



of detriment, neglect and abuse of children and young people

REFERENCE MANUAL

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NOTE: This Reference Manual relates to the Credere Assessment tool and should not be applied to other applications or processes.

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Introduction to Credere

Credere is an assessment tool designed to assist the information gathering process and decision making in the neglect, abuse and detrimental care of children and young people. The tool encapsulates professional expertise and knowledge recognised as evidence based practice.

Credere provides a practical, structured and conceptual framework for both new and experienced practitioners. It offers agencies and organisations an in house training tool and a process for validation in the care and protection of children and young people.

When you use Credere you will be guided through a step by step process to build information about a child or young person's circumstances. Credere will analyse information specific to a type of abuse, neglect or detriment and categorise information that is non-specific. Importantly, it will indicate when a child or young person is at risk of harm. The reports will show how conclusions are reached on each case and will recommend interventions particular to the child or young person.

The overall aim is to assist you to construct an evidence based and credible representation of the child or young person's need for care and protection and their risk of harm. In doing this Credere relies upon multi agency involvement and the utilisation of appropriate professional expertise.

Credere Knowledge Base

The basis of Credere is built on human expertise. The quality and integrity of this information was established by compiling up to date international research findings and testing these against a series of case studies.

This knowledge has been organised into clusters and formatted and displayed as indicator groups on the Credere screens. It cannot be changed or altered by the practitioner. Credere knowledge base will be updated when there are any significant changes in research findings.

In order to build a case and reach evidence based conclusions Credere relies upon the practitioner information about a child/young person's circumstances. This should be obtained from a variety of sources and then applied to the indicator groupings.

Using the Inductive Approach

The Credere knowledge base is built on the inductive methodology. It also drives an inductive approach to information gathering and assessment. This method avoids the problems of deduction wherein the practitioner usually begins the process with the formation of an initial working hypothesis. This tends to be based on a narrow set of cues or information. The practitioner then sets out to prove or disprove the credibility and reliability of the information. The hypothesis is sometimes modified in the face of new information, or alternatively the information is abandoned. The deductive approach is fraught with risk because information can be and usually is shaped to fit the assumption.

The inductive approach directs the practitioner to build a broad picture before any conclusions are drawn. This happens in two ways. One is to obtain a wide range of information both historical and current and the other is to apply the appropriate expertise to interpret the non-specific and generalised indicators the many indicators of abuse, neglect or detrimental care that are non-specific non any form of . Credere recognizes the relevance of cues and manages complex sets of variables to come to conclusions and diagnostic outcomes.

Note: Credere is not intended as a check list, or as a set of risk criteria. However, these approaches can be utilised alongside Credere.

What is Information and What is Data?

Information refers to details, particulars and facts provided or learned about something or someone.

Credere relies upon the practitioner to gather a substantial amount of information about a child/young person's circumstances.

This will include what the practitioner has been told by a person with direct involvement with a child or young person, or what the practitioner has personally observed, or received as a report.

Credere treats the information entered into the questionnaire as data. Data is defined as known facts or things which are used as a basis for inference, or for drawing conclusions. For the purposes of child protection assessments and interventions data is the collection and collation of information about a case which can be factually established. Data therefore, must be able to be supported or substantiated.

Credere has two types of data. The first consists of the knowledge model which forms the basis of the Credere system. The quality and integrity of this data has been established by compiling up to date international research findings and testing these

against a series of case studies. This data has been formatted and displayed within fields which appear on the Credere screens. It cannot be changed or altered by the user.

The second type of data is the evidence and information which is gathered from a variety of sources by the practitioner. It is entered into the evidential fields which appear on the Credere screen.

What is Evidence?

Evidence is defined as the available facts, or available circumstances which support a belief, or proposition, or indicate whether or not something may be valid and correct.

Facts are things or events known to have occurred or to exist, or can be shown to be true ie., correct. Legally evidence is accepted as information that is derived from personal experience or observation and can be based on documentary record.

A contemporaneous record is regarded as reliable because it represents information that was recorded at the time of the event or close to it while the memory is still fresh. It can be referred to sometime later.

Credere relies upon the supporting information entered into evidential fields in each screen to come to evidence based outcomes.

Abduction and Missing Children

The abduction of a child constitutes abuse. It is emotionally and psychologically disturbing to a child and places them at risk of physical harm.

Abduction is the unauthorised and unlawful removal, by force or deception, of a child or young person from home, school, private dwelling, a public place, vehicle, or aircraft. The abductor can be either a stranger or someone the child knows.

Abduction is also a concern when a non-custodial parent fails to return a child after visitation. A parent who has been granted access visits with a child usually has a clear agreement and understanding about the time, place and to whom the child will be returned to. Failure to return a child as agreed is cause for concern. When this occurs in the context of previous or ongoing family violence towards the other parent or child it is cause for alarm for the safety of the child safety. Threats of violence should be treated very seriously.

Children who are abducted by a parent or thought to be “missing” from school, home, or other places should be regarded as ‘at risk’ of harm.

The police should be notified immediately.

Risk Factors and the Vulnerable Child

Research has shown there are some risk factors which indicate that a child/young person is at risk of harm. These risk factors are identified as:

- A child 2 years or under who presents with an injury, and who has been subjected to previous physical abuse, or suspected physical abuse by the care giver or other adults in the household.
- A child/young person who is living in the household with an adult who has previously abused them either physically or sexually.
- A child/young person who is living in the household with an adult who has previously had a child/young person removed from their care due to abuse, and/or neglect.
- A child who is left for periods of time under the supervision of an unrelated adult male, identified as the partner to the caregiver and who has a history of family violence towards her.

Definition of Safety

- A child is safe when there are no threats of danger within the family or home **OR** when the caregivers possess sufficient protective capacity to manage or control any threats.

Definition of Unsafe

- A child is unsafe and vulnerable and when there are threats of danger within the family or home **AND** the caregivers have insufficient protective capacities to manage or control the threats, making outside intervention necessary

What is Cumulative Harm?

Cumulative harm is defined as the compounded experiences of either, a single recurring adverse circumstance or event (e.g., the on-going low level care), or by multiple different circumstances and events such as on-going verbal abuse and denigration, inconsistent or harsh discipline and/or exposure to family violence.

The adverse effects of patterns of circumstances and events in a child/young person's life have the effect of diminishing their sense of safety, stability and well-being.

Detrimental care, neglect and emotional and psychological abuse constitute cumulative harm because of the persistent and ongoing nature of the abuses.

What are Additional Factors?

It is important to identify factors which may impinge on the assessment of child/young person's situation. These are factors that are likely to affect the functioning of the child/young person, or will affect the way the information about their welfare or the risk environment is interpreted.

There are some circumstances where specialised assistance will be required to ensure that the information which is gathered about a child/young person; the manner in which is it assessed, and the decisions about whether the child/young person is harmed or at risk, is not distorted.

For example, assessing the welfare and safety of a deaf child should involve a sign language interpreter. Similarly, a practitioner should involve an interpreter fluent in the primary language of the child.

Other examples include understanding how an autistic child expresses their experience or using mediums other than verbal language to allow a child to convey an experience. These dimensions of psychosocial functioning factors all require another layer of knowledge and understanding that can be accessed through professionals involved in working with the specialisations.

List of additional factors

- impaired cognitive and/or developmental functioning
- episodes of severe disordered emotional behaviours
- physical disability
- disabling illness
- difficulty understanding of the predominant spoken language
- deafness and relies upon a sign language interpreter
- intersex, transgender, or gender dysphoria

Indicator Classifications

An indicator of abuse, neglect or detrimental care is defined as a sign or symptom that is manifested behaviourally, physically, or within the care environment.

Signs are indicators observed by others.

Symptoms are based on self-reports about a change or concern relating to an emotional, psychological, or physical state.

Indicators singularly or as a cluster, should be taken seriously. They serve as cues for further inquiry or clues for in-depth investigation.

Indicators in Credere are organised into three categories

- Behavioural
- Physical
- Environmental

Non-specific Indicators

Most indicators are generalised across the different forms of abuse, neglect and detrimental care. These are referred to as non-specific indicators. However, this does not mean they do not pose a serious risk to the child. It is only after the inquiry is completed that the level of harm and future risk can be assessed.

Specific Indicators

Some indicators are regarded as highly suggestive of a particular form of abuse, neglect or detrimental care. This is because there is an established association between these indicators and the abuse. But this needs to be tested on a case by case basis before the abuse is conclusive. Some indicators of suspected sexual abuse are an example of this.

There is a core of indicators considered characteristic of a particular form of abuse, neglect, or detrimental care. These are regarded as specific indicators. For example imprint bruising to the body constitutes a physical indicator of physical abuse. Or a disclosure by a child/young person is regarded as a specific behavioural indicator of abuse. A witness disclosure to an abuse should also be treated as a specific indicator.

Attributes

Specific indicators can also be attributes of specific forms of forms of abuse, neglect or detrimental care. For example there are injuries or circumstances where there is no other possible explanation other than abuse or neglect. Cigarette burns to different parts of the body will have been deliberately caused and are therefore directly attributable to the physical abuse of a child; or non-organic failure to thrive in an impoverished household where the caregiver has a long term history of drug addiction is directly attributable to neglect. The measure of concern is not about the intention of, or motivations of the caregiver or other adults but of the impact and effect on the child/young person.

Detrimental Care

The primary care environment for a child/young person is the home with care figures such as a parent or parents, or in an extended family situation where several related adults assume responsibility for the welfare of a child/young person. Children in some situations will be cared for by foster parents.

The primary care environment is expected to provide the necessities of life, nurture, stability and encouragement of the child or young person towards reaching their potential.

The care environment is both a place of safety for children and a place that has the potential to cause harm to a child/young person.

Detrimental care will usually involve the potential to cause harm in the short term and cumulative harm over the long term. It is the persistent and accumulating impact of either, a single recurring adverse circumstance or event (e.g., the on-going low level care, or by multiple different circumstances and events such as on-going verbal abuse and denigration, inconsistent or harsh discipline and/or exposure to family violence.

The impact of detrimental care on the child/young person can be profound and exponential, and undermine the child/young person's sense of safety, stability and wellbeing.

It is not likely that a notification is received on a child/young person for detrimental care. However, it may be a factor in any protective concern (e.g., neglect, physical, sexual, emotional, or psychological abuse). Because of this the worker will need to be alert to the possibility of multiple adverse circumstances and events in all reports, and to consider, not just the information presented in the current report, but the past history of involvement that may be indicative of cumulative harm.

Neglect

Neglect of a child/young person refers to circumstances where the basic necessities of life are repeatedly not met by the caregiver; where there is failure to provide care or supervision necessary to protect the child/young person from harm; or where the child/young person has suffered physical illness or injury as a result of neglect; or where there is a significant risk of serious harm to the child/young person's well-being and development as a result of neglect.

Neglect is defined as a pattern and it can be either willful or unintentional on the part of the caregiver. Infants and developmentally delayed children are particularly vulnerable in neglectful environments. The age and developmental status of a child/ young person needs to be treated as an added risk factor.

Emotional and Psychological Abuse

Emotional and/or psychological abuses are separate forms of abuse. However, they often co-exist and they tend to be associated with other forms of abuses such as sexual and physical abuse, neglect, or detrimental care.

The harm that results from emotional and psychological abuses is likely to be long lasting because they impact on the emotional and psychological development of a child or young person.

It is often difficult to identify incidents of emotional and psychologically abusive behaviour because the harm occurs over time. It is the result of sustained and repetitive actions and behaviours and the pattern is not always easy to identify in the short term and sometimes superficial contacts.

Although single isolated actions or behaviours do not usually constitute emotional or psychological abuse, there are some exceptions where a child/young person has witnessed or been a victim of an extreme and traumatic event. The child or young person will likely require therapeutic intervention as a result of the emotional and psychological impact. The adults caring for them may also need to understand how to respond appropriately so the harm is not exacerbated.

Emotional abuse refers to sustained and repetitive responses which deny or impede a child's emotional experience and expressive behaviours. It involves inflicting emotional pain through fear, humiliation, distress, or despair and affects the child's spontaneity and range of emotional expressions. It is the subjection of child or young person to experiences and situations, adult behaviours and actions which cause insecurities and anxieties that are inappropriate to the age of the child or young person.

In summary, emotional abuse refers to treatment that impacts on the affective aspects of human development and inhibits a child's ability to gain control over their emotional life.

Psychological abuse impacts on the cognitive aspects of human development. It is the sustained and repetitive behaviour which damages and impedes the development of important mental and cognitive faculties and abilities such as intelligence, attention, memory, recognition, perception and moral sense. These are essential to the social and educational development of a child or young person.

It consists of a pattern of behaviours, or repeated treatment, either intentional or unintentional, which is demonstrated in five forms: ignoring, rejecting, isolating, corrupting and terrorising. Psychological abuse can also include bullying either by adults or peers. Over a period of time the impact can be psychosocially destructive to a child or young person.

Examples of psychological abuse are; family violence, desertion, unpredictability, lies and deceptions, and exploitation.

It is important to note that it is the repetitive and sustained nature of these behaviours that distinguishes psychological abuse from incidents of inappropriate treatment. For example children will experience rejection or isolation from time to time but if this is not typical of the way they are being treated by significant adults, it is not usual for it to have a lasting effect on their self or social development.

Another consideration of psychological abuse is the social and cultural context within which it occurs. Treatment which is culturally rejecting, or damages the child's participation in a socially relevant process may be abusive.

In summary, any psychological treatment that impairs a child's self-development and social competence is psychologically abusive.¹

Physical Abuse

All physical abuse, or suspected abuse injuries should be documented and also examined and assessed by a medical expert. Information including disclosures from adults, siblings or other observers who are involved with the child/or young person will help to build a picture of a particular incident, and provide history of the child/young person's circumstances.

Accidental bruises are common at places on the body where bone is fairly close to the skin such as the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. These bruises will tend to be diffuse, with no definite edges. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Any bruising on a child before the age of mobility must be treated with concern.

¹ See Montgomery, J., (1989) "The Emotional Abuse Of Children" In Family Law., O'Hagan, K. P., (1995) "Emotional and Psychological Abuse: Problems of Definition", In Child Abuse & Neglect Vol.19. No 4. pp. 449-461. Johnstone, N., (1992) The Law On Emotional Abuse / Emotional Neglect / Physical Neglect Of Children. DSW, Unpublished, Tomison, Adam M and Tucci Joe, (1997, Emotional Abuse: the hidden form of Maltreatment in Issues in Child Abuse Prevention, Number 8 Spring)

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, mouth or genitalia.

Non accidental injuries include injuries that are inflicted wilfully or as a result of discipline or punishment. If it is not known how the injury was caused then the allegation should be treated as non-accidental injury.

Injuries unlikely to have been caused by accident and therefore inconsistent with the caregiver's explanation should be treated as suspicious of abuse.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outline of fingers may be seen on any part of the body.

Bruises caused by direct blows with a fist have no definite pattern, but may occur on parts of the body that do not usually receive injuries by accident. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet.

The outline of the object may be left on the child in a bruise on areas such as the back or thighs.

Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect.

Shaking can also cause bruising such as hidden bleeding and bruising inside the skull.

Bruising around the neck is not likely to be accidental.

Sexual Abuse

Sexual abuse refers to any activity or behaviours imposed on a child/young person by an older child/young person or adult. It includes inducement or coercion to engage in or witness sexual conduct or sexually explicit material.

A child/young person has been/is being sexually abused or exploited by an adult, or older person living in the household or a person who has access to the child/young person, Sexual abuse is defined when rape occurs, oral sex, vaginal or anal penetration, touching of the genitals, exposure to sex acts or sexually explicit material, or exploitation through prostitution or pornography. It also includes circumstances where a child/young person is placed in a situation where there is a high risk they may be sexually abused.

It should be noted that it is a criminal offence for any young person or adult or have sexual contact or commit an indecent act on a young person under the age of 16 years irrespective of whether the young person acquiesced or complied. (s134 Crimes Act 1961, New Zealand)

Sexual abuse or sexual exploitation is identified in the following ways:

- disclosure of the child/young person
- the act is witnessed by a third party
- specific signs observed by a third party
- the abuser makes a confession
- medical evidence

While the range of what is considered 'normal' sexual development and play in a child /young person is wide there are some specific indicators of sexual abuse that should not be discounted.

Glossary

Crederere

This is the title used to describe the care and protection software application and the purposes for which it was designed. Crederere[®] is a Latin word meaning to believe, or to be credible. Crederere[®] is a registered trademark of Pearl Professionals (NZ) Ltd.

Care and Protection

A child / young person is considered to be in need of care or protection when there is any form of abuse, harm, maltreatment, neglect either physical, emotional, psychological or sexual and includes subjection to a detrimental care environment. Whether or not these events are severe or serious should not be the only consideration. A response and positive intervention should be instigated for each event.

Caregiver

Parents, foster parent, teachers, child minder, nanny, nurse, doctor, social worker, scout leader, club facilitator.

Evidence Based Practice

Evidence based practice is defined as practice that is informed by research evidence which is underpinned by rigorous and effective methodologies. an important consideration of whether practice is evidence based relies on the safety and efficacy of therapeutic, rehabilitative, or preventative actions and interventions. Evidence based practice will have the most effective outcomes as demonstrated by the research.^{2 3}

NAI

This stands for non-accidental injury and is a medically assessed conclusion. The diagnosis is an attribute of physical abuse and should be treated seriously.

Safety

This is defined as being free from the threat of harm both in the present and future.

Vulnerable

To be vulnerable means to be exposed to the possibility of being attacked or harmed, either physically, psychologically or emotionally, or to be in danger, in peril, at risk, unsafe, unprotected and unguarded.

² British Journal of Social Work (2001) 31, 57–79 Some Considerations on the Validity of Evidence-based Practice in Social Work Stephen A. Webb.

³ Qualitative Health Research · April 2006
The Four Cornerstones of Evidence-Based Practice in Social Work Jane F. Gilgun