

Recognizing Signs of Child Abuse

Signs of Neglect	Signs of Physical Abuse	Signs of Sexual Abuse
<p><i>Note: if a problem is secondary to poverty, help the family...IT IS NOT NEGLECT...</i></p> <ul style="list-style-type: none"> ◆ Pseudo-maturation (acts older than developmental age) ◆ Lack of supervision ◆ Unsuitable childcare arrangements ◆ Developmental delays ◆ Failure to thrive (infants) ◆ Little distress in separation ◆ Lack of basic care: washing, food, clothing ◆ Ill-fitting/non-seasonal clothes ◆ Indiscriminate affection/help seeking—ignoring parent to find help elsewhere ◆ First there, last to leave: child is not a high priority ◆ Nutritional illness/severely underweight ◆ Lack of medical attention ◆ Clinging/dominating style for attention ◆ General demeanor—“sadly resolved” <p><i>Things to Remember:</i></p> <ul style="list-style-type: none"> ◆ <i>When Child Abuse is a lone issue, 51% women vs 49% men are perpetrators. (Why? Children are seen as the property of both parents...)</i> ◆ <i>In Child Sexual Abuse, the perpetrator is overwhelmingly male.</i> ◆ <i>60-73% of men who beat women also beat children in the home.</i> ◆ <i>1/3 of batterers also rape children in the home.</i> ◆ <i>Most people who rape children also beat them, but probably do NOT neglect them.</i> 	<p><i>Note: the signs are approximately the same for adults and children</i></p> <ul style="list-style-type: none"> ◆ Double- or multi-planed bruising (ex—front AND side of head) ◆ Fingertip bruising/restraint marks (#1 recorded injury; small, circular, red/brown in color; usually—but not exclusively—on arms) ◆ Fixed object injury: belt buckles, shoe imprints, etc. ◆ Spanking/slapping or bruising with hands (small, circular, dime- to nickel-sized, red/brown color) ◆ Wrap-around/flexible implement injury (also known as “ligature marks”; double-planed injury. In elderly, usually caused by restraint; in children, usually caused by strangulation—twisted clothing or towel.) ◆ Cigarette/cigar burns (about quarter-sized, “bulls-eye” appearance with black center and red edge) ◆ Immersion/scalding (“gloving,” “socking”; line of demarcation; lower body immersion burns are often associated with potty training—section on back of thigh/calf is a less burned) ◆ Friction burns/drag marks (thick, rough scabbing) ◆ Burns from cigarette lighters ◆ Pinching (crescent moon marks) ◆ Developmental delays/short attention span ◆ Excessive self-control ◆ Lack of curiosity ◆ Unusual modesty/covering for clothes ◆ Depressed/withdrawn (blaming themselves—usually girls) ◆ Aggressive/acting out (knows what has happened to them is wrong---usually boys) ◆ Regressive behavior vs pseudo-maturation ◆ Flat affect (usually sexual abuse, but...) ◆ Lack of caution in play ◆ Nightmares ◆ Bedwetting (was previously “dry,” and has reverted to bedwetting again) ◆ Unrealistic expectations by parent ◆ Fear of adults/flinch reactions ◆ Obsessive/compulsive behaviors ◆ Excessive concerns about abusive parent’s needs ◆ Temper tantrums (especially in children over age 6) ◆ Overly compliant ◆ Nervous disorders (tics, etc.) ◆ Injury inconsistent w/report ◆ Occurrence report develop-mentally impossible ◆ Public verbal abuse; rough or harsh public handling (what does the parent do in private?) 	<p>Hard signs: there IS sexual abuse, who is the perpetrator?</p> <ul style="list-style-type: none"> ◆ Sexualized play/behavior <ul style="list-style-type: none"> Acting out intercourse Depicting/drawing sexual object French kissing Grabbing other’s genitals Masturbating against others (--NOT promiscuity) ◆ VD/STD ◆ Child reports sexual abuse (false reports extremely rare: in adult cases, 3% false—in children, LESS THAN 1%) <p>Soft signs: here’s the smoke, look for fire; non-offending parent should be generally asked, “Is there anything that seems unusual or out of place?”</p> <ul style="list-style-type: none"> ◆ Over-familiar affection ◆ Fear of bathroom (usually boys; especially toilet) ◆ Reports of nudity/partial nudity of abuser ◆ Child reports not wanting to be alone with abuser ◆ Explicit knowledge of sex ◆ Worry/fear for other siblings (vague, no explanation) ◆ Suicidal ideation/attempts ◆ Medical signs: <ul style="list-style-type: none"> a. Vaginal infections b. Anal itching c. Bladder infections/UTI’s d. Yeast infections ◆ Lack of privacy in home (child not allowed privacy) ◆ Unusual behaviors around chores/checking on children ◆ Frequent urination (female only; seen in adult survivors) ◆ Public masturbation (children over age 5) ◆ Self-mutilation ◆ Sore throats/stomach aches (indicative of oral sex) ◆ Sleeping in clothes (usually layers—delays the rape) ◆ Wariness of physical contact ◆ Promiscuity/prostitution (teens) ◆ Pseudo-maturation/sexualized dress & make-up (look for ‘gifts’) ◆ Bite marks on buttocks, inner thighs (assaults focused on genitals/breasts) ◆ Running away ◆ Jealous father—no dating ◆ Holocaust eyes (flat affect +) <p>Perpetrator Signs:</p> <ul style="list-style-type: none"> ◆ Consistent visitation w/children ◆ History of sexual abuse ◆ “Alice in Wonderland” collections ◆ Camera set-ups/picture-taking of neighborhood children ◆ Use of sexualized words (“slut,” “whore,” etc.) toward daughter ◆ Jealousy of daughter’s dating