All children need a nurturing and supportive family and community to enable them to achieve their full potential. For vulnerable children who are exposed to child abuse and neglect, we need to ensure they are protected and supported so they can have the best chance in life. Certain children are at a higher risk of physical and emotional harm than others due to their living circumstances or home environment.

**Children most at risk**

Babies, children and young people who are victims of child abuse and neglect experience harmful effects in their physical, cognitive, emotional, behavioural and social development. The fundamental damage caused by abuse and neglect can undermine the child’s ability to develop capacities for trust, intimacy and sexuality.

A baby, child or young person may be at risk of harm due to actual or likely physical, psychological or emotional harm or as a result of what is not done (neglect) by another person, often an adult responsible for their care. Young people may also be at risk of physical, psychological, sexual or emotional harm as a result of environmental factors (for example, homelessness) or self-harming behaviours. Child abuse and neglect are not usually single incidents, but take place over time and the impacts may be cumulative.

Abuse affects children from all cultural and socioeconomic backgrounds. Children, in particular, are vulnerable to abuse because:

- They are dependent on adults. They are not able, or may not have the opportunity, to stand up to adults and speak for themselves.
- They are placed in the care of various people at different times (for example, parents, teachers, sports coaches, babysitters, family) where there is the potential for abuse to occur.
- Society generally promotes the idea that children ‘belong’ to their parents and therefore parents’ rights outweigh children’s rights.

**Babies**

Abuse and neglect in the first two years of a baby’s life can have significant, long-term consequences for a child’s development. Risks for babies include:

- use of hazardous drugs or alcohol by mothers during pregnancy
- parental substance use
- family violence
- parental mental health problems or intellectual disability that compromise the parent’s care of the infant
- poor attachment to the baby
- the absence of social supports or isolation
- unstable housing or financial situation

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• parental history of abuse or neglect or that of another child in the family.

The baby’s health needs may compound these difficulties.

Children

Factors such as family violence, parental drug and alcohol use, parental mental illness and intellectual disability may negatively impact on a parent’s ability to provide the right supervision, nurture and care for their children.

This lack of supervision, as well as environmental neglect, can expose toddlers and young children to significant risks of physical harm. If children do not feel secure in their relationships with their primary carers and if they do not get enough stimulation, this can negatively impact on their development and their ability to form intimate relationships. The importance of adequate nurturing in early life is therefore extremely important.

Primary school-age children are particularly at risk of physical and sexual abuse. Emotional abuse of children through aggressive parenting styles and lack of supervision can place some children at a greater risk of physical harm. Neglect of a child’s educational, dental and health needs, as well as social relationships, can also affect their ability to successfully progress into adolescence.

Young people

Adolescence for teenagers can be a time of increased risk taking, particularly when it comes to experimenting with drugs and alcohol. Young people who do not have strong relationships with the adults in their family are even more at risk.

Vulnerable populations

Children from all cultural and socioeconomic backgrounds are vulnerable to adversity, child abuse and neglect. However, evidence suggests that some children, due to their age, genetic predisposition or psychosocial situation, are at higher risk of some forms of harm.

Aboriginal babies, children and young people

The issue of child abuse and neglect in Australian Indigenous communities needs to be understood and addressed from a perspective that recognises both historical and present day issues.

Many of the problems presenting in some Indigenous communities today are the result of the experiences of the past where Aboriginal people were subjected to racism and violence from the early days of European settlement.

Government policies of dispossession, segregation and assimilation contributed to the present disadvantage by dislocating Indigenous communities from their land and by separating children from their families and communities. These children, the ‘stolen generations’ were deprived of the nurturing of family and community. This has contributed to the loss of identity and other problems for the children, their families and communities and is reflected in contemporary social problems including alcohol, poverty, drug addiction and family violence.

Children with disabilities

Children with disabilities are more vulnerable to abuse and neglect than other children. Long-term dependency and a high incidence of communication problems increase their vulnerability. Deaf children and those with severe physical disability have been identified as being at particular risk. This is particularly problematic if the child’s ‘interpreter’ or carer is also a child abuser.

Children of a parent with an intellectual disability

Parents with a disability may face additional challenges in parenting their child/ren. The needs of parents with an intellectual disability will vary from person to person and over time as their circumstances and the needs of their child or children change. It is important skilled assessment of parents with a disability occurs when considering reports of abuse or neglect.

Children with medical needs

Situations of child neglect may arise in relation to the care of babies, children or young people with acute or...
chronic health needs where the parent or caregiver is unable or unwilling to provide the medical care required, sometimes over long periods, to maintain the child’s health and development or to provide palliative care during a terminal illness.

**Munchausen syndrome by proxy**

Munchausen syndrome by proxy (also known as ‘fabricated or induced illness by carers’) is defined as ‘the deliberate production or fabrication of physical or psychological symptoms in a child by a parent or carer’. Typically, suspicion of this situation arises when children are repeatedly presented to medical practitioners or hospitals with symptoms that are difficult to explain. Such children may present with symptoms that are induced (breathlessness or choking caused by suffocation) or made up (for example, fictitious seizures).

**Children in out-of-home care**

Children in out-of-home care have often experienced extreme family dysfunction over a long period, as well as episodes of abuse. They frequently have significant emotional and behavioural problems as well as developmental delays and neglected health needs. These children are mainly cared for by extended family and foster carers, although a small proportion, generally over 12 years of age are cared for in residential units. Their health, developmental and behavioural needs may require specialist support and intervention. While these children may have been removed from the harm and abuse they have experienced they remain vulnerable to further abuse and exploitation unless caregivers are well supported and appropriate services provided.

**Children exposed to family violence**

Exposure of children to family violence constitutes a form of child abuse. A baby, child or young person may be harmed directly or indirectly by physical violence when they are attempting to protect another person. The child may also experience emotional and psychological trauma by living in a climate of fear and intimidation in a home where family violence occurs.

**Children of parents with a drug or alcohol problem**

Many studies have reported the co-occurrence of parental substance abuse and child abuse. Substances involved include alcohol, marijuana, heroin, ecstasy, amphetamines and inhalants. Women using illicit drugs are less likely to access prenatal and postnatal care and more likely to avoid seeking help for parent–child problems, fearing that their drug use will be exposed; this may lead to intervention by child protection. They may perceive that nothing is wrong, lack interest in parenting, be isolated or marginalised from traditional health services, or lack access to relevant services, particularly in rural regions and urban areas of poverty.

**Children of parents with a mental illness**

Mental health issues can impact a parent’s capacity to function adequately, and drug or alcohol use often compounds the problem. Depression, substance dependence and personality disorders are the most frequently reported psychiatric conditions affecting parents who abuse their children. Parents with mental illness may experience difficulty relating to their child, display impulsive physical discipline or fail to meet the child’s emotional and developmental needs. Parents with psychotic illnesses comprise a significant proportion of parents who kill their children. All professionals working with parents with a mental illness are encouraged to enquire about the children and take action to ensure the children’s safety and wellbeing.

**Children of culturally and linguistically diverse parents**

Parenting and child rearing practices will vary between cultures. While this cultural diversity must be respected abuse or neglect of children due to cultural practices remains illegal and must be assessed according to Victorian legislation. It is important parents of culturally and linguistically diverse backgrounds are supported to understand local laws and that information is provided to support safe parenting practices.

**Homeless children**

Children who are homeless (or whose families are homeless) often experience physical, psychological and emotional harm.

Children born into homelessness are more likely to have low birthweights, which can lead to ongoing health issues.

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Developmental delays among preschool children influence later behavioural and emotional problems. Separation from parents can cause long-term negative effects.

The stressful and traumatic events that homeless children often face but are too young to understand can lead to severe emotional distress. Their academic performance is hampered both by their poor cognitive development and by the circumstances of their homelessness, such as constantly moving around.

**How you can help children and families at risk**

If you recognise that a child is at risk due to their living circumstances, you may wish to encourage the family to get help. If you have concern for the child’s well being you can call your closest Child FIRST agency. Child FIRST provides support and assistance to vulnerable children, young people and their families in cases where there are concerns about the wellbeing of the child or young person (0–17 years, including an unborn child), or their family.

If you believe the child is experiencing abuse or neglect and needs protection you may report your concerns to your local child protection service within the Department of Health and Human Services who will discuss your concerns and determine what action is required.

In an emergency, always call triple zero (000). If you are concerned about the immediate safety of a child within their family, call the 24-hour Child Protection Crisis Line on 13 12 78 (toll-free within Victoria).

Anyone with a concern for a child or family can make a referral to Child FIRST. To find your local service, enter your postcode below.

Department of Human Services has information on [Child and family services information, referral and support teams](#).

**Where to get help**

- Child FIRST
- 24 hour Child Protection Crisis Line 13 12 78
- Triple zero call 000

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