

Recognising and responding to child physical abuse

If you do one thing...

In all circumstances where it is considered that the physical punishment of a child may be unreasonable/abusive, practitioners must ensure they call the Multi-Agency Safeguarding Hub (MASH) and discuss their concerns, and following this, complete and IMMEDIATELY submit an [Inter-Agency Referral Form \(IARF\)](#)

Child physical abuse remains a critical issue that requires the coordinated efforts of the multi-agency workforce.

‘Lord Laming (2009) said that the possibility of child abuse should be pursued with the same rigour as for any other potentially fatal condition’.

Definition

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. [Working Together to Safeguard Children](#)

The Impact Of Physical Abuse On Children

Children of all ages may experience injuries and physical harm due to physical abuse.

The psychological impact of a child being physically abused by someone that they love and likely live with can last long after their injuries have healed.

"My parents fight with each other, and they end up taking it out on me. Every day they argue and shout at me, when they get really angry, they hit me and kick me too. They tell me that everything's my fault and they don't want me to be their child. I feel responsible for everything that's going wrong with my family. I'm so scared to be at home, I'm terrified that my parents will hit me again. Usually I leave the house and walk around until my parents find me. The only way I can calm down is to self-harm, I feel so upset and on edge all of the time, I just don't know what to do."

Childline counselling session with a girl aged 16

Behavioural and psychological effects

Children who have been physically abused may experience effects including:

- Criminal behaviour
- Risky sexual behaviour
- Behavioural or conduct problems
- Mental health problems such as depressive disorders, anxiety disorders, obesity and eating disorders
- Drug and alcohol misuse
- Suicidal thoughts and feelings (Norman et al, 2012).

Physical effects

Babies and very young children are particularly vulnerable to the effects of physical abuse (Child Safeguarding Practice Review Panel, 2021).

Shaking or hitting babies and very young children can cause:

- head injuries
- fractures
- broken bones
- internal injuries.
- Death
- Brain injury

Non-accidental head injuries can cause brain injury which can lead to:

- learning problems
- behaviour problems
- seizures
- hearing and speech impairment
- visual impairment or blindness
- changes in personality
- severe brain damage
- long-term disability
- death

Brain development

Physical abuse can have a negative effect on the development of children's brains, potentially impacting their mental and physical capacities in later life.

The effect of physical abuse on a child's developing brain can lead to an overactive stress response, impaired cognitive development and weakened executive function skills. (Shonkoff et al, 2008; Shonkoff et al, 2014).

[NSPCC Learning](#)

Signs And Indicators Of Physical Abuse

Early identification is crucial in preventing long-term harm. Practitioners across agencies should be aware of common signs, including:

Behavioural Indicators: Fear of going home, withdrawal, flinching, aggressive behaviour/outbursts, wincing or holding themselves differently, frozen watchfulness, poor attachments, and age-inappropriate knowledge of violence.

Environmental Indicators: Presence of domestic abuse, substance abuse, or mental health issues within the family.

Physical Indicators: Unexplained bruises, burns, fractures, or other injuries in various stages of healing, often in places not typically injured accidentally (e.g., back, buttocks, thighs).

Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. These injuries tend to affect bony areas of the body such as elbows, knees and shins and aren't usually a cause for concern. However, some injuries are more likely to indicate physical abuse.

Bruises:

- commonly on the head but also on the ear, neck or soft areas (abdomen, back and buttocks).
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet.
- clusters of bruises on the upper arm, outside of the thigh or on the body.
- bruises with dots of blood under the skin.
- a bruised scalp and swollen eyes from hair being pulled violently.
- bruises in the shape of a hand or object
- [bruises on non-mobile babies](#) (babies who cannot crawl, cruise, bottom shuffle or roll over).

Burns or scalds:

- these may be on the hands, back, shoulders or buttocks. Scalds in particular may be on lower limbs, both arms and/or both legs.
- a clear edge to the burn or scald
- sometimes in the shape of an implement – for example, a circular cigarette burn
- multiple burns or scalds.

Bite marks:

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

Fractures or broken bones:

- fractures to the ribs or limbs in babies
- multiple fractures or breaks at different stages of healing.

Signs of head injury in an infant:

- visible signs such as swelling, bruising or fractures
- unusual behaviour – being irritable, lethargic, unresponsive or not wanting to feed
- seizures
- vomiting
- respiratory problems
- being comatose.

Behavioural changes:

- fear of specific individuals
- flinching when approached or touched
- reluctance to get changed in front of others or wearing long sleeves or trousers in hot weather
- depression or withdrawn behaviour.
- Frozen watchfulness
- Poor attachments

Who Is At Risk:

Physical abuse can happen in any family. But babies and children who have a disability are at an increased risk of suffering physical abuse (Jones et al, 2012).

Some parents may also struggle to provide their children with safe and loving care if they are facing difficulties such as:

- poverty
- inadequate housing
- social isolation
- substance use problems
- relationship difficulties such as parental conflict and familial conflict within the extended family.
- domestic abuse
- mental ill health

Babies have a higher risk of suffering physical abuse as well as children with disabilities, especially those who are unable to tell someone what's happening or don't understand what's happening to them is abuse.

Response Of Multi-Agency Practitioners:

Physical abuse needs a multi-agency response. It is essential that:

- Healthcare Professionals look for signs during routine examinations, especially injuries inconsistent with the child's developmental stage or explanations given.
- Schools, including pre-schools, childcare settings and colleges note changes in behaviour, unexplained or prolonged school absences, record unexplained bruises, note reluctance to participate in physical activities, which may suggest fear of revealing injuries.
- Thorough assessments are completed when abuse is suspected, considering the family dynamics and the child's environment, and including any previous history of concerns.
- Practitioners are encouraged to remain professionally curious and ask probing questions when a child presents with injuries, even if the explanation initially seems plausible.
- Speak to the child. Listen to the child. Hear their voice.
- Ensure that where any concerns are raised, speak to the parents – unless you are concerned that doing so may raise the risk to the child.
- In all circumstances where it is considered that the physical punishment of a child may be unreasonable/abusive, practitioners must ensure they call the Multi-Agency Safeguarding Hub (MASH) and discuss their concerns, and following this, complete and IMMEDIATELY submit an [Inter-Agency Referral Form \(IARF\)](#)

If A Child Reveals Abuse

A child who is being physically abused might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about physical abuse, it's important to:

- listen carefully to what they're saying
- let them know they've done the right thing by telling you
- do not promise to keep what they have said a secret, explain what you'll do next to keep them safe
- tell them it's not their fault
- say you'll take them seriously
- don't confront the alleged abuser
- report what the child has told you as soon as possible.

Preventing Physical Abuse

Empowering children and parents

Children of all ages need support to identify the signs of abuse and to speak out if something is wrong. It's also important that parents and carers know how to keep their children safe.

Supporting parents and carers

Research shows there's a risk of physical punishment escalating into more severe forms of abuse (Heilmann, Kelly, and Watt, 2015). So it's important that parents are made aware of the harmful effects of physical punishment and given alternative strategies to use when reacting to challenging behaviour.

Adults who physically abuse children may never have been taught how best to respond to a child. They may have unrealistic expectations of the way children should behave or lack understanding of a child's needs.

Early help services can help by supporting parents with how to respond to a child whose behaviour may be challenging for them for example a crying baby, and without the need for physical punishment for any misbehaviour.

Speaking out

It's vital to build safe and trusting relationships with children so they can speak out about any problems they are experiencing. This involves teaching children what abuse is and how they can get help.

Supporting Resources:

- ➡ [Inter-Agency Referral Form \(IARF\)](#)
- ➡ The [Hampshire and IOW Threshold Chart](#) for assessing level of risk/concern.
- ➡ 'Suspicion of physical, emotional or sexual abuse, or neglect' is referenced under 'child in need/child in need of protection' in the [Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust Thresholds Chart](#).
- ➡ The IOWSCP provides a free, multi-agency, [training](#) programme for professionals who work with children and families on the Isle of Wight.
- ➡ Resources to support [working with children with additional needs \(including complex needs and disabilities\)](#)

Hampshire and IOW Toolkits

- ➔ [Safeguarding Adolescents toolkit](#)
- ➔ [Safeguarding Infants toolkit](#)
- ➔ [Adopting a family approach toolkit](#)
- ➔ [Hampshire and Isle of Wight Neglect toolkit](#)

Hampshire, Isle of Wight, Portsmouth and Southampton Procedures:

- ➔ [Injuries in Non-Mobile Infants](#)
- ➔ [Unborn/Newborn Baby Safeguarding Protocol](#)
- ➔ [Abuse of disabled children](#)
- ➔ [Child protection Section 47 Enquiries Procedure](#)

Isle of Wight

- ➔ [Isle of Wight Family Centres](#) provide information advice and guidance to families across the IOW.
- ➔ [Isle of Wight Targeted Early Help - professionals](#)