

Child Abuse: Signs & Symptoms



Awareness of signs that may indicate that a child is being abused is the first step in stopping the abuse. It is important to keep in mind that child abuse is usually a pattern of behaviour, rather than an isolated incident.

Children often have minor bumps and bruises. Physical abuse may be indicated by injuries in various stages of healing or by a series of injuries.

There are clues that a child or youth may be in an abusive environment. However, not all abused or neglected children exhibit these characteristics, and not all children who show these symptoms live in abusive or violent homes. If you observe the following, be aware that the child may be abused, neglected, or exposed to abuse. However, some of the following signs may also be an indication of other kinds of upset in a child's life, such as the loss of a pet, illness, or death in the family.

- Often hungry, dirty or not dressed for the weather
- A young child who is often left alone
- Taking on adult responsibilities like caring for a younger sibling, doing household tasks, or “looking after” a parent
- Having no energy or being very passive
- Frequently unattended physical or medical needs (hair, teeth, eyes, ears)
- Irregular attendance at school
- Having no curiosity or interest in the sights, sounds, or people in their environment
- Refusing to participate in or dress appropriately for physical activities
- Frequently exhibiting aggressive, angry or hostile behaviour toward other people
- Bullying
- Being extremely watchful
- Being wary of parents' reactions
- Finding loud noises or voices unusually startling
- Physical complaints with no medical basis (headache, nausea, pain, muscle twitches, stomachaches)
- Overly compliant behaviour (anxious to please)
- Low self-esteem
- Unexplained bruises or injuries, especially in places where children do not usually get hurt during play
- Bruises or injuries whose explanation doesn't match the injuries
- Bruises or burns that leave a pattern outlining an object (e.g. cigarette, iron, stove element)
- Burns on the hands, feet, or buttocks
- Bruises, welts or abrasions, especially to the head or face
- Fractures and dislocations, especially in children under two years old
- Rope burns
- Delays in seeking medical attention
- A child who knows more about sex than is normal for their age
- A child who behaves sexually around adults or other children

Child Abuse: Signs & Symptoms (cont.)

- A child who hints at or talks outright about sexual abuse
- Self-mutilation
- Drug and alcohol abuse
- Suicidal behaviours
- Promiscuity, prostitution, or pregnancy
- A child or teenager who repeatedly runs away from home

If you are unsure that what you have noticed is abuse, consult your local child abuse prevention agency.

Classroom complications

A 1994 study of the difficulties associated with detection and reporting of child abuse in an Ontario school setting found that crowded classrooms and numerous teaching assignments do not enable teachers to engage individual children on a level that is conducive to noticing signs of abuse and to pursuing the topic. This study found that, while teachers had received reporting law information from their school boards, fewer than half had been required to attend child abuse in-service training. Almost all respondents to the study found it difficult to probe for information with the child.

Children in a threatening environment may become more aggressive in other environments, where their fear is outwardly expressed as anger. They may:

- Be defiant
- Act impulsively
- Have angry outbursts
- Act bossily or pushily
- Bully or hurt others (not limited to just physical or face-to-face encounters)

Still other children react by becoming quiet and withdrawn. They have disconnected from their environment in the face of fear and helplessness. They may:

- Try to stay safe by becoming “invisible”
- Go into their own fantasy world
- Be more obedient or passive than other children
- Be numb and disconnected from their own feelings
- Be detached from other people
- Have difficulty getting along with others
- Be depressed

Preschool children

According to a 2002 study, more children under five live in an environment with domestic violence than any other age group. The earlier their experience this trauma, the more likely it will affect their future behaviour. Preschoolers exposed to neglect, abuse or violence may exhibit the following symptoms:

- Anxiety and fear may limit their ability to play and explore
- Distress over loud noises or images of violence
- Copying aggression learned at home
- Expressing anger and other emotions in unhealthy ways, such as damaging things or hurting other children
- Becoming withdrawn and passive, having no energy

Child Abuse: Signs & Symptoms (cont.)

- Becoming unresponsive to others and losing curiosity about the sights and sounds around them
- Regressing to behaviours more typical of younger toddlers
- Becoming more dependent upon caregivers outside their home when their home life is unstable

School children and youth

Older children and youth in abusive homes may continue to cope the way they did when they were younger. They may also have other reactions:

- Feeling shame about their homes and family
- Avoiding close friendships with people their age
- Seeking alternative “family” and places where they can feel safe and accepted (e.g. a group of friends, a gang, a community group, a sports team)
- Taking on adult responsibilities (e.g. doing laundry, cooking, feeding and clothing younger siblings)
- Abusing drugs or alcohol
- Running away

If you see a child or young person choking another child, this **may** indicate they are copying behaviours they see at home. **Regardless, choking (strangulation) is extremely dangerous.** It may result accidentally result in death, in which case the supervisor is liable. **Don’t minimize these behaviours!**

Telltale differences between abusive and non-inflicted injuries

The mark from an object wielded by a perpetrator may not be different from a mark that results when the child runs into or falls onto the object. However, if the injury has the shape of a hand, paddle, cord, spoon, shoe, or pan, it is unlikely that the child ran into or fell onto the object. Impact marks from falling on toys will mirror the shape of the toy edge contacting the skin.

The leading edges of the body, such as the shins, forearms, and brow, are most likely to be injured in falls. Children who are running generally fall forward. The buttocks and thighs, back, ears, upper arms, and genitalia are areas most likely to be injured by caregivers.

The pattern of a burn also indicates its origin. Stocking, glove, and diaper area burns that spare areas of the body that are protected by flexion (a position that is made possible by the joint angle decreasing) are likely due to immersion.

Highly suspect injuries for child abuse include rib, scapula, and sternum fractures. Falls rarely cause geometric, patterned, paired, or symmetrical burns or bruises.

Interpreting sexualized behaviour in children

Sexually abused children exhibit significantly higher rates of age-inappropriate and abusive sexual behaviours compared to non-abused children. However, it is important to recognize that many sexual behaviours exhibited by children are neither age inappropriate or abusive. In fact, sexual behaviours of various forms are exhibited by children of all ages.

Among young children, walking around in underwear, scratching one’s crotch, touching one’s own sex parts at home, and undressing in front of others are commonly exhibited by young non-abused children. These common behaviours may also involve more than one child (e.g. “playing doctor” or “I’ll show you mine, you show me yours.”) Most sexual behaviour in children is categorized as normal, and most children will stop the inappropriate behaviour if they are given rules for their behaviour. Note, however, that as children grow older and gain a greater understanding of societal norms concerning sexuality, the public display of many sexual behaviours naturally diminishes. Normal, expected sexual behaviour in children:

Child Abuse: Signs & Symptoms (cont.)

- Is exploratory and spontaneous
- Occurs occasionally between peers or siblings who are of similar age, size, and developmental level
- Is not accompanied by strong feelings of anger, fear, or anxiety
- Is controlled by adult intervention or increased supervision

Age-inappropriate sexual behaviours may best be described as imitations of adult-like sexual behaviours, including oral genital contact, inserting objects in the vagina or anus, imitating intercourse, and asking to engage in sex acts. In addition, there is cause for concern when children engage one another in adult-like sexual interactions, particularly when there are significant differences in the children's ages, either child uses any type of coercion or force, or both. Problematic sexual behaviour

- Is forced, coerced, or aggressive in any way
- Is physically harmful to a child
- Scares or frightens a child
- Occurs between older and younger children, usually 3 or more years apart; between a child and animals; or between children who do not know each other well
- Is compulsive, such as masturbation
- Is not expected for the child's age or developmental level

Finally, there generally tends to be greater cause for concern when children's sexual behaviour problems have been observed in different settings, by different caregivers, and seem to be unresponsive to limit setting.

Views on Physical Punishment

Physical abuse sometimes occurs as a result of a parent's attempt to control or modify a child's behaviour by corporal punishment. The *Criminal Code of Canada* allows the use of force by a parent or guardian against a child as long as it is "reasonable" and for the "purpose of correction." The relationship between physical punishment and child abuse is important, especially in a multi-ethnic, multicultural society such as Canada, where the degree of acceptance of physical punishment varies greatly between cultures.

There are families in our communities from many different cultural backgrounds. Keep in mind that what has been tolerated in another country may be defined as abuse in Canada.

The following are two scenarios where different cultural views on child treatment may lead to a difficult choice for a professional:

Scenario 1:

A 7-year old daughter of recent Vietnamese immigrants came to class with bruises on her back. Discussion with the child revealed that the parents were performing coining (rubbing the edge of a coin on the back), which is a traditional healing remedy in Southeast Asia. What is the most appropriate response?

Scenario 2:

The parent of a child in your class told you that another set of parents were reported to child protective services by their next-door neighbour for publicly disciplining their 6-year-old daughter with a flyswatter to the buttocks. A medical examination did not reveal any physical evidence. What is the most appropriate response?

All children, regardless of sex, race, ethnicity, or religious beliefs, should have the opportunity to be raised in an environment free of abuse and neglect. There is no parenting practice that would supersede a professional's legal and ethical obligation to ensure the safety of a child. Therefore, it is essential that all professionals respond by reporting suspected child endangerment, regardless of the ethnic or cultural background of the family.

Child Abuse: Signs & Symptoms (cont.)

It is Child Protection's responsibility to determine appropriate psychoeducational services, therapeutic services, or other responses, not the educator's responsibility.

The question you must answer: is the child at risk for physical, sexual, or emotional harm or neglect or both, or is there actual harm?