

# Appendix 5: Child Abuse

## Recognizing indicators of possible child abuse and neglect

Anyone who provides service to children should watch for signs of possible abuse or neglect. While many indicators, particularly those of a behavioural nature, may be signs of other problems, a series or cluster of indicators observed over a period of time may be cause for concern regarding abuse or neglect. These signs or indicators often happen in combinations or as dramatic changes from normal behaviour. They may be the child's reaction to abuse or neglect, and can be a way of communicating that he or she has been, or is being, abused or neglected.

By themselves, these signs do not prove abuse or neglect. But they do tell us we need to know more about the child's circumstances. They can be the result of phenomena such as divorce, separation, death of a significant person or the arrival of a new sibling. That's why indicators must be assessed by professionals. The important thing to know is what the signs are, and how to report them if a child may need protection.

## Possible Indicators of Physical Abuse

| <b>Physical Indicators</b>   | <b>Behavioural Indicators</b>  |
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| <ul style="list-style-type: none"> <li>• injuries (bruises, welts, cuts, burns, bite marks, fractures, etc.) that are not consistent with the explanation offered (e.g. extensive bruising to one area)</li> <li>• presence of several injuries (3+) that are in various stages of healing</li> <li>• repeated injuries over a period of time</li> <li>• injuries that form a shape or pattern that may look like the object used to make the injury (e.g. buckle, hand, iron, teeth, cigarette burns)</li> <li>• facial injuries in infants and preschool children (e.g. cuts, bruises, sores, etc.)</li> <li>• injuries not consistent with the child's age and development</li> <li>• bald patches on child's head where hair may have been torn out</li> <li>• repeated poisonings and/or accidents</li> <li>• fatigue due to sleep disturbances</li> <li>• sudden weight change</li> <li>• cuts or sores made by the child on the arm (self-mutilation)</li> <li>• recurring physical ailments</li> <li>• difficulty in walking or sitting</li> <li>• unusual or excessive itching in the genital or anal area due to infection(s)</li> <li>• torn, stained or bloody underwear</li> <li>• sexually transmitted disease(s)</li> </ul> | <ul style="list-style-type: none"> <li>• runaway attempts and fear of going home</li> <li>• stilted conversation, vacant stares or frozen watchfulness, no attempt to seek comfort when hurt</li> <li>• describes self as bad and deserving to be punished</li> <li>• cannot recall how injuries occurred, or offers an inconsistent explanation</li> <li>• wary of adults or reluctant to go home</li> <li>• often absent from school/child care</li> <li>• may flinch if touched unexpectedly</li> <li>• extremely aggressive or withdrawn</li> <li>• displays indiscriminate affection-seeking behaviour</li> <li>• abusive behaviour and language in play</li> <li>• overly compliant and/or eager to please</li> <li>• poor sleeping patterns, fear of the dark, frequent nightmares</li> <li>• sad, cries frequently</li> <li>• drug/alcohol misuse</li> <li>• depression</li> <li>• poor memory and concentration</li> <li>• suicide attempts</li> </ul> <p><b>In a younger child</b></p> <ul style="list-style-type: none"> <li>• sad, cries often, unduly anxious</li> <li>• short attention span</li> <li>• inserts objects into the vagina or rectum</li> </ul> |

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| <ul style="list-style-type: none"> <li>• pregnancy</li> <li>• injuries to the mouth, genital or anal areas (e.g. bruising, swelling, sores, infection)</li> </ul> | <ul style="list-style-type: none"> <li>• change or loss of appetite</li> <li>• sleep disturbances, nightmares</li> <li>• excessively dependent</li> <li>• fear of home or a specific place, excessive fear of men or women, lacks trust in others</li> <li>• age-inappropriate sexual play with toys, self, others (e.g. replication of explicit sexual acts)</li> <li>• age-inappropriate, sexually explicit drawings and/or descriptions</li> <li>• bizarre, sophisticated or unusual sexual knowledge</li> <li>• reverts to bedwetting/soiling</li> <li>• dramatic behavioural changes, sudden non-participation in activities</li> <li>• poor peer relationships, self-image</li> <li>• overall poor self-care</li> </ul> <p><b>In an older child</b></p> <ul style="list-style-type: none"> <li>• sudden lack of interest in friends or activities</li> <li>• fearful or startled response to touching</li> <li>• overwhelming interest in sexual activities</li> <li>• hostility toward authority figures</li> <li>• fire setting</li> <li>• need for constant companionship</li> <li>• regressive communication patterns (e.g. speaking childishly)</li> <li>• academic difficulties or performance suddenly deteriorates</li> <li>• truancy and/or running away from home</li> <li>• wears provocative clothing or wears layers of clothing to hide bruises (e.g. keeps jacket on in class)</li> <li>• recurrent physical complaints that are without physiological basis (e.g. abdominal pains, headache, nausea)</li> <li>• lacks trust in others</li> <li>• unable to “have fun” with others</li> <li>• suicide attempts</li> <li>• drug/alcohol misuse</li> <li>• poor personal hygiene</li> <li>• promiscuity</li> <li>• sexual acting out in a variety of ways</li> </ul> |
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## Possible Indicators of Emotional Abuse

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| <p><b>Physical Indicators</b></p> <ul style="list-style-type: none"> <li>• bedwetting and/or diarrhea</li> <li>• frequent psychosomatic complaints, headaches, nausea, abdominal pains</li> </ul> | <p><b>Behavioural Indicators</b></p> <ul style="list-style-type: none"> <li>• mental or emotional development lags</li> <li>• behaviours inappropriate for age</li> <li>• fear of failure, overly high standards, reluctance to play</li> <li>• fears consequences of actions, often leading to lying</li> <li>• extreme withdrawal or aggressiveness, mood swings</li> <li>• overly compliant, too well-mannered</li> <li>• excessive neatness and cleanliness</li> <li>• extreme attention-seeking behaviours</li> <li>• poor peer relationships</li> <li>• severe depression, may be suicidal</li> <li>• runaway attempts</li> <li>• violence is a subject for art or writing</li> <li>• complains of social isolation</li> <li>• forbidden contact with other children</li> </ul> |
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## Possible Indicators of Neglect

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| <p><b>Physical Indicators</b></p> <ul style="list-style-type: none"> <li>• abandonment</li> <li>• lack of shelter</li> <li>• unattended medical and dental needs</li> <li>• consistent lack of supervision</li> <li>• ingestion of cleaning fluids, medicines, etc.</li> <li>• consistent hunger</li> <li>• inappropriate dress for weather conditions</li> <li>• poor hygiene</li> <li>• persistent conditions (e.g. scabies, head lice, diaper rash, or other skin disorders)</li> <li>• developmental delays (e.g. language, weight)</li> <li>• irregular or nonattendance at school or child care</li> <li>• not registered in school</li> <li>• not attending school</li> </ul> | <p><b>Behavioural Indicators</b></p> <ul style="list-style-type: none"> <li>• depression</li> <li>• poor impulse control</li> <li>• demands constant attention and affection</li> <li>• lack of parental participation and interest</li> <li>• delinquency</li> <li>• misuse of alcohol/drugs</li> <li>• regularly displays fatigue or listlessness, falls asleep in class</li> <li>• steals food, or begs for food from classmate(s)</li> <li>• reports that no caregiver is at home</li> <li>• frequently absent or tardy</li> <li>• self-destructive</li> <li>• drops out of school (adolescent)</li> <li>• takes over adult caring role (of parent)</li> <li>• lacks trust in others, unpredictable</li> <li>• plans only for the moment</li> </ul> |
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## Possible Indicators of Failure to Thrive

| Physical Indicators   | Behavioural Indicators  |
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| <ul style="list-style-type: none"><li>• a child who has stopped growing and/or has experienced significant weight loss may be suffering from failure-to-thrive syndrome. Medical assessment is necessary to determine whether the syndrome is organic or non-organic in origin.</li><li>• the following physical characteristics are often present in failure-to-thrive children<ul style="list-style-type: none"><li>• child appears pale, emaciated, has "sunken cheeks"</li><li>• child's body fat ratio is extremely low, (e.g. wrinkled buttocks)</li><li>• skin may feel like parchment paper as a result of dehydration</li><li>• prolonged vomiting and/or diarrhea</li><li>• child has not attained significant developmental milestones within their age range, (e.g. cannot hold head up at six months of age, cannot walk at 18 months, etc.)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• appears lethargic and undemanding (e.g. cries very little)</li><li>• uninterested in environment or surroundings</li><li>• displays little or no movement, (e.g. lies in crib motionless)</li><li>• is unresponsive to stimulation from strangers</li><li>• shows little stranger anxiety, (e.g. is indifferent to attention received from strangers)</li></ul> |

**Reference: *The B.C. Handbook for Action on Child Abuse and Neglect - pages 23 thru 33***