

Child Maltreatment

Although some forms of abuse and neglect are more difficult to detect than others, there are usually signs – clues – which, singly or together, suggest that a child might be in need of help. Two types of clues are usually evident:

Physical Indicators

These clues are generally easier to detect and diagnose. Physical indicators include aspects of the child's appearance and the presence of bodily injury.

Behavioral Indicators

Often, children's behavior or emotional reactions will suggest abuse or neglect. These clues may be in the form of acting-out behavior, behaviors which reflect the child's attempt to cope with or hide the abuse or neglect, or behaviors that suggest developmental problems or emotional distress. Behavioral indicators are more difficult to detect and interpret than physical indicators.

Caregivers should not try by themselves to determine if a child is being abused or neglected. The child's safety and the serious ramifications of alleged child abuse and neglect make it critical that a trained and experienced professional social worker or physician make this determination. You can help by asking for assistance. Immediately report any suspicion of child abuse or neglect to your local public children services agency.

Remember that each case is different in its causes and its outcomes. There is no blueprint for identifying an abused or neglected child. While any of these clues may occur without cause for alarm, you should be especially alert to frequent repetition, or the presence of multiple indicators.

Child maltreatment falls into one or more of four general categories:

- Physical Abuse
- Sexual Abuse
- Emotional Maltreatment
- Neglect

It is important to note that the indicators are often quite different, depending on the age of the child.

Clues To Recognizing Physical Abuse

Physical Indicators:

Unexplained, Chronic, or Repeated Bruising

Be especially alert to bruises:

- On the face, throat, upper arms, buttocks, thighs, or lower back.
- In unusual patterns or shapes which suggest the use of an instrument (loop, lash, linear, circular, or rectangular marks).
- On an infant.
- In the shape of bite or pinch marks.
- In clusters.
- In various stages of healing.

Unexplained Burns

Be especially alert to:

- Cigarette burns. This type of burn is circular and often found on the child's palms, soles of feet, genitalia, or abdomen.
- Immersion burns. These burns characteristically will produce sharp lines of demarcation and appear on the buttocks, genital area, or extremities. On the hands and feet, burns can produce a glove or stocking effect; on the buttocks, immersion burns often will be doughnut shaped.
- Rope burns.
- Burns in the shape of common household utensils or appliances.

Unexplained Skeletal Injuries

Skeletal injuries resulting from physical abuse often include:

- Injury to the facial structure, skull and bones around the joints.
- Fractures and dislocations caused by a severe blow or twisting or pulling of the arm or leg.
- Any skeletal injury in an infant.

Other Unexplained or Repeated Injuries

Injuries resulting from physical abuse often include:

- Lacerations, abrasions, welts, scars, human bite or pinch marks.
- Missing, chipped, or loosened teeth; tearing of the gum tissue, lips, tongue, and skin surrounding the mouth.
- Loss of hair, bald patches.
- Broken eardrum.
- Retinal hemorrhage.
- Abdominal injuries.

Behavioral Indicators:

- Behavioral extremes (withdrawal, aggression, regression).
- Inappropriate or excessive fear of parent or caretaker.
- Unusual shyness, wariness of physical contact.
- Antisocial behavior, substance abuse, truancy, and running away.
- Reluctance to return home.
- Belief that punishment is deserved.
- Suggestion that other children should be punished in a harsh manner.
- Victim's disclosure of abuse.
- Depression, excessive crying.
- Unbelievable or inconsistent explanation for injuries.
- Attempt to hide injuries.

Clues To Recognizing Sexual Abuse

Physical Indicators:

- Somatic complaints, including pain and irritation of the genitals.
- Sexually transmitted disease.
- Pregnancy.
- Bruises or bleeding from external genitalia, vagina, or anal region.
- Genital discharge.
- Torn, stained, or bloody underclothes.
- Frequent, unexplained sore throats, yeast or urinary infections.

Behavioral Indicators:

- The victim's disclosure of the sexual abuse.
- Poor peer relationships, inability to relate to children of same age.
- Regressive behaviors, such as thumb-sucking, bedwetting, fear of the dark, or unusual attachment to a favorite toy.
- Sudden changes in behavior.
- Promiscuity or overly sexualized behavior.
- Aggression or delinquency.
- Truancy or chronic running away (in late school-age and adolescent children).
- Prostitution.
- Substance abuse.
- Difficulty in walking or sitting.
- Reluctance to participate in recreational activity.
- In young children, preoccupation with his, his parents', or other children's sexual organs.
- Recurrent nightmares, disturbed sleep patterns, or fear of the dark.
- Unusual and age-inappropriate interest in sexual matters.
- Age-inappropriate ways of expressing affection.
- Avoidance of undressing, or wearing extra layers of clothes.
- Sudden avoidance of certain familiar adults or places.
- Sudden decline in school performance.

Clues To Recognizing Emotional Maltreatment

Other than obviously bizarre and deviant behavior, there is a wide range of opinion of what is emotionally abusive or neglectful. Some argue that spanking is a degrading experience, humiliating to a child, while others regard physical discipline as a necessary parental behavior. The Model Child Protection Act, developed by the National Center on Child Abuse and Neglect, provides criteria to aid in identifying emotional maltreatment:

- Emotional maltreatment causes emotional or mental injury.
- The effect of emotional maltreatment can be observed in the child's abnormal behavior and performance.
- The effect of emotional maltreatment constitutes a handicap to the child.
- The effect of emotional maltreatment is lasting rather than temporary.

Physical Indicators:

- Eating disorders, including obesity or anorexia.
- Speech disorders, such as stuttering or stammering.
- Developmental delays in the acquisition of speech or motor skills.
- Weight or height level substantially below the norm.
- Flat or bald spots on an infant's head.
- Frequent vomiting.
- Nervous disorders, such as hives, rashes, facial tics, or stomach aches.

Behavioral Indicators:

- Habit disorders, such as biting, rocking, head banging.
- Regressive behaviors, such as thumb-sucking, baby talk, bedwetting in an older child, wetting or soiling by school-age child.
- Poor relations with peers.
- Withdrawal or self-isolation.
- Cruel behavior, seeming to get pleasure from hurting children, adults, or animals; seeming to get pleasure from being mistreated.
- Substance abuse, excessive risk taking, suicide attempts, severe depression, prostitution, delinquency.
- Fire-setting.
- Age-inappropriate behavior.
- Loss of touch with reality, frequent daydreaming, hallucinating, over-fantasizing.
- Behavioral extremes: overly compliant-demanding; withdrawn-aggressive; listless-excitabile.

Clues To Recognizing Neglect

Indicators of neglect must be considered in light of the parent's cultural norms and financial ability to provide. Failure to provide for a child because of poverty is not necessarily neglect. Because many situations of neglect require judgment calls, you must be careful not to use personal values as the decision-making standard. Instead ask yourself if the child is:

- Adequately supervised?
- Appropriately and sufficiently clothed for the weather?
- Clean and practicing good hygiene?
- Receiving necessary medical and dental care?
- Having his nutritional needs met?
- Assured of a safe, warm, and sanitary shelter?
- Receiving adequate love and emotional support?
- Receiving necessary developmental and educational stimulation?

Physical Indicators:

- Abandonment of a child.
- Chronic uncleanliness or poor hygiene, including untreated lice, scabies, severe or untreated diaper rash, bedsores, chronic and severe body odor.
- Unsuitable clothing to protect the child from the weather; missing key articles of clothing, such as underwear, socks, shoes, or coat; or overdressed in hot weather.
- Untreated illness or injury.
- Excessive sunburn, colds, insect bites, or other conditions which would indicate prolonged exposure to the elements.
- Height and weight significantly below age level.
- Lack of immunizations.
- Child is repeatedly left unsupervised, in a potentially dangerous environment, or is left in the care of persons not qualified or able to care for the child.

Behavioral Indicators:

- Problematic school attendance, such as frequent or chronic absence, lateness, coming to school early, or leaving late.
- Chronic hunger, tiredness, or lethargy.
- Begging or collecting leftover food.
- Substance abuse.
- Assuming adult responsibilities beyond the child's developmental capacity.
- Reporting no caretaker in home.
- Vandalism or delinquency; child appears to have few limits set on his/her behavior.

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