

Physical Abuse

Between 5 and 10% of Australian adults report having experienced physical abuse during childhood*.

Physical abuse occurs in all communities.

Physical abuse is a term used to refer to an act by a parent or regular caregiver of a child that results in physical injury or harm to the child.

In physical abuse, there is intent by the adult to cause harm to the child. In this respect, physical abuse is distinguished from accidental injury that may arise from an action of a parent or regular caregiver.

In physical abuse, the injuries sustained by the child cannot plausibly be explained by an accident or action of the child. There may be no plausible explanation offered for how the injury occurred. Injuries arising from physical abuse include:

- Bruises
- Abrasions
- Cuts
- Burns
- Soft-tissue injuries (e.g. "sore arm")
- Bone fractures/breaks

The injuries are not always readily seen. Nevertheless, they are likely to be painful for the child and cause them to avoid activities and interactions they would typically engage in or a child of their age and development would typically engage in.

Physical abuse is often accompanied by psychological effects. Physical abuse is a form of childhood trauma. There is a fact sheet for childhood trauma that sets out how childhood trauma impacts the developing child and approaches to care in the Centre that support recovery and thriving. The fact sheet for childhood trauma can be accessed [here](#).

What do I do?

If you suspect physical abuse, you are required to notify child protection authorities in your state or



territory. They will handle all investigations in to whether physical abuse has occurred, or not. You are not obliged to discuss your concerns with the family, nor should you carry out your own investigation. Rather, you should also notify your Centre Director of your concerns so that they can formulate a plan regarding the Centre's response to your concerns.

Case Example: Physical Abuse

Ronny is a four-year-old child who has attended at the Centre for the past eight months. Ronny is an overly active and boisterous child who often invades the personal space of other children and educators and initiates rough play. Ronny displays an exaggerated startle-response when educators who are close by him make sudden movements of their arms or hands. He is observed to be 'jumpy'. After missing a few days, Ronny arrives at the centre with a fading bruise under his left eye.

You suspect that the injury is non-accidental and notify child protection authorities. You also notify the Centre Director and you formulate a Plan in support of Ronny experiencing the Centre as a safe place and source of positive relationships.

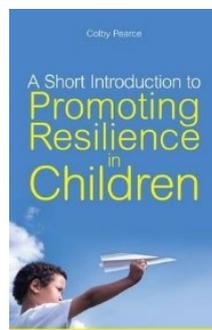
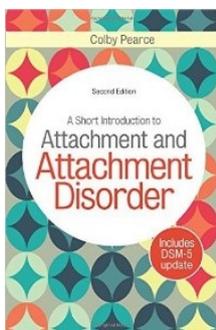
Your plan involves a small group of consistent educators engaging with Ronny on the days he is at the Centre. These carers check in with him regularly and, at-least once per day, invite Ronny to engage in a one-to-one play activity that he is known to enjoy, and the educator will enjoy doing with him. While engaged in the activity the educator comments about Ronny's experience, doing so with expressed emotion that matches Ronny's, before self-regulating to calm. Ronny is also invited to have his hands painted in order to make a print on paper. Your intent is to offer and teach him about safe and gentle touch.



In time you notice that Ronny is much more settled and engages with children and educators alike with increasing gentleness. He delights in one-to-one interaction with educators and is no longer observed to be 'jumpy'.

For additional information and resources, visit:

- [Secure Start®](#)
- [Australian Childhood Foundation](#)
- [The National Child Traumatic Stress Network](#)



*<https://aifs.gov.au/cfca/publications/prevalence-child-abuse-and-neglect>