical • displays rocking, sucking, head-banging behaviour 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • constantly criticises, belittles, teases child/young person • ignores or withholds praise and affection • persistently hostile and verbally abusive, rejects and blames child unnecessarily • makes excessive or unreasonable demands • presence of domestic violence • unmanaged mental health condition • believes that a particular child or young person is bad or evil • isolates and/or prevents the child or young person from engaging in normal peer relationships • unable to respond to the psychological needs of the child or young person due to their own drug and/or alcohol use

Domestic and family violence

Domestic and family violence is any abusive behaviour used by a person in a relationship to gain and maintain control over their partner or ex-partner. It can include a broad range of behaviour that causes fear and physical and/or psychological harm. If a child or young person is living in a household where there have been incidents of domestic violence, then they may be at risk of serious physical and/or psychological harm.

Potential Indicators of parent/carer domestic violence

In children & young people	In adult victims	In perpetrators
<p><i>Physical</i></p> <ul style="list-style-type: none"> • preterm and low birth weight baby • low weight for age and/or fails to thrive and develop • unexplained physical injuries • uses or abuses alcohol or other drugs • eating disorders • psychosomatic complaints • aggressive or violent behaviour • regresses in developmental achievements, pre-school child is excessively clingy or begins soiling and wetting when these were not formerly a problem • wears concealing clothing, in order to hide bruising or injuries 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • explanation inconsistent with injury • bruising and other injuries, especially if pregnant • minimises injuries and/or pain • wears concealing clothing, in order to hide bruising or injuries • unwanted pregnancy or sexually transmitted infection through coerced sex/refusal by sexual partner to use contraception • unexplained miscarriage or stillbirth • alcohol and/or drug abuse 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • physical signs of the victim fighting back, such as facial scratches and injuries to hands
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • directly or indirectly discloses domestic violence • difficulties with sleeping, eating • over-protects mother or fears leaving mother at home • no or little emotion or fear when hurt or threatened • unusual fear of physical 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • nutritional and sleep deprivation or disorders • feels anxious and depressed • low self-esteem • socially isolated • disclosure of suicidal thoughts and attempts • submissive and withdrawn 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • directly or indirectly discloses domestic violence • presents as the victim • visible rough handling of victim, children, pets • threatens to commit acts of violence against family members or pets • is unable to control angry

<p>contact with adults</p> <ul style="list-style-type: none"> • overly compliant, shy, withdrawn, passive and uncommunicative • poor sleeping patterns, fear of dark, nightmares • frequent school absenteeism, poor concentration • poor academic achiever • insecure attachment with parents • physically, verbally abusive towards siblings, parents and peers • abusive or dismissive attitude to a parent who is a victim • homeless or stays away from home for prolonged time • takes extreme risks • socially isolated • sadness and frequent crying • suicide attempts 	<ul style="list-style-type: none"> • seldom or never makes decisions without referring to partner • frequent absences from work or studies • substantial delay before seeking medical treatment • repeat/after hours presentations at emergency departments • terror or reluctance to speak to those in authority • reference frequently made to a partner's anger or temper • financial problems 	<p>outbursts</p> <ul style="list-style-type: none"> • always speaks for partner or children • describes partner as incompetent or stupid • holds rigidly to stereotypical gender roles • jealous of partner, lacks trust in them or anyone else • does not allow partner or child to access service providers alone • admits to some violence but minimises its frequency and severity • previous criminal convictions or apprehended violence orders imposed against them
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Neglect

The child or young person's basic needs (e.g. supervision, medical care, nutrition, shelter and education) have not been met, or are at risk of not being met, to such an extent that it can reasonably be expected to have a significant adverse impact on the child or young person's safety, welfare or well-being. This lack of care could be constituted by a single act or omission or a pattern of acts or omissions.

Potential indicators of neglect

In children & young people	In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none"> • low weight for age and/or fails to thrive and develop • inappropriate provision of nutrition leading to, for example, excessive weight for age • attains general developmental milestones late • poor primary health care, untreated sores, serious nappy rash, significant dental decay • standard of hygiene and self-care is poor • not adequately supervised for their age 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • may have poor standards of hygiene and self care • physical signs of injuries from domestic violence • prioritisation of work and adult interests to essential needs of child or young person • parental drug or alcohol use or dependence having a negative impact on the child's physical, social and psychological health
<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • scavenges or steals food, focus is on basic survival • longs for or indiscriminately seeks adult affection • poor school attendance • stays at the homes of friends and acquaintances for prolonged periods, rather than at own home • displays rocking, sucking, head-banging behaviour • overly passive, emotionless 	<p><i>Social/psychological</i></p> <ul style="list-style-type: none"> • unable or unwilling to provide or arrange adequate food, shelter, clothing, education, medical attention or a safe home • leaves child without appropriate supervision • abandons child • withholds physical contact or stimulation for prolonged periods • minimal psychological nurturing, 'low-warmth' parenting • limited understanding of child's needs • unrealistic expectations of child • presence of an unmanaged mental health condition • treats one child differently to other siblings

Prenatal harm

Refers to parental circumstances or behaviours during pregnancy that may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's safety, welfare or wellbeing.

Potential indicators of prenatal harm

In parents or caregivers
<p><i>Physical</i></p> <ul style="list-style-type: none">• pregnant woman misuses alcohol or drugs• pregnant woman is/has been victim of domestic violence• homelessness
<p><i>Social/psychological</i></p> <ul style="list-style-type: none">• pregnant woman has an unmanaged mental health condition• pregnant woman is at risk of suicide• pregnant woman or caregivers have history of abuse or neglect of siblings of the unborn child• a previous child of the pregnant woman was removed or died• pregnant woman's partner had a previous child removed or die in suspicious circumstances• pregnant woman's significant others are misusing drugs, alcohol or have a mental illness• pregnant child or young person with limited social support, such as pregnant child/young person under parental responsibility to the Minister